SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

READINESS FOR PANDEMIC INFLUENZA (v. 9)

Report to:	Trust Board – 29th September 2009
Report from:	Andrew Asquith, Head of Performance and Capacity Management William Pate, Div 5 Business Manager / Interim Flu Co-ordinator
Sponsoring Executive:	Steve McManus, Chief Operating Officer
Sponsoring Divisional Director:	N/A
Aim of Report/ Principle Topic:	Report on the readiness of SUHT to respond to Pandemic Influenza Assure Board that all elements contained in section 1.6 of the report have been addressed
Review History to date:	Earlier drafts reviewed by Trust Executive Committee 12th August 2009 and 16th September 2009 and Trust Board on 25th August 2009
Assurance Framework Strategic Objective Ref:	SO2b, SO2d, SO6e, SO7a
Recommendation(s):	That Trust Board that it is able to confirm to the DH that SUHT is in a state of readiness for Pandemic Influenza.

1. STRATEGIC CONTEXT

1.1 The NHS has been preparing for the potential impact of a 'pandemic' influenza virus for a number of years. Previous pandemics in 1919, 1957-58, 1968-70 were associated with significant increases in ill health and fatality. In 2009 a pandemic strain of influenza, H1N1 ('Swine Flu') was identified in Mexico. The first illness caused by the new influenza virus was confirmed in the United Kingdom on 27th April 2009. Recent reports from the WHO show that cases of the new virus have occurred in over 170 countries and territories (including 3,696 deaths). In the UK there are currently 182 patients hospitalised (17/9/09) and 67 deaths have been reported.

1.2 Current Pandemic Influenza alert status:

- World Health Organisation – level 6 – increased and sustained transmission in the general population, global pandemic is under way (11th June, 2009)
- UK – level 2 – virus spread in the UK (UK has not yet declared levels 3 or 4)
- It is anticipated that a number of 'waves' of infection spread will be experienced both globally and in the UK

1.3 It is essential that SUHT is effectively prepared for the potential impact of the current influenza pandemic, together with its partners both within and outside the NHS. Effective preparation will enable SUHT to minimise the impact of the pandemic upon patients with flu, and patients with other health conditions, whilst also supporting and protecting our staff as they provide care.

1.4 The readiness of NHS organisations to respond to the pandemic is a key priority for the Department of Health and Government. This has been reinforced by recent communications to NHS organisations including those from:

- David Nicholson, Chief Executive of the NHS, 2nd July 2009: Gateway reference: 12124
- Ian Dalton, National Director NHS Flu Resilience, 2nd July 2009: "H1N1 Swine Influenza: Update and Resilience Actions for NHS Boards" ; Gateway reference: 12125
- Ian Dalton, National Director NHS Flu Resilience, 3rd September 2009: "H1N1 Swine Influenza: Revised Planning Assumptions Published" ; Gateway reference: 12524

1.5 Since April 2009 a considerable number of documents have been published by DH and other authorities providing wide-ranging guidance to NHS organisations, their clinicians and managers, notably:

- "Containment to Treatment", DH, 2nd July 2009
- "Managing Demand and Capacity in Health Care Organisations (Surge)", DH, 1st May 2009
- "Further details about the H1N1 swine flu vaccination programme 2009/10", Sir Liam Donaldson, Chief Medical Officer [Gateway reference: 12421]
- "Critical Care Strategy: managing the H1N1 flu pandemic (September 2009)", DH, 10th September 2009 [Gateway reference: 12524]

1.6 Requirements of NHS Trusts include the following:

- All NHS organisations to be at peak preparedness by September 2009,
- The appointment of a full time director level lead dedicated to flu preparedness and resilience,
- To have stress-tested pandemic preparedness plans,
- To understand and test capacity constraints that may be caused through increased demand and workforce sickness absence,
- To engage in discussions with Trade Unions about a staff vaccination programme,

- To build on existing relationships with local partner agencies to ensure that that their role, channels of communication and ways of working are clear,
- To support the sentinel surveillance system on patients hospitalised with swine flu which will be used to provide advice on clinical management.

1.7 Having considered all the above points, NHS Boards have been asked to formally note in their September meetings that their Trust is in a statement of readiness in relation to Pandemic Influenza.

2. EPIDEMIOLOGY AND PLANNING ASSUMPTIONS

2.1 Macro view

2.1.1 Assessments of the potential future impact of pandemic influenza has been characterised by significant uncertainty. Previous pandemics have varied in their impact and the last pandemic of the 20th century is now 40 years ago with much in the world having changed in the meantime. Important new evidence has arisen as the current pandemic strain has been identified and its epidemiology observed.

2.1.2 DH guidance on the potential impact of pandemic flu has been revised as follows:
- "Pandemic Influenza – Managing Demand and Capacity in Healthcare Organisations" – 1 May, 2009, DH
- "New H1N1 Influenza: Current situation and next steps" – 2nd July 2009, The Chief Medical Officer, DH
- "Swine Flu – UK Planning Assumptions" – 16th July 2009, Cabinet Office / DH
- "H1N1 Swine Influenza: Revised Planning Assumptions published" – 3rd September 2009, Ian Dalton, National Director NHS Flu Resilience, DH

2.1.3 The latter document provides the current planning requirements for NHS organisations. It should be noted that significant uncertainty regarding the impact of pandemic influenza remains and this is reflected in the guidance.

"There are a number of parameters each taken at their 'reasonable worst case' value. Taken together they represent a relatively unlikely scenario; they should therefore not be taken as a prediction of how the pandemic will develop. Planning against the reasonable worst-case scenario will ensure, however, that plans are robust against all likely scenarios. Response arrangements must be flexible enough to deal with the range of possible scenarios up to the reasonable worst case and be capable of adjustment as they are implemented".

Further information will be issued to NHS organisations as it becomes available.

2.2 Impact Assessment

2.2.1 The Trust's Pandemic Influenza plan has been updated to reflect the current national planning assumptions as follows:

	Number of Cases in Area	**Hospital Admissions**	**Requiring Critical Care**	**Deaths**
Number (30% attack rate)	165 000	3 300	825	165-578
Peak Week 6.5% clinical attack rate	35,750	358	90	36-126
Peak Week 8% clinical attack rate	44 000	880	220	44-154

2.2.2 The estimated burden of illness on SUHT attributable to pandemic influenza in 2009 is based on:
- A catchment population of 550,000
- 30% clinical attack rate (patients developing clinical symptoms rather than being infected but without symptoms), likely to be higher in children, lower in over 65s
- Hospitalisation rates of 1% (of symptomatic patients) – of whom up to 25% could require intensive care at any given time
- Fatality rates up to 0.1% (of symptomatic patients).

2.2.3 Latest DH guidance planning assumptions (3/9/09) for the second wave, converted for the Southampton population indicate -

Over a 16 week period there will be:
- 77,000 people being clinically ill with flu
- 1,500 people needing admission to hospital, of whom
- 375 will need critical care (ITU or HDU)

During the peak week:
- 6.5 – 8% of the population will be ill with flu i.e.
- 16,650 – 20,500 people will become clinically ill (1,570 – 2,930 each day)
- 1,650 – 3,075 will have complications (235 – 440 each day)

- 220 – 410 will need admission (31 – 59 each day)
- 55 - 102 will need critical care (8 – 15 each day)

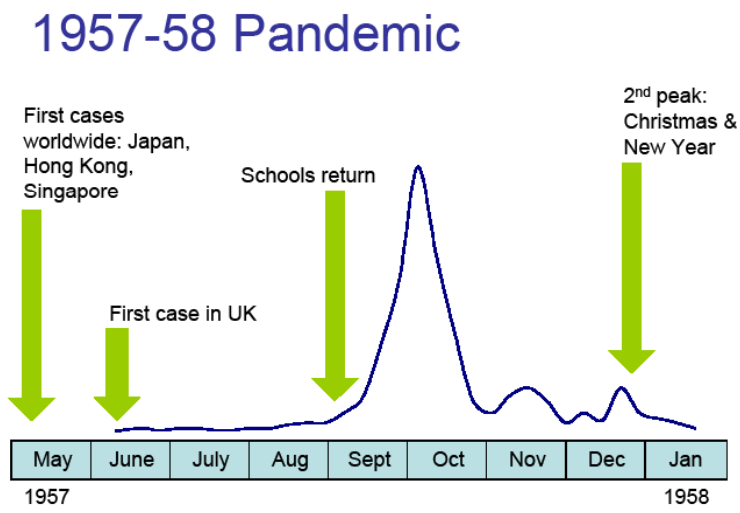
In addition, assume:

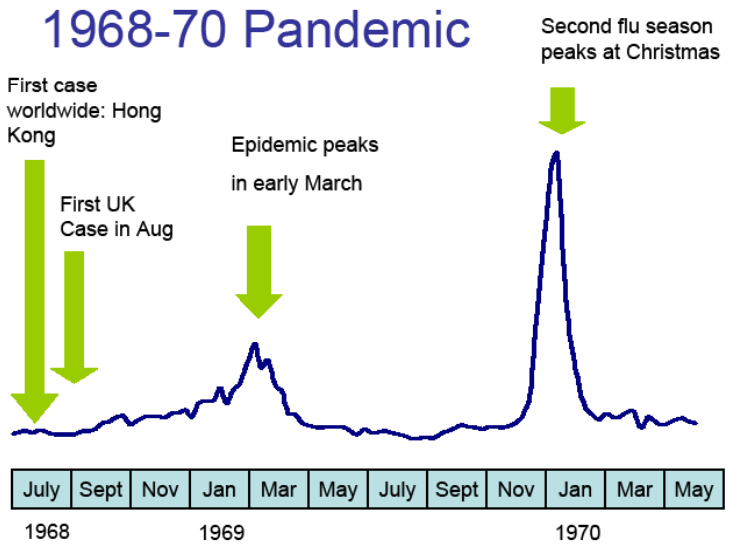
- Staff absence rate of 12%
- Performance targets will continue

All figures are approximate and represent work additional to normal background health service activity.

2.3 Timing

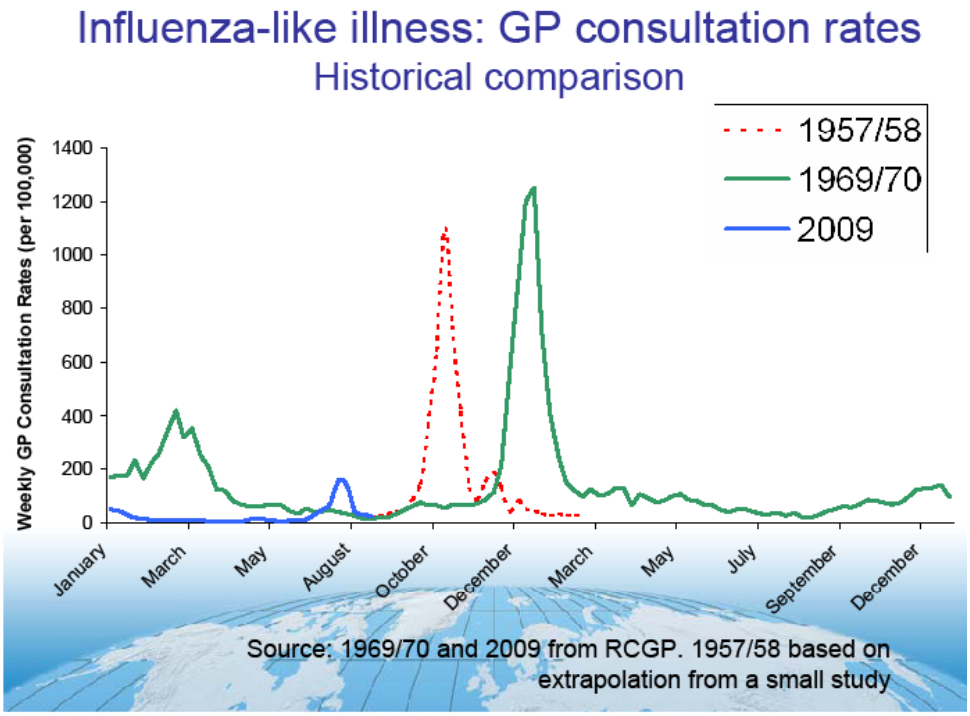
2.3.1 The Pandemic is expected to peak in Autumn / Winter 2009, may be characterised by a series of 'waves', and could last many months. The following two graphs of the pandemics in 1957/58 and 1968/70 indicate that the gaps between waves of pandemic influenza are variable and the waves can be of differing severity.





