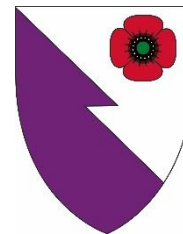


# Summer to Recover:



## A Guide for Clinical Leads

The pandemic has demonstrated that our Emergency Departments cannot safely cope with winter pressures. Planning for winter must start now. To support this, RCEM has launched a new campaign: *Summer to Recover: Winter Proofing the Urgent and Emergency Care system for 2021*, which outlines a series of recommendations to all levels of the system to prepare for the challenges ahead.

This guidance document outlines a series of practical actions for Clinical Leads and Emergency Department senior leadership teams to support recovery. We have a narrow window of opportunity to prepare for winter and we must use these summer months effectively. Failing to do so will lead to ambulances waiting outside full Emergency Departments, corridor care, avoidable nosocomial infection, and delay recovery throughout the hospital system. Without adequate planning, Emergency Departments will be back sustaining other parts of the health and social care service.

### Key recommendations:

1. Ensure robust Infection Prevention and Control measures are in place in your Emergency Department.
2. Understand your local data and engage with senior leaders in your Trust or Board to proactively tackle crowding.
3. Encourage the vaccination of all of your Emergency Department staff.
4. Support and promote the wellbeing of your Emergency Department staff.
5. Escalate any ambulance handover delays due to capacity to senior Trust management.

### Robust Infection Prevention and Control (IPC) measures

Although the vaccine rollout has been very successful across the UK, some epidemiologists predict there could be a third wave in the autumn months. Along with the uncertainty around new variants and the impact on the efficacy of the vaccine, it is imperative that the highest standards of IPC measures are adhered to throughout the year. There are a number of practical actions you can take to promote robust IPC measures in your Emergency Department and prepare for the challenges ahead:

- Ensure all staff receive the flu jab as soon as they are available.
- Rigorous handwashing processes must remain in place throughout the year.
- Continue with mask wearing and taking sensible precautions in communal spaces as outbreaks are commonly linked to non-clinical areas.

IPC measures must be in line with RCEM's Infection Prevention and Control Best Practice Guidelines which is available [here](#).

**Use data and new metrics to shine a light on areas of concern regarding patient flow through the hospital and engage with senior leaders in your Trust or Board to proactively tackle crowding.**

In England, the NHS will begin to measure new metrics over the summer, clinical leaders should ensure that they can collect and measure these. Clinical Leads in all four nations should pay particular attention to the number of patients waiting twelve hours or more from time of arrival in their departments. Throughout the summer months you should engage with senior leaders in your Trust or Board to explain the implications and harm caused by long waits in the Emergency Department and put in place plans in advance to tackle the influx of patients as we progress into the winter months.

**Encourage vaccination of all Emergency Department staff**

We are eager to ensure that all of the Emergency Department workforce – from doctors and nurses to support and security staff, cleaners, and porters – have equity of access and information regarding the coronavirus vaccine. We encourage our staff and Clinical Leads to:

- Understand that vaccine hesitancy is not necessarily irrational – it is nervousness, anxiety, and reasonable doubt that stems from a historic and well-evidenced reality that certain social groups experience poorer outcomes when accessing healthcare.
- Engage proactively and speak to colleagues who may be worried or vaccine hesitant.

Some members have reported that their Trusts have been encouraging staff to get vaccinated during shift hours with some success. We would like to highlight this as an area of good practice. More detail on vaccine hesitancy along with relevant resources can be found [here](#).

**Wellbeing of Emergency Department staff**

As you know, Emergency Department staff have worked beyond their limits throughout this pandemic, and they will continue to work in an unsustainable manner throughout the year. It is important to consider the long-term implications of this. The mental health of our workforce has an impact on our ability to deliver good quality emergency care. Planning for staff recovery must take this into account. There are several practical actions that Emergency Departments leaders can take to support the wellbeing of staff including:

- Encourage staff to take their annual leave.
- Ensure rotas reflect the intensity of work and allow for adequate time-off between shifts.
- Protect training time for learners and teaching time for faculty.

**Ambulance handover delays**

Ambulance handover delays are almost entirely caused by crowding in Emergency Departments. Delaying ambulance handovers should be a last resort. We encourage Clinical Leads to escalate any ambulance handover delays due to capacity to senior Trust management.

RCEM and the College of Paramedics have published an options appraisal to support good decision making for ambulance handover delays, which is available [here](#).