



**Cambridgeshire
Community Services**
NHS Trust

Cambridgeshire Community Services NHS Trust

Winter Planning Assurance 2017/2018



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Guidance

Key points:

- This Assurance is presented to the Board as an overview of the scenario planning and the mitigation plans developed to ensure operational resilience for winter 2017/18 for Cambridgeshire Community Services NHS Trust (The Trust). The Trust's aim is to sustain safe and effective care during this period. It sets out:
 - key pressures that arise from the winter period
 - demand and capacity modelling
 - plans for ensuring co-ordination and coherence of our services
 - service and corporate level escalation plans
 - co-operation with other organisations/services
- A separate focus for the On-call arrangements over the Christmas and New Year period 18 December 2017 – 2 January 2018.
- A current synopsis of the Trust's Flu Vaccination Programme and trajectory aims for 2017/2018, given the importance and potential impact of flu on staffing and capacity.
- This Assurance should be read in conjunction with the Trust's Influenza Pandemic Plan, the Major Incident and Business Continuity plans.

Chief Executive Officer	Signature: Matthew Winn Date:
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Medical Director	Signature: David Vickers Date:
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Chief Nurse	Signature: Julia Sirett Date:
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Demand & Capacity

Holly & Special Care Baby Unit (SCBU) Wards – Hinchingsbrooke Hospital

Service Summary

- The inpatient bed capacity for Holly Ward is 12 (interchangeable beds/cots depending on demand). There is also one high dependency cot/bed functional through the 24 hour period.
- The ward has a day case area with six bed spaces open from 0730-1730, Monday to Friday. This is mainly utilised by HHCT surgical specialties for elective day case procedures. This area could be utilised as a 24/7 overspill in the event that more inpatient capacity is required although this would need to be staffed appropriately outside the usual hours of business, probably by bank or agency staff. It would also mean that elective surgery would need to be cancelled.
- The ward also has an assessment area functioning from 0830-2100 hours, Monday to Friday and 1000-1600 hours at weekends. Again the opening times of this area could be extended, however it would need to be staffed appropriately which would require bank or agency staff to be brought in.
- Matron for Acute Children's Services and the Senior Nursing Team provide regular updates to the Hinchingsbrooke Site Manager and Maternity Services when the wards are on amber or red.
- The Special Care Baby Unit has 10 cots and should run at an average occupancy of around 70-75%. Cot configuration is as follows – one intensive care cot, one high dependency cot and up to eight special care cots.
- The Special Care Baby Unit sits within the NSC Neonatal Network and bed capacity can therefore be reviewed as part of the network system to maximise bed capacity by moving neonates around the region to NICU units. This is a strategy already established; however moving babies for non-clinical reasons is not always conducive to family needs.
- There is a small Community Neonatal Nursing Service (operational Monday to Friday only) to facilitate discharge.

Holly & Special Care Baby Unit (SCBU) Wards – Hinchingsbrooke Hospital

Identified pressures

- The main pressures on the acute children's services during the winter months are an increase in respiratory infections affecting neonates and children under the age of two years old.
- Medical and specialist nursing staffing may also create pressures due to staff sickness, maternity leave and vacancies. Medical staffing and Neonatal Nursing numbers are currently on the Risk Register.

Mitigating actions

- The bed capacity has been planned to reflect these historic trends. As many of these neonates require high dependency care, utilisation of an isolation cubicle within SCBU (depending on the unit's cot capacity and staffing) for short term admissions from Holly is in place. There are strict criteria to when this strategy can be implemented.
- The Matron and Ward Manager receive handover from Holly Ward staff by 0900 hours daily (Monday to Friday) and there is a Situation Report completed by the shift coordinator on each shift to enable the senior nurse to determine the status of the ward.
- The Hinchingsbrooke Site Manager is appraised of the ward status regarding capacity and demand following this handover.
- The Matron for Acute Children's Services and the Senior Nursing Team provide regular updates to the Hinchingsbrooke Site Manager and Maternity Services when the wards are on amber or red.
- An Escalation Process is embedded in Holly Ward and SCBU to ensure that capacity and demand is managed to maintain patient safety and mitigate clinical risks.
- There is also an Escalation Process in place around increased demand on high dependency beds/cots enabling nursing staff to manage situations when there is a need to accommodate more than one child requiring high dependency care.
- The Escalation Process ensures that senior management within the units and the organisation are made aware of periods of high demand who will subsequently report through the established escalation procedures.
- The acute services are currently reviewing the existing escalation processes with NWAFT and the Neonatal Network.