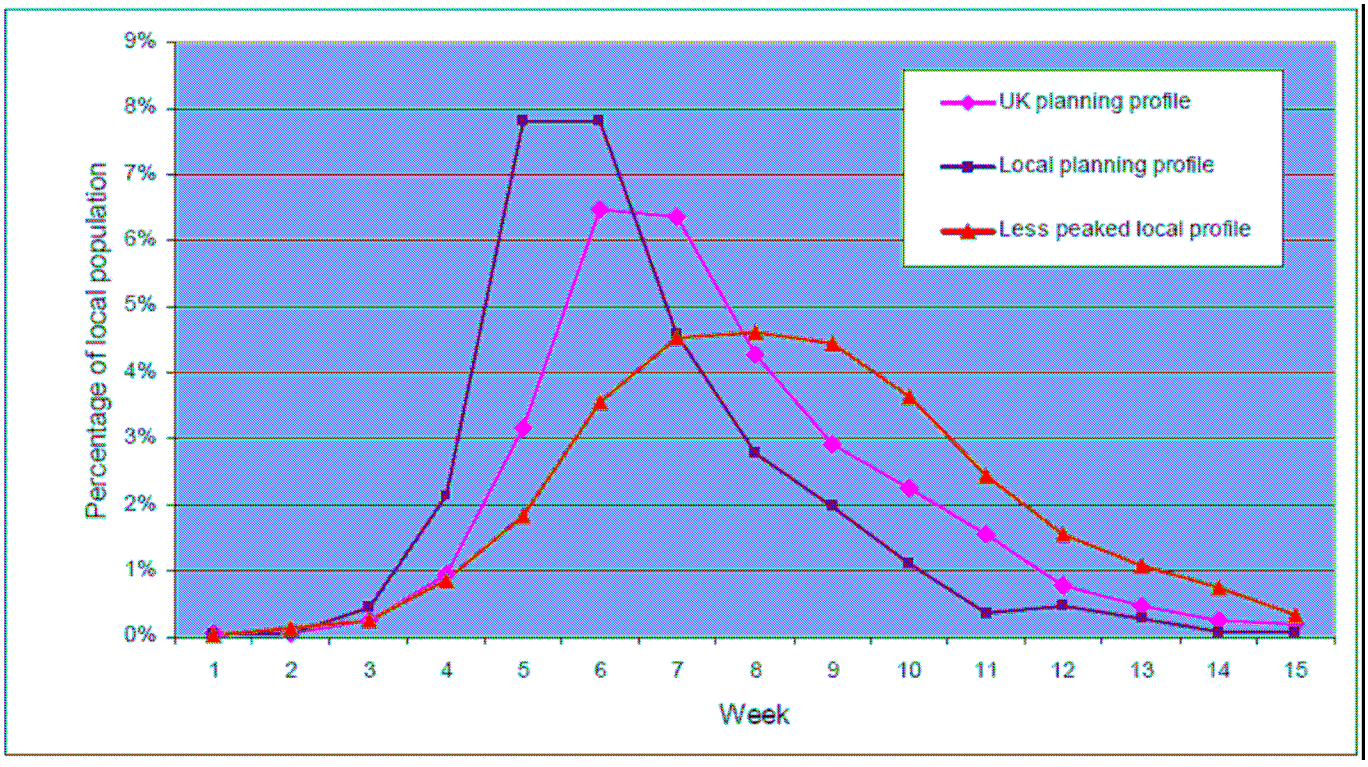
2.3.2 Comparison of GP Consultation Rates for previous pandemics

This graph indicates the impact of pandemics in Primary Care and compares the GP consultation rates for the current, and two previous, pandemics. It is noted that whilst wave 1 of the current pandemic had a considerable effect in Primary Care, the consultation rate for the current pandemic in August was low compared to what might be expected in wave 2.



2.3.3. DH Modelling has indicated that the speed of spread of the disease will influence the intensity and duration of peak impact. The blue profile below represents a relatively brief intense peak of disease transmission which might be anticipated in any local area within the UK, the red profile below represents a relatively long, less intensive period of disease transmission which could be possible alternative profile for the same area. The national profile (pink below), reflects the impact of all of the different parts of the country which will not experience their peaks of disease transmission at the same times.

- 'Swine Flu - UK Planning Assumptions' (16th July 2009, Cabinet Office / DH):



3. TRUST PANDEMIC INFLUENZA PLANNING

3.1 Overview

3.1,1 The Trust has a detailed Pandemic Influenza Plan which has been reviewed to ensure that it is both accurate and current (last reviewed 27/8/09). It has been developed in line with guidance from the Department of Health, the Health Protection Agency, and local resilience forum. The SUHT Pandemic Influenza Plan aims to manage the estimated burden of illness associated with pandemic period, protecting and maintaining emergency and tertiary services / beds within the Trust for as long as possible.

3.1.2 Supporting the overall Trust Plan are Local Action Plans developed by Care Groups and Departments (see 8.4). These focus on how the work of individual services with be prioritised and how clinical priorities / needs of essential clinical services will be maintained in the event of full pandemic status.

3.1.3 The Chief Operating Officer, on behalf of the Chief Executive, holds corporate responsibility for Pandemic Influenza Planning. All Trust managers are responsible for ensuring their staff is aware of, and trained in, the implementation of Trust and local action plans. Each Division has identified a Senior Clinician or Manager (and a deputy) to lead for "Flu Response" on behalf of the divisional management team, responsible for –

- assuring the Divisional Management Team and Trust that adequate preparations have been made and could be implemented successfully,
- co-ordination of the Divisional response to the pandemic in the context of the Trust and Community arrangements,
- providing a formal channels of communication in the division regarding pandemic response,
- representing the Division at the HIMT as required.

3.1.4 The "NHS South Central Escalation Framework" (June 2009) sets out a co-ordinated, whole system approach to escalation that is managed by the local health economy PCT commissioners. It gives details of the alert system and specifies clearly defined responsibilities for all organisations. Trigger points are defined to ensure identification of demand and capacity pressures and specific actions outlined to create capacity and reduce pressures on the system. The document also provides a description of governance and accountability arrangements for escalation within the local health economy.

3.1.5 The Trust would be expected to implement changes incrementally in the event that operational pressures could not be managed successfully without actions to reduce activity. The Hospital Incident Management Team (HIMT) would consider changes to routine elective activities, elective cancer services, clinically urgent elective work, and trauma and emergency work, taking into account their relative urgency. Escalation triggers are in the Trust Bed Management Policy "Alert Status and Key Responses" (see appendix 8.6).

3.2 Scenario Planning

3.2.1 The revised DH planning assumptions (3/9/09) have meant an enhanced focus on three possible scenarios - that the Influenza Pandemic will involve -

- mainly children
- mainly adults
- both children and adults

and, in addition, that there will be an increased need for Critical Care beds.

3.2.2 If wave 2 of the Pandemic is mainly children, the Local Action Plan extant in Child Health will be fully implemented. In addition, if the need arises, children will be looked after on adult wards with the care being provided by existing staff but overseen by paediatric medical and nursing staff. If wave 2 of the Pandemic is mainly adults, the cohorting area will be extended throughout the Elderly Care area and thence into other adult ward areas as the needs arise.

3.2.3 If wave 2 of the Pandemic is both adults and children then the existing model of expanding adult care on G level and then into further elderly care capacity, and paediatric care on paediatric wards (and into adult ward capacity if needed) will be the basis for further expansion. Health Economy capacity can be enhanced by making use of resources in Community Hospitals, at the Spire Hospital and by sharing resources with the ISTC.

3.2.4 Critical Care capacity has been subject to a detailed planning and review process as it is possible that the need for level 3 beds will outstrip the supply which is normally available. Plans confirm that Critical Care capacity could be doubled on a temporary basis during a pandemic peak, both by providing additional beds in exisiting wards, and using recovery, theatre and other areas with suitable equipment.

3.3 Flu-Alert Escalation Plan

3.3.1 A range of hospital-wide trigger points has been developed to form a coherent Flu-Alert Plan -

FLU-ALERT STATUS	ACTIONS	HR AND TRAINING IMPLICATIONS
1. Trust functioning as normal	• ward available for the cohorting of both adult and paediatric suspected pandemic influenza cases	• identify training needs of key groups of staff • analyse skills base available in Trust
	• adult and/or paediatric cohorting ward full • D2 has a staff absence in excess of 3% • "medical patients" being relocated to D4 for chest pain and D1 for stomach pain • D2 begins supplementing medical staff a ward level	• clinical staff rotate within Divisions to update • commence up-skilling training • plan redeployments where possible
2. Trust reduction in activity and/or performance levels	• second (and third) cohorting ward needed for adults and/or paediatrics • there are 36 (or more) medical outliers across the Trust (18 in D1) • D2 elective work ceases • each Division to review O/P capacity to facilitate medical staff availability • discussions re. annual leave/study leave • level one elective surgery cancelled	• contact retirees • accelerate HQ staff training • Divisions to have identified training needs • full upskilling programme across Trust
	• no elective beds available across the Trust for two consecutive days • equivalent number of beds closed due to staff flu • more than three cohorting wards open for adults and/or paediatrics	• THQ staff begin to be re-deployed
3. Increase in clinical risk across the Trust	• level two elective surgery cancelled • critical care capacity increased (paediatric capacity created in paediatric cardiology and paediatric neurosciences) • diagnostics cease supporting elective work (move to 24/7 working)	• OPD staff moved to acute areas • redeployment of clinical staff accelerated
	• loss of bed capacity requiring clinical triage at "front door"	
4. Maximum alert	• Clinical Management Team taking daily (hourly) decisions • Trust on 24/7 operation throughout • all Trust activities simplified and streamlined where possible	• all staff deployment managed centrally

4. OPERATIONAL RESPONSE TO THE CURRENT PANDEMIC

4.1 Hospital Incident Management Team (HIMT)

The Hospital Incident Management Team has been meeting regularly (up to three times weekly) since 30th April 2009, to oversee the response of SUHT to the Influenza Pandemic. (40 meetings held up to 31/8/09). The membership of the HIMT, and approach to its operation, (defined in the Trust Major incident Plan) have been modified to reflect the sustained, rather than the time-limited, nature of the pandemic influenza event. The notes of each meeting are circulated to the Chief Operating Officer, The Medical Director and the Director of Nursing.

