



**Cambridgeshire
Community Services**
NHS Trust

Cambridgeshire Community Services NHS Trust

Winter Surge Planning Assurance 2021/2022

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Guidance

Key points:

This paper is presented to the Board to provide assurance of the Trust's operational resilience for the winter season of 2021/22.

This document supports Trust Risk 3426 and is linked to the Trust Board Assurance Framework numbers: 3165, 3164, 3260, 3370, 3337, 3424, 2915, 3254, 3184, 3227 & 3120.

The Trust's primary aim is to ensure the safety and well-being of Trust staff, service users and volunteers throughout periods of disruption. This document sets out the:

- Key Service pressures that arise in the period between November 2021 to March 2022
- Demand and capacity modelling
- Co-ordination and coherence of our Services as a Trust and its engagement with the wider health system
- Trust's 24/7 on-call staff rota over the Christmas and New Year period into January 2022
- Current synopsis of the Trust's Flu Vaccination Programme and trajectory aims for 2021/2022
- Trust's Lateral flow testing programme and
- Trust's Mass Vaccination programme

This Assurance should be read in conjunction with the Trust's Influenza Pandemic Plan, its Critical & Major Incident and both its overarching and Service 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: Kate Howard Date:
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Capacity & Demand

Luton Adults Services

Service Summary

The following key elements of care will be available to patients where required:

- **Supported self-management** – The service will provide patients with the knowledge, skills and confidence to help manage their own health and care. This includes specific disease / long term condition management and education, falls prevention, medicines management support, rehabilitation programmes and signposting. Patients will also be supported to develop a self-management plan where appropriate.
- **Proactive anticipatory care**- The service will identify and work with patients to develop personalised care and support plans specific to the individual need, that support them to manage their condition and know when to seek help, including as they approach their end of life.
- **Planned care** – The service will carry out planned nursing interventions or appointments in the patient's own home including care homes or from a clinic setting where appropriate.
- **Enhanced health in care homes** – The service will provide proactive, personalised and joined up interventions with our partners to those patients in residential homes. This includes supporting MDTs, proactive daily calls and first point of contact with the Rapid Response Team.
- **Specialist care** – The service will provide specialist care to patients with long term conditions through assessment, monitoring, advice, support and education in clinics or home visits where necessary, to maintain wellbeing and independence and prevent unnecessary hospital admissions. The service will provide patients with cancer with support from diagnosis through to treatment and recovery.
- **Urgent community response** – The service will provide a 2-hour urgent response to patients in a crisis between 8am and 8pm, 7 days a week (minimum) to prevent avoidable hospital admissions. This will include assessment, treatment/intervention and ongoing support as required.
- **Facilitated discharge** – An integrated discharge team will be based within Luton and Dunstable Hospital and work as part of a system wide Integrated Discharge Hub, with partners to assess and support complex discharges into community settings. The service will work alongside the hospital-based teams to facilitate hospital discharge at the front door. The Rapid Response Service will also liaise daily with the Hospital at Home and Clinical Navigation Teams to support early discharges.
- **Advanced care planning** – The service will support patients to express their advance care planning wishes and develop care plans that can be shared across the system.
- **End of life care** – The service will deliver high quality, responsive and coordinated

end of life care and support to patients, and their families, in their preferred place of care. The service will provide a holistic package of clinical care, including symptom and pain management, which addresses the physical, psychological, social and spiritual needs of the patient. Patients will also be supported by the district nursing and rapid response services 24 hours a day, 7 days a week.

Neuro Therapy Services in Bedfordshire

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).

Elements of care provided by our pathways include:

- **Facilitated discharge and case management:**
 - To inpatient rehab placements for patients with complex ABI and other neurological conditions (pathway 3)
 - To in patient stroke rehabilitation units before discharge home (pathway 2)
 - Early Supported Discharge (ESD) (pathway 1)

- **Supported self-management through specialist rehabilitation in the community:**
 - 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.

- **Management of long-term conditions:**
 - Clinical Co-ordination and case management of ABI patients under the Continuing Healthcare Framework.
 - Small service for Environmental Controls.

Capacity & Demand 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
- 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
- Additional responsibilities around triage and timescales for planning discharge
Increased sickness rates amongst staff including caring for others, staff who are isolating, staff fatigue, and staff vacancies

- Potential reduction in staff capacity within specific service provision areas (care homes) where the staff member has not been fully covid-19 vaccinated
- Relatively inexperienced workforce within specific areas (newly qualified)
- Competency gap impacting on ability to equalise demand on staffing / allocations
- Support staff knowledge in managing self-limiting viral illness in both themselves and their families
- Continue working on competency database and that this is kept live to understand gaps and support skill mixing across the teams
- Staff members personal resilience levels reduced over the last 18 months due to Covid-19 prior to entering this coming winter period challenges
- Reduced levels of capacity to provides staff with personal development and training opportunities.

Business Continuity measures in place:

Solutions:

- Alternative method of clinical delivery
- Ensure reports can be run off clinical systems to be able to prioritise visits
- Address any IT issues that may prevent remote working with full functionality.
- Communications – get messaging ready
- Service business continuity plans were reviewed in preparation for the winter period
- Completion of a BLMK system winter planning exercise
- The Service completed a business continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Severe weather

- Ensure that staff understand their responsibility to have their cars ready for winter weather – communication to go out and discussions at team meetings and 1-1s
- The Trust's weather warnings systems are in place; all weather alerts are cascaded to all staff for appropriate action
- Access to 4x4 voluntary aid.

Workforce planning including emotional health & wellbeing

- Early planning for festive rotas and bank holidays
- In and out of hours planning
- Review recruitment opportunities including the consideration of recruiting bank staff
- Ensure staff planning is done as far in advance and reviewed as soon as possible when clinical demand changes.
- For teams to continue risk stratification (RAG) their patients to focus capacity where it is needed
- Utilise the skill mix across all teams
- Ensure level of staff contact with managers and colleagues due to current covid -19 working arrangements (agile working etc.)
- Ensure that qualitative staff continues in reflective practice such as clinical supervision
- Recognising the impact of covid-19 on staff members personal and professional lives
- Support staff in accessing support to manage health and wellbeing as staff members personal resilience levels has reduced over the last 18 months due to Covid-19 prior to entering this coming winter period and its challenges
- Follow NHSE/I guidance on vaccinations and staff who have access to care homes.

Personal Protective Equipment and Infection prevention & control procedures

- Stock checking via centralised system to appropriately manage levels of PPE available to Luton adults and wider service areas
- Stock procurement via centralised system to ensure sufficient provision is available
- Mutual aid approach agreed and in place with both internal and external partners
- Lead-in time for deliveries due to logistical challenges for providers.

Current audits – N/A

Lateral Flow (LF) testing programme

- Monitor LF Tests distribution
- Reporting process in place in the event of positive test results
- Ensure staff are following testing procedures and reporting in a timely manner and in line with risk assessments
- Pressure to support testing within the community in the event of case surge i.e., care homes, testing sites
- Good communication with teams/staff to ensure there is compliance to lateral flow testing and all know how to access tests.

Communications

- Using local communication efficiently to communicate with staff and support wider trust communication strategy and preparedness
- Using text messaging as a way of communicating quickly with staff
- Implementation of staff lone worker devices to support safer working and allow staff to communicate with others in difficult circumstances.

Reporting structure

- Reporting via Luton Adult daily SITREP
- Reporting weekly via CCS Incident Management Team meeting
- Daily reporting via twice weekly system SITREP (Quick-fire)
- Reporting via system SHREWD database to support system planning / emergency response.

System engagement

Engaging in all local & regional forums to support patient safety and system working across the winter:

- Discharge to assess
- Urgent community response (2hr)
- Enhanced care home working
- BLMK winter planning engagement / strategic partnership working with ELFT

Financial impact and controls:

Financial control processes are in place and followed and the Service Manager is in contact with their respective management accountant over Quarters 3 & 4.

Flexible approaches to additional pay expenditure over and above current budget where appropriate, which includes:

- Increased agency staff costs
- Increased levels of additional overtime / bank staff payments.

Children's Community & Specialist Nursing Services in Bedfordshire & Luton

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 who have a clinic-based service at the Luton Treatment Centre and Child Development Centre, Kempston 7 days a week 08:00 - 18:00hrs.

The Children's Continuing Care Team provides support in the child's home throughout 24-hour 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.

The 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.

Capacity & Demand 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.

Management of Viral Illnesses: COVID-19/Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus.

Knock on effect of other infrastructures being closed during the cold weather, such as schools, 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 across Luton and Bedfordshire.

Business Continuity measures in place:

Solutions:

- Reviewing the caseload daily, prioritising visits according to level of patient need to ensure high priority needs are assessed first
- Using RAG rating to prioritise and utilise staff where needed by looking at skill mix

- and patient locality requirements to ensure cover across Bedfordshire & Luton
- Continuing to utilise mixed delivery of care methods, including face to face, virtual appointments, telephone contacts and clinic and home-based assessment when face to face is required
 - Ensuring the Service Business Continuity plan is available to all staff and updated with contact details of staff
 - Ensuring staff have access to working IT equipment, and if required the ability to work from home with working laptops and mobile telephones
 - Identifying staff who can easily work from other bases to ensure cover across Luton and Bedford
 - Daily handovers to be maintained with local SITREPS with Team Leads and Operational and Clinical Managers
 - Training staff / access to respiratory surge information / teaching material / webinars are circulated and staff are encouraged to access these materials to better prepare themselves and acquire / consolidate knowledge
 - Increasing clinic capacity to offer more appointment-based interventions instead of home visits which will reduce the number of staff required to complete home visits and the reduction in time spent travelling
 - Liaising with acute referral providers to discuss potential referrals and the management of the daily caseload to continue to deliver commissioned services
 - Liaising with parents of CCCT caseload to ensure facilitation of care packages
 - Out of hours signposting for children, young people and their parents as normal
 - Reviewing business continuity plans
 - Postponing non-essential work, project work for example, for both clinical and admin staff
 - The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Severe weather

Staff are informed about preparing cars for any severe weather.