Holly & Special Care Baby Unit (SCBU) Wards – Hinchingsbrooke Hospital

	2017-18			Commentary
	Current capacity at 30 September 2017	Planned base capacity for winter (Nov 2017 – Feb 2018)	Planned additional contingency capacity for winter period (Nov 2017 – Feb 2018)	
Holly/SCBU - Hinchingsbrooke				
Paediatric Inpatient Ward (Holly Ward)	We have zero paediatric intensive care beds (any child requiring intensive care is transferred out to the nearest PICU with bed capacity).			Our capacity is the same as last winter and there is a limit to how much we could increase capacity in addition to the above mainly due to the requirement of paediatric and neonatal skilled staff (especially in the nursing workforce both substantive and temporary staff and environmental constraints).
Special Care Baby Unit (SCBU)	<p>We have one neonatal intensive care cot that is open and staffed at 30 September and will continue to be so in winter. (However, it is designed for stabilisation and transfer for any baby requiring more than 24 hours of level 1 care due to the designation of the unit.)</p> <p>Twelve inpatient beds open and staffed 24/7 at 30 September and will continue to be so in winter.</p> <p>We have one high dependency cot/bed that is open and staffed at 30 September and will continue to be so in winter.</p>	Eight special care cots	<p>One high dependency cot that is open and staffed at 30 September and will continue to be so in winter. There is potential to increase to two high dependency cots if the intensive care cot is not occupied although this would be for short-term occupation.</p> <p>Six day case elective beds open and staffed from 0730-1730 Monday to Friday at 30 September and will continue to be so in winter. Cancellation of elective surgical and day case activity would free these beds to be available for urgent care but they are not currently funded to be staffed in the out of hours periods.</p> <p>Assessment area – functioning from 0830-2100 hours Monday to Friday and 1000-1800 on Saturday and Sunday at 30 September and will continue to be so in winter. However, the area is not currently funded to be staffed outside the stated periods and assessment of children requiring urgent care would be provided within the 12 inpatient beds.</p>	Our capacity is the same as last winter and there is a limit to how much we could increase capacity in addition to the above mainly due to the requirement of paediatric and neonatal skilled staff (especially in the nursing workforce both substantive and temporary staff and environmental constraints).

Luton Adult Services

Service Summary

- The Trust leads the integrated discharge team and GP Liaison to support turnaround of adult patients to the community and safe effective discharges, five days per week. The hospital has a clinical navigation team in ED which can liaise daily with Community Matrons and the Rapid Response Service for those patients with care plans in place to facilitate return home rather than admission.
- Integration of the community nursing teams and cluster alignments with primary care continues. This supports the ability to release capacity and increase efficiency in responding to unplanned episodes of care in order to prevent inappropriate hospital admissions and support people to remain in their own home.
- The alignment with Primary Care of Nursing Teams (Community Matrons, District Nursing and Cancer & Palliative Care) into clusters is complete and the roll out of Luton Integrated Rapid Response – At Home First – Service is continuing as part of the Better Together Programme.
- The development of the At Home First Service is continuing as part of the Better Together Programme.
- At GP practice MDT and cluster meetings staff are promoting the At Home First model, in particular the Integrated Rapid Response Service.

Identified pressures

- The requirement to release capacity and increase efficiency in responding to unplanned episodes of care in order to prevent inappropriate hospital admissions and support people to remain in their own home.
- Patients on the caseloads with chronic disease have care plans in place which includes how to seek help and advice and anticipatory medications are provided where appropriate.

