

## QUALITY IMPROVEMENT AND SAFETY COMMITTEE

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Title:	<b>Winter Planning Assurance 2018/2019</b>
Action:	<b>FOR NOTING</b>
Meeting:	<b>29 August 2018</b>

### Purpose:

The Winter Planning Assurance describes the proactive approach that Cambridgeshire Community Services NHS Trust will undertake to address the anticipated impact on its health care services during October 2018 to March 2019.

There is a need to ensure that patients are cared for in the most appropriate environment and that the quality and safety of clinical care is maintained throughout the winter period. The purpose of this document is to ensure that as far as is possible, an acceptable level of service is maintained during the winter and festive period.

The Trust is required to ensure that it is fully prepared, along with its partners, for winter in order to minimize any potential disruption to services, patients and carers.

### Background:

Cold weather increases the risk of heart attacks, strokes, lung illnesses, flu and other diseases. People slip and fall in the snow or ice, sometimes suffering serious injuries. Some groups, such as older people, very young children and people with serious medical conditions, are particularly vulnerable to the effects of cold weather.

On average, there are around 25,000 excess winter deaths each year in England. Excess winter deaths are the observed total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year. Excess deaths are not just deaths of those who would have died anyway in the next few weeks or months due to illness or old age. There is strong evidence that some of these winter deaths are indeed 'extra' and are related to cold temperatures and living in cold homes as well as infectious diseases such as influenza. Even with climate change, cold related deaths will continue to represent the biggest weather-related cause of mortality.

### Recommendation:

The Committee is requested to endorse this report setting out the Trust's actions to cope with winter pressures during 2018/2019.

	Name	Title
Author:	Jo Downey	Resilience & PREVENT Manager
Executive sponsor:	Julia Sirett	Chief Nurse

## Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	Effective winter planning is required to ensure that the Trust is adequately prepared for the predicted rise in unscheduled care demand. This will support the delivery of timely and safe care to our service users.
Collaborate with other organisations	The Trust's Winter Plans aims to enhance collaborative working between NHS Trusts at both a local and regional level as well as other Category 1 & 2 service providers across the Local Resilience Fora. This promotes a supportive and consistent approach to Winter Planning and its anticipated demands on system wide capacity.
Be an excellent employer	The Flu Vaccination programme and The Trusts commitment to a) promote and b) make available the vaccinations to all staff
Be a sustainable organisation	

## Trust risk register

N/A

## Legal and Regulatory requirements:

In accordance with regulatory guidance ancillary to the Civil Contingencies Act 2004 and supporting NHS England, in its actions, to put in place plans for the effective delivery of healthcare services during the 2018/19 winter period.

## Previous Papers:

Title:	Date Presented:
Winter Planning Assurance 2017/2018	August 2017

## Equality and Diversity implications:

n/a

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	n/a							
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	n/a							
To introduce wider diversity on recruitment selection panels.	n/a							
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	n/a							
Are any of the following protected characteristics impacted by items covered in the paper								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Cambridgeshire  
Community Services**  
NHS Trust

# **Cambridgeshire Community Services NHS Trust**

## **Winter Planning Assurance 2018/2019**

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# Guidance

## Key points:

- This Assurance is presented to the Board as an overview of the mitigation plans developed to ensure operational resilience for winter 2018/19 for Cambridgeshire Community Services NHS Trust (The Trust). **The Trust's aim is to sustain safe and effective care during this period.** It sets out:
  - key pressures that arise from the winter period
  - demand and capacity modelling
  - plans for ensuring co-ordination and coherence of our services
  - service and corporate level escalation plans
  - co-operation with other organisations & services
- A separate focus for the On-call arrangements over the Christmas and New Year period 18 December 2018 – 2 January 2019.
- A current synopsis of the Trust's Flu Vaccination Programme and trajectory aims for 2018/2019, given the importance and potential impact of flu on staffing and capacity.
- This Assurance should be read in conjunction with the Trust's Influenza Pandemic Plan, the Major Incident and Business Continuity plans.

