



**Cambridgeshire  
Community Services**  
NHS Trust

# Cambridgeshire Community Services NHS Trust

## Winter Planning Assurance 2020/2021



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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 2020/21 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, the second surge of the Covid-19 pandemic and the UK leaving the EU end of transition 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 21 December 2020 – 4 January 2021.
- A current synopsis of the Trust's Flu Vaccination Programme and trajectory aims for 2020/2021, 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 Critical & Major Incident and Business Continuity policies and plans.
- This plan has been developed in conjunction with and aligned to the Trust's local health systems which are; Cambridgeshire & Peterborough, Bedfordshire, Luton & Milton Keynes and Norfolk and Suffolk.

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

# Demand & Capacity



# ADULT SERVICES – LUTON

Service Lead: Christopher Morris

## Service Summary

The Trust provides an integrated discharge team based within the Luton & Dunstable hospital which also provides a GP Liaison service. This supports the turnaround of adult patients from the acute back into to the community through safe effective discharges, and this operates seven days a week.

Integrated Rapid Response / At Home First and Care co-ordination provides a well-established multi-disciplinary approach with a purpose of supporting patients to remain at home as alternative to be admitted to hospital. A joined up approach is achieved through the clear lines of communication with the hospital clinical navigation team and other provider organisations including social care.

The Falls Service and specialist palliative nurses further support the hospital admission avoidance through both planned preventive and responsive support operating across seven days a week.

Rapid Response Team provide advice, support and face to face assessments as required to care homes and care homes can call us on 0333 405 3000, 24 hours a day for advice.





Rapid Response Team support available for patients requiring community step up bed for acute health need. Admission Avoidance pathways in place including for IV administration at home.

## 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	
	<p>Contingency plans are reviewed monthly to allow a flexible response to emergent winter pressures.</p>
	<p>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.</p> <p>A Trusted assessor model for improving delayed transfers of care from the acute trust to residential homes is being piloted.</p> <p>Regular attendance at GP practice MDT and cluster meetings by CCS staff is established and utilized to promote the At Home First model, in particular the Integrated Rapid Response Service.</p>
	<p>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.</p>
	<p>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.</p>

# CHILDREN'S COMMUNITY NURSING SERVICES- LUTON

Service Director: Simon Harwin

## Service Summary

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 as well as referrals from 111 Rapid Response have a clinic based service at the Luton Treatment Centre and Child Development Centre Kempston 7 days a week 08:00 - 18:00hrs.

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 08:00 - 18:00. Operating between 09:00 - 17:00 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 out of hours 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 schools. In the event of extreme weather conditions the schools remain closed.

## 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.

Possible increased staff absence due to:

- Having to isolate due to being in contact with Covid-19
- Having a positive Covid-19 test

Pressure may increase as the team supports the team in Bedfordshire as it expands.



Solutions	
	<p>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.</p> <p>Admin staff have also been enabled to work from home where necessary.</p> <p>Staff have the ability to offer remote virtual contacts with clients where IT solutions are available in home.</p> <p>During the pandemic processes have been put in place to manage phone and virtual contacts in a safe and robust way.</p>
	<p>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.</p> <p>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.</p> <p>Children in the service will have individualised care plans including Anticipatory Plans developed and shared with partner agencies.</p> <p>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.</p>
	<p>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.</p>
	<p>Communication updates will be circulated throughout the Unit providing and on the local offer, in particular, details of amended winter rotas, opening times and contact details for health and social services. 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.</p>

# HEALTH VISITING & SCHOOL NURSING SERVICES- LUTON

Service Director: Simon Harwin

## Service Summary

Luton 0 - 5 universal service provides a locality based home visiting service five days a week 09:00 - 17:00 Monday to Friday. There are occasional home visits on Saturdays.

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 0 - 19 service offer two text services Parent Line and Chat Health.

The LAC service occasionally works Saturdays to support the service offer.

The service also provides clinical and administrative contact through a single point of access Monday – Friday 9:00 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.

Staff shortages due to Covid-19 pressures, staff needing to isolate for periods of time or be redeployed to support other NHS pressures.

Pressures in the system around increased referrals for safeguarding work.

Increased pressure within the service due to consultation in Luton of closing Early Help Services and Flying Start children's services which has increased demand on the Universal services.

## Solutions



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

All contacts and meetings are prioritised.

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

Both Parent Line and Chat Health can be managed remotely.

Covid-19 plans have enabled the team to look at IT solutions more and reduce the need for postage and paper referrals.

Admin staff have also been enabled to work from home where necessary.

Staff have the ability to offer remote virtual contacts with clients where IT solutions are available in home.

During the pandemic processes have been put in place to manage phone and virtual contacts in a safe and robust way.



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

Records can be accessed remotely for safeguarding concerns.



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.

Updated websites offer advice and support to families and professionals regards the local service offers.

# HEALTH VISITING & SCHOOL NURSING SERVICES – BEDFORDSHIRE

Service Director: Simon Harwin

## Service Summary

The Health Visiting and School Nursing Service are comprised of community based teams to lead on the delivery of the Healthy Child Programme (DoH 2009) to all children aged 0-19 years of age.

The service operates between 09:00 and 17:00 Monday to Friday (Except Bank Holidays).

The Health Visiting service is delivering the service in client's homes or at a clinic / children's centre using PPE as per guidance.

An enhanced service offer is provided to those families in the Safeguarding arena or those with vulnerabilities or additional needs.

A Confidential texting service is run by the service: Parentline for parents/carers of children and young people aged 0-19 years and ChatHealth for children and young people aged 11-19 years is available Monday to Friday 09:00 to 16:30 (except Bank holidays)

School Nursing: The 5 – 19 service includes School Nurses, Community Staff Nurses and Associate Practitioners who offer support for the physical and emotional health and wellbeing of children, young people and families.