Luton Adult Services

Mitigating actions

- Local staff review their contingency plans at least monthly to allow a flexible response to emergent winter pressures.
- Patients who undergo Intensive Case Management will have personalised care plans including Anticipatory (Admission Avoidance) Care Plans developed that are shared with the acute hospital and other partner agencies. Anticipatory medications are provided where appropriate.
- Services have the ability to flex staff across these integrated services during times of increased pressures in urgent care demands and this will create additional capacity required during post bank holiday periods to support demand for admission aversion visits provided during those periods.
- Communication updates will be circulated throughout the Unit providing, in particular, details of amended winter rotas, opening times and contact details for health and social services.
- Bedfordshire and Luton Commissioners put in place daily system teleconferences to support a thorough understanding of all providers' constraints and capacity during periods of pressure during the year. The Trust services participate in this call when required.
- The Trust contributes to winter planning in a timely way and agrees 'step up and step down' actions to support the whole system across community nursing rapid response, End of Life Care and care homes, seven days per week in Bedfordshire & Luton.

Luton Children's Services

Service Summary

- The Trust leads the integrated discharge team and GP Liaison to support turnaround of patients to the community and safe effective discharges, five days per week. The hospital has a clinical navigation team in ED which can liaise daily with community matrons for those patients with care plans in place to facilitate return home rather than admission.
- Children's Services rapid response is in place seven days per week which supports the rapid turnaround of children to their own homes either in PAU or on discharge. The team liaises daily with the local hospital to facilitate early discharge to free up beds. GPs also refer to prevent hospital admissions.
- Children's Continuing Care Team provides support in the child's home predominately at night seven days a week. Parents retain responsibility for their child. All families who have technologically dependent children do have battery back-up for machines in the event of a power failure.
- Children's Community Nursing Team provides a service seven days a week 0800-0600 Monday – Friday. Operating between 0900–1700 on weekends and bank holidays, delivering care which otherwise would need to be delivered by the hospital, i.e. intravenous antibiotics, wound / line care, palliative and End of Life Care to enable a child to die at home. There is also a complex case load of children that require enteral feeding, support with breathing, oncology and palliative care. Respiratory support to enable children to stay at home which may increase in the winter.
- The Special School Nursing Team supports children with complex medical needs in specialist and mainstream school. In the event of extreme weather conditions the schools remain closed.

Identified pressures

- Increased respiratory conditions amongst children due to the cold weather.
- Knock on effect of other infrastructures being closed, such as schools during the cold weather, which can create an increased dependence on Trust staff.

Luton Children's Services

Mitigating actions

- Local staff to review their contingency plans at least monthly to allow a flexible response to emergent winter pressures.
- This will continue to release capacity and increase efficiency in responding to unplanned episodes of care in order to prevent inappropriate hospital admissions and support people to remain in their own home.
- Patients on the caseloads with Chronic Disease have care plans in place which includes how to seek help and advice and anticipatory medications are provided where appropriate.
- Patients who undergo At Home First Intensive Case Management will have personalised care plans including Anticipatory Plans developed and shared with partner agencies.
- Services have the ability to flex staff across these integrated services during times of increased pressures in urgent care demands and this will create additional capacity required during post bank holiday periods to support demand for admission aversion visits provided during those periods.
- Communication updates will be circulated throughout the Unit providing, in particular, details of amended winter rotas, opening times and contact details for health and social services.
- All GP practices are having visits to promote the At Home First – Integrated Rapid Response Service.
- This will continue to release capacity and increase efficiency in responding to unplanned episodes of care in order to prevent inappropriate hospital admissions and support people to remain in their own home.
- From 1 December 2016, Bedfordshire and Luton have in place daily system teleconferences to support a thorough understanding of all providers constraints and capacity.
- Commissioners contribute to this call to ensure they are fully briefed daily on any escalations needed.
- The Trust contributes to winter planning in a timely way and agrees 'step up and step down' actions to support the whole system across community nursing rapid response, End of Life Care and care homes, seven days per week in Bedfordshire and Luton.
- Services have the ability to flex staff across these integrated services during times of increased pressures in urgent care demands and this will create additional capacity required during post bank holiday periods to support demand for admission aversion visits provided during those periods.