Chief Executive Officer	Signature: Matthew Winn Date:
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Medical Director	Signature: David Vickers Date:
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Chief Nurse	Signature: Julia Sirett Date:
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**Cambridgeshire  
Community Services**  
NHS Trust

# Demand & Capacity

# HOLLY & SPECIAL CARE BABY UNIT (SCBU) WARDS – HINCHINGBROOKE HOSPITAL

## Service Summary:

- The inpatient bed capacity for Holly Ward is 12 (interchangeable beds/cots depending on demand). There is also one high dependency cot/bed functional through the 24 hour period.
- The ward has a day case area with six bed spaces open from 0700-1800, Monday to Friday. This is mainly utilised by HHCT surgical specialties for elective day case procedures.
- The ward also has an assessment area functioning from 0830-2100 hours, Monday to Friday and 1000-1600 hours at weekends.
- The Matron for Acute Children's Services and the Senior Nursing Team provide regular updates to the Hinchingsbrooke Site Manager and Maternity Services when the wards are on amber or red.
- The Special Care Baby Unit has 10 cots and should run at an average occupancy of around 80%. Cot configuration is as follows – one intensive care cot, one high dependency cot and up to eight special care cots.
- The Special Care Baby Unit sits within the NSC Neonatal Network and bed capacity can therefore be reviewed as part of the network system to maximise bed capacity by moving neonates around the region to NICU units. This is a strategy already established; however moving babies for non-clinical reasons is not always conducive to family needs.

## Identified pressures:

- The main pressures on the acute children's services during the winter months are an increase in respiratory infections affecting neonates and children under the age of two years old.
- Increased Prolonged capacity at over 80% would require extra staff with neonatal skills.
- Medical and specialist nursing staffing may also create pressures due to staff sickness, maternity leave and vacancies. The nursing establishments for both Holly and SCBU are on the Risk Register as they are not sufficiently funded to meet RCN and BAPM recommendations. There are limited isolation facilities on the ward however children with confirmed diagnosis may be cohorted.

## Solutions:



The Matron, Ward Manager and Consultant of the Week receive a handover from Holly Ward nursing staff at 0930 hours daily (Monday to Friday) and there is a Situation Report completed by the shift coordinator at 0200, 0700, 1100, 1400, 1800 and 2200 hours each shift to enable the senior nurse to determine the status of the ward. The ward status is RAG rated through the Sit Rep which takes into account age, acuity, bed occupancy and staffing levels.



The bed capacity has been planned to reflect these historic trends. As many of these neonates require high dependency care, utilisation of an isolation cubicle within SCBU (depending on the unit's cot capacity and staffing) for short term admissions from Holly is in place. There are strict criteria to when this strategy can be implemented.

There is no seasonal variation as far as acute children's mental health is concerned. This issue will arise if there are no beds available for admission if the ward has acutely unwell children – particularly babies with a viral infection.

There is also an escalation process in place around increased demand on high dependency beds/cots enabling nursing staff to manage situations when there is a need to accommodate more than one child requiring high dependency or, in the case of CAMH's patients, requiring 1:1 supervision.



There is a daily Safety Huddle at 1500 hours, attended by all staff on duty each day. An Escalation Process is embedded in Holly Ward and SCBU to ensure that capacity and demand is managed to maintain patient safety and mitigate clinical risks. (This has been reviewed and updated in March 2018 in consultation with NWAFT colleagues).

There is also an Escalation Process in place around increased demand on high dependency beds/cots enabling nursing staff to manage situations when there is a need to accommodate more than one child requiring high dependency care. (This has been reviewed and updated in March 2018 in consultation with NWAFT colleagues). A CAMH's Risk Assessment Tool has been developed by the Paediatric Team with ED and CAMHs colleagues and is currently being piloted by ED staff. This is initiated within the ED and enables an assessment of risk and the level of supervision the young person is likely to require if admitted.

OOH's Mental Health provision for both adults and children attending the ED at Hinchingsbrooke is currently being discussed system wide.



The Hinchingsbrooke Site Manager is appraised of the ward status regarding capacity and demand following this handover. The Matron for Acute Children's Services and the Senior Nursing Team provide regular updates to the Hinchingsbrooke Site Manager and Maternity Services when the wards are on amber or red.

The Escalation Process ensures that senior management within the units and the organisation are made aware of periods of high demand who will subsequently report through the established escalation procedures.