Health assessments are completed by the service for children and young people in the safeguarding arena.

Confidential Drop In sessions are normally offered in every school with pupils from year 7 – 13 across Bedfordshire for young people to access. These are currently not running and schools are hosting the 5 – 19 service to offer 1:1 sessions with children and young people as required.





The School Nursing service predominantly deliver their services in schools.

## Identified Pressures

Safeguarding work / caseloads are increasing and impacting delivery of Universal Services.

Staffing numbers / recruitment – national shortage of trained Health Visitors and School Nurses to ensure consistent recruitment and turnover of staff is increasing.

High level of need for Emotional Health and Wellbeing support for children and young people in 5 – 19 remit. Emotional wellbeing of staff to continue to offer required service. Cases of Non-accidental injuries to babies and children have increased. This has an emotional toil on staff.

Solutions	
	Reduced service offer (informed by Benson Tool modelling) to ensure service offer is shaped at what capacity is available to deliver.
	Increased informal support for staff – drop in sessions being introduced.
	<p>Virtual Pop-Ins (clinics) are being hosted for clients with technology which supports on a weekly basis by the practice development team for adhoc support and advice for parents / families.</p> <p>The Baby Friendly team (feeding support) are offering a county wide virtual support service using Attend Anywhere for complex feeding issues and support. The NCMP (National Childhood Measurement Programme) Health Care Assistants have been trained as Covid response to assist with this feeding support offer.</p> <p>Currently the Service offer is reduced due to staffing capacity and increased safeguarding workload. The offer for 0 – 5 currently is a targeted antenatal contact, universal newborn visit in the home followed by a targeted 6 – 10 week assessment when indicated. The 9 – 12 month and 3 ¼ year development reviews are continuing as a universal service by virtual contact (Attend Anywhere or telephone) by Community Nursery Nurses. Vulnerable children / families are targeted and seen by Health Visitors at home for these assessments.</p> <p>Clients identified as having low mood / anxiety are being supported by a team of practitioners offering ongoing support in a virtual manner ( Attend Anywhere / telephone) and this ‘team’ are being supported by the Specialist Perinatal Mental Health Practitioner Regular review of Escalation framework to inform service delivery plans.</p> <p>Availability of Adhoc Safeguarding Supervision sessions frequently communicated to staff and staff encouraged and supported to attend.</p>
	<p>Virtual contacts will be available for use in winter weather where travel to client homes is not possible.</p> <p>Communication updates will be circulated through the service.</p>

# CHILDREN'S COMMUNITY NURSING SERVICE – BEDFORDSHIRE

Service Director: Simon Harwin

## Service Summary

The Children's Community Nursing Team [acute & complex needs] provides a service five days a week 09:00 – 17:00 Monday - Friday; palliative and End of Life Care to enable a child to die at home (Service will provide 24/7 for End of Life Care), high level clinical interventions including assistive ventilation and enteral feeding.

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 Bedford. In the event of extreme weather conditions the schools remain closed, however, there is significant need across the schools in terms of complexity in need and safeguarding, this would continue to require a responsive service.

Children's Continence service – provision across Bedford and Luton. Supporting CYP with bladder and bowel problems and CYP with SEND and associated continence issues.

## Identified Pressures

As part of the response to Covid-19 the service has been required to deliver a 7/7 service, this is now on hold again as re-deployed staff are repatriated to their usual role. The service continues to deliver care to a higher number of CYP which otherwise would need to be delivered by the hospital. Service is being supported to recruit at risk to increase number of available staff in order to continue weekends.

The caseload of children with the highest level of complex need and technological interventions continue to require high levels of support in order for them to access school during the pandemic.

There is a significant increase in safeguarding across the whole service.

Risk within staffing across continence services due to increasing caseload / workload and retirement of RN.

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 regularly to allow a flexible response to emergent winter pressures.

Communication updates will be circulated through the service.

On call support for short break packages is provided by the Senior Nurses from the team to ensure a Registrant is available for any escalation of concerns.

Business continuity plan includes information regarding the most vulnerable and technological dependent CYP known to the service.

The CCN's have a daily handover to review capacity and demand. Due to the nature of the Services Continuing Care and Special Needs School Nurse can be included into the huddle weekly, this can increase if emergency response required.

There is a weekly whole service meeting, where vulnerable CYP are discussed as required.

Teams have a transferable skill set that can be deployed within the Specialist Nursing team if required.



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 the Local Authority and other partners where appropriate or care shared between partner agencies.

Children with the highest level of need have personalised health passports which are reviewed at least annually but also at times of significant change the family hold.



The service can flex staff across the geography is required to ensure prioritisation of needs are met.



Communication updates will be circulated through the service.

# CHILDREN'S COMMUNITY NURSING SERVICE- CAMBRIDGESHIRE

Service Director: John Peberdy

## Service Summary

The Children's Community Nursing (CCN) Team currently provides a service seven days a week 09:00 – 17:00. 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 Complex Care Team provides short break care for Children & Young People with high level physical health care needs up to seven days/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 Needs 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.

## 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.

Current 7 day a week service forms part of the Covid-19 response and staffed within existing establishment.

Possible difficulties in travel in extreme weather conditions.



## Solutions



There is a CCN shift lead and Manager available for staff during office hours. Manager on-call system is in place to provide support out of hours and weekends to lone workers across the teams.

Business continuity plan includes information regarding the most vulnerable and technological dependent CYP known to the service.

The CCN's have a daily safety huddle to review capacity and demand. Due to the nature of the services Complex Care and Special Needs School Nurse have a safety huddle weekly, this can increase if emergency response required.



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.



The service can flex staff across the geography if required to ensure prioritisation of needs are met.



Communication updates will be circulated through the service.

