

REPORT ON THE READINESS OF THE CHRISTIE NHS FOUNDATION TRUST

IN RESPONSE TO A(H1N1) SWINE INFLUENZA

25TH SEPTEMBER 2009

1. Introduction

The DH requires all SHA Boards to formally publish a statement of readiness against key elements of the Demand and Capacity Guidance (April 2009). This is also a requirement of the lead commissioner. They require our contribution to support their statement. This readiness report has been prepared in accordance with guidance provided centrally.

The trust emergency plan has been in place for a number of years and has been informed and focused by increasing concern about the impact of pandemic flu. The Board will be aware that even given scaled down planning assumptions from the DH, the impact on our vulnerable patient population and staff could lead to an increase in acute admissions with staff absence of up to 12%. The current planning assumption is that an additional 15% of the workforce could be absent if schools are closed as parents may need to stay at home to look after children.

The Board is recommended to receive this report, advise any further assurance requirements and agree to forward the report to the SHA together with the Board minute pertaining to the acceptance of this statement of assurance.

The following sections set out the required elements of our plan.

2. Statement of readiness

The Christie NHS Foundation Trust has prepared for the second wave of the present H1N1 influenza pandemic expected during the autumn/winter 2009 by:

- Assessing the extra demand on trust capacity during the second wave using Cabinet Office/DH planning assumptions
- Ensuring that its staff will be ready to meet the challenge of the second wave through:
 - Mapping the workforce (skills audit)
 - Communicating with staff through regular updates
 - Training updates for staff
 - Making preparations for staff redeployment
 - Identifying the likely impact on staffing.

The above has been in accordance with the Pandemic Influenza Human Resources Guidance published in August 2008.

The associate director for emergency planning at NHS Bolton, Colin Kelsey, visited the trust on 10th September to assess the trust's level of preparedness. He provided valuable feedback on the systems and processes in place to manage a surge in the autumn. He concluded that the trust has impressive evidence to demonstrate our level of preparedness.

We can confirm that The Christie NHS Foundation Trust will be at full readiness from October 2009.

3. Appointment of a full time director

The organisation has committed the equivalent of a full time director through the efforts of the Chief Operating Officer and the Director of Infection

Prevention and Control (DIPC) in ensuring the above plans are in place and can be fully implemented. The trust emergency planning lead has day to day responsibility for ensuring coordination and dissemination of policies, guidance and training.

There is a director-level led vaccination programme in place to ensure the maximum possible uptake of both the swine flu and seasonal flu vaccines among frontline clinical staff and priority groups.

4. Staff awareness and training

A number of emergency planning related documents are available to all staff for reference and implementation. These include the trust-wide pandemic influenza plan, influenza policy, winter plan, business continuity plan, and influenza vaccination policy. All trust policies are in accordance with national, regional and local guidance and therefore set a framework to ensure that the trust is prepared for the impact of an influenza pandemic.

The trust has participated in and had appropriate representation at all regional events to which it has been invited. The trust was represented by the 3 main clinical divisions, infection control, human resources and the emergency planning lead at a Manchester-wide exercise led by NHS Manchester on 17th September. This was a multi-agency exercise and therefore a valuable opportunity to test our escalation plans.

Two internal exercises have been held on site for clinical and non-clinical departments. Learning points have been identified and addressed.

Human Resources have developed pandemic influenza-specific policies and guidelines for staff to support resilience. This includes a 'Frequently Asked Questions' information paper for staff.

Regular updates on swine flu planning and preparedness are communicated to staff via the staff intranet. Links to external websites for further information have also been set up.

5. Testing of pandemic preparedness plans

The trust pandemic influenza plan has been developed through its emergency planning and infection control governance structure. Arrangements are set out in this paper with a detailed briefing planned for the Governance Committee in October. It is important to stress that the organisation has a clear management structure through which this emergency planning response is being operationalised in line with the emergency planning framework that has been in place for several years. The trust plan is in accordance with requirements identified by the SHA during recent self assessments and audits.

6. Understanding and testing capacity

All divisions have developed flu plans taking into account their service priorities by identifying their critical and non-critical activities. These were tested during the recent exercises and have been revised to take into account lessons learned. Divisional flu plans will be subject to further change to take into account newly emerging guidance.

The emergency planning lead attended the regional business continuity workshop held in June 2009. The main focus over the summer has been on

preparedness for pandemic influenza but training will be delivered internally on all aspects of business continuity management in 2010.

The Christie has a level 2 critical care facility. Clinical and business leads have been involved in the critical care network response to this emergency planning process. There is a local continuity plan in place. We are not a receiving organisation for other trust's patients and are unlikely to be. The current status is that we are not to go to level 3 at any point. However the trust acknowledges that under the Mutual Aid agreement for Greater Manchester, where critical care capacity may be compromised, regional command and control arrangements may be in force and the trust would respond appropriately.

7. Staff vaccination programme

The DIPC/DoN&G has led the development of the trust vaccination policy, training programme, communications strategy and delivery plan and will, through the vaccination task to finish group ensure maximum take-up of swine flu and seasonal flu vaccines. Arrangements are in place for staff to receive seasonal and H1N1 vaccines and are fully described within the vaccination policy. This is in accordance with the guidance provided by the DH in terms of identifying priority groups. The uptake of seasonal and swine flu vaccination will be monitored through the performance reporting system.

8. Partnership working

The trust is represented at the local Pandemic Influenza Coordination Group (PICG), chaired by NHS Manchester. Other members include representatives from the local authority, social services, public health, police and prison services and colleagues from other acute trusts. Meetings are held weekly, either as teleconferences or face-to-face. There is a mutual sharing of information.

There is a robust plan in place to support delivery of a coordinated response to a flu pandemic across the region. There are well-established communication links and effective reporting mechanisms, both to NHS Manchester and the lead PCT for emergency planning.

9. Surveillance system

The trust utilises ICNet for the surveillance of confirmed infections. This is updated every 2 hours. Patients will only be swabbed as part of the trust's virology screening protocols, as directed by the medical team. This is indicated in particular for immuno-compromised patients with pyrexia and respiratory symptoms. Suspected swine flu cases are recorded on the daily Sitreps which are submitted to the SHA and continue to be recorded if swine flu is confirmed. In addition the trust completes daily FluCon reports which are forwarded to the lead PCT for emergency planning, Bolton. These highlight any impact on service delivery. To date there has been no impact on the trust's ability to deliver its normal service.

10. Additional preparations

The North West critical care network is meeting on 29.9.09. The trust will be represented by the critical care lead consultant in order to cascade any decisions applicable to The Christie.

11. Summary

The above statement of preparedness sets out the work that the trust has done within its mainstream emergency and business process to ensure that it is prepared in the event of a flu pandemic. Policies and plans have been subject to external scrutiny. Internal plans will be presented to the September risk committee and monitoring of the uptake of seasonal and swine flu vaccination will be through the infection control section of the performance report. A further briefing will be provided to the October Governance Committee and all documents cited in the paper are available on request and will be on the intranet from 8 October.