## HOLLY & SPECIAL CARE BABY UNIT (SCBU) WARDS – HINCHINGBROOKE HOSPITAL

	Current capacity at 30 September 2018	Planned base capacity for winter (Nov 2018 – Feb 2019)	Planned additional contingency capacity for winter period (Nov 2018 – Feb 2019)	Commentary
<b>Paediatric Inpatient Ward (Holly Ward)</b>	We have zero paediatric intensive care beds (any child requiring intensive care is transferred out to the nearest PICU with bed capacity).		<p>Six day case elective beds open and staffed from 0730-1730 Monday to Friday at 30 September and will continue to be so in winter. Cancellation of elective surgical and day case activity would free these beds to be available for urgent care but they are not currently funded to be staffed in the out of hours periods</p> <p>Assessment area – functioning from 0830-2100 hours Monday to Friday and 1000-1800 on Saturday and Sunday at 30 September and will continue to be so in winter. However, the area is not currently funded to be staffed outside the stated periods and assessment of children requiring urgent care would be provided within the 12 inpatient beds.</p>	Our capacity is as last winter and there is a limit to how much we could increase capacity in addition to the above mainly due to the requirement of paediatric and neonatal skilled staff (especially in the nursing workforce both substantive and temporary staff and environmental constraints).
<b>Special Care Baby Unit (SCBU)</b>	We have one neonatal intensive care cot that is open and staffed at 30 September and will continue to be so in winter. (However, it is designed for stabilisation and transfer for any baby requiring more than 24 hours of level 1 care due to the designation of the unit.)We have one high dependency cot that is open and staffed at 30 September and will continue to be so in winter.	Eight special care cots	One high dependency cot that is open and staffed at 30 September and will continue to be so in winter. There is potential to increase to two high dependency cots if the intensive care cot is not occupied although this would be for short-term occupation.	Our capacity is the same as last winter and there is a limit to how much we could increase capacity in addition to the above mainly due to the requirement of paediatric and neonatal skilled staff (especially in the nursing workforce both substantive and temporary staff and environmental constraints).

## LUTON ADULTS SERVICES TEAM

### Service Summary:

- The Trust leads the integrated discharge team and GP Liaison to support turnaround of adult patients to the community and safe effective discharges, five days per week.
- Integrated Rapid Response – At Home First – Service and Care co-ordination is established and supports admission avoidance. Integrated Rapid Response & At Home First Service Communication pathways are in place between the Rapid Response Team and the hospital clinical navigation team
- The Falls Service covers 7 days a week to support falls prevention and admission avoidance. Specialist Palliative care available 7 days a week.

### Identified pressures:

- The requirement to release capacity and increase efficiency in responding to increased referrals for unplanned episodes of care in order to prevent inappropriate hospital admissions and support people to remain in their own home.
- Increased referrals from patients on the caseloads with chronic disease who have care plans in place which includes how to seek help and advice.
- Increases in early discharges from hospital which require same day visits can place additional pressures on capacity and anticipatory medications are provided where appropriate.

### Solutions:



Contingency plans are reviewed monthly to allow a flexible response to emergent winter pressures.



Patients who undergo Intensive Case Management will have personalised care plans including Hospital (Admission Avoidance) Care Plans developed that are shared with the acute hospital and other partner agencies. Anticipatory medications are provided where appropriate.

A Trusted assessor model for improving delayed transfers of care from the acute trust to residential homes is being piloted. Regular attendance at GP practice MDT and cluster meetings by CCS s staff is established and utilized to promote the At Home First model, in particular the Integrated Rapid Response Service.



Services have the ability to flex staff across these integrated services during times of increased pressures in urgent care demands and this will create additional capacity required during post bank holiday periods to support demand for admission aversion visits provided during those periods.



Communication updates will be circulated throughout the Unit providing, in particular, details of amended winter rotas, opening times and contact details for health and social services. The Trust participates in the Bedfordshire and Luton Commissioners daily system teleconferences to support a thorough understanding of all providers' constraints and capacity during periods of pressure during the year.

## LUTON CHILDRENS COMMUNITY NURSING SERVICES TEAM

### Service Summary :

- The hospital has a clinical navigation team in ED which can liaise daily with THE Nurse co-ordinator for those patients with care plans in place to facilitate return home rather than admission.
- Children's Services Rapid Response is in place seven days per week which supports the rapid turnaround of children to their own homes either in PAU or on discharge. The team liaises daily with the local hospital to facilitate early discharge to free up beds. GPs also refer to prevent hospital admissions. Monday to Friday Rapid Response have a clinic at Medici clinic and referrals are now being accepted from 111. Home visits still take place week ends and back holidays.
- Children's Continuing Care Team provides support in the child's home throughout a 24 hours period seven days a week. Parents retain responsibility for their child. All families who have technologically dependent children do have battery back-up for machines in the event of a power failure.
- Children's Community Nursing Team provides a service seven days a week 0800-1800. Operating between 0900-1700 on weekends and bank holidays, delivering care which otherwise would need to be delivered by the hospital, i.e. intravenous antibiotics, wound / line care, palliative and End of Life Care to enable a child to die at home. There is also a complex case load of children that require enteral feeding, support with breathing, oncology and palliative care.
- The Special School Nursing Team supports children with complex medical needs in specialist and mainstream school. In the event of extreme weather conditions the schools remain closed.
- Edwin Lobo Community Paediatrics Service provides a Consultant Paediatrician- led Community Paediatric Service to Children and Young People (CYP) with suspected disability, neuro-disability, and developmental delay across Luton and part of Bedfordshire. Usual hours of service delivery are Monday to Friday 9am-5pm

### Identified pressures:

- Increased respiratory conditions amongst children due to the cold weather.
- Increased respiratory support may be required to enable children to stay at home in the winter.
- Knock on effect of other infrastructures being closed, such as schools during the cold weather, which can create an increased dependence on Trust staff.