# COMMUNITY PAEDIATRICS SERVICE – CAMBRIDGESHIRE





Service Director: John Peberdy

## Service Summary

Provides neurodevelopmental assessments for children across Cambridgeshire up to 12 years.  
Supports children with medical conditions within special schools up to the age of 19 years  
Provides child protection medicals across Cambridge and Peterborough Monday to Friday 9:00am - 4.30pm.

## Identified Pressures

Staff self-isolating may increase demand on clinicians needed to provide face to face safeguarding medicals across the region combined with recognised increased demand in this area.  
Severe weather pressures may affect staff numbers.  
Non urgent service apart from safeguarding.

Solutions	
	<p>Regular review of waiting lists to review pressure points on service.</p>
	<p>Working with local acute paediatric or community colleagues to support clinical work where necessary. Telephone therapy for non-priority patients.</p>
	<p>Regular weekly virtual team meetings to disseminate information and act swiftly according to demand.</p>
	<p>Whole team has access to virtual platforms already as part of response to Covid-19 pandemic, well experienced with remote consultations. Digital dictation becoming available to support remote working between clinicians and administration.</p>

# CHILDREN'S SPECIALIST SERVICE– CAMBRIDGESHIRE

Service Director: John Peberdy

## Service Summary

Physiotherapy, Occupational Therapy, Speech and language therapy and dietetic services provide support to children and families five days a week predominantly between 8:30am and 6:00pm.





There is no service at weekend or bank holidays.

The services deliver community based care in clinics and schools.

All services are offering a virtual service so the impact of winter will be less this year.

## Identified Pressures

School closures – due to Covid-19 / flu or extreme weather will impact virtual delivery of services as well as face to face.

Solutions	
	<p>BCP's identify priority contacts. These would be virtually with parents if schools closed.</p>
	<p>Single point of access enables families to contact us.</p>
	<p>Regular status communication cascades to the teams.</p>
	<p>Communication to partner organisations in regards to status and updates on any changes.</p>

# HEALTHY CHILD PROGRAMME – CAMBRIDGESHIRE

Service Director: John Peberdy

## Service Summary

The Cambridgeshire Healthy Child Programme provides a service five days a week 09:00 – 17:00 Monday to Friday; there is no service at weekends or Bank Holidays. There is one number to access the service 0300 029 5050.

The service delivers community-based care, the majority of contact is within the 0 - 5 pathway & the young parents' pathway is mainly offered in service users homes with some clinic based activities.

Some 5 - 19 activities are 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 – which is delivered from the license holder's usual base.

Support for parents regarding the health of their child can now be delivered over a text messaging service.

Due to the Covid-19 pandemic service delivery is currently amended to a virtual offer for universal families 0 - 19 years by telephone, video call or text messaging. Face to face assessments remain for vulnerable/safeguarding cases.





## 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.

If Covid-19 track & trace suggests staff need to self-isolate for 14 days there may be an increase in staff absence if swab testing is not readily available over the winter.

There may be an increase in staff pressures if the season flu impacts on the Covid-19 pandemic.

Solutions	
	<p>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.</p> <p>Ongoing review of staffing availability due to Covid-19.</p> <p>Use of virtual platforms to have contacts with service users is available and embedded in the service.</p> <p>Use of virtual platforms with key partners is embedded due to amendments to address Covid-19 (for example clinicians attend statutory and non-statutory safeguarding meetings vis MS teams).</p>
	<p>Safeguarding work and mandated contacts prioritised as per agreed service continuity plans and as articulated in Phase 3 Covid-19 service delivery plan (October 2020-March 2021).</p>
	<p>The leadership team uses a workforce capacity tool and has the ability to flex staff across localities and county to undertake identified work as prioritised.</p>
	<p>Regular status communication cascades to the teams.</p> <p>Communication to partner organisations in regards to status and updates on any changes.</p>

# HEALTHY CHILD PROGRAMME – NORFOLK

Service Director: John Peberdy

## 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 digital platform justonenorfolk.nhs.uk is available 24/7 to enable parents to have access to validated health and advice and self care resources

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 offered in service users homes and through video consultations





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.



<b>Solutions</b>	
	<p>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.</p> <p>Functionality of call taking and clinical responses of the single point of access can be provided remotely.</p> <p>All clinical staff are trained and equipped to offer contact with families through video calling integrated with Just One Norfolk</p>
	<p>Safeguarding work, single point of access and digital platform are prioritised as per agreed service continuity plans.</p>
	<p>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.</p>
	<p>Regular status communication cascades to the teams.</p> <p>Regular status communication with Norfolk County Councils 'Gold' team to support management of county wide pressures/issues relating to children and young people.</p> <p>Communication to partner organisations in regards to status and updates on any changes.</p>

# SCHOOL IMMUNISATION SERVICE

Service Director: John Peberdy

## Service Summary

The childhood 'flu vaccination programme' is offered to primary school children in Reception through to Year 6 and secondary school children in year 7, delivered each autumn, between October and December.

Between January and July each year, the service delivers HPV, Men ACWY & TdIPV 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 schools, Pupil Referral Units, Special Schools as well as the home educated.

The service offer CCS staff flu vaccines before the start of the childhood flu programme in September, and additionally vaccinate special school staff and assist in vaccinating Cambridgeshire County Council and Peterborough City Council Staff.

## Identified Pressures

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

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.

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 which can be increased or extended according to need. Children for whom a consent form wasn't returned are offered clinic appointments. Mop-up opportunities in early January to accommodate school closures or delivery/supply problems.



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



No capacity to work remotely for clinicians, but capacity for administrative work to be remote.



# EMOTIONAL HEALTH & WELLBEING SERVICE

Service Director: John Peberdy

## Service Summary and Solutions

The EHWS continues to work with partners across the mental and emotional health landscape to respond to fluctuations in demand. The service approach allows flexibility by having the ability to offer both face to face appointments if clinically necessary, for example those patients experiencing digital poverty as well as increasing the use of teletherapy and supporting remote working for staff during Covid-19.