4.2 Command and Control

During the peak of the pandemic, command and control of the operational management of the Trust would pass to an appropriately enhanced Hospital Incident Management Team (as outlined in the Trust Major Incident Policy). The COO or Deputy would chair the HIMT and approve rotas to ensure continuous, appropriate representation and leadership on the group. SUHT will also be represented at Strategic (Gold) and Tactical (Silver) levels within the Hampshire and Isle of Wight and Southampton City multi-agency arrangements for response to major incidents. It is likely that the Trust would also receive directions from the SHA / DH regarding the response required of NHS Trusts.

4.3 Pandemic Influenza Staff Database

A database has been created within the Trust that captures up-to-date personal circumstances of all staff.
The process of collecting staff information is managed by Human Resources and by 12/8/09, >82% of the staff returns were on the Trust database. The database has been compiled in accordance with DH guidance and our own pandemic influenza plan, enabling the rapid identification of –

- personal details

- professional experience
- dependents
- job details
- address
- usual mode of transport to work (and possible alternatives)
- any existing medical conditions
- telephone (and emergency) contacts

4.4 Absence Reporting
The HR Directorate have developed contingency plans for absence monitoring and reporting (both within and external to the Trust) during the pandemic. These plans provide for the centralisation of sickness monitoring in the event that Divisions are unable to maintain normal processes due to increased volumes of absence and operational workload**.**

4.5 Review of Local Plans
4.5.1 Each Divisional Board, and Headquarters Directorate, has carried out a formal review of its Pandemic Influenza readiness during the month of August. This review included an assessment of which activities could cease, reduce, or be deferred during the peak of the pandemic in order to release staff to support other activities, either within the division/directorate or wider Trust.

4.5.2 A Trust wide review of Pandemic Influenza readiness was undertaken in early September, testing the linkages between local action plans, the triggers for contingency actions, and a range of scenarios regarding disease spread (as discussed above). All clinical services have reviewed and updated their service priorities and action plans - further details are provided in Section 7.

4.6 Patient and Staff Guidance
4.6.1 Pandemic Influenza Action Group (PAG)
The Pandemic Influenza Action Group has been meeting regularly since April 2009. Representatives attend from all Divisions in the Trust together with Public health representatives from SCPCT, representatives from Spire Hospital and the ISTC. This group has the remit of:
- supporting communication cascade throughout the Trust
- identifying and escalating to HIMT challenges arising
- providing mutual aid and support.

4.6.2 Human Resources Business Continuity Policy
A policy outlining revised HR procedures which may be implemented during the peak of the Pandemic has been prepared jointly with colleagues in other Hampshire NHS organisations. It has been consulted upon within SUHT and is therefore ready for implementation as and when required (see 8.5).

4.7 Capacity / Patient Pathways
4.7.1 Arrangements implemented currently are as follows:
- Suspected flu cases needing level 2 or level 3 care are cared for in General Intensive Care Unit A.
- Cohorting plans are in place for adult and paediatric suspected cases
    - Adults to Ward G7
    - Children to the Paediatric Assessment Unit
- Plans exist to expand cohort capacity if the need arises
    - Adults to Ward G8 and Ward G9
    - Paediatrics to JADW (John Attwell Day Ward) and Ward G4S

4.7.2 Staff
The identification of “at risk” categories of staff has been carried out in line with DH guidance, specifically with regard to pregnant workers, and information communicated through the Trust Intranet and staff bulletins.

4.7.3 Equipment
An initial sum of £130k has been allocated to Materials Management (and spent) to create a strategic stockpile of key items. The aim of the stockpile is to achieve and maintain four weeks stock at full pandemic flu consumption levels. In addition to normal stock ordering, maintenance and replacement by each wards and department, enhanced stock levels are being maintained in areas where suspected influenza patients are being cohorted – G7 and PAU. National distribution and resupply arrangements have also been developed by the DoH and these arrangements are co-ordinated locally by the PCTs.

4.7.4 Drugs
Limited stocks of Oseltamivir (“Tamiflu”) and Zanamivir (“Relenza”) are held by Pharmacy with the understanding that further stocks can be obtained from the Southampton City PCT and Hampshire PCT strategic stocks when needed. Specific liquid formulations of these drugs are held for paediatric cases.

Prescribing policies have been agreed between the Trust and the Primary Care Trusts:

- The Trust prescribes to patients admitted to beds within the Trust where there is a clinical indication of Flu
- Patients not admitted to the Trust would be advised to seek assessment and treatment from the national flu line / by contacting their GP by telephone

4.8 Training

4.8.1 A major staff training programme has been delivered by the Infection Prevention Team, including information on influenza, hygiene precautions, mask wearing and working in cohort areas.

4.8.2 Prior to their use, the types and brands of facemasks that provide protection against infection by intimate contact with an infected patient (FP3) are tested on staff members to ensure that they fit correctly. This fit-testing of facemasks has presented some difficulties due to the unexpectedly high rate of fit-testing failures for certain types/brands of masks. This is being addressed by widening the range of facemasks being purchased, reporting the failure rates to the DH, and working with the Manufacturers to try and overcome the difficulties.

4.8.3 A rolling programme of upskilling / refresher training for staff who may be required change their role / care for patients with different needs has been initiated.

4.9 Communications

4.9.1 Communication with **staff** has been primarily through a number of routes –

- a dedicated Pandemic Influenza website that the Communications Department update following every HIMT meeting. This currently provides:

1. pandemic flu guidance for SUHT staff
2. pandemic flu guidance for nursing staff and AHPs
3. pandemic flu guidance for junior medical staff
4. pandemic flu guidance for volunteers
5. medical staff : swine flu – use of PPE
6. medical staff: suspected flu cases
7. medical staff: swine flu paediatric ED and medical management pathway
8. training session: pandemic flu – 18 slides, teaching notes

Staff are also referred to the websites of the Health Protection Agency and the Department of Health

- Core Brief, on a regular basis
- Targeted communications as appropriate, for example letter to Consultants from the Medical Director

4.9.2 In addition, the website covers –

- Influenza A (H1N1) – treatment and prophylaxis
- DoH swine flu leaflet
- Trust Pandemic Influenza plan v.15
- Pan Flu exercise presentation

4.9.3 For the **General Public** –

- leaflets and short questionnaires have been developed and put into use in O/P clinics
- pandemic influenza advice posters are displayed on all entrances to the Trust

In both cases to inform and give advice on visiting and attendance at the Trust during the pandemic period.

4.10 Liaison with Primary Care Trusts and other partners

2.10.1 Hampshire Primary Care Trust is the lead health agency for the co-ordination of Pandemic Influenza across Hampshire and the Isle of Wight. Hampshire PCT also represents NHS organisations at the HIOW Strategic Control Group (SCG) (Gold). The Tactical Flu response is managed within four geographical areas. A representative of the Trust attends the Southampton Tactical Group (Silver) meetings chaired by Southampton City PCT.

4.10.2 The agencies attending the Southampton Tactical Group include:

- City Council
- Port Authority
- Education
- Social Services
- Police
- local Universities
- local NHS Commissioners
- local NHS Providers
- local Private Sector Providers

4.11 Pandemic Influenza Monitoring

4.11.1 SUHT monitors the status of all of the suspected and confirmed patients on a daily basis via the Hospital Control Room. A daily Hospital SITREP is completed with patient numbers / status and sent to the SHA/PCTs. A daily 'FLUCON' report is returned to HPCT and SCPCT to advise whether there are any significant operational difficulties.

4.11.2 The DoH has also introduced (13/7/09) FLU-CIN monitoring – a retrospective data collection exercise using a 5-page standard format for all patients who have been suspected of, or diagnosed with, pandemic influenza. At present, data is only being collected on confirmed cases because of the workload involved if all suspected cases were included.

4.12 SUHT admissions

- to date (20/9/09) there have been 5 laboratory confirmed cases – 3 adults and 5 children
    - 2 adult and 5 children were treated successfully and discharged from SUHT
    - 1 adult was cared for in intensive care at SUHT, transferred to a national specialist centre at Glenfield Hospital in Leicester, and later died
- on each day there are up to 10 patients (adults and children) within the hospital for whom swine flu is clinically indicated by symptoms and for whom a laboratory result is awaited - the majority of such tests prove negative

5. FINANCE

Estimates of potential costs of the pandemic have been requested by the SHA and provided by the Finance directorate supported by members of the HIMT. The pandemic has the potential to significantly increase costs incurred by SUHT e.g. absence, consumables, premium staffing costs, and costs to the local health community resulting from excess admissions to both hospital and critical care facilities.

6. RISK REGISTER REFERENCE

860, Influenza Pandemic is one of the Trust's top 5 corporate risks currently.

7. RECOMMENDATIONS:

- that Trust Board notes progress made in planning for Pandemic Influenza (wave 2 and beyond)
- that Trust Board that it is able to confirm, at its September meeting, that SUHT is in a state of readiness for Pandemic Influenza.

8. APPENDICES:

8.1 DH: David Nicholson, Chief Executive of the NHS, 2nd July 2009: Gateway reference: 12124

8.2 DH: Ian Dalton, National Director NHS Flu Resilience, 2nd July 2009: "H1N1 Swine Influenza: Update and resilience Actions for NHS Boards" ; Gateway reference: 12125

8.3 Ian Dalton, National Director NHS Flu Resilience, 3rd September 2009: "H1N1 Swine Influenza: Revised Planning Assumptions Published" ; Gateway reference: 12524

Blood Transfusion/Laboratory Medicine
Cancer Care
Cardiothoracic
Catering
Clinical Support Services
Communications
Control Room
Critical Care/Critical Care Outreach
Domestic Services
Emergency Department
Estates
Finance
Health Protection Agency
HR departmental plan
Health Records Centre
I M & T
Infection Prevention and Control
Materials Management
Medical Physics and Bioengineering
Mortuary
Neuro sciences Oral/Maxillofacial and Orthodontic
Non-clinical Support Services
Non-emergency Patient Transport Services
Nuclear Medicine
Occupational Health
Ophthalmology
Pathology
Pharmacy
Physiotherapy and Occupational Therapy
Portering Department
Radiology – Main X-Ray, Emergency X-Ray, Interventional Radiology
Security Department
Sterile Services
Surgery
Switchboard
Transport Department
Travelwise Department
T&O
Unscheduled Care
Waste Management
Women and Children – O&G and Child Health

8.5 Human Resources Business Continuity Policy

Southampton NHS
University Hospitals NHS Trust

HR Business Continuity Policy

Description:	This policy explains the Human Resource procedures to be implemented during pandemic influenza, ongoing fuel and other civil contingencies
Document Type:	POLICY
Document Keywords:	Staff, Pandemic, Contingency, Absence
Main areas affected:	All Staff in the Trust
Date document valid from:	tbc
Document review due date:	
Final Validating Committee:	Trust Executive Committee
Author (title/position in SUHT)	Margaret Fahey, HR Manager
Accountable Officer/ Executive(s):	Jane Hayward, Director of Organisation Development
Material suitable for publishing on:	**SUHTranet** (Trust Staff Only): *INSERT YES* **Extranet** (NHS Community): *INSERT YES* **Internet** (Public): *INSERT NO*
Is this a priority document required for an external assessment or accreditation?	*INSERT NO*

AUDIT TRAIL:

Date agreed: (*can be manually added when document validated*)		**Version number:**	1
Date archived:		**Date(s) Reviewed** (*if applicable*)**:**	
Details of most recent review: (*Outline main changes made to document*)			
Signature of Chairman of Validation Committee: **Print Name:** **Post Held:** **Date:**			

Contents:

Consultation Process for this document:

Name of Committee/Group consulted	Date(s)
Local Consultation and Negotiation Committee	
Staff Partnership Forum	
Trust Executive Committee	
Hospital Incident Management Team	

Name of Staff/Patient group consulted	Date(s)

Chairman Medical Staff Committee	**May 2009**
Chairman SPF	**May 2009**

Equality Impact Assessment

Does the guideline affect one group more or less favourably than another on the basis of any of the strands of diversity?	*NO* ***(delete as applicable)***
Level of impact identified: (None/Low/Medium/High)	***Low***
Full Assessment undertaken?	YES

All documents must be accompanied by the completed Document Owner Checklist and the Equality Impact Assessment Tool.