## Solutions:



Contingency plans are reviewed monthly to allow a flexible response to emergent winter pressures. This will continue to release capacity and increase efficiency in responding to unplanned episodes of care in order to prevent inappropriate hospital admissions and support people to remain in their own home.



Contingency plans will continue to release capacity and increase efficiency in responding to unplanned episodes of care in order to prevent inappropriate hospital admissions and support people to remain in their own home.

Patients on the caseloads with Chronic Disease have care plans in place which includes how to seek help and advice and anticipatory medications are provided where appropriate.

Children in the service will have individualised care plans including Anticipatory Plans developed and shared with partner agencies.

Services have the ability to flex staff across these integrated services during times of increased pressures in urgent care demands and this will create additional capacity required during post bank holiday periods to support demand for admission aversion visits provided during those periods.



The Trust contributes to winter planning in a timely way and agrees 'step up and step down' actions to support the whole system across community nursing rapid response, End of Life Care and care homes, seven days per week in Bedfordshire and Luton.



Communication updates will be circulated throughout the Unit providing, in particular, details of amended winter rotas, opening times and contact details for health and social services. From 1 December 2016, Bedfordshire and Luton have in place daily system teleconferences to support a thorough understanding of all providers constraints and capacity. Commissioners contribute to this call to ensure they are fully briefed daily on any escalations needed.

## LUTON 0-19 UNIVERSAL SERVICES

### Service Summary

- Luton 0-19 universal service provides a locality based home visiting service five days a week 09.00-17.00 Monday – Friday; there is no home visiting service at weekends or bank holidays.
- The service also provides clinical and administrative contact through a single point of access Monday – Friday 9 AM -5.00PM. There is no service on a Sunday or bank holidays
- The locality team’s service deliver community-based care, the majority of contact is within the 0-5 pathway where contact is mainly offered in service users homes with some clinic based activities.
- 5-19 care is provided by school health team, work is carried out in a number of venues, school based , local authority and occasional home visits.

### Identified pressures:

Possible difficulties in travel in extreme weather conditions

Knock on effect on staffing and delivery of other infrastructures being closed, such as schools during the cold weather.

### Solutions:



Contingency plans are reviewed regularly to allow a flexible response to emergent winter pressures. A local business continuity plan is in place to prioritize locality service delivery when staffing pressures impact.

All contacts and meetings are prioritized.

Staff have the ability to work remotely with laptops and there are a number of drop down hot desk bases available across the locality.



Safeguarding work and the single point of access are prioritized as per agreed service continuity plans.



The leadership team use a workforce capacity tool and have the ability to flex staff across localities to undertake identified work as prioritised above.



Regular status communication cascades to the teams.

Communication to partner organisations in regards to status and updates on any changes.

## BEDFORDSHIRE CHILDRENS SERVICES

### Service Summary:

- The Health Visiting Service provides individual information to parents at the Antenatal and Postnatal home visits about recognizing illness in small children and when to seek early help. Illnesses covered in this conversation are Gastroenteritis, Bronchiolitis, Fever, Febrile Seizure, Abdominal pain and Head Injury.
- The Health Visiting Service also provides an Antenatal Parent Education Programme called Bump Birth and Baby Stuff. A 1 hour section of this 5 week course trains parent's to recognize illness in their baby and shows how to act early to reduce the number of babies and young children who attend A&E for minor and emerging illness.
- The School Nursing Service has provided all upper schools in Bedfordshire with training to become an Asthma Friendly School. Champions within the schools have been trained to adopt a policy of managing asthma in the school and to be able to act quickly and appropriately when a child has an asthma attack.
- All the nursery facilities across Bedfordshire have also received this training and in the upcoming term the Primary schools will also be able to access this. The aim is to make Bedfordshire an asthma friendly county where it is everybody's business to know about how to support children with asthma through promoting good inhaler use and rapid action before crisis arises.

### Pressures:

- Frequent attenders to the local hospitals due to respiratory conditions and epilepsy are known to pressurize the system. Some GP practices have frequent attenders to A&E.
- The commissioned Services were under pressure to reach performance target last year due to adverse weather when home visiting was affected and access to community clinics was reduced in the snow.
- Adverse weather also pressurises the Specialist teams when access to homes and clinics is not possible.

