

ITEM: 09/127
Doc: 08

Meeting: Trust Board
Date: 16 September 2009

Title: **Pandemic influenza planning**

Executive Summary: This paper summarises the current stage of work in implementing the trust's pandemic flu plan. There is currently no major disruption to activity within the trust from the numbers of patients attending the hospital, which have fallen significantly during August. There has been some rise in sickness absence rates in July, but this has not yet caused service problems

A large amount of work took place over August to review the capacity plans and business continuity plans for every service, to enable comprehensive assurance to be presented to the September Trust Board; this was also submitted to NHS London on 2 September 2009. Feedback on the detailed planning was received on 8 September. The trust has been rated as amber overall, and the additional information/evidence required by NHS London is detailed in this paper.

Key risks for the organisation during a pandemic surge, other than dealing with high numbers of admissions, relate to staff absence, either through sickness, caring responsibilities or travel disruption. Plans are being put in place to mitigate the latter two. A skills register is being developed for all staff, and recently retired staff are also being contacted about returning to work for a short period.

outline plans are also in place for a vaccination programme for staff, once the vaccine is released

The trust is participating in local networks and planning meetings across both Haringey and Islington, and with NHS London. An internal planning exercise is scheduled for 2 October to fully stress test the pandemic flu plan.

The key risks for the organisation, following the review of plans over the summer are:

- completion of an internal planning event to test the pandemic flu plan (scheduled for 2 October)
- maintenance of supplies of consumables and other stocks, in the absence of planning information from NHS logistics
- robustness of acute psychiatric liaison services for ED in the absence of information from the mental health trust.

Action: to note the current situation and approve the rating of key risks for the organisation

Report from: Deborah Wheeler, Director of Nursing & Clinical Development/ Lead Director for Flu Resilience

Sponsor: Rob Larkman, Chief Executive

Compliance with statute, directions, policy, guidance Lead: All directors	Reference: DH pandemic flu guidance
Compliance with Care Quality Commission Core Standards Lead: Director of Nursing & Clinical Development	Reference: C24

Current situation

Levels of activity relating to swine flu have significantly fallen during August. During July, between 5-15 patients were being admitted to the Whittington each day with a possible diagnosis of swine flu, of which about half were paediatric cases. On average, one or two cases per day were being confirmed as positive. Daily sitrep reports are sent to the SHA on the level of activity in the hospital, which is not causing major disruption to services at present. ED activity settled following the launch of the national flu pandemic service on 23 July.

Nationally and internationally, the pandemic has spread much more quickly than expected in all the previous planning that had been undertaken. In April, for example, WHO moved from level 3 to level 5 within one week. The UK is planning on the assumption of a 30% clinical attack rate; the current UK hospitalisation rate is 1.5% of diagnosed cases, although up to 25% of hospitalised patients are requiring critical care support. Whilst most cases remain mainly mild and are therefore treated in the community, with a predominance of cases in the 5-14 years and 1-4 years age groups, this may change if the virus becomes more virulent or develops resistance to antivirals as we move into the expected autumn surge in cases.

London

The majority of UK cases have been in London and the West Midlands. NHS London have now moved away from the initial emergency response to a maintenance and delivery phase. Capacity modelling for the second wave of the pandemic, expected in September/October, had predicted a worst case scenario for London of 2.5 million cases and 8,000 deaths, although these scenarios have been revised down within the last two weeks. Predictions now still suggest an overall infection rate of 30%, but have reduced the expected hospitalisation rate down from 2% of infected cases to 1%. Up to 25% of hospitalised patients are still expected to require intensive care. Modelling for the peak two weeks of the pandemic suggests a worst case scenario of 18,000 inpatients and 5,000 critical care admissions. London currently has 17,000 inpatient beds and 550 critical care beds.

In preparation for this, every NHS organisation has been required to stress test their pandemic flu plans, and provide assurance and evidence of the robustness of their planning to the SHA by 1 September 2009. The checklist that was submitted is attached at Appendix A, and the specific documents are available for Board members if required. The trust is required to sign off this report on flu and winter resilience plans at the September Trust Board meeting. All trust plans are being reviewed by the SHA; feedback on the Whittington's planning submission to NHS London was received on 8 September. This rated the trust overall as amber in terms of planning, and requested the following additional evidence/information to be submitted by 22 September:

Key area	NHS London feedback
Resilience plans: Sufficient evidence to imply a good level of resilience testing, and providing schedules are met this will be compliant.	Sufficient evidence to imply a good level of resilience testing, and providing schedules are met this will be compliant.
Business continuity:	Good levels of Business Continuity

	planning, however consolidation of aspects of Business Continuity found in a number of documents. To provide clarity this should be brought together within an overall Business Continuity strategy. Little evidence of training and exercising
Essential services:	There is evidence of essential service identification, however this is not contained within the pandemic flu plan; consolidation of information required to explicitly outline processes and procedures
Logistics:	Greater detail in consideration for stockpiling consumables
Recovery plan:	Good detail on how to resume services, planning for restoration should be undertaken simultaneously with response, provide detail on how decisions will be taken to re-instate services
Mental health capacity:	Clarity required as to how to guarantee access to mental health services 24/7. Require assurance from the Mental Health provider.
Ambulance capacity:	Explicit plan needed on how to ensure acceptable handover times throughout peak periods
Vaccination:	Evidence required for the modelling of resource to vaccinate staff in order to support statements
Medical staff plans:	Evidence required to support their statement
Maximise available staffing levels:	Workforce mapping and skills audit due for completion at 21/8/09 to inform redeployment but no evidence to suggest this is complete. – need more detail in terms of how staff can be redeployed and/or upskilled. Recent retirees identified but they are yet to be contacted. Plans include use of volunteers
Absence levels:	PCT has modelled staff sickness and absence rates but no evidence to suggest additional sources of staffing will meet demand. No evidence of cover arrangements for key members of staff. Additional sickness monitoring information being collected to identify swine flu hotspots

NHS London rated all other aspects of the trust's plan as green.