The Trust's weather warnings systems are in place; all weather alerts are cascaded to all staff and updates are communicated to prepare for rostered duties.

The Service is also in contact with the local voluntary sector and the locality 4x4 volunteers.

Workforce planning including emotional health & wellbeing:

The Service continues to utilise home working to reduce contact with members of staff and reduce transmission with appropriate self-care and PPE to reduce the impact on staff exposure to the pandemic or respiratory illness.

Baseline assessments are undertaken to determine those staff members that have caring responsibilities. This helps the Service to predict possible shortfalls in staffing if schools are impacted.

Staffing rotas are planned six weeks in advance to ensure coverage across the service and identify pressure points prior to any staffing issues with sickness – discussions are held with staff around rota flexibility and there is also a weekend standby rota. This considers flexibility in re-allocation of annual leave if appropriate.

Planning of rotas in advance; identify key shifts that need covering and explore options for back up i.e., review the on-call system to cover potential sickness, review annual leave, discuss flexibility of shift patterns with staff. This includes the management of normal sickness and annual leave and considering changes to provision if it is needed.

Consider having to move staff around to ensure maximum coverage across Luton & Bedfordshire – particularly in those staff areas where the need is for patient care.

Ensure new staff have access and support in using digital consultation; training is provided if needed.

Ensure staff having working devices and escalate to the IT team if there are any concerns.

Emotional health & Wellbeing

Staff are signposted to Trust wellbeing services by discussing and considering early emotional wellbeing support including referral to wellbeing, counselling, mental wellbeing services and OH.

Maintain communication channels and support processes are in place – 1:1 with Line Managers identify early support and progress signposting if any concerns identified. Ensure staff are not working over / additional hours and to hold these discussions with staff. Ensure staff take appropriate breaks and help to promote self-care. Encourage planned leave to avoid burn out and consider additional requests for annual leave if possible, during times of good staffing levels. Good communication is maintained with staff and is paramount to ensure that everyone is aware of the business continuity plans in place.

Personal Protective Equipment and Infection prevention & control procedures

This is managed locally in Luton and Bedfordshire; stock checks occur regularly and escalation routes to local and operational levels is in place.

Ensure stock held centrally for maximum benefit in distribution. Staff are discouraged from having pockets of stock, in the boot of staff cars for example.

Escalation routes are in place if there are any concerns with delivery failures.

Regular active stock checks are undertaken to ensure supplies are not running out and to minimise the risk of not having equipment / consumables in place.

Staff reduce face to face contact, when appropriate, so that stock levels of PPE will be increased due to reduced use.

Liaison across Services for stock if levels are short, including with our external partners i.e., acute providers.

PPE is used in line with current restrictions and adherence to normal infection control procedures.

Reduced mixing of staff by continued utilisation of home working, social distancing, remote teams' meetings and reviewing risk assessments as required.

Current audits

Trust Wide audits completed across sites – Handwashing, Clinical Intervention Audit and Antimicrobial.

Audits are conducted in line with Trust recommendations – audits are submitted to the Trust Audit team, results are shared and cascaded amongst the team – opportunities for learning are discussed at handovers, safety briefs and team meetings.

Normal infection control measures remain in place, alongside current Covid19 pandemic recommendations.

Lateral Flow testing programme

Staff are regularly reminded of the importance of completing Lateral Flow Testing. Staff information is cascaded on the ordering of lateral flow kits and the Trust reporting mechanisms via QR codes.

Trust information on the lateral flow programme is signposted via bulletins, cascade and regular communications from the Trust Chief Nurse and Medical Director.

Communications

Regular communication cascades have information, emerging developments and help to alleviate concerns and ensure staff remain up to date.

Management forums are held to escalate risk and concerns regarding staffing and service provision.

Managers access discussion forums with Commissioners and key stakeholders / service users to give information to current or changed service provision.

Dedicated communications staff to manage media releases.

Reporting structure

Daily handovers amongst teams with key messages are escalated.

Local SITREPS as required.

SITREPS with Head of Services to discuss staffing pressures, service delivery concerns and emerging risks.

Communication cascades and channels, look to develop huddle if required.

System engagement

Partnership working, regular liaison with key stakeholders to ensure on going provision of normal service.

Financial impact and controls:

Financial control processes are in place and followed and the Service Manager is in contact with their respective management accountant over Quarters 3 & 4.

Stock levels of PPE consumables are monitored as well as ensuring all staff are aware of supporting service budgets by minimising waste and choosing stock, equipment and consumables appropriately on patient need

Supporting stock usage across our Luton & Bedfordshire Service and ensuring issues are highlighted and escalated effectively

0-19 Children's Services in Bedfordshire & Luton

Service Summary

The Health Visiting and School Nursing Service is 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 its service in either clinics or client's homes or children's centre and use PPE as per government guidance.

An enhanced service offer is provided to those families with safeguarding needs and 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 years of age 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.

The School Nursing service predominantly delivers their services in schools.

Capacity & Demand pressures

Safeguarding work and patient caseloads are increasing and impacting on the delivery of Universal Services.

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

There is a high level of need for emotional health and wellbeing support for children and young people in the 05 – 19 years of age remit.

Staff are continuously encouraged to access emotional health services.

Cases of non-accidental injuries to babies and children have increased. This increase has an emotional toll on staff which may impact their health and wellbeing.

Severe weather can impact on staffing and buildings therefore affecting Service delivery.

COVID-19/Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus.

Business Continuity measures in place:

Solutions:

- Continued management of normal sickness levels and annual leave and considering changes to provision if required
- Inform team with robust communication channels any changes or actions that need to

be taken daily, using a scale of frequency depending on information and actions needed. Regularly update the team regarding decisions and actions, ensuring a variety of media methods to reach all staff.

- Continue to utilise mixed delivery of care methods, including face to face, virtual appointments, telephone contacts and clinic and home-based assessment when face to face assessments are required
- Ensure the Service business continuity plan is available and updated with contact details of staff
- Escalation framework in place to inform service delivery matched to staffing capacity in times of staff sickness
- Triage and prioritisation of workflow with priority given to safeguarding clients or those with identified higher needs at the time.
- Daily handovers as required, local SITREPS with Team Leads and Operational and Clinical Managers
- Increase duty cover
- Communicate with clients via social media etc on expectations of service during this time
- Ensure lone worker document is up to date and accessible
- Ensure staff have access to working IT equipment and if required staff can work from home with working laptops and mobile telephones
- Map staff who can work from other bases and within other children's services; mapping of where staff live to match to the nearest work base can minimise travel requirements
- Hand hygiene measures in place as per normal procedures
- Guidelines are in place regarding infection control – e.g., social distancing, PPE requirements etc. Risk assessment of contact with family prior to visiting family home or conducting a face-to-face contact. Premises cleaned as per infection control guidelines between clients
- Review Service BCP and ensure key staff are aware of their responsibilities within it
- When appropriate postpone non-essential work (project work for example) for both clinical and admin staff
- Communication with staff is paramount to ensure all staff are aware of the planning measures in place
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Severe weather

Discuss amongst staff those who have larger cars who could continue to home visit vulnerable patients.

Switch to virtual contacts for as many contacts as possible, only visiting those safeguarding families who are a necessity.

Promote information to staff about preparing cars ready for winter weather, cascade any weather warnings to staff and ensure updates are communicated to allow staff to prepare for rostered duties.

4x4 voluntary aid; available by On-Call Manager; ensure staff are aware of Trust resources.

Digital consults; continue where possible use of digital interaction with patients.

Ensure new staff have access and support in using digital consultation – training to be provided if needed.

Ensure staff having working devices, escalate to IT department if there are any concerns.

Workforce including emotional health & wellbeing

Assess staff who are isolating due to Covid for working from home.

Offer support where able to staff who have been directly affected by flooding and unable to get to their workplace.

Continue to utilise home working to reduce contact with members of staff and reduce

transmission with appropriate self-care and PPE to attempt to reduce the impact on staff being exposed to illness in the first place.

Undertake baseline assessment of workforce that potentially have caring responsibilities to predict possible shortfalls including if staff need to care for children if schools close.

Look at rotas in advance; ensure coverage across the service and identify pressure points prior to any staffing issues with sickness – discuss with staff flexibility in rotas, flexibility in re-allocation of annual leave if appropriate.

Review annual leave requests and discuss whether any staff able to move dates to help Service delivery.

Consider redeployment and identify the correctly skilled staff.

Signpost to Trust wellbeing; discuss and consider early emotional wellbeing support including referral, if required, to wellbeing, counselling, mental wellbeing and OH services.

Maintain communication channels and the support processes in place – 1:1 with line managers to identify early support and progress signposting if concerns identified.

Ensure staff are not working over / additional hours; hold discussions to avoid this from happening.

Ensure staff take breaks and promote care of self.

Encourage planned leave to avoid burn out and consider additional requests for annual leave if possible, during times of good staffing.

Personal Protective Equipment and Infection prevention & control procedures

Prior to winter ensure the service has a good level of stock.

Minimise face to face contacts, where appropriate, to preserve PPE stocks.

Ensure stock is held centrally for maximum benefit rather than staff having pockets of stock.

Escalate concerns of delivery failures.

Active stock checks to ensure supplies are not running out and risk not having equipment / consumables in place.

PPE to be used as directed by government guidance.

Normal infection control measures to remain in place, alongside current Covid19 recommendations.

Additional support may be needed for families flooded due to risk of disease etc.