## Solutions:



The Specialist Community Children's Service are currently training all the Bedfordshire GP's to use O2 Saturation monitors when assessing children with bronchiolitis. 50 monitors have been made available to enhance the assessment and prevent babies being admitted to hospital unnecessarily.



The Specialist Community Children's Nurses are undertaking a pilot project from September to support the urgent treatment centre based at Bedford Hospital where they will assess unwell children alongside an ANP and provide advice and confidence to parents thereby reducing admission to hospital..



Contingency plans are reviewed regularly to allow a flexible response to emergent winter pressures.



Communication updates will be circulated through the service.

## CAMBRIDGE COMMUNITY CHILDREN'S NURSING TEAM

### Service Summary :





- The Children's Community Nursing Team provides a service seven days a week 09.00-17.00 Monday – Friday; there is no service at weekends or bank holidays. The service delivers care which otherwise would need to be delivered by the hospital, i.e. intravenous antibiotics, wound / line care, palliative and End of Life Care to enable a child to die at home (Service will provide 24/7 for end of life care).
- Children's Continuing Care Team provides short break care for Children & Young People with high level physical health care needs up to seven nights a week. Parents retain responsibility for their child. All families who have technologically dependent children do have battery back-up for machines in the event of a power failure.
- The Special School Nursing Team supports children with complex physical health care needs in the local area special schools across Cambridgeshire and Peterborough. In the event of extreme weather conditions the schools remain closed.
- There is a small Community Neonatal Nursing Service (operational Monday to Friday only) to facilitate discharge from SCBU at Hinchingsbrooke only.

### Identified pressures:

- There is also a complex case load of children that require enteral feeding, support with breathing, oncology and palliative care and respiratory support to enable children to stay at home which may increase in the winter.
- The Service is not commissioned equitably across Cambridgeshire and therefore not all Children & Young People are in receipt of care from the service.



## Solutions:

	<p>There is a Manager of the day available for staff during office hours.</p> <p>Out of office support for short break packages is provided by the Continuing Care Nurses or Senior Managers from the team to ensure escalation of concerns.</p> <p>Business continuity plan includes information regarding the most vulnerable and technological dependent CYP known to the service.</p> <p>The CCN's have a daily safety huddle to review capacity and demand. Due to the nature of the services Continuing Care and Special Needs School Nurse have a safety huddle weekly, this can increase if emergency response required.</p>
	<p>CYP supported by the team have individual assessments and plans of care available to GP's and other system one users. Care plans are shared with Local Authority and other partners where appropriate or care shared between partner agencies.</p>
	<p>The service can flex staff across the geography is required to ensure prioritisation of needs are met.</p>
	<p>Communication updates will be circulated through the service.</p>

# CAMBRIDGESHIRE HEALTHY CHILD PROGRAMME

## Service Summary:

- Cambridgeshire Healthy Child Programme provides a service five days a week 09.00-17.00 Monday – Friday; there is no service at weekends or bank holidays.
- The service delivers community-based care, the majority of contact is within the 0-5 pathway where contact is mainly offered in service users homes with some clinic based activities.
- Some 5-19 activity is provided in schools, which are likely to be closed in extreme weather conditions.
- Support for 11-19 age group is provided through a web based text messaging service – delivered through a single point of access at Huntingdon.

## Identified pressures:

- Possible difficulties in travel in extreme weather conditions.
- Knock on effect on staffing and delivery of other infrastructures being closed, such as schools during the cold weather.

## Solutions:



Contingency plans are reviewed regularly to allow a flexible response to emergent winter pressures. A service continuity plan has been agreed by commissioners to support prioritisation of service delivery when staffing pressures impact.



Safeguarding work and mandated contacts prioritised as per agreed service continuity plans.



The leadership team use a workforce capacity tool and have the ability to flex staff across localities and county to undertake identified work as prioritised.



Regular status communication cascades to the teams.

Communication to partner organisations in regards to status and updates on any changes.

# NORFOLK HEALTHY CHILD PROGRAMME

## Service Summary:

- Norfolk Healthy Child Programme provides a locality based home visiting service five days a week 09.00-17.00 Monday – Friday; there is no home visiting service at weekends or bank holidays.
- The service also provides clinical and administrative contact through a single point of access and care coordination (JON) Monday – Friday 8AM -6PM and Saturday 9AM-1PM. There is no service on a Sunday or bank holidays
- A web-based texting service (ChatHealth) provides support for young people aged 11-19 during the same hours and a similar service (Parentline) is available for parents and carers.
- The locality teams service deliver community-based care, the majority of contact is within the 0-5 pathway where contact is mainly offered in service users homes with some clinic based activities.
- Some 5-19 activity is provided in schools, which are likely to be closed in extreme weather conditions.