Title: HR Business Continuity Policy

1. Purpose of this Policy

1.1. This policy provides a general framework across the South Central Strategic Health Authority area to ensure the Trust is able to continue its functions when business continuity is challenged for any reason such as an increase in demand, a major incident, fuel disputes, flood, or widespread illness all of which may have some impact on the availability of staff to undertake their normal duties.

1.2. This policy is intended to take precedence over existing HR policies as a result of the above events in the interest of ensuring consistency across the South Central SHA area and including:

- Recruitment
- Appraisal
- Discipline
- Grievance
- Attendance
- Annual leave

1.3. Nothing in this policy is intended to compromise the Health and Safety of Staff. All decisions will be made with the safety of staff, patients and the public in mind. Risk assessments will be undertaken when determining if a service should remain open or close.

1.4. The decision to implement this policy will be undertaken as a result of a major emergency or flu pandemic being declared and the Director of Human Resources and/or Chief Executive or relevant deputies, liaising with the Director of Public Health.

2. Objectives/ success factors

2.1. The objective of this Policy is to provide staff and managers with clear, consistent guidance and processes to manage the workforce.

3. Scope of this Policy

3.1. This policy applies to all staff working within the Trust in line with Southampton University Hospitals Single Equality Scheme and includes individuals on placement or secondment within the Trust.

3.2. This policy comes into effect on receipt of formal communication from the Director of Human Resources or equivalent.

3.3. The Trust will take account, in its actions, of all its legal obligations as an employer. It will endeavour to encourage all staff to attend work during a pandemic and support those who are genuinely unable to attend work during this time.

3.4. At the end of the Emergency, the decision to de-activate this policy will be taken by the Trust Director of HR in consultation with the HIMT.

4. Possible Triggers for Implementing this policy

4.1. It is neither feasible nor practical to provide a definite list of events that would trigger the implementation of this policy however for guidance the following is a list of possible triggers. This list is not exhaustive:

- Declaration of a major incident
- Activation of the Trust Pandemic Influenza Plan

- Absence rate exceeds 20% of the health care workers providing direct clinical care within the Organisation, or a particular professional group such as qualified nurses, allied health professionals or health care assistants.

5. Responsibilities

5.1. Individuals

5.1.1. are expected to co-operate with the Trust during the emergency, undertaking duties within their scope of practice as requested.

5.1.2. Are required to notify the Trust if they have recently returned from an area outside the UK which has declared a pandemic flu.

5.1.3. Continue to fulfil their contractual duties wherever possible.

5.2. Managers

5.2.1. During a major emergency or pandemic flu it is recognised that an unprecedented demand for services will be placed on managers and staff, who will be coping with staff shortages over a prolonged period. Whilst accepting that everyone will be extremely busy, it is important that any decisions taken will be able to be justified and explained post major emergency or pandemic flu. For this reason it is important that all decisions made which are outside of the normal policy are recorded.

5.2.2. It is acknowledged that many staff will be working long hours under difficult circumstances. Manager continually monitor the wellbeing of their staff, and and are responsible for ensuring that adequate breaks are received.

5.2.3. Have a responsibility to cooperate with the Trust and ensure that all requests for information, which will be kept to a minimum or updates, are provided, and any major changes to the service are notified to the control room in a timely manner.

5.3. Human Resources

5.3.1. During a major emergency or flu pandemic the focus of the HR team will change, and services will be contracted to the provision of basic functions, such as recruitment of staff, undertaking legally required checks on staff/volunteers and issuing contracts as appropriate.

5.3.2. Whilst it is recognised that it may not be possible to pay staff everything they are entitled to for additional hours worked, etc during the height of a pandemic, it is important that staff are paid as much of their pay as possible. In extreme circumstances the payroll for the previous month will be re-run.

5.3.3. Provide reasonable statistical information to the Health Authority and DH as appropriate on staff data. It is expected that responding to freedom of information and data protection requests will be suspended during the major emergency

5.4. Occupational Health

5.4.1. Will prioritise their work to include urgent sickness absence referral and will continue to undertake pre employment checks.

5.4.2. Will work closely with HR using ESR to manage staff absence and return to work.

5.4.3. Risk assess staff for routine vaccinations.

5.4.4. Work with microbiology to manage treatment and prophylaxis of flu and associated illnesses.

5.5. Payroll

5.5.1. During a major emergency the maintenance of the payroll will be a high priority, however there is likely to be a reduction in service during this time. Consequently it may not be possible to input and pay some manual claims. The basic payroll and all claims which are transferred electronically from the E-rostering system (when implemented) will be paid, and in an extreme emergency the previous month's payroll will be re-run.

5.5.2. Any payment for manual claims or changes which cannot be input during the emergency will be actioned after the emergency and any recovery has concluded.

6. Links to other key Strategies & Policies

6.1. This policy should be read in conjunction with the following policies:

- Disciplinary Policy
- Grievance and Disputes Policy
- Investigation Policy
- Single Equality Scheme
- Recruitment and Retention Policy
- Maintaining High Standards of Performance Policy
- Managing Attendance Policy
- Managing Performance of Medical and Dental Staff
- Health and Safety Policies
- Special Leave Policy
- Records Management and Lifecycle Policy
- Information Governance Policy
- Flexible Working PolicyBreach of this Policy and responsibilities of all staff

7. Principles

7.1. Management of Annual Leave

7.1.1. It is recognised that it may be necessary to limit annual leave usage in order to sustain services. As there may be additional pressures on staff due to increased working hours, there will not be a blanket ban.

7.1.2. All requests for annual leave will be considered on their merits and will be dependant on service needs.

7.1.3. All pre-booked leave will be allowed unless there are extreme exceptional circumstances.

7.1.4. Staff may cancel their pre-booked leave should they wish especially as there may be restrictions on travel or they may not wish to travel.

7.1.5. The Trust may ask staff to cancel their pre-booked leave. If staff are unable to obtain a refund, the Trust will look to reimburse costs incurred (subject to proof of financial loss being provided). It is expected that any reimbursement will occur after the pandemic. Reimbursement of financial loss will be considered on a case by case basis.

7.1.6. The Trust reserves the right to place an individual on paid leave if it is considered their continuing presence at work would constitute a risk to themselves or others.

7.1.7. If staff have used up all their annual leave allocation, before the end of a leave year, at the point of a major incident or pandemic being declared they may still require time off to rest and recuperate. In such circumstances consideration should be given to initially identifying legitimate alternative ways of taking time off work. If there are no alternatives appropriate consideration will be given to allowing staff to bring forward leave from the next leave year, taking into account the requirements of the Working Time regulations. This will be recorded by the line manager. If the member of staff subsequently leaves the Trust before accruing the period of leave already taken they will be required to pay back the time.

7.1.8. Guidance from the Health Protection Agency and Occupational Health will be made available to cover, for example, staff who have been outside the United Kingdom at the start of a potential pandemic.

7.1.9. Consideration should be given to carry forward of annual leave to the following financial year depending on the timing of the incident.

7.1.10. Upon formal communication that normal business has resumed, normal leave provisions will apply.

7.2. Study Leave and other non essential leave

7.2.1. It is anticipated that during while this policy is operational all non essential leave, for example study leave, will be reviewed and cancelled and will not be re-instated under after the major emergency or flu pandemic and immediate recovery.

7.2.2. During the period this policy is in operation, only emergency essential training will be provided.

7.3. Management of sickness absence (due to pandemic flu):

7.3.1. In the event of a flu pandemic any staff infected by the virus must remain off work to minimise the spread of the virus, thus contributing to efforts to the prevention of a pandemic.

7.3.2. Guidance will be updated in line with HPA Guidance and in the light of experience. It will be issued to staff via the SUHTranet and managers.

7.3.3. Managers must ensure that they are familiar with the main symptoms and have robust conversations with staff reporting flu-like illnesses. Further follow up with Occupational health may be appropriate.

7.3.4. It is imperative that staff who are infected are supported throughout this period through the provision of advice and guidance:

- Staff who display symptoms of flu should be sent home and advised to contact the fluline.

- Staff should notify the Trust of their absence using the normal reporting route or the modified reporting procedures shown in Appendix A. The Hospital Incident Management Team will decide when the modified process is operational.

- Nationally, consideration is being given to self certification for absences due to a pandemic flu being extended up to and including 14 calendar days.

- Any member of staff who is absent due to a pandemic flu will have a reason code “influenza” recorded on the Electronic Staff Records system.

- Staff should be able to work after seven days, but further advice can be sought from Occupational Health.

7.3.5. Infected staff will be paid under the normal sick pay arrangements.

7.3.6. Upon formal communication that normal business has resumed, normal sickness management procedures will apply and;

7.3.7. Self Certification of absence will return to 7 calendar days,

7.3.8. All absences will be considered when calculating absences for the purposes of managing sickness absence.

7.3.9. Managers will resume normal sickness reporting procedures and full management of sickness within their departments.

7.4. Management of Staff with a predisposing medical condition

7.4.1. During certain major incidents individuals with certain predisposing medical conditions may be seriously adversely affected if they work in certain areas. The Occupational Health team should be made aware of staff with these conditions, so that they may effectively monitor and keep an up-to-date record of all such staff.

7.4.2. The Occupational Health team will become aware of staff who may be affected in a variety of ways, for example through pre-employment medical questionnaire, pregnancy assessment, management referral, data validation review, etc.

7.4.3. The type of conditions which may be affected in this way are:

- Chronic Respiratory Disease
- Coronary Heart Disease (e.g. Angina)
- Immuno-compromised
- Renal Disease
- Diabetes Mellitus

This list is not exhaustive.

7.4.4. At the point this policy is invoked the Occupational Health team will advise the Senior management team of the names of staff who are affected and the types of duties which they should not undertake, so that their needs can be taken into account when decisions are made about deployment of staff.

7.4.5. For any staff who are pregnant, the Trust will follow the latest advice provided by the Health Protection Agency.

7.5. Management of absences due to reasons of childcare or dependant care

7.5.1. Although the Trust has an obligation to maintain service delivery it is imperative that staff are supported throughout any period of increased pressure. It is acknowledged that schools and nurseries may close, for example during floods or a flu pandemic. Similarly other facilities such as day care centres may also close. Such closures will impact on staff with responsibilities for dependant(s), and staff affected may wish time off to care for their dependants. The Trust aims to deal with such requests in a sensitive and supportive manner, whilst balancing the needs of the service delivery.

7.5.2. Within the Trust a dependant is defined as:

- spouse or partner
- child up the age of 16 (18 if disabled)
- parent
- sibling
- individual living in the household as part of the family (not an employee, lodger, tenant or boarder) or
- a dependant or close family member who relies on the employee for assistance (in the event of the dependant's illness or injury).

