

Whittington Hospital NHS Trust

Winter and Flu Resilience Plan 2009

Business Continuity Plans – An overview

Background

The Whittington Hospital NHS Trust is currently undertaking work in preparation for the expected surge in cases of influenza over the coming months.

A core element of this preparation involves the submission a self assessment checklist to NHS London in order to demonstrate that we have robust plans in place in order to cope with such an eventuality. One of the key components of the checklist is the deliverance of updated Business Continuity Plans for both clinical and non-clinical areas.

Methodology

The following Directorates were asked, at the beginning of August 2009 to provide amended Business Continuity Plans for all relevant areas.

- Corporate Secretariat
- Facilities
- Finance
- Human Resources
- IM&T
- Pharmacy
- Nursing and Clinical Development
- Operations
- Diagnostic, Outpatient and Scheduled Services
- Surgery and Cancer Team
- Women and Children's Services
- Medicine and Therapies
- Primary Care Management
- Planning and Performance

Throughout the month of August, BCPs were collated on receipt and outstanding areas were chased with the nominated manager and Directorate lead. As of Wednesday 26th August, a total of 72 BCPs had been received and reviewed. A total of 13 remain outstanding (**Appendix 1**)

It should also be noted that August is peak holiday season with large numbers of key personnel on leave. The 85% return is therefore a commendable effort in the circumstances.

Completed plans were categorised by relative potential risk. All of those deemed to be high or moderately high risk areas were reviewed in detail and findings listed below. Wards and departments which were felt to have no specific risk have also been reviewed and summarised in the generic points. It is important to note that only the key risks have been included in this report

1. Generic risk summary

Identified risks & actions to mitigate for all areas:

Risk	Action
Staff illness, dependent illness	Local BCP address staff shortages. Trust wide skills register Register of recently retired staff Flexible working policies, including carer's leave. Good stock of PPE Vaccination programme for staff when vaccine available. Possibility of suspending induction programmes to release staff.
Travel problems which prevent staff getting to work	Some accommodation available on site. Local arrangements to suspend CPZ and parking restrictions on site
Limited facility to enable staff to work from home e.g. remote e mail etc.	Senior management and some key staff have facility Can be rolled out quickly to additional staff if needed.
Pregnant staff working with high risk patients	Local management guidance available Risk assessments undertaken with all pregnant staff Advice available from H&W centre.
Potential of increase in complaints, litigation & loss of income due to non compliance against SLA	Continuation of services as far as possible Liaison and agreement with PCT's
Potential breach of national targets	Daily SITREP reporting and communication with NHS London on status. Sector wide communication about capacity issues, particularly in high mission critical areas.

2. Areas of risk (high and moderate to high risk)

a) High risk areas

Critical Care

Risk	Action
Need to increase capacity by 100%	Scoping work undertaken. Can expand to theatres, Montuschi & DTC. All costing undertaken and submitted to NHS London. Additional equipment can be rented.
Cancellation of non urgent surgery	Patients to be prioritised as per clinical need
Children being cared for in adult ITU	Staff being trained as part of CATS. Local skills training day completed. Senior Staff on adult to work at Paediatric ITU at GOS & UCLH. Support agreed sector wide
Lower staff levels than recommended	Skills register. Redeployment of staff to high dependency areas as required. 5 th year Medical students to be released to support ITU if required.
Increase in expenditure if rise in bank/agency usage	As above.
Lack of CC beds	Liaison with LAS and other units via EBS. Transfer to ward areas wherever possible.

Emergency Department (ED)

Risk	Action
Breeching ED targets	Triage and escalation procedures in place. Continue liaison via discharge team with social services, PCTs to prevent unnecessary attenders. Awaiting final BCP from Mental Health Liaison team
Increased levels of paediatric attendees	Good communication between Paediatric team and children's outpatient department to ensure flow of patients. Communication plan for public to discourage ED attendances unless necessary.
Staff shortages	As generic & CC actions. Ensure PPE availability

Ifor (Paediatric)

Risk	Action
Increased demand for beds (both HDU & emergency)	Close monitoring of Outpatient activity-plans to expand to day-care if necessary. Use OPD to relieve pressure on ED Redeploy staff from outpatients. Communication with LAS & EBS about overall bed capacity.
Shortage of staff	As generic plans. Staff to rotate if required.

Maternity inpatients

Risk	Action
Lack of midwives	Skills register & retired staff list. Daily monitoring and communication between matrons. Staff rotate routinely, so should be multi skilled and able to move at short notice.
Pressure on bed occupancy	Possibility of caring for high risk mothers by merging 3 wards and ante natal if required. Review elective sections. Review Birth Centre function as required.
Unable to admit babies subject to Child Protection Plans * Also a risk for NICU	Early discussion with Social Services & Child Protection Teams to consider fostering and increasing availability of placements.

NICU

Risk	Action
Shortage of staff with key skills	Local skills register Sector wide agreement to share staff
Unable to transfer babies in or out	Sector wide agreement to share facilities Good communication with EBS and other neonatal units

b) Areas of high to moderate risk

Logistics

Risk	Action
Unable to provide services such as	Contractors have supplied individual

catering, laundry, supplies to patients & staff	BCP to trust. (NHS Logistics is the exception). Stock piling of essential stock and non stock items for high risk areas. Additional supplies of PPE.
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Discharge Planning

Risk	Action
Risk of increase in DTOC and inability to provide bed capacity	Continue daily teleconferencing with Islington PCT. Communication between PCTs and support services. Ensure ward/department staff treat discharging patients as a priority. Engagement of voluntary services to support patients in the community

Finance, Payroll and associated services

Risk	Action
Disruption to services such as payroll, change forms, unsocial hours payment	Detailed BCP provides assurance that staff will be moved to cover payroll services as this will be essential. Weekly prioritisation to services to be undertaken to determine which key functions can be delayed.