## Identified pressures:

- Possible difficulties in travel in extreme weather conditions.
- Knock on effect on staffing and delivery of other infrastructures being closed, such as schools during the cold weather.

## Solutions:



Contingency plans are reviewed regularly to allow a flexible response to emergent winter pressures. A service continuity plan has been agreed by commissioners to support prioritization of locality service delivery when staffing pressures impact.

Functionality of call taking and clinical responses of the single point of access can be provided remotely.



Safeguarding work and the single point of access are prioritised as per agreed service continuity plans.



The leadership team use a workforce capacity tool and have the ability to flex staff across localities and county to undertake identified work as prioritised above.



Regular status communication cascades to the teams.

Regular status communication with Norfolk County Councils 'Gold' team to support management of county wide pressures/issues relating to children and young people.

Communication to partner organisations in regards to status and updates on any changes.

# CAMBRIDGESHIRE & PETERBOROUGH DENTAL ACCESS CENTRES

## Service Summary:

- The Cambridge, Huntingdon, Wisbech and Peterborough Dental Access Centres provide a 365 day service.
- All four Dental Access Centres will operate normal working hours until end of business Monday 24 December, Thursday 27 December, Friday 28 December and Monday 31 December. Weekends, Christmas Day and Boxing Day will be covered by the OOH emergency dental service.

## Identified pressures:

A requirement that additional sessions will be required throughout the Christmas and New Year period 2018/2019

## Solutions:

The opening hours and locations of the service over weekends and bank holidays are detailed below. The service is accessed out of hours by calling 111.

The Trust will provide six additional opening times during the Christmas and New Year period 2018/2019, as requested by NHS England.

Date	Dental Access Centre Location	Time
25 December 2017	Huntingdon & Wisbech	9.30 – 12.30
26 December 2017	Cambridge & Peterborough	9.30 – 12.30
29 December 2017	Huntingdon & Wisbech	9.30 – 12.30
30 December 2017	Huntingdon & Wisbech	9.30 – 12.30
1 January 2018	Cambridge & Peterborough	9.30 – 12.30
<b>Additional sessions to be confirmed by NHS England</b>		



## SCHOOL IMMUNISATION SERVICE

### Service Summary:

- The childhood 'flu vaccination programme' is extending to primary school children in years Reception to Year 5 in 2018/19, delivered each Autumn.
- From January 2019, the service delivers HPV vaccination in secondary schools.
- This is service-wide – Cambridgeshire & Peterborough, Suffolk and Norfolk, including Great Yarmouth & Waveney. All schools are visited, including state schools, independent school, Pupil Referral Units, Special Schools as well as the home educated.

### Identified pressures:

#### **Children who miss the flu vaccine at school owing to absence.**

The staffing demands of the childhood flu programme mean that there is no capacity for other work during the flu vaccination season.

### Solutions:



Children who have missed the flu vaccine at school owing to absence are offered clinic appointments. Children for whom a consent form wasn't returned are offered the same clinic appointments.



The service offer CCS staff flu vaccines before the start of the childhood flu programme in September, and additionally vaccinate special school staff.



Bank nurses are used regularly during flu season to fulfil flu requirements, and could be called upon in the event of a winter emergency.



# Trust Staff Flu Vaccination planning

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- Flu vaccines are scheduled to be with the Trust by the end of September 2018.



- A programme of clinic sessions and attendance at team meetings will be rolled out across all services and localities, with support from the Children's Immunisation Team, iCaSH departments, Adult and Children community Nursing teams, Occupational Health, locally identified and appropriately trained registrants and the IPaC (Infection Prevention and Control) Matron.



- The Trust's Flu vaccination trajectory is aiming to surpass the national agreed target of 75%.
- A total of 1800 identified staff with a target of 1350 staff are identified to achieve 75% compliance.



- The Trust's Communications Team is supporting to increase awareness through the use of social media, the staff intranet, screen savers and the Communication Cascade.

- The Trust Flu Work Plan & Campaign is a standing agenda item at the Trust's Infection Prevention and Control Committee.

- The Trust will continue to receive weekly vaccination uptake progress reports for each service on a weekly basis, once the campaign has commenced.