Partnership working to ensure aid is supplied to families.

Current audits: Trust Wide audits completed across sites: Handwashing, Clinical Intervention Audit and Antimicrobial. Reporting in line with Trust recommendations – Audit submitted to Trust Audit team, results are shared and cascaded amongst the team and opportunities for learning discussed at handovers / safety briefs and team meetings.

Lateral Flow testing programme

Staff are regularly reminded of the importance of completing Lateral Flow Testing and reporting their results. Information is cascaded on staff ordering of lateral flow kits.

Reporting processes are in place directly to CCS via QR codes

Where to seek advice; Trust information is signposted to bulletins, the Trust newsletter cascade and regular communications from the Trust's Chief Nurse and Medical Director.

Communications

Regular communications with commissioners, key stakeholders and service users to inform them of current service provision, any changes to service provision and changes to sites of delivery.

Increased communications on social media, when appropriate.

Regular communications to staff to ensure they are kept updated.

Regular and up to date communications cascades from the Trust with information and emerging developments with the aim to alleviate staff concerns.

Management forums are held to escalate risk and concerns regarding staffing and service provision

Staff in positions for media releases if required via the Trust communications teams.

Reporting structure

Daily SITREPS both at HoS level to discuss staffing pressures, service delivery concerns and emerging risks.

Reinstating morning huddles with staff groups for communication and information sharing.

Daily handovers amongst teams with key messages escalated.

Good communication cascades and channels are maintained.

System engagement

Partnership working, regular liaison with key stakeholders to ensure on going provision of normal service with continued communication and partnership working with Family partners and social care / education and Flying Start to offer a service to as many people as possible during this time, without duplication.

Financial impact and controls:

Cancel room bookings for services that have been paused.

Monitoring stock levels daily, PPE consumables and ensure that all staff are aware of supporting the Service budget by minimising waste and choosing stock, equipment and consumables appropriately on patient need.

Supporting stock usage across Luton & Bedfordshire, ensuring issues are highlighted and escalated effectively.

Financial control processes are in place and followed and the Service Manager is in contact with their respective management accountant over Quarters 3 & 4

Community Paediatric Services in Bedfordshire & Luton

Service Summary

Community Paediatrics Services provide neurodevelopmental assessments that focus on the care of vulnerable children and families, children with long-term conditions and child public health. This includes:

- developmental disorders and disabilities,
- complex health needs (including end of life care),
- special educational needs,
- behavioural presentations of neurodevelopmental disorders (NDD) or neuro-disability (e.g., autism, ADHD),
- safeguarding concerns and initial health assessments for looked after children.

Capacity & Demand pressures

Increasing referral rates impacting on demand for service. This includes requests for EHCP assessments. The pandemic has significantly impacted on service ability to meet the 18-week referral to treatment national target; significant number of children's appointments have been breached, in addition to not being able to see children on time for review appointments. The service has implemented a clinical prioritisation booking system. Long term vacancies impacted by local and national medical staffing shortages impact on service capacity. Staff sickness both COVID & non- COVID also impact on service capacity.

Increasing number of multi- disciplinary appointments are required with increasing numbers of children presenting with complex need.

To reduce risk of infection transmission to staff and service users there is reduced clinic capacity to provide sufficient time to clean clinic room in-between seeing patients. In addition, initial consultations now include virtual consultation for history taking and then face to face consultation where a physical examination is required. This bended model keeps staff and patients safe by reducing risk of exposure to COVID19, however this impacts on appointment availability.

Severe weather can impact on staffing and buildings therefore affecting Service delivery.

Business Continuity measures in place:

Solutions:

- Increase use of mixed model of virtual and face to face consultations to keep staff and patients safe
- Staff encouraged to complete full course of COVID and booster vaccinations in addition to flu vaccines

A clinical prioritisation system is in place to manage the backlog of routine face to face physical assessments due to Covid 19 restrictions is being applied for children requiring

appointments.

An agreed order of clinical priority is being used to allocate new referrals received. Where clinical circumstances of a child is not clearly highlighted or there is an inherent risk appointments are prioritised.

Agreed clinical priorities used for allocating appointments:

- Child Protection medical assessments
- Medical priorities- including amongst others, Controlled Drug reviews
- LAC- IHA (Luton – Face to face), (Bedford – Virtual then F2F if required)
- EHCP not known to service
- Vulnerable children

The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Personal Protective Equipment and Infection prevention & control procedures

Trust agreed infection control measures is place- social distancing, PPE etc.

Workforce including emotional health & wellbeing

Weekly team meetings taking place virtually, manager of the day rota in place for staff to access support if needed, regular 1 to 1 on ongoing review of COVID Risk Assessments. Joint clinical business meetings in place across Beds & Luton team. Front line clinical staff access safeguarding supervision as per Trust Policy.

Current audits:

Handwashing audit in place, annual programme of clinic audit in place, infection control mandatory training. PPE and all-expected infection control measures as per Trust policy. Staff encouraged and reminded to participate in twice weekly Lateral Flow testing and reporting.

Communications

Service update produced for system partners bi- monthly. Which also includes parent/ carer friendly version- well received. Service Recovery plan is accessible on Trust internet page

Parent/ carer service update is provided bi- monthly.

Reporting structure

Report to line manager or Head of Service depending on issue.

Access to out of hours Trust Executive Lead on Call.

Reporting to COVID related- Trust incident management team.

System engagement

Ongoing engagement with system partners- LA, CAMHS, education and early years partners and Parent Carer Representatives.

Active programme of co- production.

Cross cover of staff across Cambridgeshire and Peterborough according to need .

Financial impact and controls:

Service significantly over budget due to agency spend to maintain service delivery. Plan in place to reduce overspend related to successful recruitment into substantive posts.

Children's Community Nursing Services in Cambridgeshire & Peterborough

Service Summary

The Children's Complex Care Team provide respite care and case management support for children and young people with complex health/continuing care needs in Cambridgeshire.

The team offer 7 day a week/24-hour respite care as required. 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 Children's Community Nursing (CCN) Team provides a service seven days a week.
Peterborough - 08:00 - 18:30. Weekends – 09:00-14:00.
Cambridgeshire – 09:00-17:00 7 days a week.

The team provide 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, cardiac monitoring, oncology and palliative care.

The Special Needs School Nursing Team supports children with complex medical needs in specialist schools across Peterborough and Cambridgeshire. In the event of extreme weather conditions, the schools remain closed.

Capacity & Demand pressures

Management of Viral Illnesses: COVID-19/Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus.
RSV surge and increase in referrals from acute hospital trusts.
Increased respiratory conditions amongst children due to the cold weather.
Possible increased staff absence due to:
Having to isolate due to being in contact with Covid-19
Having a positive Covid-19 test.

Business Continuity measures in place:

Solutions:

- Reviewing the caseload daily, prioritising visits according to level of patient need to ensure high priority needs are assessed first
- Using RAG rating to prioritise and utilise staff where needed by looking at skill mix and patient locality requirements. Staff to be moved across sites as needed
- Continuing to utilise mixed delivery of care methods, including face to face, virtual appointments, telephone contacts and clinic and home-based assessment when face to face is required
- Increasing clinic capacity to offer more appointment-based interventions instead of home visits which will reduce the number of staff required to complete home visits and the

reduction in time spent travelling

- Ensure any clusters of patients are identified and visits allocated appropriately
- Liaising with acute referral providers to discuss potential referrals and management of daily caseload to continue to deliver commissioned service
- Liaising with parents of Children's Complex Care caseload to ensure facilitation of respite care packages
- Out of hours signposting for children, young people and their parents as normal
- Reviewing business continuity plans
- Postponing non-essential work (project work for example) for both clinical and admin staff
- Ensuring the Service Business Continuity plan is available to all staff and updated with contact details of staff
- Ensuring staff have access to IT working equipment and, if required, can work from home with working laptops and mobile telephones
- Identifying staff who can easily work from other bases to ensure cross cover across Peterborough and Cambridgeshire
- Daily huddles to be maintained, local SITREPS with Team Leads and Operational and Clinical Managers
- Training staff / access to respiratory surge information / teaching material / webinars is circulated and staff are encouraged to access these materials to better prepare themselves and acquire / consolidate knowledge
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Personal Protective Equipment and Infection prevention & control procedures

To ensure Personal Protective Equipment and Infection prevention & control procedures are in place as per Trust and government guidance.

Normal infection control measures to remain in place, alongside current Covid19 recommendations and Lateral Flow testing programme.

Staff reporting lateral flow results and vaccination take up including boosters.

Active stock checks to ensure supplies not running out and risk not having equipment / consumables in place. Liaise with external partners in cases of low stock.

Severe weather:

Staff are informed about preparing cars for any severe weather.

The Trust's weather warnings system is in place; all weather alerts are cascaded to all staff and updates are communicated to prepare for rostered duties.

Visits are prioritised regarding where staff live to avoid extra travel where possible.

Workforce planning including emotional health & wellbeing:

The Service continues to utilise home working to reduce contact with members of staff and reduce transmission with appropriate self-care and PPE to reduce the impact on staff exposure to the pandemic or respiratory illness

Staff risk assessments to ensure any physical or mental health conditions are considered
Staffing rotas are planned to ensure coverage across the service and to identify pressure points prior to any staffing issues with sickness – discussions are held with staff around rota flexibility and a weekend standby rota. This will also consider flexibility in re-allocation of annual leave if appropriate.

Service offers to be adapted if needed.

Consider moving staff to ensure maximum coverage across Peterborough and Cambridgeshire.

Ensuring new staff have access and support in using digital consultation – training to be provided if needed.

Ensuring staff having working devices in order to remote work and offer a digital service.

Emotional health & Wellbeing:

Staff are signposted to Trust wellbeing services, discuss and consider early emotional wellbeing support including referral if required to wellbeing, counselling, mental wellbeing and OH services.