In addition, our contingency for potential staffing issues over the winter period is to prioritise workload on the basis of clinical need.

# DENTAL SERVICES- CAMBRIDGESHIRE & SUFFOLK

Service Lead: Julia Hallam-Seagrave

## Service Summary

The service is a Monday – Friday service with no weekend or Bank Holiday working

The service provides urgent dental care, special care dentistry and minor oral surgery

The Wisbech, Cambridge, Huntingdon and Peterborough clinics are designated urgent dental care centres during the Covid-19 pandemic

Peterborough and Cambridge clinics are designated Covid-19 positive Urgent Dental Care Clinics





## Identified Pressures

Low levels of staffing due to Covid-19/Flu/Adverse weather.

PPE stock

Staff emotional Health & Wellbeing, particularly in light of a potential second surge of Covid-19 and the EU Exit transition.

Acquisition of Suffolk Special Care Dentistry Service.

<b>Solutions</b>	
	<p>The Service has acquired Suffolk Special Care Dentistry during a busy period and is ensuring all underlying processes such as business continuity planning, PPE processes and escalation; Cold weather planning etc. is completed in time.</p>
	<p>The Service will prioritise patients and use telephone triage to manage its caseloads. It also has the flexibility to create smaller teams for a more efficient response across its geography. This is supported by its Business Continuity plans which are in place, reviewed and updated to ensure maximum service delivery. The Service response to NHSE/I guidance is dynamic and has a quick turnaround as proven in the Covid-19 pandemic in 2020.</p> <p>The Trust, in addition to the Government portal, also has the ability to test its own staff for Covid-19.</p> <p>Service staff have been advised of cold weather preparations in addition to receiving the NSWWS alerts from its emergency planning team.</p>
	<p>The Trust has an extensive flu vaccination programme and all staff within the Service are encouraged to participate.</p> <p>Covid-19 risk assessments are in place for all staff and premises.</p> <p>The Trust has ensured its dental environments are Covid-19 secure.</p> <p>There is a defined process for acquiring PPE and or escalating any concerns via the Trust's PPE Cell.</p>
	<p>Staff have been encouraged to take leave after the first surge of Covid-19. This is being monitored across the Service.</p> <p>Staff have also been supported by signposting them to Emotional Health &amp; Wellbeing Services. The Trust has also held virtual Mindfulness and Physiotherapy sessions for its staff.</p>

# DYNAMIC HEALTH SERVICES - CAMBRIDGESHIRE

Service Lead: Sarah Saul

## Service Summary

The Dynamic Health services provide service five days a week 08:00 – 18:00 Monday to Friday; there is no service at weekends or bank holidays. The Service delivers care virtual first via telephone consultation, video consultations and face to face appointments.

### Dynamic Health incorporates:

MSK Physiotherapy - Providing physiotherapy advice, management and exercises classes for MSK conditions.

MSK Specialist Services - For patients who are not able to manage their MSK symptoms, despite having appropriate treatment – including physiotherapy.

Pelvic Health - Pelvic health physiotherapy is the therapeutic treatment of disorders affecting the pelvis and pelvic floor.





FCP (First Contact Practitioner) - delivering assessment / diagnosis and immediate management at first appointment in Primary care GP practices.

## Identified Pressures

Impact on Staff capacity and waiting lists across the unit due to recent redeployment to discharge to access planning (D2A) services.

Potential for Staff sickness - Covid-19, stress and anxiety leading to cancellation of clinic.

Rising waits within community services.

<b>Solutions</b>	
	<p>Backfill plans in place, filling vacancies, recruitment review once a month locality leads with service manager.</p> <p>Bank staff to be used when there is requirement.</p> <p>Staff return to work interview to explore ways to support staffs returning form sickness, flexible working, and remote working.</p> <p>Waits are weekly monitored and MSK caseload is shared across the localities if required.</p>
	<p>Cross site working within DH unit sites, flexible working, remote working, complexity of patients due to chronicity – triage, pathway changes, clinical supervision, weekly transfer of care to improve patient pathway, integrated working between MSK physiotherapy, Specialist services and to secondary care.</p> <p>Contingency diary in clinical rota to accommodate patient’s cancellation and rebooked back in clinics without delay.</p> <p>Education, virtual exercise classes and one to one session for our patients offered by rehab instructors across unit.</p> <p>FCP in primary care setting – expected to reduce referrals to Physiotherapy services.</p>
	<p>Huddle meeting, staff Q&amp;A session, DSE, well-being slot in clinical staff rota to manage well-being, reduce stress at work.</p> <p>Link lead to support our redeployed staffs.</p> <p>Locality Leads SIT rep meeting – review weekly situation and problem solving.</p> <p>Weekly recovery team review and planning.</p>
	<p>Team vision Q&amp;A weekly shared to all unit staffs with recovery update.</p> <p>Website monitored and updated regularly for service users accessibility and self management resources.</p> <p>Regular communication to Primary care services and secondary care in regards to status and updates on any changes.</p>



# OLIVER ZANGWILL CENTRE

Service Lead: Leyla Prince

## Service Summary

The OZC provides an intensive neuropsychological rehabilitation programme for cohorts of up to 5 clients with acquired brain injury per cohort. The programme consists of a five week intensive phase involving group and individual sessions, followed by up to 18 days of a community integration phase, delivered in six week blocks of relevant therapy sessions. The service is an outpatient service and clients usually have complex needs requiring multiple therapies.

The centre also offers interdisciplinary assessment, specialist assessment, capacity assessment and medico-legal assessment.

Bespoke therapy packages are offered to clients requiring an interdisciplinary approach but where a programme is not appropriate.

Alongside this, the Centre may deliver educational training and is involved in research studies.

All clinical services are available as a face to face or virtual offer.