Community Children's Nursing Team (Cambridge)

- Children's Continuing Care Team provides short break care for Children & Young People with high level physical health care needs up to seven nights a week. Parents retain responsibility for their child. All families who have technologically dependent children do have battery back-up for machines in the event of a power failure.
- The Children's Community Nursing Team provides a service seven days a week 09.00-17.00 Monday – Friday; there is no service at weekends or bank holidays. The service delivers care which otherwise would need to be delivered by the hospital, i.e. intravenous antibiotics, wound / line care, palliative and End of Life Care to enable a child to die at home (Service will provide 24/7 for end of life care). There is also a complex case load of children that require enteral feeding, support with breathing, oncology and palliative care and respiratory support to enable children to stay at home which may increase in the winter.
- The Special School Nursing Team supports children with complex physical health care needs in the local area special schools across Cambridgeshire and Peterborough. In the event of extreme weather conditions the schools remain closed.
- The Service is not commissioned equitably across Cambridgeshire and therefore not all Children & Young People are in receipt of care from the service.
- There is a small Community Neonatal Nursing Service (operational Monday to Friday only) to facilitate discharge from SCBU at Hinchingsbrooke only.

Cambridgeshire & Peterborough Dental Access Centres

- The Cambridge, Huntingdon, Wisbech and Peterborough Dental Access Centres provide a 365 day service.
- All four Dental Access Centres will operate normal working hours up to Friday, 22 December, from Wednesday, 27 December to Friday, 29 December and from Tuesday, 2 January 2018.
- The opening hours and locations of the service over weekends and bank holidays are detailed below. The service is accessed out of hours by calling 111.
- The Trust will provide six additional opening times during the Christmas and New Year period 2017/2018, as requested by NHS England.

Date	Dental Access Centre Location	Time
23 December 2017	Huntingdon & Wisbech	9.30 – 12.30
24 December 2017	Huntingdon & Wisbech	9.30 – 12.30
25 December 2017	Cambridge & Peterborough	9.30 – 12.30
26 December 2017	Huntingdon & Wisbech	9.30 – 12.30
30 December 2017	Cambridge & Peterborough	9.30 – 12.30
31 December 2017	Cambridge & Peterborough	9.30 – 12.30
1 January 2018	Cambridge & Peterborough	9.30 – 12.30
Additional seasonal sessions		
23 December 2017	Cambridge & Peterborough	9.30 – 12.30
24 December 2017	Cambridge & Peterborough	9.30 – 12.30
26 December 2017	Cambridge & Peterborough	9.30 – 12.30

School Immunisation Service

- The childhood 'flu vaccination programme is extending to primary school children in years Reception to year 4.
- This is service-wide – Cambridgeshire & Peterborough, Suffolk and Norfolk, including Great Yarmouth & Waveney.
- The extension of the childhood 'flu programme is a key focus of NHS England/Public Health England (PHE) in protecting the population from 'flu.
- Target: 40%-65%.
- Public engagement work is being undertaken with the Muslim Council of Peterborough as 'flu vaccine uptake in Peterborough is lower than the Service's average owing to the porcine gelatin component of the nasal spray vaccine.

Flu Vaccination of Frontline Staff

- Flu vaccines are scheduled to be with the Trust at the beginning of October 2017.
- A programme of clinic sessions and attendance at team meetings will be rolled out across all localities, with support from the Children's Immunisation Team, Occupational Health, locally identified and appropriately trained registrants and the IPaC (Infection Prevention and Control) Matron.
- The Trust Flu vaccination trajectory is aiming for 75% compliance with national and locally agreed uptake, with additional vaccines available to meet demand.
- A total of 1504 identified staff with a target of 1128 staff are identified to achieve 75% compliance.
- The Trust's Communications Team is supporting to increase awareness through the use of social media, the staff intranet, screen savers and the Communication Cascade.
- The Trust Flu Work Plan & Campaign is due to be discussed at the Trust's Infection Prevention and Control Committee on 3 August 2017.
- The Chief Nurse will continue to receive weekly updates once the campaign has commenced.
- The Trust has reviewed the way in which staff uptake is collected, processed and analysed. This will enable business units to analyse their vaccination data which in turn aids its departmental cross working ability in assessing those staff who:
 - Have had a flu vaccination provided by the Trust;
 - Received a flu vaccination provided by an organisation other than the Trust;
 - Enabling the Infection Prevention & Control Team and the Human Resources Team to liaise and identify patterns of staff sickness.