7.5.3. All periods of maternity, adoption, and paternity, will be honoured.

7.5.4. All authorised parental leave will be honoured.

7.5.5. All requests for time off will be considered on its merits. Managers should take into consideration the following when deciding if time off can be granted:

- Whether the individual is a sole carer of the dependant.

- The member of staff's position in the organisation and the effect their absence will have on the Team/Department/Trust.
- Whether staff work within those roles/departments are designated as critical services.

7.5.6. In addition, managers should consider whether the member of staff could be redeployed to accommodate the Trust's needs as well of those of the staff. This could involve working different hours/days or home working.

7.5.7. Payment for employees to care for dependants infected with the flu pandemic will be for a maximum of one working week. A working week being the hours the individual is routinely working during the flu pandemic within a continuous seven day period.

7.5.8. If both carers are employed by the Trust the period of leave and pay may be split 50/50 or taken as a whole by one employee, i.e. two periods of dependants leave will not be granted. It is anticipated that the period of leave will be granted for one continuous period or two separate periods. It may not be taken as odd days.

7.5.9. This policy will apply to all staff within the Trust who meet the following eligibility criteria:

- Staff with children up to age 16
- Staff with children who are disabled up to age 18
- Staff who are the primary sole carer or who share joint carer responsibilities for their dependants

7.5.10. Upon formal communication that normal business will resume, normal leave provisions will apply.

7.6. Management of absences due to compassionate grounds

7.6.1. During the nature of some major emergencies the Trust realises that staff may be affected by one or more bereavements amongst their dependants. Whilst the Trust has a responsibility to ensure business continuity, any requests for leave in these circumstances will be treated sensitively in accordance with the Trust Special Leave policy.

7.6.2. The Trust also acknowledges that in some instances the need to take leave may be delayed, eg if arrangements for funeral or memorial services are delayed or deferred. Managers will take reasonable steps to accommodate these requests taking these factors into account when making any decisions.

8. Management of Recruitment

8.1. During time of major emergency the Trust will still have an obligation to maintain services of all critical core functions. It is therefore important that all recruitment activities are reviewed to ensure that any recruitment is focused upon the critical core functions and, at this point, all normal recruitment processes for non critical core functions will be suspended.

8.2. The modified recruitment process to be followed during a pandemic is enclosed at Appendix B

8.3. Recruitment of Volunteers

8.3.1. During any major incident it is likely that the number of volunteers being recruited will increase. It is important that where relevant, appropriate CRB checks are undertaken, particularly Protection of Children Act (POCA) and Protection of

Vulnerable Adults (POVA), Independent safeguarding authority (ISA) from October 2009).

8.3.2. All volunteers must undertake a pre appointment health assessment to ensure that there are no predisposing medical conditions or other risks which the Trust needs to be aware of.

8.3.3. In all cases references need to be taken up but in the first instance these are likely to be oral which will then be recorded in writing.

8.3.4. The NHS Litigation authority has confirmed that all volunteers and retired staff who are not being paid will need to be issued with an Honorary Contract.

8.4. Recruitment of Retired Staff

8.4.1. Retired staff who have indicated they are prepared to return to work for the Trust during an emergency will be assessed on the basis of their current skills and duties assigned accordingly.

8.4.2. Appropriate CRB checks will be undertaken, particularly POCA and ISA from October 2009.

8.4.3. All retired staff must undertake a pre appointment health assessment to ensure that there are no predisposing medical conditions or other risks which the Trust needs to be aware of.

8.4.4. Retired staff who have been re-engaged for the duration of the emergency who will receive a payment will be issued with a temporary contract after all pre employment checks have been completed.

8.5. Professional Registration

8.5.1. At all times individuals will be asked to undertake duties within the scope of their professional competence. With this in mind, all retired staff returning to work will be expected to produce their current professional registration. Until such time as it can be produced individuals may only undertake duties appropriate to non-registered staff.

8.5.2. It is anticipated that the professional registration procedure will be amended during a civil emergency. It is not intended that any retired member of staff returning to work solely for the period of the emergency should suffer a detriment due to the need to re-register on the professional register. The Trust will therefore pay these individuals £38 towards the cost of re-registration, once the emergency has concluded.

8.6. Deployment of Trainees/Students – Subject to negotiations with Southampton University

8.6.1. It is acknowledged that during major incidents professional trainees/students may be working in areas affected by the incident. Trainee/Students will only be used within the scope of their competence.

8.6.2. During a major incident or flu pandemic, student placements may be extended, so that they remain in the same work area.

8.6.3. If Universities are closed, students who are not on placement may be made available to assist with the incident. The University will provide an assessment of the types of duties the individuals are competent to perform based on their level within the course, so that a decision can be made about deployment.

8.7. Please refer to university documents regarding competencies and types of duties students may undertake, depending on school and year of study.

8.8. In all cases trainees/students will need to be supervised to an appropriate level.

9. Redeployment of staff

9.1. It is acknowledged that service delivery may change during an increase in demand, a major incident, or a flu pandemic. In particular, areas of the business which have been identified as not a critical core function may shut down or reduce service delivery. Other health care centres, surgeries, consultant's appointments and treatment may be reduced or be suspended for non-life threatening conditions.

9.2. It is essential that the delivery of the Trust critical core function continues, but with the likelihood of there being staff shortages this may prove difficult. To overcome staff shortages and ensure efficient deployment of staff in the areas of business which need support, there will be a need to redeploy staff into different roles to help manage the situation.

9.3. In the event of an increase in demand, a major incident or a flu pandemic it is expected all staff would be asked to fill gaps in the service which may arise from staff shortages due to sickness or any other reasons and to work flexibly, possibly working at different sites, in different roles but always within their skills base and within the boundaries of safety and competence. This document provides the framework for staff regarding all redeployments as a result of the flu pandemic or any other incident affecting business continuity.

9.4. During a major incident or flu pandemic the Trust will review all secondment agreements, and reserves the right to recall any secondees, subject to the terms of the secondment agreement or sooner by agreement with the host organisations.

9.5. Any staff that will be considered for redeployment will be notified by their line manager as soon as is reasonably practical. Where possible the line manager will meet with the member of staff to confirm the details of the redeployment;

- Location of work
- Type of work
- Working hours
- Manager reporting to
- Excess travel arrangements

9.6. In addition the member of staff will be provided with a copy of this framework and advised of what pay enhancements or claims they may be entitled to, if any, and how they would claim those enhancements.

10. Working Flexibly

10.1. During a major incident or flu pandemic when schools and colleges are closed or services close, it may be necessary for individuals to be requested to volunteer to alter the times that they work or where they work in order to meet their home commitments. Managers will consider all requests sensitively, but it is acknowledged that the needs of the individual must be balanced against the Trust's needs to provide core essential services.

10.2. For example if there was a fuel shortage it may be possible for individuals to work from home for some time each week, alternatively individuals may be able to work from an alternative Trust site closer to home.

10.3. In other major incidents, individuals may be able to change the days/times that they work to meet child or dependant care needs as long as it meets the need to provide core essential services, rather than taking unpaid leave.

10.4. Alternatively during a flu pandemic when the Trust is required to provide individuals to answer calls for the National flu line it may be possible, subject to technology, for some staff to work at home.

11. Temporary transfer of staff between Trust's or Partner Agencies

11.1. During an emergency situation, for example during a fuel crisis, if staff cannot be redeployed with the Trust, or are able to work from home, the HR team will liaise with neighbouring Trusts, to agree the names of staff who can be redeployed on a temporary basis, their skill level, and where they can be deployed to. Once this agreement has been reached individuals will be advised of reporting arrangements. The individual will be expected to wear their Trust identity badge at all times when on the receiving Trust's premises and to verify their identity there.

11.2. Although it is for the Trust in consultation with it's' partner Agencies to determine when this policy will be invoked, it is likely that it will be commenced across the Health Authority area at the same time.

12. Management of staff who fail to attend work during an emergency

12.1. Staff are expected to attend for work and should be informed that any unauthorised absence will be unpaid.

12.2. Any individual who refuses to attend work during an emergency or pandemic flu who do not have a satisfactory reason for doing so, and have not agreed this with their manager/department may as a final resort, face disciplinary action. Any decision on this should be made on case by case basis.

13. Bereavement Support

13.1. The Trust acknowledges that during an emergency situation there may be a higher number of staff who die in service than would happen under normal circumstances. It is always a difficult time for colleagues when this happens, and due to the possible increase in numbers it is likely to have a bigger impact on staff as they will be working as teams due to staffing shortages.

13.2. It is also recognised that employees will be exposed to a greater incidences of death in their working and home environment and may need to seek support from the Trust Chaplaincy or Occupational Health Department.

13.3. Similarly, managers need to be aware of the impact these circumstances are having on the team, referring individuals to the Trust Chaplaincy or Occupational Health Department.

13.4. Managers should notify the HR team as soon as a death in service is known so that necessary action can be taken in relation to pay and pensions. It is also important that a letter of condolence is sent to the family of the individual. A template letter is enclosed at Appendix C

14. Management of Vaccinations

14.1. It is acknowledged that during a pandemic flu, vaccinations against the virus are unlikely to be available in the first six months of any pandemic. At the point that it becomes available vaccines will be distributed in line with the UK priority groups.

14.2. During the early phases of pandemic flu decisions regarding anti-viral treatment/post exposure prophylaxis for staff exposed to the virus will be subject to local current guidance informed by HPA algorithms

14.3. A healthcare worker is defined as:

- Doctor, Dentist, Nurse registered and unregistered, Midwife, Paramedic, Occupational therapist, Speech and language therapist, Physiotherapist and Radiographer.
- Students and trainees in these disciplines and volunteers who are working with patients should be included.
- Porters, ward clerks, and receptionists in patient areas etc or laboratory and pathology staff including mortuary staff and staff who work in these areas.

14.4. The Trust will undertake a risk assessment when determining which staff in each group will be vaccinated first. The risk assessment will include:

- Type of patients/clients being seen
- The number of staff in the area who have suffered from the virus already
- Staffing levels
- How essential it is for the service to remain operational.
- Whether it is possible to redeploy staff from other areas.

All decisions of this nature will be recorded in writing for future reference.

15. **Terms and conditions of employment for staff ;**

15.1. During a major incident or flu pandemic staff will be paid in accordance with their normal terms and conditions of employment. All remain the same with the exception of the following:

15.2. **Working Time Regulations**: it is acknowledged that during a major incident staff will not necessarily fully benefit from the provisions outlined in the working time regulations policy and as highlighted below:

- Staff may work more than 48 hours per week calculated over the reference averaging period.
- Staff may receive less than 11 consecutive hours of daily rest
- Staff may receive less than 35 hours weekly rest (including the 11 hours of daily rest) in each seven day period and may not receive the equivalent rest period over a 14 day period, either as one 70 hour period or two 35 hour periods.
- Staff may not receive their 20 minute rest break when working time is more than six hours.

15.2.1. In all cases where individuals are working longer than 48 hours per week on average during a major incident, they will be asked to sign a opt out form as per Appendix E.

15.2.2. Manager's should be aware that working long hours over a sustained period is not a safe practice and should ensure that they and their staff take some rest time each week in order to recuperate. Managers will be required to monitor the time individuals are spending at work.

15.2.3. Manager should make every effort to ensure that staff do receive a 20 minute breaks.

15.3. Provision of food and accommodation

15.3.1. The Trust will endeavour to have in place suitable accommodation for staff who are deemed by department managers to be critical to the maintenance of essential services during a pandemic and who may have difficulty travelling to work. The Trust will explore various options for this during its planning for a pandemic outbreak which

may include off-site accommodation e.g., relatives' accommodation, Laundry Road, Block 8, on-call rooms and staying with staff in the local area.

