

Winter and Flu Resilience plans checklist

Organisation name: The Whittington Hospital NHS Trust

Q	Action	Whittington evidence for assessment	Reviewer's assessment of readiness against criteria RED, AMBER, GREEN
Health economy wide issues			
1	Leadership - organisations in the Health Economy demonstrate joined up multi-agency approach to planning. Flu Resilience plans for each organisation in the Health Economy have been shared and agreed. Agreements in place on any local cross borough border issues to ensure patient care is seamless.	<ul style="list-style-type: none"> Whittington Swine Flu Co-ordinating Committee minutes for July & August (documents 1a, 1b, 1c, 1d, 1e, 1f) Whittington swine flu co-ordinating committee terms of reference (document 1m, 1n); Whittington pandemic flu plan section 12 / 13 - Minutes from Islington IPC (documents 1g, 1h, 1i, 1j) Minutes from Haringey PCT winter/flu resilience planning meeting (document 1k, 1l) - terms of reference & minutes of local authority planning meetings (documents 1o, 1p) 	
2	Local leaders - every organisation has senior leadership arrangements in place to manage Flu and Winter resilience which is clearly documented. There is a reliable system in place for keeping the CEO, Board and Flu Lead Director apprised of progress, receiving exception reports and for escalating their involvement as required.	<ul style="list-style-type: none"> Organisation chart showing responsibilities (document 1n) Minutes of Whittington Executive Committee and Hospital Management Board (documents 2a-2k) Evidence of learning from last winter and associated action planning (document 2n) Out of hours management cover arrangements (documents 2k, 2l, 2m) 	
3	SITREP reporting - every organisation has in place robust procedures to comply with all SITREP reporting processes.	<ul style="list-style-type: none"> Whittington pandemic flu plan section 21.5 	
4	Resilience plans tested - assurance that both Winter and Flu resilience plans have been tested or exercised particularly known stress points in the plan.	<ul style="list-style-type: none"> Whittington pandemic flu plan section 41 Haringey testing days (documents 4a, 4b) Whittington FFP3 fit testing day on 2.9.09 Whittington table top test planned for 2.10.09 	- internal
5	Infection control - plans take into account both Swine Flu and also major increase in activity in 'surge' conditions.	<ul style="list-style-type: none"> Whittington pandemic flu plan section 27 control policies (document 5a, 5b) policy (document 5c) 	- Infection - bed management
6	Escalation processes - there is a clear well communicated multi-agency plan for health economy response to 'surge' demand that is owned and shared with all key health and social care partners in the health economy. The trigger levels to move to each escalation level are well defined and understood by all agencies.	<ul style="list-style-type: none"> Whittington pandemic flu plan section 7. bed management policy (document 5c) ED escalation policy (document 6a) internal incident policy (document 6b) daily bed state report (document 6c) 	- - sample
Patients			
7	Antiviral Collection Points - facilities in place so that anyone with suspected swine flu gets issued with antivirals within 48 hours including those patients without a GP and vulnerable groups - include PCTs full roll out plan of ACPs.		Not applicable
8	Vaccination programme for each PCT's patients is in place and is flexible enough to respond to vaccine supply issues and priority group issues.		Not applicable
Winter resilience plans			
9	Discharge processes - multi-agency co-ordination to minimise the number of delayed transfers of care.	<ul style="list-style-type: none"> Whittington bed management policy (document 5c) Whittington discharge policies (documents 9a, 9b) DTOC report (document 9c) consultant rotas and sample job plan for acute physician (documents 9d, 9e, 9f) length of stay project papers (9g, 9h) Evidence that community facilities patient length of stay is measured and actions taken to reduce where necessary 	
10	A&E performance - specific plans to cope with 2 known dips in A&E performance early December and early January.	<ul style="list-style-type: none"> ED escalation policy (document 6a) breach analysis (document 10a, 10b) business continuity plan (document 10c) hour wait action plan (document 10d) 	- ED - ED - ED four
11	Business continuity - evidence that organisation has a robust plan to respond to issues such as bad weather (snow).	<ul style="list-style-type: none"> Business continuity plan summary (document 11a) business continuity plans received from all suppliers/contactors and can be made available if required relevant HR information and policies (documents 11b, 11c) 	- -
Flu Pandemic second wave resilience			
12	Enhanced capacity in 'surge' demand - details of capacity that can be made available in each organisation for each key service including staffing and equipment resources. Details of the trigger levels to release this capacity into the organisation.	<ul style="list-style-type: none"> Whittington pandemic flu plan section 5 and sections 22-26 management policy (document 5c) incident policy (document 6b) capacity planning (document 2n) Islington winter planning return (document 12a) 	- bec - internal - bed - NHS
13	Capacity modelling - each health economy has taken account of worst case scenario set out by DH in July 2009 and has plans in place to respond to the peak weeks of the pandemic.	<ul style="list-style-type: none"> scenario modelling for Whittington (documents 13a, 13b, 13c, 13d) Whittington pandemic flu plan sections 22-26 management policy (document 5c) incident policy (document 6b) capacity planning (document 2n) 	- - bed - internal - bed
14	Essential services - plan identifies clinical and non-clinical essential services that must continue to be provided or that can be scaled back in a pandemic, as well as identifying critical and non-critical functions.	<ul style="list-style-type: none"> Whittington pandemic flu plan section 32 management policy (document 5c) incident policy (document 6b) 	- bed - internal