Maintain communication channels and support processes in place – 1:1 with line managers/supervision to identify early support and progress signposting if concerns are identified.

Ensure staff are not working over/additional hours – encourage discussions around avoiding this.

Ensure staff maintain breaks and promote self-care.

Encourage planned leave to avoid burn out and consider additional requests for annual leave if possible, during times of good staffing.

Current audits:

Handwashing audit

Records audit

Learning and best practice from audits are shared at team meetings.

Communications:

Trust information signposted to including bulletins, cascade and regular comms from Chief Nurse and Medical Director.

Management forums to escalate risk and concerns regarding staffing and service provision.

Reporting structure:

Daily/weekly huddles amongst teams with key messages escalated.

SITREPS with service Director to discuss staffing pressures, service delivery concerns and emerging risks.

Using the Datix/risk register.

System engagement:

Partnership working, regular liaison with key stakeholders to ensure on going provision of normal service.

Joint discharge planning meetings with acute hospitals to promote referrals and improve capacity in the hospitals.

Financial impact and controls:

Regular contact with management accountant and budget reviews.

Monitoring stock levels, PPE consumables and ensuring all staff aware of supporting service budget by minimising waste and choosing stock, equipment and consumables appropriately on patient need.

Children's Community Specialist Services in Cambridgeshire

Service Summary

Occupational Therapy, Physiotherapy and Speech and Language Therapy services providing community healthcare to children and young people up to 18 years and up to 19 years if attending special schools.

Capacity & Demand pressures

Increasing demand and expectation from parents/carers on service.
Current management of workload with high level of maternity leave (physio).
Pressure throughout services with management of staff isolation due to the COVID pandemic which pushes face to face contact appointments back.

Business Continuity measures in place:

Solutions

The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Workforce including emotional health & wellbeing

- Team meetings
- Regular supervision
- Q&A for whole staff groups (OT and Physio) – now moved to fortnightly
- Access to Trust Well being
- Remote working access in place for all staff
- Annual leave – encouraged to take regular breaks

Personal Protective Equipment, Infection prevention & control procedures and clinical audits

- PPE worn as clinically indicated.
- Stock control measures in place

IPAC controls & monitoring

- Staff double-vaccinated (exception of one member of staff on mat leave)
- Staff now getting booster
- Staff encouraged to have flu jab
- Reminders for safe, space, hands.
- Risk assessments for every non-clinical face to face meeting

Current audits: N/A

Lateral Flow testing programme

All staff double vaccinated and following national guidance for Covid prevention, twice weekly lateral flow tests are a mandatory requirement, and Covid notification/isolation measures and monitoring of outbreaks processes are in place.

Communications

Trust information signposted to including bulletins, cascade and regular comms from Chief Nurse and Medical Director

Management forums to escalate risk and concerns regarding staffing and service provision

Reporting structure

Business as usual

System engagement

Business as usual

Financial impact and controls:

Financial control processes are in place and followed and contact with management accountant (quarter 3)

Community Paediatric Service in Cambridgeshire

Service Summary

The Service provide neurodevelopmental assessment for children up to the age of 11 in Cambridgeshire which include:

- Multi-disciplinary assessments and medical support for CYP with complex physical disability up to 19year of age
- Supporting some end of life cases/complex care needs to children with complex disability
- Special school medical services to 6 of the 9 Cambridgeshire school
- Safeguarding medical assessments for children across Cambridge and Peterborough
- Fostering and adoption service to Cambridgeshire
- Looked after children (LAC) Cambridgeshire
- Audiology services
- Medical support for EHCP plans

Capacity & Demand pressures

Increasing demand on all services in both safeguarding and neurodevelopmental pathways, particularly Autism assessments.

Vacancies for fostering and adoption role.

A rising number of referrals due to an increasing population, reduced access to both health and education opportunities during the Covid pandemic and a rising number of young children with significant developmental concerns.

Starting to see breaching of 18 weeks in neurodevelopmental pathway, there is still no replacement of staff who have had either change in role, reduced activity or covering other cross Trust roles.

Safeguarding cover across both Cambridge and Peterborough remains, however, the rota has reduced from 1 in 10 to 1 in, which has significantly impacted on clinic availability of senior paediatric staff.

Business Continuity measures in place:

Solutions:

- An increase in virtual appointments to replace face to face appointments where appropriate
- Patient contacts are a combination of face to face and virtual and are individually assessed and dependent upon the needs of the patient
- Prioritising patient caseload
- Ensure staff continue with the booster vaccination for Covid and follow Trust infection, prevention & control advice
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Personal Protective Equipment, Infection prevention & control procedures, Lateral Flow testing programme and clinical audits

All staff double vaccinated and following national guidance for Covid prevention, twice weekly lateral flow tests are a mandatory requirement, and Covid notification/isolation measures and monitoring of outbreaks processes are in place.

Remote consultations continue but the Service will return to face to face assessments where indicated. Most current reviews are completed remotely.

Hand washing audit undertaken.

Workforce including emotional health & wellbeing

Weekly team meetings virtually, one per week service orientated.

Opportunities for other meetings to offer clinical support/peer support.

Monthly education and business meeting.

Open access to team lead

Communications

Patient contacts are a combination of face to face and virtual and are individually assessed and dependent upon the needs of the patient.

Reporting and escalation structure

In Hours: Escalate to the Clinical lead .

Out of Hours: contact the Executive On call.

Covid related – escalate to the Medical Director and the Trust Incident Management Team.

System engagement

Ongoing engagement with local acute providers- CUH, NWAFT, CAMH

Local education and special schools

Local authority especially SEND services, Early Support,

Local social care

Other health providers including 0-19 and early years providers

Local GPs

Financial impact and controls:

Financial control processes are in place and followed and contact with management accountant (quarter 3)

Healthy Child Programme Services in Cambridgeshire

Service Summary

The 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, most of the contacts is within 3 identified pathways: the 0 - 5 pathway, young parents' pathway and the 5-19 pathway. Service delivery is mainly offered in service users' homes with some clinic-based activities with some 5 - 19 activities provided in schools, which are likely to be closed in extreme weather conditions.

The Service provides support for parents regarding the health of their child and can now be delivered over a text messaging service.

The Service provides support for 11 - 19 age group, this is provided through a web-based text messaging service – which is delivered from the license holder's usual base. Due to the Covid-19 pandemic service delivery is currently amended to mixed method dependant on family's needs, a virtual offer for universal families 0 - 19 years is available by telephone, video call or text messaging. Face to face assessments remain for initial assessments and vulnerable/safeguarding cases.

Capacity & Demand 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 10 days if there are symptoms in their household therefore this may result in 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 seasonal flu impacts on the Covid19 pandemic.

Business Continuity measures in place:

Solutions:

If staffing resource becomes an issue, then the following will be implemented:

- Clinical triage will take place and home visits will be undertaken as virtual contacts if clinically indicated
- Business continuity plan will be implemented for the 0-5 universal mandated contacts
- IPAC guidance will be regularly communicated to staff as a penetrative measure
- Communications to staff and partners will be prepared in advance
- Business continuity plans have been reviewed in preparation for the winter period

The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Severe weather

Staff cars are ready for winter weather.

Contacts with the local 4x4 voluntary aid is established.

All clinical staff have the necessary IT kit to undertake digital consultations.

Some admin staff also have the necessary equipment to carry out their full role from home including call handling.

Workforce planning including emotional health & wellbeing

For staff who cannot attend work due to caring responsibilities or self-isolating, provision will be made for those individual to take the lead on the service virtual offer i.e., telephone and video consultations whilst the remainder of staff can support with in person contacts.

Staffing resource is managed by utilising the services staffing predication tool.

The planning of annual leave is required to ensure adequate staff are available.

Flexible working patterns will be reviewed to meet need and negotiation with individual staff members may be required in times of pressure.

All staff have access to emotional health & wellbeing services.

1:1 supervision sessions will be prioritised.

Encourage staff to continue to engage in clinical supervision.

Continue with less formal staff huddles daily using MS teams.

Current audits: N/A

Lateral Flow testing programme

Staff double are encouraged to be double vaccinated and following national guidance for Covid prevention, twice weekly lateral flow tests are a mandatory requirement, and Covid notification/isolation measures and monitoring of outbreaks processes are in place.

Communications

Ensure the Service has robust communications channels for team members.

Continued discussion in team meetings.

Messages around the clarity of processes are strengthened i.e. booking processes.

Managing risks.

Reporting structure

Business as usual.

System engagement

Business as usual.

Financial impact and controls:

Financial control processes are in place and followed and contact with management accountant (quarter 3).

Healthy Child Programme Services in Norfolk & Waveney

Service Summary

Norfolk Healthy Child Programme and Norfolk and Waveney Speech and language service.

Capacity & Demand pressures

Viral Illnesses: COVID-19/Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus could impact on staff capacity as well as availability of families to be seen. A backlog could be created that would be challenging to address, but 'catch up' plans have been implemented successfully by HCP during the pandemic and would be implemented again for HCP backlogs. SaLT are in the process of planning for addressing backlog currently.

Continued staffing pressures; staff who are absent due to illness/isolating/quarantining and/or are not able to work because they are caring for dependant family members.

The migration project continues to create IT issues for some teams, there is a compounded risk to service delivery if other pressures present, e.g., if staff migrated laptops do not work at home, and they cannot come into the office because of bad weather we lose their capacity. Some teams are part way through migration not all IT in some offices is available to be used by all staff.

There are already IT device shortages currently, meaning staff are waiting for new laptops to be deployed so that they can work efficiently. This would be compounded by other pressures Staff who are absent due to illness.

Staff not able to work because they are caring for dependant family members

Staff who are isolating / quarantining.