16. Management of disciplinary, grievance, and capability provisions

16.1. All managers will have an obligation to ensure that service delivery is maintained to as high a level as possible; thus certain duties which are the normal responsibility of managers may not be possible.

16.2. During major incidents it is recognised that the instances when errors occur may be greater than normal, but if individuals have acted with good faith within their skill and competence, it would be unusual to anticipate that a disciplinary issue would arise. It is important that the cause is established and systems are put in place to ensure that the risk is minimised.

16.3. If there are serious concerns about the conduct or capability of an individual that may prove significant risk to patients or staff, the manager will have the discretion to suspend on full pay until normal processes can be resumed. Any potential suspension should be conducted in line with the Trust's disciplinary policy.

16.4. If there are incidents which do require action to be taken or are being process when the incident occurs the following will apply.

16.4.1. Formal procedures: In the event of a major incident it is unlikely that managers will have the capacity to manage the formal processes within the Disciplinary, Grievance and Managing Attendance policies within the normal timeframes. Managers must discuss with HR, as soon as possible, whether formal processes may be postponed until normal business is resumed. If suspension of processes is agreed managers should write to the individual concerned using the attached template (see Appendix F.).

16.4.2. Investigations: If an investigation is underway at the point a major incident is declared the investigation must be concluded at the earliest opportunity without compromising any processes.

16.4.3. If an investigation is required but has not yet commenced at the point a major incident is declared discussion between the manager and the HR should take place to determine whether it is appropriate to continue.

16.4.4. If an investigation cannot take place managers should write to the individual concerned using the attached template (see Appendix F).

16.5. Hearings: If a hearing has already been arranged at the point a major incident has been declared every effort should be made to continue with the formal proceedings.

16.6. If on conclusion of an investigation, or further to an incident, formal proceedings are recommended the appointing manager should liaise with HR to determine whether to go ahead with the hearing.

16.7. Exclusions/Suspensions: If a member of staff is on suspension during a major incident and there is a possibility of delay to the investigation and/or arrangement of a formal hearing they must be notified in writing as soon as possible confirming the reasons for the delay (see Appendix F).

16.8. Upon formal communication that normal business has resumed, the management of all the above activities will return to the managers remit.

17. Appraisals

17.1. Undertaking appraisals may be impractical in light of staff shortages and redeployment of staff therefore dates for performance reviews may need to be amended and interviews postponed.

17.2. Individuals will not be disadvantaged if their appraisal is delayed and would have been part of an assessment for a pay progression.

18. **Training and monitoring the effectiveness of this policy**

18.1. The effectiveness of this policy will be monitored following planned pandemic flu exercises and in the light of experience.

19. Communication and Education Plan for this document

19.1. This policy will be communicated to all staff and managers as part of the Trust pandemic flu action plan.

20. Review plan for this document – Monitoring compliance and effectiveness

20.1. This policy will be reviewed after each major event and at least annually or as any changes to practice occur.

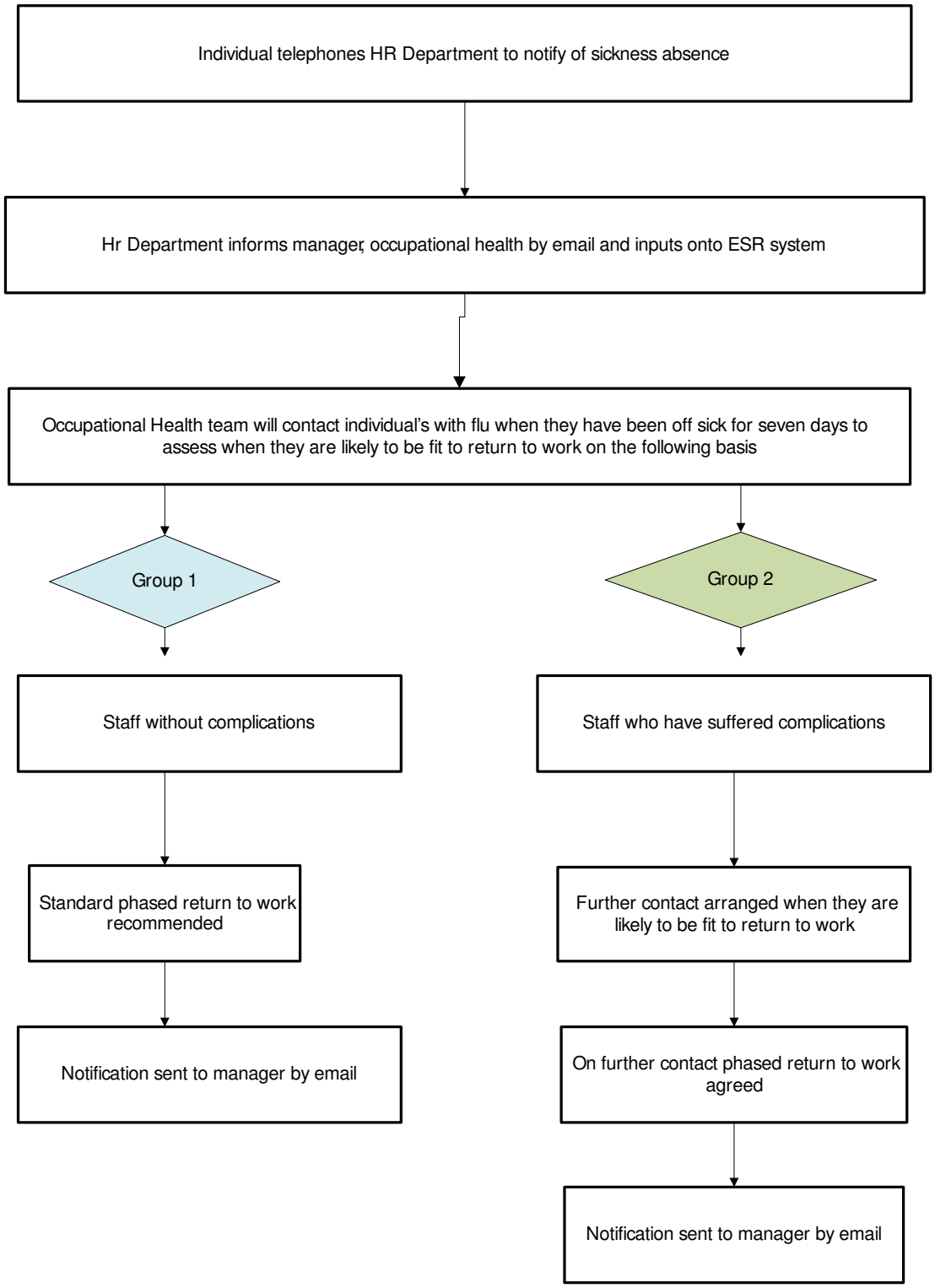
All *documents need to describe by what means and with what frequency compliance with the standards detailed in Guidelines to be Followed will be monitored and effectiveness reviewed so as to ensure that the document is continuing to meet its stated objectives. For further information, please see section 7.5.4 (p.12) of the Trust Policy for Policies*

Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes

MODIFIED SICKNESS ABSENCE REPORTING PROCEDURE



MANAGEMENT OF RECRUITMENT DURING A MAJOR EMERGENCY

As soon as the is a UK alert during a major emergency such as a pandemic flu all recruitment exercises will be reviewed to determine if the recruitment exercise should continue

During UK Alert level one – no cases in the UK, it is likely that all current recruitment exercises will continue but if possible they will be progressed as quickly as possible to enable the individual to start work before the Pandemic reaches the UK.

During UK Alert level two – virus isolated in the UK all recruitment exercises will have been reviewed and it is unlikely that non critical core functions will commence any new recruitment exercises.

During UK Alert level three – outbreaks in the UK all normal recruitment processes for non critical core functions will be suspended on the following basis.

1. *Non Critical Core Functions*

   - Candidates who have passed all recruitment processes including pre-employment checks and who have a confirmed start date will commence work as planned. They will be notified by the Employment Services team of the pandemic and the likelihood of their being redeployed and/or not starting their substantive role in full immediately upon commencement of employment.

   - Candidates for who have passed all recruitment processes including pre-employment checks but have yet to confirm a start date will be asked to confirm their start date as quickly as possible, so that they may commence work. They will be notified by the Employment Services team of the pandemic and the likelihood of their being redeployed and/or not starting their substantive role in full immediately upon commencement of employment.

   - Candidates who are in mid-recruitment process will be advised that there may be delays to the recruitment process explaining the reasons why and that this may include deferring assessments and/or interviews.

2. *Critical Core Functions*
   - Recruitment for critical core functions will include the following types of staff
     - Medical Staff
     - Registered Nursing Staff, in community and ward based settings
     - Registered Physiotherapists working in a community setting
     - Pharmacists
     - Healthcare Assistants and Rehabilitation Assistants
     - This list is not exhaustive, as other posts may be determined as critical dependant upon the situation.

   - If any of these posts are being recruited to at the point this policy is invoked the HR team will reprioritise their work to focus on continuing the recruitment of these posts with speed and efficiency.

   - Pre-employment checks, including pre-employment medical checks, registration and CRB must still be processed. No employee will take up an appointment without confirmation from the Independent Safeguarding Authority check (ISA) (post October 2009) or an appropriate POCA check has been completed, returned and been reviewed by the HR team as acceptable for employment.

- The HR team will continue to make conditional offers of employment subject to pre-employment checks.

- It is acknowledged that during the course of a major incident some staff would be suitable to undertake the role, but due to a predisposing medical condition it would not be appropriate to place them in specific areas at the time. In these circumstances the Trust will need to decide if they wish to commence the individual's employment in an alternative work area during the major incident, or if they wish to defer the start date.

- The HR team will liaise with the Hospital Control Team to determine where best these new staff can effectively and safely work during a pandemic.

During UK Alert level four (Widespread Activity across the UK) It is unlikely that there will be any staff available to undertake non critical core function recruitment activity as all available resources are likely to be needed to ensure the payroll is run and contracts are issued to volunteers. Where staff are available, and applicants are looking for work recruitment exercises will continue for critical core functions.

Template letter of Condolence drafted by Richard Lowndes

Sent by Guaranteed Delivery

[Date]

Private and Confidential
[Name]
[Address]

Dear [Name]

I was sorry to learn of the death of your [husband/ wife/ partner/ father/ mother etc] and, on behalf of the Trust, I would like to express our sincere condolences in your bereavement .

I do understand that this must be a very difficult time for you. If you think there is anything the Trust can do to support you through this difficult time, or if you would just like to talk to someone, then please do not hesitate to contact us.

I would also like to remind you of the support offered in the Trust to all its employees , in relation to counselling and support. If you would like to take advantage of this service, which is free, private and confidential, please telephone any of the following

Occupational Health xxxx

Chaplaincy/Spiritual Care xxxx

Bereavement Care xxxx

or your Manager whose contact details you will know

Once again, please accept our sincere condolences.

Yours sincerely

Manager

APPENDIX D

WORKING TIME OPT OUT FORM

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

Name: ……..

Assignment Number: .....

Band: ……..

Base: …….

Service: .....

I agree to work on average in excess of 48 hours per week during the period of the major emergency.

I understand that by signing this agreement I am not obliged to work additional hours, but may do so if I choose and there is work available which does not compromise my health and safety.