Health and Work Centre

Risk	Action
Delay in pre-employment health clearance	Agreement that health clearance can be valid from existing employer if required.
Services such as immunisation, sharps injuries, contact tracing will be affected	Risk assessment undertaken to identify urgent referrals and skeleton service will be provided to non-urgent.

Human Resources

Risk	Action
Delay in clearance for new starters, temporary staff.	Staff to cross cover as identified in BCP. Priority given to high risk areas

Imaging

Risk	Action
Increase in demand-possibility of breaching targets	Triage in place on case basis. Out of hours arrangements to help continuity and demand
High staff absence	Staff to cross cover if necessary. Suspension of service if not possible. Sharing staff with sector

IM&T

Risk	Action
Loss of network and support of software	Detailed BCP including on call rota and staff who can cover all areas of IT.
Unable to maintain major systems	BCPs from software maintenance companies. Trust staff trained to support systems if necessary

Laboratories

Risk	Action
Unable to provide services due to staff shortages	Staff skills register available-staff can cross cover. Prioritisation of urgent and routine samples. On call rota in use. Close working relationships with labs in the sector.

Mortuary

Risk	Action
Lack of space if death rate increases significantly	Agreed space available as part of Islington capacity plans at St Pancras.

Operations

Risk	Action
Lack of staff to authorise staff bookings such as finance, staff etc.	Support staff identified to continue with authorisation as required
Unable to cover management on call rotas	Silver team to be supported by bronze and gold by silver. Gold to nominate deputies to provide cover for gold.

Pharmacy

Risk	Action
Services affected due to staff sickness	Staff available to cross cover. Skills register as other departments. Prioritise services-urgent/routine

Physio and OT

Risk	Action
Staff shortages may impact on DTOC, recovery of patients	Detailed BCP outlines priority areas such as respiratory, ITU, Paeds. On call rota in place including out of hours. Re-deployment of staff from Outpatient & musculoskeletal service Skills register.

Security

Risk	Action
Need for security may increase and staff shortages may impact on availability in key areas such as ED & maternity	Skills register in place. Agency staff available if necessary On call rota in place. Provide a skeleton service covering high risk areas only Liaison with local police for support if required.

Conclusion

Throughout all areas of the Trust the most overriding area of potential risk in the event of a flu pandemic would be the loss of staff, particularly in the highly

skilled areas such as ICU, Paediatrics, Maternity and Emergency Department. Other skill specific areas such as Imaging would also suffer heavily if running at low staff capacity. Suspension of service provision such as ultrasound may be inevitable consequence.

However, staff should be able to work outside their usual areas if required and skills training is being undertaken in some areas to ensure this is the case. In addition, the skills register will provide information on both clinical and non clinical staff should their assistance be required. Volunteers are also being asked if they could provide non clinical support should it be required as consideration must be given to areas such as portering, switchboard and meal delivery should non clinical staff be in short supply. The possibility of suspending the EWTD during a staffing crisis would be an option if this is lifted by the Department of Health as a short term solution.

In the worst case scenario, adherence to national targets, such as cancer waiting times, would also be significantly affected with the resultant clinical, financial and reputational implications. The trust would seek guidance from the Department of Health during this time.

Incidence of complaints, litigation and loss of income due to non compliance against SLAs may increase.

Other units that provide additional capacity, particularly ITU and neonatal units may not be able to provide the usual level of support if they are under the same pressure.

Action

This summary has been produced to inform the Executive Committee and subsequent committees of risk areas throughout the organisation, thus informing decisions on capacity management planning, capital expenditure and workforce planning.

Business Continuity Plans – Outstanding as of 26th August 2009

Directorate	Director	Lead for completion	Area	Deadline given	Comment
Facilities	Philip lent	Debbie Hoar	Sterile Services	14 August	On leave
		John Nuss	Medical Physics	14 August	Awaiting
		Cecil Douglas	Transport	14 August	Awaiting
Diagnostics	Jon Green/ Lanre Fatuga	Murude Newman	Medical Records	11 August	MN on leave. Agreed with Lanre F completion asap
		Murude Newman	Appointments	11 August	As above
Surgery & Cancer	Matthew Boazman/ Liz Rutherford	Liz Rutherford	Surgical specialties	11 August	Chased x3
		Alec Fraser	Secretaries	11 August	Chased x3
		Richard Hallesy	audiology	11 August	Chased x3
		Mark Rose	admissions	11 August	Chased x3
		Maggie Pratt	Thorogood	11 August	2006 version saved
Medicine and therapies	Matthew Boazman/ Kathriona McCann/ Tina Jegede	Maddy Howell/Laura Bell	Social Work admin	11 August	Chased. MH on leave until 01/09. Chased LB
		Geoff Young	Cardiology	11 August	Chased
Primary Care Management	Siobhan Harrington		Primary Care Management	14 August	Chased