Unfilled vacancies across HCP and SaLT compounded by winter pressures.

Business Continuity measures in place:

Solutions:

- Alternate methods of clinical delivery are in place with video calling functionality as well as virtual clinics and webinars
- We have digital service delivery in place – video calling functionality and for small number of families without access to internet / devices they can be contacted by telephone, with the most vulnerable prioritised for home visits
- Business Continuity plans have been reviewed and tested during the pandemic
- BC Plans have been reviewed in preparation for the winter period
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Severe weather:

Staff can be reminded to ensure cars are ready for winter weather at the end of Oct and monthly until the Spring in Norfolk staff messages.

Working with Norfolk County Council, 4x4 voluntary aid could be requested, if necessary, e.g., for moving supplies of PPE around the county.

Digital consultations will be used when appropriate to ensure there is capacity for face-to-face work with the most vulnerable if possible.

Workforce planning including emotional health & wellbeing

Plans are in place to ensure Single Point of Access capacity is supported and safeguarding prioritised.

Rota planning has already agreed that 60% of HCP staffing needed to maintain the service – leave approval will be made on that basis, with leadership support for service delivery if sickness impacts on capacity once leave is approved.

In and out of hours planning is in place, with access to Emergency Red folders in bases and on the intranet and the Trust on call system is in place.

Staff have access to emotional health & wellbeing services.

Managerial checks include supervision, and will be supplemented when / if necessary with more frequent catch ups to check on staff wellbeing.

Microsoft Teams can be used to keep in contact with colleagues and continue to have meetings.

Personal Protective Equipment, Infection prevention & control procedures and clinical audits

Stock checking is undertaken by admin teams.

Stock procurement is centralised.

Mutual aid across Norfolk system could be co-ordinated, if necessary, with the Acute Trusts and Norfolk County Council.

Infection prevention and control current guidance supports robust infection prevention and control, hand hygiene, sanitising work areas, social distancing, masks when moving around office bases. No staff appear to have infected each other or picked up Covid when working in the community.

Communications on guidance have been circulated during September 2021.

Current audits

Audits – hand hygiene audit in place.

Lateral Flow testing programme

Completing LF Tests biweekly is an expectation and is promoted.

Reporting process and guidance in place if staff test positive.

Communications

The Trust disseminates messages about weather alerts and other emergencies

Our CCS communications team and Senior Leadership for HCP and SaLT will work with Norfolk County Council to plan and disseminate messages to service users, the community and partners.

Communications cascades are set up – staff messages, e-bulletin is in place / meetings held on Microsoft Teams.

Reporting structure

Communications from locality leadership reported to Senior leadership and to the Trust Incident Management Team.

System engagement

Building on communications networks and support developed during the pandemic and previous extreme winters, particularly with Early Childhood and Family Service and Norfolk County Council.

Financial impact and controls: Financial control processes are in place and followed and contact with management accountant (quarter 3)

Emotional Health & Wellbeing Services in Cambridgeshire

Service Summary

The EHWS continues to work with partners across the mental and emotional health landscape to respond to fluctuations in demand.

Capacity & Demand pressures

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 tele-therapy and supporting remote working for staff during Covid-19.

Business Continuity measures in place:

Solutions

- Continually prioritise on basis of clinical risk and to work with partners to ensure no duplication.
- Working remotely continues to be encouraged as the preferred service option.
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Personal Protective Equipment and Infection prevention & control procedures

Buddy service – business as usual practice.

Current audits

Audits – N/A

Workforce planning including emotional health & wellbeing

Continue to offer the flexible approach to combine working with caring responsibilities.

Working from home makes this logistically possible, but not preferable. Staff have carers days, annual leave etc.

Including festive rotas - staff to be encouraged to take holidays during school holidays, when referrals reduce.

Access to emotional health & wellbeing services – as standard practice.

Managerial checks e.g., Supervision etc. – as standard practice (as well as very regular supervision, continue with additional check ins). In and out of hours planning – N/A.

Lateral Flow testing programme (LFT)

Monitoring LF Tests – staff LFT independently.

Reporting process in place – as above.

Where to seek advice – Intranet and Trust COVID update emails.

Communications

Business as usual.

Reporting structure

Business as usual.

System engagement

Business as usual.

Financial impact and controls

Financial control processes are in place and followed and contact with management accountant (quarter 3).

Safeguarding –Trust wide

Service Summary

Provision of safeguarding service across the Trust with a corporate team in adult safeguarding and locally based (countywide) service for safeguarding children. This includes in Luton, Norfolk and Cambs, a provision of a MASH health team that is supported and back filled from the safeguarding resource currently. Advice and guidance for staff is provided daily by all the teams and support for day to day safeguarding decision making and clinical practice.

Safeguarding supervision is provided to staff every 3 months for those children's services who are mandated to have this usually Healthy Child Programme, Specialist Community Nursing and Emotional Health & Wellbeing Service.

Training at level 3 – development and delivery of blended learning approaches at level 3 for both adult and children. Co-development and co-delivery of dual aspect refresher training at level 3.

Capacity & Demand pressures

COVID-19/Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus.

Severe weather.

Staff shortages from: Staff who are ill /caring for others, staff who are isolating.

School closures resulting in staff caring for children.

Staff who have been directly affected by flooding and unable to get to workplace.

Business Continuity measures in place:

Solutions

- Virtual delivery of all services will continue and possibly increase again back to full home working as needed and in discussion with partner agencies
- BC Plans reviewed in preparation for winter period
- Pause non-essential activity such as project work, audit etc.
- Consider recovery plans/timeframes
- BCP in place
- Audits will only be completed as needed
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Personal Protective Equipment, Infection prevention & control procedures and clinical audits

- Stock checking
- Stock procurement
- Buddy service
- Mutual aid
- Protect stock by increasing virtual contacts; not used in homes but available to staff in bases when this is required.
- Daily stocktake of PPE and Consumables.
- Centralised stock control

- Liaison with acute sector to secure consumables if required
- Cancel room bookings for services that have been paused
- Reporting processes in place
- Current government guidance is followed.

Current audits: N/A

Workforce planning including emotional health & wellbeing

Home working will continue to be supported, including MASH provision across the Trust.

- including festive rotas
- In and out of hours planning
- A/L planning to ensure staff are rested
- Consider redeployment and which staff could be moved

Staff can support other areas of safeguarding team across the trust with training delivery and supervision as needed.

Annual leave rota will be in place to ensure adequate cover for holiday time.

Emotional health & wellbeing of staff will be managed by ensuring that staff have access to emotional health & wellbeing services, continuation of managerial checks e.g., supervision etc. and annual leave A/L planning (cap number of staff able to take leave).

Access to psychological supervision continues with staff being made aware of the Wellbeing Service and encouraged to access as needed.

Lateral Flow testing programme

Monitoring of LF Tests and reporting process in place.

Staff are advised on where to seek advice and encouraged to undertake testing twice weekly.

Communications

Regular communications with commissioners, Key stakeholders and service users to inform of current service provision, changes to service provision and changes to sites of delivery.

Increase communications on social media.

Regular communications to staff to ensure they remain updated.

Regular partnership meetings.

Liaise with Designated Teams.

Reporting structure

Daily SITREPS.

Escalation to the IMT

If major incident declared, report through relevant command structures.

Weekly SITREPS.

Report to Service Director.

Weekly SG huddle with Chief Nurse.

System engagement

Work with key stakeholders including social care, commissioners, acute sector, voluntary sector, police, ambulance services etc.

Regular partnership meetings.

Liaise with Designated Teams.

Financial impact and controls:

Financial control processes are in place and followed and contact with management accountant (quarter 3).

Dental Healthcare Services in Cambridgeshire, Bedford, Norfolk and Suffolk

Service Summary

Dental HealthCare provides the following services:

Cambridgeshire and Peterborough: Minor Oral Surgery, Special Care Dentistry, Oral Health Improvement, Urgent care

Suffolk: Minor Oral Surgery, Special Care Dentistry, Oral Health Improvement

Norfolk: Minor Oral Surgery

Bedford and Bedford Borough: Oral Health Improvement

Capacity & Demand pressures

COVID-19/Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus.

Impact of severe weather.

Backlog of patient care.

Closure of clinics.

Staffing issues: Staff who are ill /caring for others and Staff who are isolating.

Unable to attend work due to transport issues.

Business Continuity measures in place:

Solutions:

- Alternate method of clinical delivery - triage, redeployment to other clinics
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.
- The service also undertook a debrief on a recent incident of flooding at one of their sites which informed their planning.

Workforce planning including emotional health & wellbeing

Includes planning around:

- Festive rotas
- In and out of hours planning
- Functional teams
- Redeployment to other clinics
- Access to emotional health & wellbeing services
- Managerial checks e.g., Supervision

Personal Protective Equipment and Infection prevention & control procedures

Redeployment if clinics closed.

Work with estates and infection control teams.

Stock checking.

Stock procurement.

Utilise buddy service.
Utilise mutual aid.

Current audit: N/A

Lateral Flow testing programme

Monitoring of LF Tests.
Reporting process in place.
Communication to staff on where to seek advice.

Communications via:

Email
Comms Cascade
Dental Bites
Social Media.

Reporting structure

Chain of Command
Accountable to Clinical Ops Board.

System engagement

NHSE/I
Acute Hospitals
111.

Financial impact and controls:

Financial control processes are in place and followed and contact with management accountant (quarter 3).

Dynamic Health Services in Cambridgeshire, Bedford Norfolk & Suffolk

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 a hybrid model of care utilising telephone, video 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.

Capacity & Demand pressures

COVID-19/Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus.

Impact of severe weather.

Demand not matching capacity.

Increased referrals from patients due to restoration post pandemic.

Social distancing and Covid Surge causing staffing issues and increased working from home/sourcing of extra clinical space to operate.