I accept that by signing this agreement:

- I do not have an automatic right to work additional hours.
- that my manager:
    - may refuse to let me work additional hours if in their opinion my health and safety or that of colleagues, patients or clients is being put at risk by my working.
    - will be able to restrict the hours I am offered to work, in line with Trust policies.

I understand that I may terminate this agreement at any point, by giving my manager one weeks notice.

SIGNED: …….

DATED: …….

AUTHORISED BY: …….

SIGNATURE: …….

PRINT NAME: …….

DATE: …….

JOB TITLE: …….

Original Document to be filed in the individual's personal file
Copy to be forwarded to the Human Resource Department

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

APPENDIX E

Template Suspension of Disciplinary Procedures Letters

Sent by Guaranteed Delivery

[Date]

Private and Confidential

[Name]
[Address]

Dear [Name]

Re: Suspension of Formal Procedure

I am writing to confirm the outcome of our informal meeting held on [insert date], where we discussed the following:

- Summarise the allegation of misconduct or gross misconduct or;
- Summarise the areas of concern with regards to the person's performance or;
- Detail the areas of concern with regards to the person's sickness absence or;
- Summarise the details of the grievance the person has raised

As I detailed in our meeting, and in line with the Trust's HR Business Continuity Policy, during a major incident it is appropriate for the Trust to suspend the progression of investigations into the above matters. I must advise you that these matters will be addressed as soon as is practically possible and in line with Trust Policy and Statutory Law.

If you have any queries regarding the contents of this letter, then please do not hesitate to contact me.

Yours sincerely

[Name]

[Title]

END

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

8.6 **Alert Triggers and Escalation Actions**

Trust Alert Status	Key Responses
Green (Level 1) **Admissions** **Bed numbers are in positive** Numbers of beds available/numbers of discharges predicted before 12 noon/ numbers of people awaiting admission (elective and emergency) **Predicted Activity Deficit** Less than 5% of trust capacity at 12:00 **(n =50**) **A&E Waits** No patients waiting over 2 hours Beds available in AMU **Ambulance waits** No ambulance waits	**Normal Activity Should be maintained** • Maintain knowledge of the Trust's bed position and the status of the Emergency Department . • Communicate agreed routine alert status across local health community by 13:30 hrs. (Distribution to be updated) • Boarders information collated and passed on before 08:30 am to facilitate timely medical review • Clinical Ward Rounds to be conducted in a timely manner to agreed routine schedules • Maintain flow for GP referrals direct to the appropriate Admissions Units (AMU, E7 and GP Trolley T&O) • Ensure timely assessment and treatment of patients throughout the emergency department – 1 Hour first assessment, 2-hour referral. • Fully utilise the Trust wide Discharge Lounge and dedicated ambulance discharge crew as appropriate, to achieve pre- 11:00 discharges

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Trust Alert Status	Key Responses
Amber (At least Three Points) **Admissions** **Bed numbers are in balance** Beds are available but short of beds in 1 main area. **Predicted Activity Deficit** Less than 10 % of trust capacity at 12:00 **(n= <95)** **Discharges** Below expected norm. **Waiting Time in A&E** Greater than 2 hours **A&E Occupancy** Greater than 50% **Ambulance waits** Any vehicles waiting over 30 Minutes	**COMMENCE AMBER ALERT CHECKLIST** Emphasis on early decision making medical and nursing review of patients to facilitate all possible discharges on a timely basis Highlighting system delays for resolution Review of Staffing Plan resources available and pressures Identify investigations which if expedited will lead to discharge on a timely basis and expedite these actions. Review local hospitals to obtain their alert status. Advise the pharmacy, patient transport, domestic and portering services of the need to ensure priority is given to patient transfer and discharge, and the relative priority of requests after agreeing priority with Clinical Site Manager • Contact PCT on-call managers and request review of community capacity and the early discharge of patients where possible as per the whole system escalation plan. • Implement additional senior medical review at weekends in accordance with Divisional policy.

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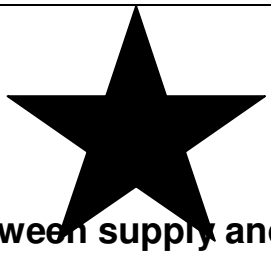
Trust Alert Status	Key Responses
Red (At least Three Points)	COMMENCE RED ALERT CHECKLIST Notify Care Group Managers Notify Matron of alert status to ensure consideration of professional issues. Instigate Operations Centre meeting Additional Senior medical and nursing review of patients to facilitate all possible discharges Notify medical referee and seek support in the re-distribution of medical staff Redistribution of Trust capacity to protect essential work within the relevant guidelines of this document Agree whether it would be appropriate to formulate a plan for cancellation of elective admissions according to clinical and management priority – Ensure the whole challenge is not borne by 1 single division. Agree with South central Ambulance service (SCAS) the need for an Ambulance Liaison Officer to be based in A & E. Contact local hospitals & pct's personally to check their status & establish support Review and prioritise admissions for the next two days any decisions to cancel made with the Senior Manager on call and the Head Performance & Capacity Planning

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

Trust Alert Status	Key Responses
Black  **Admissions** **Mismatch between supply and demand** **of adult beds – no beds available** **Predicted Activity Deficit** More than 12.5% of trust capacity. (n=125) No discharges **A&E** Waiting Time – Over 4 hours Negative numbers of beds available in AMU Patients with Decision to admit over 8 hours A&E Full, Resus Full **Ambulance waits** Unable to offload ambulances in A&E / AMU >4 vehicles waiting over 30 Minutes	**COMMENCE BLACK ALERT CHECKLIST** **Whole System Escalation** Alert communications & public relations managers & agree internal & external communication plans, including the arrangement of appropriate meetings. Alert SHA, Alert SCAST Alert duty manager at potential receiving hospitals Request diversion to alternative hospitals at Director Level Actively pursue discharge of patients able to be discharged/transferred Cancel all electives except '**Clinically critical** ' (who must receive care within 24 hours) or complex agreed by DCD Call all on call consultants in to perform 'ward round to '**Clinically Critical**' criteria. Request support as appropriate from the DNS / ADNS Instigate prompt senior medical and nursing review of all patients and a lowering of the threshold for discharge where possible. Inform external colleagues that **"We are requesting instigation of the Health Community BLACK Alert Escalation Plan"** • Southampton City PCT - 023 80825913 • Hampshire PCT - 07017031451 • SCAST - 01962 872206 • WEHCT – 01962 863535 • PHT - 023 92286000 GPs to be encouraged to avoid admission of patients with chronic diseases by managing them at home, and to delay sending any patients who are not in serious danger. GP must examine patient in person before referral. Risk management to be formally notified at point of **BLACK** and potential reduction in discharge thresholds agreed. Debate additional level of executive engagement Review 24 hours staffing and cancel study leave where appropriate (ADNS to support decision) Inform theatres not to call new cases until approved by Ops Centre.

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Escalation Action Sheets

Daily Management -

Responsibility for operational control is devolved to the SUHT Operations centre team, executed through the Operations Centre.

GREEN ALERT

Communication – Operations Centre

Each morning the Operations centre will agree an Action Plan for the day and to confirm the State of Readiness to each divisional bed management team and our pct partners.

The Daily alert status is displayed in the Operations centre throughout the 24-hour period and cascaded across the local health community at no later than 13:30 hrs. Predictors (Ready Reckoners) are used in the Operations centre to assess the need to review and accelerate alert status in response to emergency and elective pressures and to make early and appropriate Trust wide decisions.

Operational Control

The clinical site manager, supported by the Operations centre Manager/Duty manager has designated authority to exercise operational control across the Trust.

Action	Responsible	Completed
• Facilitate movements to maintain operational status	Clinical Site Managers	
• When necessary, ensure timely boarding of patients within agreed Outlier Plan	Clinical Site Managers	
• Maintain knowledge of the Trust's bed position and the status of the Emergency Department	Operations Centre Team	
• Regularly review Emergency Department trolley and total wait times and take positive and decisive action to ensure no 2 hour trolley waits and to support flow within 4 hours with Care Group support as appropriate	Clinical Site Manager	
• Co ordinates the elective flow within the Trust. Ensuring communication with Divisions and patients is maintained and access targets are maintained.	Clinical Site Manager. ITU Bed Manager / Clinical Site Manager	
• Liaise and review numbers and dependency of ward able patients on ICU, take action to	Operations Centre Secretary	

ensure step-down of patients is appropriate and within 4 hours.	Operations Centre Secretary	
• Notify Clinical Site Manager/ Operations centre Manager of changes in the position which may change the state of readiness	All divisions	
• Communicate agreed routine alert status across local health community by 13:30 hrs. (Distribution to be agreed)	Divisional Bed Managers /Clinical Site Managers	
• Clinical Ward Rounds to be conducted in a timely manner to agreed routine schedules	Clinical Site Managers Emergency Department Nurse in Charge / Dept Lead Consultant	
• Maintain flow for GP referrals direct to the appropriate Admissions Units (AMU, E7 and GP Trolley T&O)	Clinical Site Managers / ED Co-ordinators and admin team	
• Ensure timely assessment and treatment of patients throughout the emergency department – 1 Hour first assessment, 2-hour referral.	Divisional teams and Operations Centre Secretary	
• Record accurate & timely information on trolley & total wait times • Notify Clinical Site Managers of any delays compromising timely clinical intervention.	Operations Centre Secretary in collaboration with PCT	
• Fully utilise the Trust wide Discharge Lounge and dedicated ambulance discharge crew as appropriate, to achieve pre- 11:00 discharges		
ID community hospital bed states pre- 10:30 Operations Centre meeting.		

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AMBER ALERT

Communication – Operations Centre

- As with plan for Green Status plus: -
- Consider the cancellation / deferral of elective patients who are ahead of schedule, and non- urgent cases, discuss with care group managers
- NO 6 month / or E Urgent cases to be cancelled without Executive Director approval

Operational Control

The Clinical Site Manager supported by the Operations centre Manager/Duty manager has designated authority to exercise operational control across the Trust.

Action	Responsible	Complete
On Take consultants & Management teams alerted to status	Operations centre Text alert	
Emphasis on early decision making medical and nursing review of patients to facilitate all possible discharges on a timely basis	All Divisions	
Highlighting system delays for resolution	All Divisions	
Review of Staffing Plan resources available and pressures	Clinical Site Manager in liaison with Care group managers / Matrons.	
Identify investigations which if expedited will lead to discharge on a timely basis and expedite these actions.	Divisional teams highlight to Clinical Site Managers for action.	
Review local hospitals to obtain their alert status.	Operations Centre Manager	
Appraise the Hampshire Ambulance Service of current alert status	Operations Centre Manager	
Advise the pharmacy, patient transport, domestic and portering services of the need to ensure priority is given to patient transfer and discharge, and the relative priority of requests after agreeing priority with Clinical Site Manager	Operations Centre Secretary	
Arrange an amber alert emergency meeting with relevant staff and agree an action plan within the trust and across the local health community as appropriate	Operations Centre Manager	
• Contact PCT on-call managers and request review of community capacity and the	Clinical Site Manager	

early discharge of patients where possible as per the whole system escalation plan.		
• Implement additional senior medical review at weekends in accordance with Divisional policy.	Divisional bed managers in conjunction with Clinical Site Manager	
• Collate boarding information before 9am to facilitate timely medical review.	Operations Centre Secretary	
• Minors patients in ED advised of pressures and advised of alternative care pathways as appropriate.	Triage Nurse	
• CDLT / HPCT notified and asked to expedite transfers	Clinical Site Manager	
• Instigate further review at 1pm to ensure actions progressed as appropriate	Clinical Site Manager	

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RED ALERT

COMMUNICATIONS – Operations Centre

- As with plan for Amber Status plus: -
- Confirm Care group managers aware (Including Divisions 3 & 5)
- Senior Nurse (Patient Experience) to review professional issues
- Medical referee to expedite medical reviews and decision making

Operational Control

The Clinical Site Manager supported by the Operations Centre Manager/Duty manager has designated authority to exercise operational control across the Trust.