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15	Logistics - plans identify and regularly review key vital supplies, without which the trust could not function, and include local plans as to how these supplies can be maintained (e.g. utilities, food, linen, medical supplies).	<ul style="list-style-type: none"> Whittington pandemic flu plan section 35 internal business continuity plan for logistics management, Business case being prepared to carry additional two weeks stock for critical areas Logistics have not supplied trust with business continuity plan, so unable to assess level of risk 	- - - Note: NHS
16	Communication - plan for effective communication to staff, patients and the wider community before, during and after the pandemic.	<ul style="list-style-type: none"> Communications plan attached (document 16a) Whittington pandemic flu plan appendix A15 onwards staff information/briefings (documents 16b, 16c, 16d, 16e) 	-
17	Recovery from pandemic -plan includes detail on recovery from a pandemic.	<ul style="list-style-type: none"> Whittington pandemic flu plan sections 33 and 40 onwards "after the event" plan (document 17a) 	-
Specific organisational capacity issues			
18	Acute hospital capacity - senior clinical decision making for initial assessment of emergency admissions / inpatient capacity / A&E - UCC interface / Maternity Services Capacity – clear policies exist which prioritise women who need hospital care and limit unnecessary admission.	<ul style="list-style-type: none"> Whittington pandemic flu plan sections 20 / 21 management policy (document 5c) incident policy (document 6b) capacity planning (document 2n) rotas and sample job plan for acute physician (documents 9d, 9e, 9f, 18b, 18c) Maternity plan (document 18a) 	- bed - internal - bed - consultant
19	Critical care capacity - organisation has been through critical care checklist provided by DH (available early August) and have specific plans to increase capacity by 100% to respond to Flu and clear and agreed prioritisation plans.	<ul style="list-style-type: none"> submission of surge capacity template that sent to NHSL on 11/8 (documents 19e-19i) evidence of planning and skills training for critical care staff (documents 19a-19d, 19j) 	-
20	Primary care capacity - including normal GP capacity and out of hours services. Plans in place to ensure that those most likely to access healthcare services have care plans to reduce the likelihood that they will be admitted		not applicable
21	Intermediate care capacity – implementing simplified access criteria, enhancing admission avoidance and palliative care services.		not applicable
22	Social care capacity – streamlining placement process, understanding total potential nursing and residential home capacity in each Borough with ability to utilise capacity. Plans in place to ensure social care workforce resilience		not applicable
23	Mental Health capacity - robust acute psychiatric liaison services to minimise A&E breaches and timely assessment of inpatients.	<ul style="list-style-type: none"> camden & islington mental health trust provide services to Whittington ED department, which is a designated place of safety. Despite several requests, no information has been received on their business continuity plans to support the ED service attached (document 23a) 	- service polic
24	Ambulance capacity - plans from each hospital to deliver the required 'hand over' waiting time targets.	<ul style="list-style-type: none"> This has not ever been a problem at the Whittington. (document 24a) ED business continuity plan attached (document 24b) Whittington pandemic flu plan section 32 	-
25	Diagnostic and therapy capacity – enhanced levels of services working 7 days per week in both primary and secondary care.	<ul style="list-style-type: none"> business continuity and on call plans for laboratories, imaging, physiotherapy and OT (documents 25a- 25i) 	
Staffing			
26	Seasonal and Swine Flu vaccination plans for organisation's staff, that prioritises staff to be vaccinated according to service needs.	<ul style="list-style-type: none"> Whittington vaccination plan (document 26a) 	
27	Medical staff plans - demonstrate that have recruited sufficient staff to cover EWTD rotas in all critical services and that number of medical staff available take account of the busiest times of day. If the decision is taken nationally for a temporary derogation of WTD compliance to be instated, the terms and conditions of job offers to all medical staff are amended to reflect this.	<ul style="list-style-type: none"> workforce assurance template sent to the DH is included (documents 27a-27c) 	
28	Maximise available staffing levels in all roles during an influenza pandemic, including arrangements for temporary postponement of all training, appropriate re-deployment of staff, re-employment of newly retired staff or staff who have left recently, flexible working arrangements (part-time to full-time, working at home, etc) and refresher course for staff who have a clinical background, but who no longer practice	<ul style="list-style-type: none"> workforce assurance template sent to the DH is included (documents 27a-27c) contacting retired staff (documents 28b, 28c) skills register (document 28d) University plans (document 28a) 	- staff - Middlesex
29	Response to likely absence levels due to sickness, carer responsibilities and the impact of the anticipated closure of schools, that are not reliant on temporary staffing solutions. Cover arrangements are in place for all key members of staff who may be taken ill, such as CEO, the Board, senior clinicians, and Flu Resilience team. Review of all policies that may affect staff attendance to ensure that they clarify how staff should report sickness during the pandemic.	<ul style="list-style-type: none"> workforce assurance template sent to the DH is included (documents 27a-27c) monitoring of absence levels (document 29a) 	-
30	Engagement with the Trade Unions to ensure their contribution and support for staff arrangements over the period of the pandemic	<ul style="list-style-type: none"> minutes of Joint Consultative Committee meetings (documents 30a-30c) 	