Management capacity

In response to the requirement from the DH at the beginning of July, Deborah Wheeler, Director of Nursing & Clinical Development, has been designated as lead director for flu resilience, supported by Dr Julie Andrews, Director of Infection Prevention & Control. Deborah Clatworthy, Assistant Director of Nursing (Risk management) has been seconded virtually full time to support the planning work that needs to take place, working alongside Matthew Boazman, Assistant Director of Operations, who continues with his role as emergency planning lead.

The release of staff over the summer to focus on flu planning has had an impact on other programmes of work, most especially within risk management. The reduced capacity within that team has meant that there is currently no central management support for the patient safety campaign, updating the trust risk register, and developing the CNST action plan. In addition, the work on implementing an electronic incident reporting system as part of the installation of Datix software has also had to be slowed.

Pandemic flu plans

The trust's pandemic flu plan has been activated, and work is beginning to stress-test the plans for the expected autumn surge in cases. Additional work has been undertaken to produce capacity plans for paediatrics and maternity, which were not a priority in the original pandemic flu planning, as the majority of cases were anticipated to be in older people.

A swine flu co-ordinating committee has been established, chaired by the director of nursing & clinical development, which is meeting weekly to ensure that key leads are up to date with the current situation and that there is no duplication of activity or effort across the trust. The trust pandemic response team, as outlined in the pandemic flu plan, will be established once there is evidence of the expected surge in activity. The trust currently has good levels of supply of antiviral drugs and personal protective equipment (PPE)

Escalation processes and decision making algorithms are in place for emergency department and critical care. Plans have been submitted to NHS London to enable doubling of the current critical care capacity, to 20 ITU and 10 HDU beds, with associated staffing and equipment plans. The trust was also requested to plan to treble critical care capacity, but will not be able to increase above a maximum of 36 beds in total. Age restrictions on ITU beds will be removed during the pandemic surge, and ITU staff are receiving training during September in caring for paediatric patients. Good links are also in place through the critical care network to support working across all local units.

A review of all business continuity plans was undertaken in August, and the summary of this is attached at Appendix B. The key risks to the organisation are related to staff absence, both through sickness and carers responsibilities. Staff have been asked to ensure that they have contingency plans in place at home should, for example, local schools be closed. Staff may also have problems travelling to work if public transport is significantly disrupted, and have all been asked to consider what their alternative travel arrangements would be.

Business continuity plans have also been received from all the trust's suppliers and contractors, with the exception of NHS Logistics. Consideration is currently being given to purchasing an additional two weeks of stock and key non-stock consumables to give a further buffer to clinical services; a business case is being prepared for this.

Staffing

Revised information on swine flu has been circulated to all staff. The trust now has to submit monthly workforce monitoring returns to the DH, to help track sickness absence. An increased level of staff sickness was being seen in July, and the trust's absence returns have been amended to capture absence through swine flu as a separate category.

All staff have been asked to complete a skills register form, outlining any relevant previous experience and, for non-clinical staff, highlighting whether they would be willing to be trained to be able to work in a clinical support role if necessary. This includes supporting portering, cleaning and catering services. All staff who retired in the last three years are also being contacted to ascertain whether they would be willing to return to work for a short period if required.

A staff vaccination programme is anticipated to begin in October, based on current information from the DH about release of the first supplies of the vaccine. An outline plan is in place, developed by HR and the Health and Work Centre, which prioritises groups of staff for access to the vaccination. Senior nurses will be asked to help support the delivery of the vaccination programme to as many staff as possible; there will be active encouragement for all staff to have the vaccine.

Local flu planning

The trust is represented at flu planning meetings in both Islington and Haringey, although this adds a further pressure to the limited management capacity available. Staff also take part in the NHS London teleconferences for acute trusts.

There will be a DH briefing seminar on 10 September, which the director of nursing will attend. NHS London will be running a planning exercise on 22 September, where the trust will also be present.

An internal table top exercise / planning event is scheduled for 2 October, to ensure that all key staff have an opportunity to rehearse their roles in a simulation situation. The material for this has recently been released by the DH; Matthew Boazman will be leading the day.

Conclusion

Trust Board are asked to note the large amount of planning work that has taken place over the summer. Board are asked to ratify the risk assessment (red/amber/green) rating on the attached checklist, which shows the key outstanding risks for the organisation as being related to:

- Completion of an internal table top / planning exercise to test the pandemic flu plan (scheduled for 2 October)
- Maintaining adequate stocks of consumables in the light of no information from NHS logistics on the business continuity plans

- Robustness of acute psychiatric liaison services for ED, in the light of no information on current business continuity plans from Camden & Islington NHS Trust.