## Identified Pressures

Possible difficulties accessing public or private transport due to weather conditions for staff and patients.

If schools are closed during the cold weather, this may affect patient attendance and increased dependence on Trust staff.

There may be potential staffing issues during a second surge of Covid-19.

Supplies of equipment may be in short supply if there is any fallout from the UK leaving the EU.

<b>Solutions</b>	
	<p>Contingency plans reviewed regularly in team meetings to manage any winter pressures.</p> <p>All contacts stored in a safe place. Out of hours contacts made available to enable timely notification of any issues.</p>
	<p>All clinical staff provided with laptops and mobile phones and able to offer all sessions via video conferencing.</p>
	<p>Weekly staff meetings and daily huddles to monitor/review situation, clinical availability and capacity to cover sessions.</p> <p>Advance cohort planning and risk assessments for individual patients to identify any mitigating factors or plans in case of difficulty with patient and family.</p> <p>Equipment supplies are monitored regularly. In addition, the Service can also access supplies of equipment, where urgent and possible, from other Trust Services.</p>
	<p>All patients contacted in timely manner if service is closed or sessions cancelled.</p> <p>Communications on Twitter and website regarding service status.</p>

# NEURO THERAPY SERVICES- BEDFORDSHIRE

Service Lead: Helen Thomas

## Service Summary

The service provides neuro therapy and rehabilitation to adults in Bedfordshire who have a range of neurological conditions, predominantly those with stroke or Acquired Brain Injury (ABI).

Pathways provided:

- Clinical Co-ordination of rehabilitation placements for patients with complex ABI.
- Clinical Co-ordination of stroke in-patient rehabilitation beds in the independent sector.
- Early Supported Discharge (ESD) for stroke patients for up to 6 weeks.
- Community Rehabilitation for patients with significant needs following ABI.
- Community Rehabilitation for stroke patients and those with other neurological conditions requiring a longer period of goal directed rehabilitation.
- Clinical Co-ordination and Case management of ABI patients under the Continuing Healthcare framework
- Small service for Environmental Controls

## Identified Pressures





Increased referrals / demand from the acute hospitals to maintain flow of patients.

Potential for increased sickness rates amongst staff resulting in reduced capacity.

Adverse weather conditions affecting staff availability.

Availability of other services e.g. ELFT and social care providers who we are reliant on to support patients being discharged into the community.

Availability of rehabilitation beds within the independent sector.

Solutions	
	Regular review of referral data and demand.
	Identify 'essential services'. RAG rating assessment tool to be carried out for all patients to identify priority patients. Requirement for face to face contact established through RAG rating and clinical reasoning - % of face to face contact to be reduced with an increase in virtual rehabilitation (via video or phone) where appropriate.
	Ability to pool staff across the service and direct resources available to priority patients. All staff have ability to work from home with suitable devices and IT.
	Internal communication to team members using Team Talk. Established links with acute hospitals to update on issues / delays with discharge planning. Update to website with any service changes.

# INTEGRATED CONTRACEPTION AND SEXUAL HEALTH SERVICES (iCaSH)

Service Leads: Ellen Ballantyne & Jo Radnor

## Service Summary

iCaSH provide services six days a week, Monday to Saturday, exclusive of Bank Holidays and Sundays. The Service delivers Contraception, Sexual Health and HIV care and treatment. We use a telephone triage consultation model, followed by clinically appropriate face to face appointments, online screening and medication provision via collection or Royal Mail postal services.

Contraception including LARC and emergency contraception methods  
Screening for STIs (online or face to face)  
Care and treatment for those living with HIV  
Sexual Health Outreach (vulnerable groups, schools, high risk population)  
Sexual Health Advising  
Partner Notification  
Vaccinations (HPV, Hep A+ B)  
Training

## Identified Pressures

Impact on staff capacity: sickness absence, Covid-19 self-isolation, potential redeployment to support Covid-19 mass vaccination, recruitment and staff retention pressures.

Large cohort of staff working remotely to support social distancing, staff at higher risk of Covid-19 meaning redesign of service delivery model.

Potential for Staff sickness/burn out - Covid-19 has resulted in staff fatigue, impacted health and well-being, stress and anxiety. Staff working additional hours and roles. Existing winter pressures remain (although hopefully reduced due to social distancing): Flu, Respiratory infections, Norovirus.

Excess of A/L left to take in this financial year for large numbers of staff who were unable to take leave during lockdown 1 due to operational pressures and service demand/requirements.

Financial pressures: Local County Council funded services, some pressure on budgets previously identified due to growing online services and increased pathology spending.

Expectations of stakeholders: Commissioners and service users

Capacity v demand: Increased demand following lockdown 1 resulting in back log of patients for services such as LARC, routine vaccinations,

genital wart diagnosis and treatments.

Increased LARC demand: Large waiting lists across the service, exacerbated by reduction in LARC provision in Primary Care.

Procurement and tendering process of Locally Commissioned services: Cambs and P'Boro contract due for renewal 1<sup>st</sup> April 2021

Planned roll out of national programmes such as PrEP

Potential for impact to services due to Brexit (supplies, medications and other consumables/services that may be affected)

## Solutions



Review of service offer

Continue with recruitment campaigns

HR policies and process to support staff: sickness monitoring, return to work interviews to explore ways to support staffs returning from sickness, flexible working, remote working, Covid-19 RAs for all staff. Access to occupational health, flu vaccine campaign



Cross site working where appropriate, flexible working, remote working, complexity of patients due to presenting problems – triage, pathway changes, clinical supervision, , integrated working between Trustwide iCaSH services

Waiting lists in place for LARC, PrEP roll out and routine vaccinations.

Consider reallocation of outreach services to support core offer or external demands



IMT calls, County calls, staff Q&A sessions, well-being support offer Trustwide, remote working equipment, access to Microsoft Teams, weekly briefing sent to all staff, 1:1s, appraisals.