The Operations Centre led by the Operations Centre Manager/Duty manager reviews the position on a regular basis**.**

Operational Control

The Clinical Site Manager supported by the Operations centre Manager/Duty manager has designated authority to exercise operational control across the Trust.

Action	Responsible	Complete
Notify Chief Operating Officer /Senior Manager on Call	Operations Centre Manager/Duty Manager	
Notify Senior Nurse (patient experience) of alert status to ensure consideration of professional issues.	Operations Centre Manager/Duty manager	
Instigate Operations Centre meeting	Clinical Site Manager (attendees - Divisional lead/ Care Group Manager and Senior Nurse from each division)	
Additional Senior medical and nursing review of patients to facilitate all possible discharges	Divisional Lead	
Notify medical referee and seek support in the re-distribution of medical staff	Operations Centre Manager/Duty Manager	
Redistribution of Trust capacity to protect essential work within the relevant guidelines of this document	Clinical Site Managers	
Agree whether it would be appropriate to formulate a plan for cancellation of elective admissions according to clinical and management priority – Ensure the whole challenge is not borne by 1 single Division.	Clinical Site Manager in liaison with Operations Centres Manager. Final decision rests with the Executive Director on call for target sensitive cases.	
Agree with SCAS whether it would be appropriate for an Ambulance Liaison Officer to be based in A & E. Ensure that contact is made with the Ambulance Service at regular intervals	Operations Centre Manager/Duty Manager	
Consultants in ED	Care Group Manager Unscheduled care	
Contact local hospitals personally to check their status and review the possibility of transferring suitable patients, or transferring the take for individual specialties	Operations Centre Manager	
	Operations Centre Manager/Duty Manager.	

the take for individual specialties Review and prioritise admissions for the next two days any decisions to cancel made with the Executive on call and the Head of Patient Access Instigate prompt **Senior** medical and nursing review of all patients. Expedite ward rounds to earliest opportunity to facilitate early decisions Direct conversation with PCT & SS managers to identify any additional admission avoidance of discharge actions that can be facilitated. Contact the Discharge Liaison Team and advise them of the position and arrange for early discharge of patients as facilitated by the PCTs. Keep them apprised. Consider Extra Ambulances (Private) to expedite transfers if necessary. Flex inpatient and ED capacity as appropriate where staffing allows.	Operations Centre/All Divisions Clinical Site Manager/Operations Centre manager Clinical Site Manager/Operations Centre secretary Divisions in conjunction with Operations centre.	

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BLACK ALERT – Whole System Escalation (SUI)

COMMUNICATIONS – Operations Centre

- As with plan for Red Status plus: -
- Notify Chief Operating Officer / Senior Manager on call
- Request Divisional heads of Nursing / ADNS/ Director of Nursing review of professional issues.
- COO / Exec on Call to Agree with PCT DIRECTOR (SCPCT) the declaration of Black Alert.
- Notify SCAS
- Notify Hampshire PCT & Neighbouring acute trusts.

Operational Control

Operations Centre Manager/ Duty Manager exercise control with support from the Clinical Site Manager, Divisional Directors of Operations / Senior Manager on Call

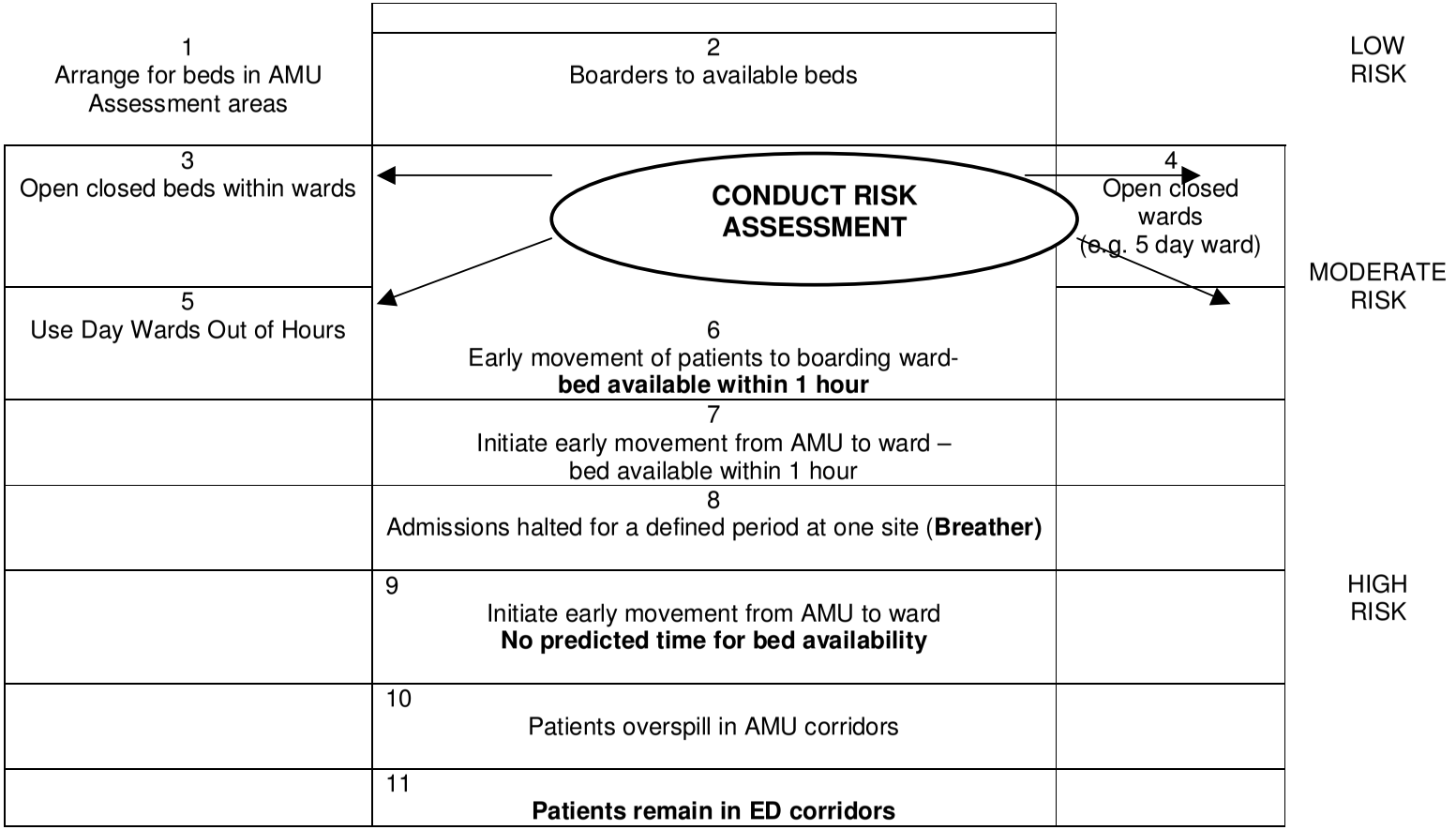
The Operations Centre led by the Operations Centre Manager/Duty manager reviews the position on a regular basis in close conjunction with Senior Manager on call.

Action	Responsible	Completed
Agree with the Clinical Site Manager and Chief Operating Officer/ Executive Director on call the need to call a Black Alert and for the initiation of the external cascade system.	**Operations Centre Manager/Duty Manager**	
Executive Lead to agree escalation with SCPCT Director on Call	**Via RSH security (023 80825913)**	
Cancellation of (Priority C3 elective admissions)	**CGM after agreement from Executive Director**	
Rescheduling of Urgent (Priority C2 elective admissions)	**CGM after agreement from Executive Director**	
Alert communications & public relations managers & agree internal & external communication plans, including the arrangement of appropriate meetings.	**Operations Centre Manager/Duty Manager** **Operations centre manager/Duty manager**	
Alert SHA, Alert SCAST	**COO / Director on call**	
Alert / Request likely receiving hospitals	**All Divisional teams**	
Request diversion to alternative hospitals	**Director on call**	

Actively pursue discharge of patients able discharged/transferred Agree plan to cancel target sensitive elective workload according to clinical and management priority Request support as appropriate from the DNS / ADNS and the Medical Referee Instigate prompt senior medical and nursing review of all patients and a lowering of the threshold for discharge where possible. Inform external colleagues that "We are requesting instigation of the Health Community Black Alert Escalation Plan" • Southampton City PCT • Hampshire PCT • SCAST • WEHCT • PHT GPs to be encouraged to avoid admission of patients with chronic diseases by managing them at home. GPs to be encouraged to delay sending any patients who are not in serious danger Review current admissions with GP's to ensure safe standards of care to patients Risk management to be formally notified at point of red star and potential reduction in discharge thresholds agreed (? Out of hours)	**Operations Centre Manager/Duty Manager** **Operations Centre Manager/Duty Manager** • Southampton City PCT - 023 80296904 • Hampshire PCT - 023 8062 7444 • HAST - 01962 872206 • WEHCT – 01962 863535 • PHT - 023 92286000 **PCT after discussion with Operations Centre** **Operations Manager with Medical referee** **Operations Manager/Duty Manager** **Director on call**	

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

Hierarchy of Actions to Create Additional Capacity



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Responsibilities for decisions to create additional capacity

Action	**Risk rating**	**Ranking**	**Decision to Invoke Action In normal working hours**	**Decision to Invoke Action Outside Normal working hours**	**Professional Guidance as per Safe Staffing policy available from:**
Arrange for beds to be put into AMU assessment area (with staff)	Low	1	Care group operational lead	Clinical site manager	Matron / CSM
Identify boarders to available beds	Low	2	Clinical Site Manager	Clinical Site Manager	Matrons / CSM
Open closed beds within wards ***With appropriate staffing***	Moderate	3	Operations centre Manager/ Duty manager	Director on call / Clinical site manager	DHN
Open closed wards (e g 5 day ward) ***With appropriate staffing***	Moderate	4	As in 3 above	As in 3 above	DHN
Use of day wards out of hours ***With appropriate staffing***	Moderate	5	As in 3 above (appendix 1)	As in 3 above (appendix 1)	DHN
Early movement of patients to outlying ward – bed available within 1 hour	Moderate	6	As in 3 above	As in 3 above	ADNS / DHN
Early movement of patients from Medical Assessment Unit to designated ward – bed available within 1 hour.	Moderate	7	As in 3 above	As in 3 above	ADNS / DHN

Action	**Risk rating**	**Ranking**	**Decision to Invoke Action In normal working hours**	**Decision to Invoke Action Outside Normal working hours**	**Professional Guidance as per Safe Staffing policy available from:**
Admissions halted for a defined period at one site (Breather) Decision to be reviewed after one hour.	High	8	Director on call	Director on call	ADNS / DNS
Early movement of patients from Medical Assessment Unit - no predicted time for bed availability	High	9	As in 8 above	As in 8 above	DHN / ADNS
ED Patients overspill into AMU	High	10	As in 8 above	As in 8 above	DHN
Patients remain in ED corridors	High	11	As in 8 above	As in 8 above	DHN