Waiting lists will rise so clinical prioritisation is key.

Business Continuity measures in place:

Solutions:

- Clinical prioritisation and clinical triage on the point of referral to ensure urgent patients are managed in a timely way
- Waiting list initiatives- use of blitz days, extra hours/overtime, bank and agency staff
- Utilisation of SMS text to patients
- Provision of informative information on website and provision of information to GP's/stakeholders
- Reversion to virtual first/virtual only if necessary
- Severe weather warnings in place cascaded
- Encourage staff to prep their car for winter
- Know alternative ways to travel- routes/timetables
- Digital consults if have IT provisioned
- Other duties at home if able
- Car share
- BC Plans reviewed in preparation for winter period In progress

The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment

and logistics in preparation for the winter period.

The service also undertook a debrief on a recent incident of flooding at one of their sites which informed their planning.

Workforce planning including emotional health & wellbeing

- Maximum number of staff off at one time
- Festive rotas to allow staff a break at Xmas
- Weekly leads meeting
- Escalations in service
- Waiting list monitoring
- Staff support via intranet
- Staff support line run by CPFT
- Buddy
- Peer support
- Escalations
- 1:1 supervision –increase as necessary
- Huddles
- Trust Q and A –increase frequency if required.

Personal Protective Equipment, Infection prevention & control procedures and clinical audits

PPE procurement & controls are in place.

Stock checking in sites is reported into Unit lead.

Stock procurement undertaken via the Unit PPE lead.

Contingency plan includes accessing PPE via buddy service across localities/sites as well as mutual aid with other services.

Lateral Flow testing

Staff encouragement via consistent messaging both locally and from the Trust Lateral Flow testing programme lead.

Monitoring LF Tests within the service.

Reporting process in place known by all.

Seek advice via IPAC/IMT/Incident Management Team.

Clinical Audits

All audits across the service are programmed via our audit lead and clinical governance team- Hand Washing and Environmental.

Reporting – all are reported into CCS .

Current guidance –via intranet/NHS policy/IPAC guidelines.

Communications via:

- Dynamic Download Trust newsletter
- Site/Unit update
- Staff weekly communications cascade
- External provider communications on sites we operate e.g., Hinchingsbrooke
- Newsletters from professional bodies/region
- AHP information
- Intranet pages
- Lateral flow/Flu/Covid updates

Reporting structure via:

IMT (daily if appropriate)

Ambulatory Leads meeting(weekly)

DH Lead Meetings (weekly)

DH Governance Meeting Monthly

Quality boards on sites

QEWTT (monthly)
Clinical operations Boards(bi-monthly)
Reports and papers
Escalations via teams to leads and to manager.

System wide engagement/collaborative working with:

MSK Pathway providers system-wide –Cambridgeshire and Peterborough, EofE Regional,
NHSE
Cambs & Peterborough CCG
Out of Area CCGs
Referrers: GPs, Consultants, AHP's.

Financial controls

Financial control processes embedded in the unit and followed
Regular meetings with Management Accountant each quarter
Skill mix of posts.

Oliver Zangwill Centre in Cambridgeshire

Service Summary

The Oliver Zangwill Centre provides an outpatient intensive neuropsychological rehabilitation for people with acquired brain injury. The intensive programme consists of a five-week intensive phase involving group and individual sessions, followed by a flexible 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 indicated.

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.

Capacity & Demand pressures

COVID-19/Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus
Impact of severe weather

Business Continuity measures in place:

Solutions:

- The centre is closed over the festive period, so all staff are encouraged to take annual leave.
- In and out of hours planning: OZC plans their care delivery around the year to consider the festival period so that clients are able to have a break with their family.
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.

Workforce planning including emotional health & wellbeing

Staff who are ill /caring for others / details of staff is factored into our programme delivery
If required to isolate, Lead Clinical Staff can work remotely from home to continue to deliver therapy.

Staff who are not able to work from home will follow the Trust procedures and guidance.

Any staff required to isolate – would evoke a review of IPaC and lateral flow procedures & risk assessment.

Signpost and encourage staff to access emotional health & wellbeing services.

Continuing with planned supervision of staff and increase if required.

Individual Staff Risk Assessments.

Personal Protective Equipment and Infection prevention & control procedures.

PPE Audit carried out by Admin on 9 August 2021 for Gloves and masks. We have good supply for our service at this time and will re-order when we have a quarter of our supply left. Buddy service within CCS – MSK or Dental within POW – good links with buddy service to access for extra stock.

Current clinical audits

Audits – hand washing audit completed August 2021. Environmental Audit underway (Aug 2021). Centre Risk Assessment regularly updated.

Lateral Flow testing programme

Monitoring LF Tests – reporting process in place. Staff signature on collection of lateral flow kits provided by the Trust and recorded on TEAMS.

Staff have been provided the information on obtaining own LF Tests thereafter and advised to continual reporting.

Where to seek advice: Trust Clinical leads, Trust intranet, Gov site, Line Manager.

Communications via:

Staff weekly comms cascade

Newsletters

Intranet pages

Lateral flow updates

OZC Staff minutes feedback from COB, QEWT, IPaC, Datix.

Reporting structure via:

Reports and papers

IMT (daily if appropriate), Ambulatory Leads meeting(weekly), OZC Team Meetings (weekly), Quality board (monthly), QEWT (monthly), Clinical operations Boards(quarterly).

Reporting processes in place – feeding back current guidance to the OZC team and actions from IPaC meetings.

System engagement via:

Neuro-rehab Pathway providers system-wide

Cambs & Peterborough CCG

Out of Area CCGs

Private funders (solicitors)

Referrers: GPs, Case Managers, Consultants/Practitioners.

Financial impact and controls:

Financial control processes are in place and followed and contact with management accountant (quarter 3).

Integrated Contraception and Sexual Health Services (iCaSH)

Service Summary

iCaSH provide clinical hub services six days a week, Monday to Saturday, exclusive of Bank Holidays and Sundays and online STI screening services 24/7.

The Service delivers Contraception, Sexual Health and HIV care and treatment. We use a blended phone/face-to-face consultation model, followed by as clinically appropriate telephone management; face-to-face appointments; online screening; medication provision via collection or Royal Mail postal or home delivery services. We will be piloting the use of video consultations in the coming months:

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

Capacity & Demand pressures

COVID Seasonal Influenza/ Influenza like illnesses/respiratory disease; and the potential impact of Norovirus.

Impact of severe weather.

Increased demand following Covid restrictions resulting in back log of patients for services such as LARC, routine vaccinations, genital wart diagnosis and treatments and PrEP.

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

Planned roll out of national programmes such as PrEP during lockdown periods.

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

Impact on staff capacity: sickness absence, Covid-19 self-isolation, redeployments, recruitment and staff retention pressures.

Large cohort of staff working remotely to support social distancing, staff at higher risk of Covid19 meaning redesign of service delivery model.

Potential for Staff sickness/burn out - Covid 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.

Potential for excess A/L left to take in financial year for some staff who have been unable to take leave due to operational pressures and service demand/requirements or have chosen to cancel some leave as unable to travel.

Business Continuity measures in place:

Solutions:

- Planned roll out of national programmes such as PrEP during lockdown periods.
- Waiting lists in place for LARC, PrEP roll out and routine vaccinations.
- Continual review of model of service delivery. Cross site working where appropriate, flexible working, remote working, complexity of patients due to presenting problems – triage, pathway changes, integrated working between Trust wide iCaSH services.
- The Service completed a Business Continuity tabletop exercise focusing on adverse weather, potential Covid surge leading to staffing shortages, access to Personal Protective Equipment and logistics in preparation for the winter period.
- Continual review of service offer

Personal Protective Equipment and Infection prevention & control procedures

Some (minimal impact) to supplies, medications and other consumables/services, either EU Exit or Covid related.

Continued need for social distancing and full PPE within Healthcare, reduced building capacity versus patients' expectations of return to normal.

Increased time taken in clinics due to donning and doffing of PPE.

Weekly/monthly PPE rolling orders.

Current clinical audits:

Environmental audits

Hand hygiene audits

Workforce planning including emotional health & wellbeing:

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 risk assessments 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 Trust wide iCaSH services

Sickness absence recording countywide for operational staffing updates.

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, Online and virtual training provision.

Staff emotional health & wellbeing is supported by IMT calls, County calls, staff Q&A sessions, well-being support offer Trust wide, remote working equipment, access to Microsoft Teams, weekly briefing sent to all staff, 1:1s, appraisals.

Lateral Flow testing programme

SOP and Risk Assessment: COVID: Exemption from contact isolation for fully vaccinated health and social care staff in exceptional circumstances.

Staff encouraged to take up vaccines under the Covid19 vaccination programme.

Communications via:

IMT calls, County calls, staff Q&A sessions, 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

Reporting structure via:

Control and command leadership structure while working to BCP

Ongoing Governance structure, supported by Microsoft Teams

IMT calls, County calls, staff Q&A sessions, weekly briefing sent to all staff, 1:1s, appraisals.

System engagement with:

Sub-contracted partners – THT, HSL/TDL, Preventx, 12-14 pharmacy.

Procurement and tendering processes of Locally Commissioned services, some iCaSH contracts coming towards end dates at the same time.

Expectations of stakeholders: Commissioners and service users.

Ambulatory care weekly huddle for dissemination.

IMT control and command model, (weekly IMT).

iCaSH senior leadership team, 3 x weekly meetings.

Weekly briefing sent to all staff.

Financial impact and controls:

Financial pressures: Local County Council funded services, continued pressure on budgets; growing online services and increased pathology spending and reduced historical investment of public spending in Sexual Health Services.

Continued recruitment, RAM process for vacancy approval.