Sickness absence recording countywide for operational staffing updates.

Online and virtual training provision.

Ongoing Governance structure, supported by Microsoft Teams



IMT calls, County calls, staff Q&A sessions, well-being support offer Trustwide, remote working equipment, access to Microsoft Teams, weekly briefing sent to all staff, 1:1s, appraisals.

Review of messages on 0300 number, streamline options/pathway for patients

Website monitored and updated regularly for information for service users

Regular communication to Commissioners and Partner agencies on service offer

# Trust Staff Flu Vaccination Programme



- The Trust has identified that due to a national issue with the vaccines, its delivery of staff influenza vaccines will be delivered in a phased approach. Flu vaccines are scheduled to be with the Trust by the beginning of October 2020.



- The Trust has introduced a clinic appointment system this year to ensure clinics comply with COVID-19 social distancing rules.



- Clinics have been arranged in all key localities and, in addition to staff seasonal flu vaccinators, bank vaccinators have been employed to run clinics.



- iCaSH Teams have arranged their own staff flu clinics.

- The Trust is working towards vaccinating 100% of all patient-facing staff. The total number of patient-facing staff within the Trust at the start of the campaign was 1800.

- The Trust's Communications Team is supporting the campaign 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, and will contribute to the daily upload of data to the National Immunisation & Vaccination System.

- Following on from the Trust's successful 2019/20 campaign, the Trust will continue supporting the Unicef's 'Have a jab, give a jab' campaign for 2020/21.

- 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.

- The Trust flu programme will be continually reviewed throughout this period.



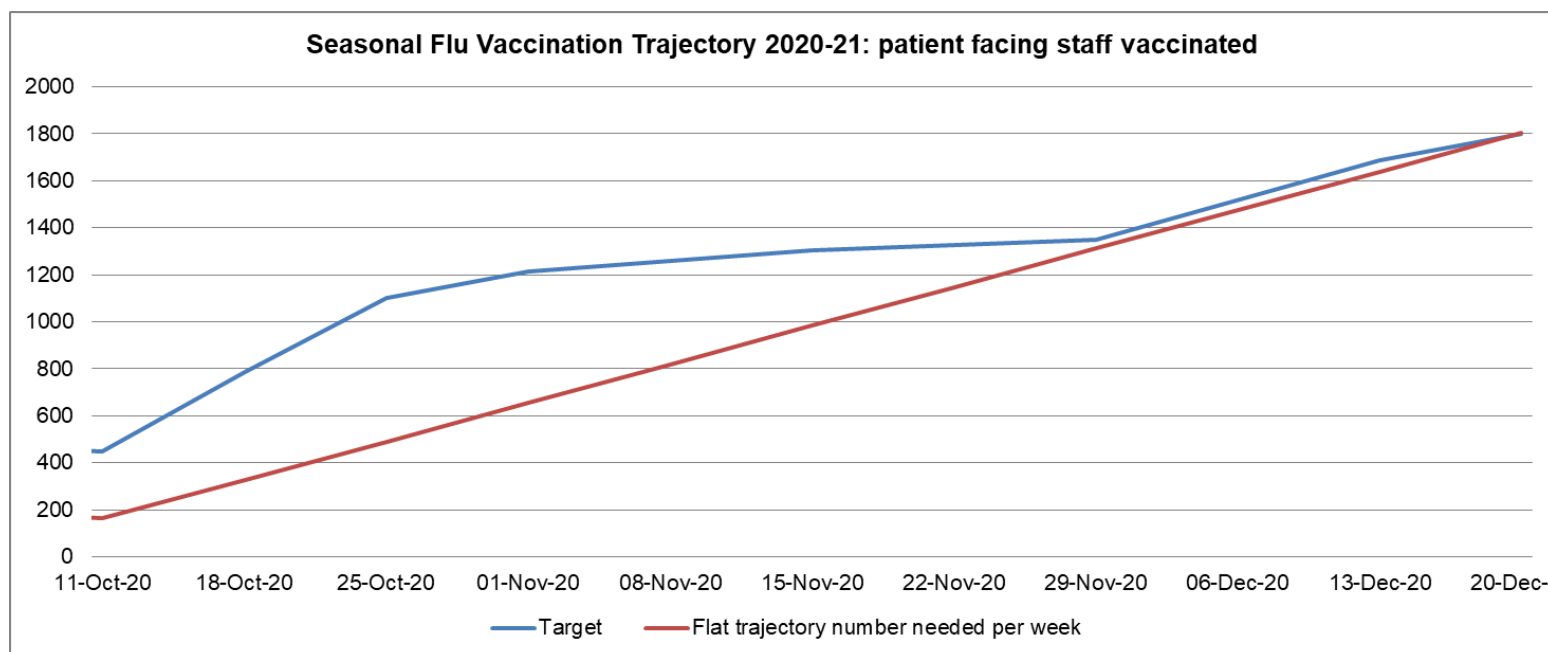
# Trust Staff Flu Vaccination Trajectory

Staff vaccination data (as at October 2020):

Total Trust Staff	Eligible Staff Available	Target (100% of eligible staff)
2360	1800	1800

Seasonal influenza patient-facing staff uptake 2020/21:

	14/10/20	21/10/20	28/10/20	04/11/20	11/11/20	15/11/20	22/11/20	29/11/20	06/12/20	13/12/20	20/12/20
<b>Target</b>	450	788	1103	1215	1260	1305	1328	1350	1575	1688	1800
<b>Actual</b>	556	933	1065	1194	1292						
<b>Actual % of eligible staff</b>	30.85	51.83	59.10	66.26	71.70						100%