- The Trust has reviewed the way in which staff uptake is collected, processed and analysed. This will enable business units to analyse their vaccination data which in turn aids its departmental cross working ability in assessing those staff who:

- Have had a flu vaccination provided by the Trust;
- Received a flu vaccination provided by an organisation other than the Trust (including other NHS Trusts, GP's and other external organisations);
- Enabling the Infection Prevention & Control Team and the Human Resources Team to liaise and identify patterns of staff sickness.



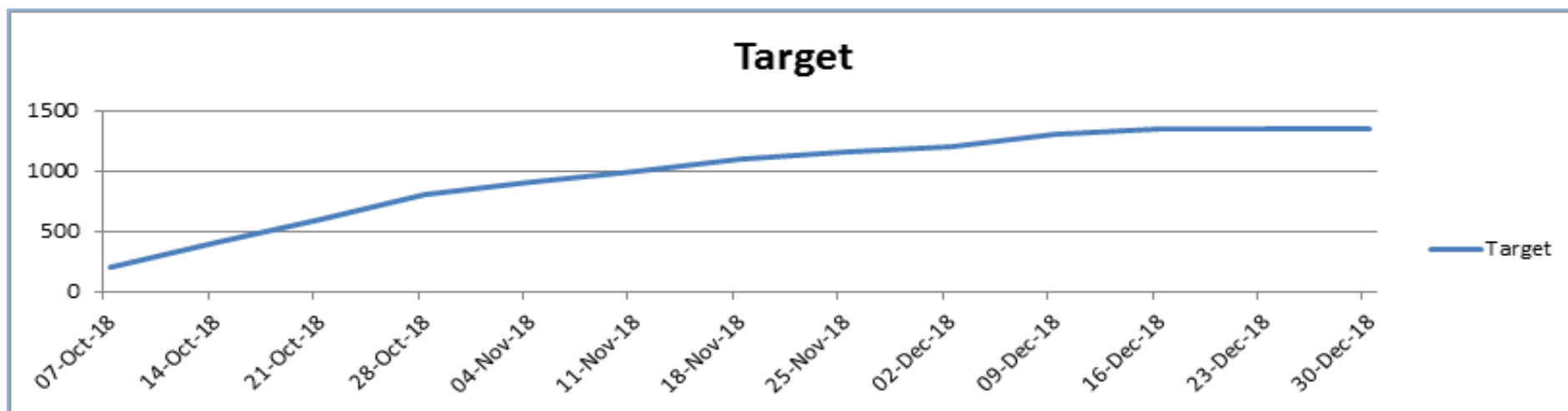
# Trust staff flu vaccination trajectory

Staff vaccination data (as at June 2018):

Total Trust Staff	Eligible Staff Available	Target (75% of eligible staff)
2504	1800	1350

Seasonal influenza Staff uptake 2017/18:

	07.10.18	14.10.18	21.10.18	28.10.18	04.11.18	11.11.18	18.11.18	25.11.18	02.12.18	02.12.18	16.12.18	23.12.18	30.12.18
<b>Target</b>	200	400	600	800	900	1000	1100	1150	1200	1300	1350	1350	1350
<b>Immunised</b>													
<b>% of eligible staff</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%





## WORKFORCE



### Service actions:

- Each service has its workforce plan for winter adapted to their specific service requirements.
- Services across the Trust continue to recruit to vacant posts.
- Staff are encouraged to have their flu vaccinations which is supported by the in-house flu campaign.
- Management of staff absences will continue.
- The Trust continuously reviews bank and agency arrangements to cover service needs and is in line with national guidance.
- In addition, the Trust Services undertook a six months Workforce Review in March 2019.



### Key actions agreed:

- Introduce service level talent mapping and succession plans.
- Utilise the apprenticeship levy and new routes into clinical training to train the future workforce.
- Continue to review reasons for leaving and address any areas of concern.
- Review the success of its existing recruitment and retention Premia and consider use in other hard to fill posts where appropriate.

## COMMUNICATIONS



- The Trust is an active partner in system-wide discussions about communications to support winter planning including contributing to the Cambridgeshire & Peterborough Winter Planning 2018/19 Communications Action Plan. This will ensure consistency of message and approach and that lessons from previous years inform current year planning. This system wide approach incorporates NHS partners working alongside district councils, Fire Service, Police and the Health & Wellbeing Network to maximise opportunities.
- The Trust is proactively supporting delivery of messages relating to the national 'Stay Well' campaign, including for staff and external audiences, particularly using social media. Local campaigns will also ensure consistent messaging about e.g. self care, mental health, winter warmth)
- The Trust's Communication Team receives regular briefings from the East of England Communications Network and Public Health England to ensure best use of resources in relation to winter planning campaigns.
- The in-house Flu Campaign is actively being planned and will incorporate a range of additional incentives to encourage take up; the campaign will be promoted through multiple channels including the weekly Communication Cascade, staff intranet, staff payslips, online ESR message screen, screen savers, posters and a dedicated email address for staff queries. Staff will be invited to participate in a survey (Survey Monkey) post flu vaccination to seek their views on the in-house campaign and potential improvements that could be made.
- Individual Divisions are ensuring communication updates are available and promoted within their services where appropriate including rotas, opening times and availability of contact details for health and social services.
- Information about on-call rotas and processes are available on the staff intranet.