Mass Vaccination

All staff are encouraged to access Covid vaccinations and advise the Trust when they have done so. We have a wide variety of resources available to support decision making, including the offer of personal contact with the Medical Director, Chief Nurse and Chair of our Diversity network.

Mass Vaccination Directorate

The Trust has 11 Mass Vaccination centres in Cambridgeshire and Peterborough, and Norfolk and Waveney [at the time of writing this report]. The Mass Vaccination programme is now in the 3rd phase of the programme providing booster vaccinations for all cohorts above 50 years old. It is expected that the programme will mainly finish by end of January 2022, with an expectation of drawing down the number of vaccination centres whilst finalising vaccinations for those who got their 1st and 2nd doses later which will last until April 2022.

The delivery of vaccines is through bookings for boosters and walk-ins for the evergreen offer, 16–17-year-olds and 12-15 CEV. A roving model (bus) is currently operating four days a week and targets those communities that are hard to reach. We have commenced consideration of how this model will work during the winter period.

The Trust's Mass Vaccination Team receives regular briefings from NHS England/NHS Improvement through region and system meetings which ensures best use of resources in relation to winter planning for Mass Vaccinations.

Plans have started to consider how to decommission the Mass Vaccination centres to align with the end of the booster programme, though this is dependent on whether the programme expands to further cohorts.

The programme governance is through the Mass Vaccination Clinical Operational Board which report to the Trust Board and continually reviews the risks including winter preparations and staffing during winter.

The Trust's Communications Team is supporting Mass Vaccinations to increase awareness through promotional activities and the use of social media such as Grab a Jab and the staff intranet.

The Trust's Mass Vaccination programme is continually reviewed as national considerations and requirements change.

Vaccine hesitancy

The Trust also rolled out a communications programme to address vaccine hesitancy in 2021, particularly prevalent within the ethnic communities it serves.

A team of relevant subject matter experts from the Trust's Diversity Network, led by the EPRR Lead set up a BAME Mass Vaccination Cell that analysed real time feedback from members within the community, on their reasons for vaccine hesitancy and in response produced a communications package to dispel myths and address concerns which included website and social media pages and a video featuring the Medical Director, the Chief Nurse and the Diversity Network Chair.

The Trust plans to continue with this communications campaign during 2022.

Personal Protective Equipment supply

The NHS Supply Chain continue to regularly push critical PPE supplies to the Trust. The 'push model' currently has no confirmed end date but is likely to be in place until March/April 2022.

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

The Trust adheres to national IP&C policies and makes PPE available to all staff. Advice is available from our dedicated infection control team.

The overall management of PPE is being managed by the Trust Finance Director with administrative 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. Plans include:

- Weekly stock takes will continue with our services to monitor PPE burn rate and requirements.
- Dedicated PPE lead/administrative support within each of our services who work directly with the Quality Leads.
- Dedicated courier service/staff who can move PPE as required if demand/supply issues occur.
- Working relationship 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.

- Purchasing and receiving separately to the Push delivery system, wipes and hand sanitiser to support any extra demand/winter pressures for the next three months.
- 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.

Lateral Flow Testing programme

Context

Lateral flow is an established technology, adapted to detect proteins (antigens) that are present when a person has COVID-19

NHS Test and Trace is making rapid lateral flow testing available alongside standard lab-based polymerase chain reaction (PCR) tests. These tests play a different, but crucial role in the fight against COVID-19.

Around 1 in 3 individuals with COVID-19 do not display symptoms. Opening testing up to catch those showing no symptoms will help to find positive cases earlier and to break hidden chains of transmission.

All staff are encouraged to undertake twice weekly lateral flow tests and report the results to the Trust.

The Trust has mandated that all staff who attend Trust premises must undertake lateral flow testing beforehand. This helps the Trust in managing Covid outbreaks.

Process and reporting structures

This programme of work is managed by one member of staff and includes:

- Review of the inbox daily and taking calls from staff/ managers in relation to lateral flow and positive test results
- Collecting and cascading data internally (number of those testing and numbers of positive cases) for review at the Infection Prevention and Control huddle and the Incident Management Team
- Advising on next steps for those staff who have tested positive
- Completing national and regional situation reports as required
- Escalating any areas of concern to the Trust medical leads

Pressures

Staffing: the member of staff who supports this programme also has another role within the Trust.

Business Continuity

- A further member of staff who was re-deployed back to their substantive role is also trained in the system and processes; with their current line manager's support we could utilise their skill set for a period. The lateral flow staff member is also supported by the IPAC Team.

In and out of hours

The service is available in working hours only – the protocols to keep staff safe are available on the intranet, so if someone is not available to provide support the information on next steps is readily available. The team have updated the LFT out of office email to advise staff looking for advice on isolation and testing to the intranet and the Gov.uk website and that all other queries will be dealt with when the office reopens. All SoPs are updated regularly and there is staffing contingency.

Communications

Staff are informed of current guidance via a weekly Trust wide email supported by the fortnightly Trust communications cascade.
The content of the staff messages is approved by the Trust Incident Management Team.

Trust Staff Flu Vaccination planning

The Trust has a planned delivery schedule for flu vaccine in 2021. Most of the vaccine was delivered in September and further supplies are expected in October and November 2021.

The Trust is using 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 is approximately 2150.

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 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 2020 campaign, the Trust will continue supporting the Unicef's 'Have a jab, give a jab' campaign for 2021/22.

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, GPs, Covid Mass Vaccination Centre's and other external organization's).

Enabling the Infection Prevention & Control Team and the Human Resources Team to liaise and identify patterns of staff sickness.

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

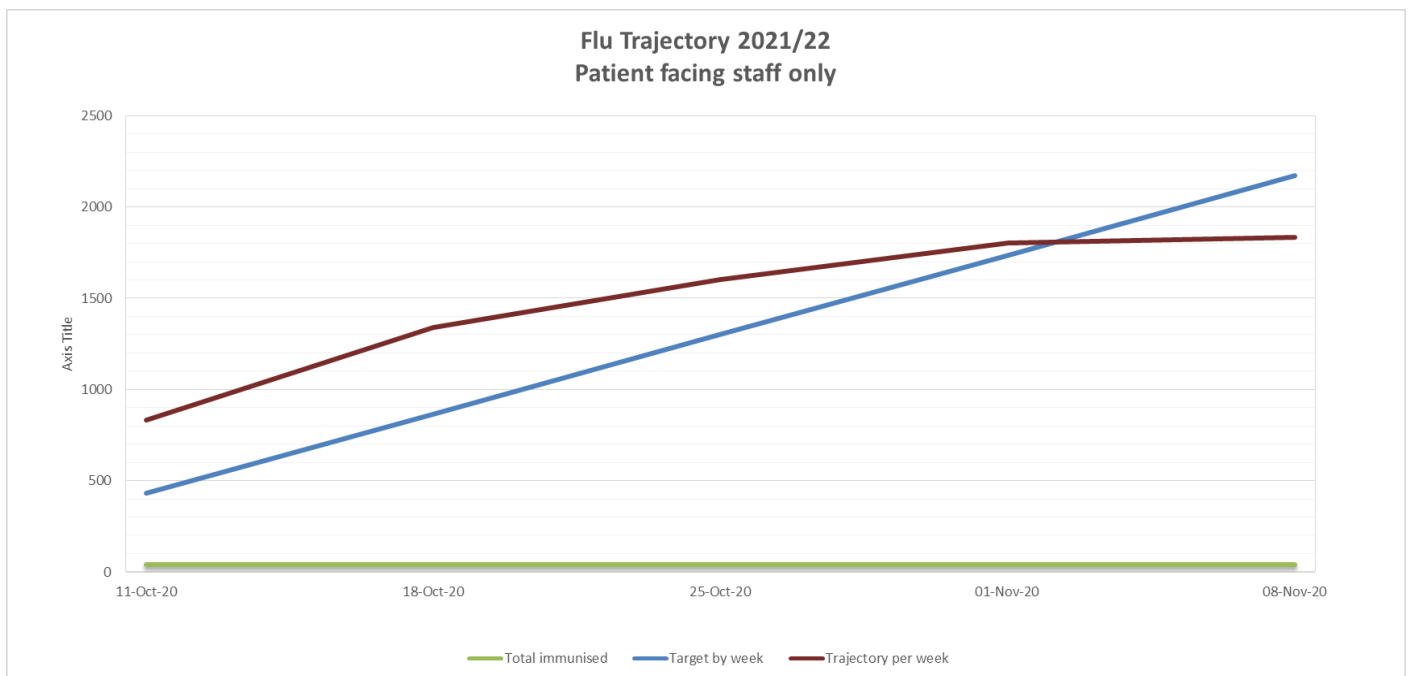
- Please see the Trust's Flu trajectory below for 2021 -2022 below.

Trust staff flu vaccination trajectory

Staff vaccination data (as of 1st October 2021):

Total Trust Staff	Eligible Staff Available	Target (100% of eligible staff)
2730	2150	2150

Seasonal influenza Staff uptake 2021/22:



Workforce

Service actions:

- Each service has its own 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 month Workforce Review in Spring 2021.
- Review the success of its existing recruitment and retention Premia and consider use in other hard to fill posts where appropriate.

Key actions agreed:

- Introduce service level talent mapping and succession plans.
- Continue to utilise the apprenticeship levy and new routes into clinical training to train the future workforce.
- Continue to take action to retain staff including reviewing reasons for leaving and address any areas of concern.

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 (now known as the Office for Health Improvement and Disparities) 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 playing a key role in the delivery of the national vaccination programme via large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney. System-wide promotional activities are underway including for the booster jab for cohorts 1-9.

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.

Director Contact Details

The Trust operates a 24/7, 365 days a year On-Call service to respond to all emergencies, as legislated by the Civil Contingencies Act 2004. In addition to the Trust services have local out of hours on call arrangements as required and the senior management team provide out of hours on call support and leadership to our services and in conjunction with local health system partners.