# PERSONAL PROTECTIVE EQUIPMENT

## Service Summary

- NHS Supply Chain and Clipper Logistics supported by the armed forces, are working to regularly push critical PPE supplies to every single NHS trust in England. The new system that started in February 2020, is operating a 'push' model, with essential equipment being issued to NHS trusts based on the expected number of COVID-19 patients/requirement for PPE for the care being offered. Once the flow of PPE stabilises, the plan will be to return to a more systematic approach based on the demand signals from each trust.
- The 'push model' currently has no confirmed end date, but is likely to be in place until March/April 2021.
- The Trust receives Push deliveries currently twice a week into the Trust, these are on a Tuesday & Thursday and they are delivered to Trust HQ, St Ives.
- The Trust stock is monitored weekly and stock levels are added to regional/national platforms with oversight by the Trusts procurement team (provided by NHS Shared Business Services).
- All Trusts are now assured they will have at least 14 days' worth of PPE as part of their weekly deliveries, for their requirement from the monitored 'burn rate' supported by NHS Business Services which has been agreed by the Trust. The cap is the Trust will stop receiving deliveries once they hit 25 days' worth of stock.
- The list of core PPE products now handled by this channel is as follows. This list is regularly reviewed.
  - Aprons
  - Body Bags
  - Clinical Waste Bags
  - Examination Gloves
  - Eye Protection – Glasses
  - Eye Protection – Visors
  - Face Masks Type IIR
  - Respirators FFP2
  - Respirators FFP3
  - FiT Testing Kits
  - FiT Testing Solutions
  - General Purpose Detergent
  - Gowns
  - Hand Hygiene
  - Swabs and Test Kits

## Identified Pressures

- **Dental Health Services:** The provision of Gowns and FFP3 masks has been sporadic since the push system was introduced. The use of this equipment is required for all aerosol generated procedures.
- **Children's Community Nursing team (CCN):** Use gowns and FFP3's for aerosol generated procedures, but the demand is much less.
- **Hand hygiene:** Being a Community Trust we require hand hygiene for frontline staff who are working in people's homes and community bases, as they may not have access to sinks. The supply of hand sanitisers has at times been unable to keep up with demand.
- **Surface wipes:** These are not on the Push delivery system but ordered through Oracle via services. However, over a period of three months there have been ongoing issues with stock to meet demand. As above, our staff require wipes (3-1 style) to clean surfaces/equipment while working in people's homes/clinics.
- **FFP3 mask:** The Trust brand of choice pre the pandemic and for the last for six months is the 3M brand of masks (8833, 1873, 1863) and Easi Masks; there is now a national supply issue with these masks.
- **Clear face masks:** The allocated clear face mask through the Push stock system, for working with identified people who use our services (e.g. those that require lip reading as communication and young children) are not fit for Trust purposes.

## Solutions



The overall management of PPE is being managed by the Head of Clinical Quality with admin support from the Quality Team and supported by dedicated staff from NHS Business Services. Additional support is provided by the Deputy Chief Nurse and IPAC Matron as required.



- Weekly stock takes will continue with our services to monitor PPE burn rate and requirements.
- Dedicated PPE lead/admin support within each of our services who work directly with the Quality Leads.
- We have a dedicated courier service/staff who are able to move PPE as required if demand/supply issues occur.
- We are working with the Assistant Director, Supply Chain and Equipment Cell - East of England and NHS Business Services to Fit Test out staff with other types of FFP3 masks and securing a long term supply of suitable alternative FFP3 masks.
- We have purchased and received separately to the Push delivery system, wipes and hand sanitiser to support any extra demand/winter pressures for the next three months.
- We are working with NHS Business Services to source an alternative suitable clear mask. In the interim we are using the 2m social distancing rule when the requirement to lip read or clear communication is needed (that a mask may not work for) and the Type IIR mask is removed.



- We have introduced a monthly review of burn rates with the NHS Business Service team so we can adjust/review.



# 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 Spring 2020.



## 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. These discussions take place via the regular and established forums across our geographies, ensuring consistency of message, approach and that lessons from previous years inform current year planning.
- The Trust will proactively support delivery of messages relating to the national campaigns, including for staff and external audiences, particularly using social media. Local campaigns will also ensure consistent messaging about e.g. self-care, mental health and winter warmth.
- The Trust's Communication Team receives regular briefings from NHS England/NHS Improvement's Communications Network and Public Health England which ensures best use of resources in relation to winter planning campaigns.
- The in-house Flu Campaign is underway and incorporates a range of additional incentives to encourage take up; the campaign is being 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.
- The Trust is an active partner in planning for the covid-19 mass vaccination programme to enable vaccines to be delivered as soon as a safe vaccine is available.
- 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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NHS Trust

# Emergency Preparedness, Resilience & Response





## Director Contact Details

From the 21st December 2020 to the 4th January 2021, the On Call Executive can be contacted on 01223 849776

ON CALL ROTA Staff				
Date(s) covered	Name	Job Title	Mobile Number	Email Address:
21-23 December	Liz Webb	Deputy Chief Nurse	07976 447943	<a href="mailto:ewebb1@nhs.net">ewebb1@nhs.net</a>
24 December	John Peberdy	Service Director of Children and Young People's Services	07983 343998	<a href="mailto:jpeberdy@nhs.net">jpeberdy@nhs.net</a>
25 December	David Vickers	Medical Director	07855 081720	<a href="mailto:david.vickers@nhs.net">david.vickers@nhs.net</a>
26 December	Karen Mason	Head of Communications	07754 885331	<a href="mailto:karen.mason4@nhs.net">karen.mason4@nhs.net</a>
27 December	James Gingell	Assistant Director of ICT, Clinical Systems & Informatics	07813 549566	<a href="mailto:jamesgingell@nhs.net">jamesgingell@nhs.net</a>
28 -30 December	Mark Robbins	Director of Finance & Resources	07790 911788	<a href="mailto:markrobbins@nhs.net">markrobbins@nhs.net</a>
31 December	Anne Foley	Transitions Programme Lead	07816 863165	<a href="mailto:anne.foley1@nhs.net">anne.foley1@nhs.net</a>
1 January	Pete Reeve	Service Director of Luton Adults Community Unit	07881 755122	<a href="mailto:pete.reeve@nhs.net">pete.reeve@nhs.net</a>
2 – 4 January	Matthew Winn	Chief Executive Officer	07983 705198	<a href="mailto:matthew.winn@nhs.net">matthew.winn@nhs.net</a>