**Cambridgeshire  
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# Emergency Preparedness, Resilience & Response



## Director Contact Details

From the 18<sup>th</sup> December 2018 to the 2<sup>nd</sup> January 2019, the On Call Executive can be contacted on 01480 398500

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# Emergency Preparedness, Resilience & Response

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- The Trust's winter resilience plans are linked to national guidance provided by NHS England e.g. the Cold Weather Plan.
- The Trust has an agreement with the Metrological Office (Met. Office) to automatically receive advanced warnings and alerts of severe weather within its catchment areas. This arrangement is called the National Severe Weather Warning Service (NSWWS) alert. If an alert is received, the information is cascaded to all staff to ensure that suitable arrangements are in place to minimise the impact to services, e.g. review of rotas and to minimise the risk to the business and the health, safety and welfare of both patients and staff.
- On a weekly basis the Executive Team will oversee performance exceptions and escalate to the Board via the relevant Clinical Operational Boards.
- On-call and incident reports are monitored by the Resilience Manager and resolved as required.
- A review of this year's winter plan will be held in June 2019 by the Trust EPRR Operational Group which will identify areas for improvement and lessons learnt, which will be reported in the annual report 2019. This will influence the 2019/20 winter planning by the Trust.

## Partnership Working

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- Teleconferencing arrangements are in place to allow health partners to review whole system planning and address capacity issues.
- The Trust has strong links with its leading Cambridge & Peterborough and Bedfordshire & Luton Local Health Resilience Partnerships and is also engaging with, but at a lesser extent, with Suffolk and Norfolk LHRPs.



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# Governance

# Quality & Patient Safety

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The Trust uses a variety of routine monitoring tools to enable local and strategic Board level oversight of relevant Quality indicators throughout the year (including the winter period). These include the following:

- Trust Board Quality Report and Quality Data Pack
- Via Board Sub-Committees such as the Quality Improvement & Safety
- Trust wide and Community Unit Quality dashboards
- The Quality Early Warning Trigger Tool
- Service level and Corporate Risk Registers
- Business Continuity Plans for all services
- Local arrangements for urgent monitoring of service provision (i.e. teleconference process for District Nursing)
- Service/Team level Quality Boards displayed in patient-facing areas, updated monthly and detailing key quality and safety outcomes.

## Quality Dashboards

The Trust uses a Quality dashboard (first implemented in April 2012) with metrics identified in the areas of:

- Safety (Harm Free Care, Serious Incidents, Never Events, Medication Incidents, Infection Prevention & Control, Hand Hygiene)
- Effectiveness (Mandatory Training compliance, Safeguarding Supervision, Workforce data including sickness and appraisals, Staff Friends & Family Test)
- Experience (Concerns, Complaints, Friends & Family Test score)
- Other Quality information (Quality Early Warning Trigger Tool)
- These enable each Community Unit (Ambulatory Care, Luton Adult & Children's Services, Cambridgeshire/Norfolk/Bedfordshire Children's Services) to monitor quality performance closely for the previous month collated in one place to facilitate analysis.
- A colour coded system is in place and the Trust wide summary is presented to the Board each month as a component of the Trust Board Quality Report and Quality Data Pack.

# List of abbreviations

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CAMH	.....	Child & Adolescent Mental Health
CHC	.....	Continuing Healthcare
ED	.....	Emergency Department
EPRR	.....	Emergency Preparedness, Resilience & Response
HHCT	.....	Hinchingbrooke Healthcare NHS Trust
IPaC	.....	Infection Prevention & Control
L&D	.....	Luton & Dunstable Hospital
LHRP	.....	Local Health Resilience Partnerships
MDT	.....	Multi-Disciplinary Team
NICU	.....	Neonatal Intensive Care Unit
NSC	.....	National Screening Committee
NSWWS	.....	National Severe Weather Warning Service
NWAFT	.....	North West Anglia NHS Foundation Trust
OOH	.....	Out of hours
PAU	.....	Paediatric Assessment Unit
PHE	.....	Public Health England
SCBU	.....	Special Care Baby Unit



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