Emergency Preparedness, Resilience & Response

The Incident Management Team (IMT) have met regularly over the last 19 months to oversee the Covid pandemic, and it is anticipated that these meetings will continue until April 2022.

The dynamic adaptability around the structure of the IMT allows it to manage both the Covid pandemic and any other disruptions that may affect Service delivery, a recent example is the fuel shortage in October. The IMT will also oversee the anticipated winter surge and consequent disruptions for the Trust, as this document outlines.

The Trust's underpinning winter resilience plans are linked to national guidance and the NHS England Cold Weather Plan.

Business Continuity

The Trust receives advanced warnings and alerts of severe weather within its geographical areas via the National Severe Weather Warning Service (NSWWS).

The Trust in managing severe weather, will upon receiving an alert;

- cascade this information to all staff via the Trust's Service Directors
- request that Services make suitable business continuity arrangements to minimise impact to their Services, e.g., review of rotas and to minimise the risks to the business and the health, safety and welfare of both patients and staff.

A winter surge planning workshop, amalgamated with a debrief, was held in August 2021 for the members of the Trust's EPRR Operational Group. Supporting this further, a business continuity exercise was sent to all Senior Managers to tabletop with their teams. These processes have identified areas for improvement for this coming winter period, which is reported here. This will also influence the 2022/23 winter planning by the Trust.

On-call, including out of hours and incident reports are monitored by the EPRR & Prevent Lead and resolved as required. A report on the current work within the EPRR portfolio including On-call incidents is presented to the Quality, Improvement & Safety Committee on a quarterly basis.

On a weekly basis the Executive Team will oversee performance exceptions and escalate to the Board via the relevant Clinical Operational Boards.

Partnership Working

- Enhanced collaborative working with system partners, which has been a positive outcome from the pandemic, is continuing. Health partners across the system are reviewing whole system planning and addressing capacity issues over this winter period and the Trust is fully engaged in these conversations via the Local Health Resilience Partnerships.
- The Trust has strong links with Cambridge & Peterborough, Bedfordshire & Milton Keynes and Norfolk Local Health Resilience Partnerships.

Quality & Patient Safety

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 Committee
- Trust wide and Community Unit Quality dashboards
- The Quality Early Warning Trigger Tool
- Circulation of monthly service reports to Service Directors and Heads of Service providing data/information relating to safety (incidents), risk, clinical audit and patient experience (complaints and FFT)
- Monthly 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 (currently Ambulatory Care services only).

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, Outbreaks)
- 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 & Beds 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

Incident Management process

Incidents are reported via the Trust's database Datix, the process for which is managed and overseen by the Trust's Safety Team and is outlined below:

Upon receiving an incident report, locality service managers will receive a notification and details of the reported incident. Incidents are owned and managed locally by their respective Service Managers/Team Leads.

The Service manager/team lead will ensure that all identified actions will be implemented and taken forward at a local level. Trust specialists are also notified of submitted incidents and will often support local managers with subject matter expert advice, investigations etc.

Incidents are discussed at local meetings as good practice and is a pro-active approach to shared learning. This local management process also supports the identification of local themes and trends.

The Safety Team will aim to review all reported incidents on the next working day. This process supports robust incident management at the local level.

Clinic Audits

These are identified as unplanned and are in addition to a provisional audit plan each service provides at the end of September for the following year (identified as planned).

Audits also result from incidents during the year and NICE Guidance which is produced throughout the year.

There are 12 Trust wide Audits which all services do as standard and agreed by the Trust Board/committee. I have attached the most up to date audit plan.

For winter planning, if services are affected then the Trust Board may take a similar approach to the Covid response and postpone/reschedule all but Trust wide audits during an agreed period.

Predominantly this would be the Annual record keeping audit in December, Meds management, IPAC and hand hygiene Audits. Most of the services have strategically planned their audits to be either before the winter or in early Spring (i.e., in Q4, Q1 & Q2).

Clinical systems

The Clinical Systems team support the implementation and maintenance of SystemOne across the majority of the community services that CCS are responsible for, across Cambridgeshire, Norfolk, Luton and Bedfordshire. Dental and iCASH Services have their own clinical systems, which are supported by SBS.

We are an experienced team, working with TPP's SystemOne, analysing service needs and using the most appropriate techniques to assimilate "as-is processes" and create "to-be processes" and configure the system to meet service needs.

The team provide a service five days a week, 0830 – 1630 Monday to Friday; there is no service at weekends or Bank Holidays, although there is always a member of the team on call for emergencies.

Measures in place

- Launch of Microsoft Teams across the Trust.
- SystemOne training has continued but is now done virtually across MS Teams rather than face to face. This training consists of both new starter training and ad-hoc refresher training where requested.
- The services that we look after now make more use of video conferencing for appointments, to enable them to still review their patients. This is done either via Attend Anywhere or AccuRx. The Clinical Systems Team do not provide support for Attend Anywhere or AccuRx, as they are external companies.
- Monthly SystemOne champions meetings via MS Teams, where we link in with representatives from each service, explain SystemOne functionalities, help with any queries and share learning across the Trust.
- Generic email accounts for Business as Usual queries for each area (Norfolk Cambs, Beds and Luton). All members of the Clinical Systems team have access to these mailboxes, so if there is ever a time where we are short staffed, there is minimal disruption to services if they have a query or need an urgent solution.
- Ad-hoc meetings with services as and when required for project work – all done over MS Teams.
- Regular virtual meetings with East of England SystemOne user group to share learning.
- Have sent guidance to all staff across the Trust on how to register for self-service for their smartcards, to limit staff having to rely on travelling to bases to have their smartcards renewed or unlocked.
- Wider use of technology across the Trust and lots more interest in exploring what is available.
- Designed a consent form to send to patients, agreed with Information Governance, to enable staff to send emails directly to patients from their SystemOne record. This has limited the use of sending letters via post.
- Supporting services to implement electronic means to contact patients, i.e., emailing patients from the SystemOne record, wider use of SMS functionality within SystemOne and Communications Annex.

Estates

Winter planning from the Estates Team includes:

- Winter lighting checks are carried out on all major sites by CBRE to ensure street and other external lighting is in working order.
- Estates maintains a stock of emergency heaters for issue when a building's heating system fails completely, we supply low surface temperature heaters for clinic rooms and oil filled radiators or convector heaters for non-clinical areas.
- A list of sites for winter gritting is held by CBRE and reviewed annually by Estates Area Managers prior to winter.
- CCS Estates is currently in the process of getting supplementary gritting added to the OCS contract as a contract variation so that on-site Porters can grit any additional places that need it by hand using grit bins.
- CCS generators are full load tested at periodic intervals to ensure that they are in good working order and will automatically kick in in the event of power failure on CCS main hospital sites.
- Estates Site/Area Managers ensure that any reactive maintenance reports related to heating are dealt with as a high priority task by CBRE during winter months, with an escalation process in place if required.
- CCS Estates has put in place a gutter inspection and gutter/valley cleaning pre-planned maintenance schedule to ensure that gutters/valleys are not blocked by fallen leaves leading to leaks etc.
- CCS Estates has put in place a tree survey pre-planned maintenance schedule to ensure that trees on CCS sites are maintained in safe condition and not present a danger to staff.
- Additional cleaning of reception/waiting areas and the replacement of entrance barrier matting can be arranged quickly and easily via the OCS Helpdesk by CCS Staff when required.
- CCS Estates Team is also providing logistic and security support to the Mass Vaccination Centres in Cambridge & Peterborough and Norfolk & Waveney through the winter months and has already supplied supplementary heating to several sites.

Finance

The finance directorate perform a range of functions to support the financial management, control and performance reporting of the Trust, some of these are business critical and would have to continue during a crisis.

The potential risk areas for the team are primarily around staff sickness and the increased likelihood of this during winter. As the team are all enabled to work remotely the impact of isolation due to covid is limited on the team.

In addition, a surge could lead to a limited increase in activity for the finance team, but this would relate to small number of specific functions that the team supports.

The service BCP provides the detail of the departmental critical activities, minimum staffing requirement and dependencies with shared service providers and detailed process guides have been developed to enable team members to perform functions which are not their normal role when needed.

The critical activities, specifically relevant during the winter period are:

Payroll – all associated tasks to ensure that staff are paid correctly and on time managing any increases in activity that could be associated with a winter surge. Working alongside the payroll provider to ensure service demands are met and payments correct and paid promptly.

Purchase ledger – all associated tasks to ensure suppliers are paid promptly and correctly, again working alongside the shared service provider.

Sales ledger - all associated tasks to ensure invoices are raised promptly and correctly, again working alongside the shared service provider.

Statutory financial reporting – produce monthly financial reporting to NHSI and bi monthly board reporting

Financial planning – production of the H2 financial plan for the Trust

Maintenance of the general ledger transactions to ensure integrity of financial information and that income and expenditure correctly recorded and reported against services.

The functions identified above would all need to continue but can be delivered through a reduced staffing level as detailed in the finance BCP. Additional depth of support provided by the team could reduced during this period to enable the critical areas to be delivered.

List of abbreviations

BC and BCP	Business Continuity and Business Continuity Planning
CAMH	Child & Adolescent Mental Health
CHC	Continuing Healthcare
ED	Emergency Department
EofE	East of England
EPRR	Emergency Preparedness, Resilience & Response
HHCT	Hinchingbrooke Healthcare NHS Trust
ICC	Incident Control Centre
IMT	Incident Management Team
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	Northwest Anglia NHS Foundation Trust
OOH	Out of hours
PAU	Paediatric Assessment Unit
PHE	Public Health England
SITREP	Situation Report

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