# Emergency Preparedness, Resilience & Response

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- The Trust's winter resilience plans are linked to national guidance provided by NHS England's 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 EPRR & Prevent Lead and resolved as required.
- A review of this year's winter plan will be held in June 2021 by the Trust EPRR Operational Group which will identify areas for improvement and lessons learnt, which will then be reported in the EPRR annual report 2021. This will influence the 2021/22 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, Bedfordshire & Luton and Norfolk Local Health Resilience Partnerships.



## EU Exit Preparedness – End of transition period

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The Trust has appointed its Director of Governance as the Senior Responsible Officer to oversee its preparations for the end of the UK EU Exit transition period [from 31<sup>st</sup> December 2020].

The Director of Governance has established a working group with lead representatives from the following Trust functions to review and mitigate both current and emerging risks:

- Medicines & Vaccines
- Medical devices and clinical consumables
- Non clinical consumables, goods and services
- Workforce
- Data
- Reciprocal healthcare/cost recovery
- Communications
- Patient Engagement
- Subject matter experts, albeit at a lesser extent will also give advice on Clinical trials and research.

The Trust will use its single unified Command & Control response structure to manage its response to any matters arising from EU Exit.

The EU Exit Working Group will report into the Incident Management Team which is also responding to the Covid-19 pandemic.

The Trust Board will be updated by the Director of Governance or the Chief Executive Officer.

The EPRR Team have begun the rollout of a business continuity exercise across the Trust which tests local Service business continuity planning by capturing the 3 pertinent pressures this winter season which are: cold weather, Covid-19 and EU Exit- end of transition period.

In addition, the EPRR Lead has drafted action cards around the key areas of risk which are medicines & vaccines, medical devices & clinical consumables and non clinical consumables, goods and services and which also support business continuity planning. These are available on the staff intranet.

The Trust is working collaboratively with its system partners across the Bedfordshire, Luton and Milton Keynes, Cambridgeshire & Peterborough and Norfolk systems.

# 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 Integrated Governance Report
- Via Board Sub-Committees such as the Quality Improvement & Safety
- Trust wide and Community Unit Quality dashboards
- The Quality Early Warning Trigger Tool (currently suspended due to Covid-19 pandemic)
- Circulation of monthly service reports to Service Directors and Heads of Service providing data/information relating to safety (incidents), clinical audit and patient experience (complaints and FFT)
- Weekly circulation of Governance Log to Services which provides a one-stop status report on incidents, risks, complaints and safety alerts and notifications.
- Monthly Quality Team data triangulation meeting
- Service level and Corporate Risk Registers
- Operational Business Continuity Plans
- 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 – see note above)
- These enable each Community Unit (Ambulatory Care, Luton Adults. Luton & Bedfordshire Children's Services, Cambridgeshire & Norfolk 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
- Integrated Governance Report.



**Cambridgeshire  
Community Services**  
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# **Covid19 Mass Vaccination Programme**



# Covid19 Mass Vaccination programme

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## Overview

Plans are being prepared to deliver a 2-dose Covid-19 vaccination to the adult population. Three main work-streams have been identified:

- **NHS Trusts** to vaccinate their employees. First dose in Dec 20 and second in Jan 21.
- **Primary Care** to vaccinate care home residents, care home staff (tbc), over 80s (housebound and ambulatory (tbc)). This is subject to take up of an Enhanced Service contract offer by Primary Care Networks and will be delivered by mix of a roving model and a fixed site per Network. Take up will be clear by the end of Nov 20.
- **Lead Providers** to vaccinate other eligible cohorts – with take up estimated at 75% – at a number of mass vaccination pods designed and operated to a national specification; CCS NHS Trust has been appointed the Lead Provider for 2 systems: C&P and Norfolk & Waveney.

## Key Points:

### Vaccinating our own staff

- The mass vaccination plan is being developed and is based on the 2020-2021 Trust flu vaccination programme
- The booking in system is being updated so that we can accommodate 2 x vaccination visits from each staff member
- The current national assumptions around the vaccines and its administration are being factored into the plan
- The workforce model has been identified and will be finalised once we have more information on the vaccination specification from the national team
- We are working with the mass vaccination project group to identify processes for ordering resources and planning logistics (cold chain and vaccination storage)
- Utilising internal resource to deliver the staff vaccine; will mean a period of upskilling for current vaccinators and training for those new to the role
- The task and finish group will be increased as we identify tasks which we require internal support

## **Mass Vaccination Pods (Lead Provider responsibility)**

- **Phase 1:**
  - Early (contingent on vaccine supply) Dec 20 to end of Feb 21.
  - Requirement to have at least one operational pod per system on 1 Dec 20.
  - Eligible population at 75% take up is c230 to 250k people in each system.
  - Will require between (depending on commencement date) 14 to 17 pods per day per system throughout Jan and Feb 21 to achieve required throughput.



# Covid19 Asymptomatic testing



# Covid19 Asymptomatic testing

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## Overview

The NHS plans for staff testing for COVID-19 including those that are asymptomatic have been confirmed. This means that with the appropriate training staff will be able to test themselves at home on a regular basis prior to coming to work. Further information is awaited including a national standard operating procedure along with training materials and information to support staff.



# 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

Author: J Downey, EPRR & PREVENT Lead

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Karen Mason	

Date: November 2020