Flu Vaccination of Frontline Staff

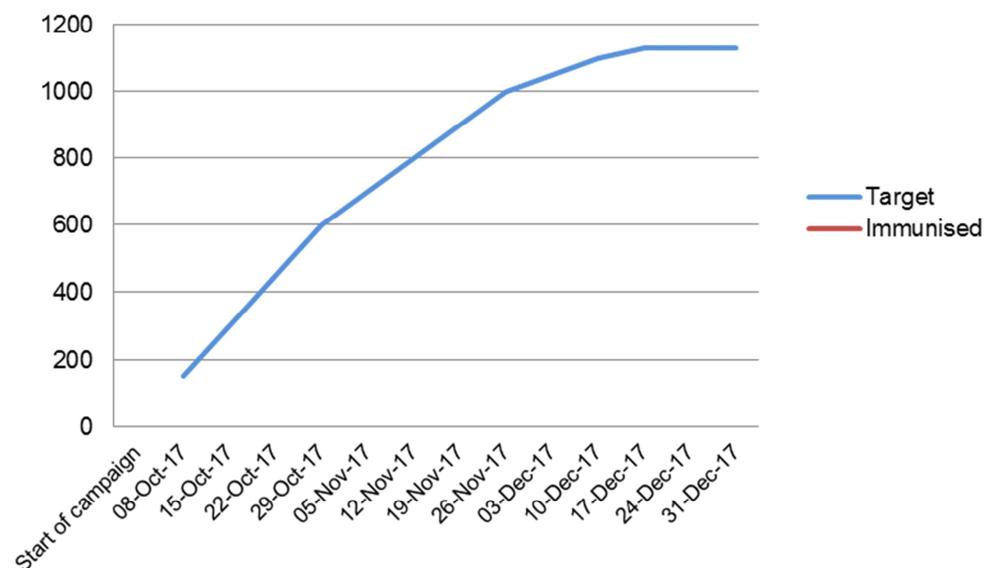
Staff vaccination data (as at June 2017):

Total Trust Staff	Eligible Staff Available	Target (75% of eligible staff)
2300	1504	1128

Seasonal influenza Staff uptake 2017/18:

	Start of campaign	08-Oct-17	15-Oct-17	22-Oct-17	29-Oct-17	05-Nov-17	12-Nov-17	19-Nov-17	26-Nov-17	03-Dec-17	10-Dec-17	17-Dec-17	24-Dec-17	31-Dec-17
Target		150	300	450	600	700	800	900	1000	1050	1100	1128	1128	1128
Immunised														
% of eligible staff														

Weekly Flu Immunisation 2017/18



Workforce

- Each service has its workforce plan for winter adapted to their specific service requirements.
- Services across the Trust continue to recruit to vacant posts.
- Staff are encouraged to have their flu vaccinations which is supported by the in-house flu campaign.
- Management of staff absences will continue.
- The Trust continuously reviews bank and agency arrangements to cover service needs and is in line with national guidance.
- In addition, the Trust Services undertook a six months Workforce Review in March 2017.

Key actions agreed were to:

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

Communications

- The Trust is supporting delivery of messages relating to the national 'Stay Well' campaign, including throughout social media.
- The Trust's Communication Team receives regular briefings from the East of England Communications Network and Public Health England to ensure best use of resources in relation to winter planning campaigns.
- The in-house Flu Campaign is being promoted through multiple channels including the weekly Communication Cascade, staff intranet, staff payslips, screen savers, posters and a dedicated email address for staff queries.
- Individual Units 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.
- Details on how to access bank and agency arrangements have been promoted via the Comms Cascade and are available on the staff intranet.
- 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.



**Cambridgeshire
Community Services**
NHS Trust

Governance

Trust Winter & Operational Lead Details

Name	Job Title	Tel no:	Mobile no:	Email Address:
Julia Sirett	Accountable Emergency Officer/Executive Lead for Winter	01480 308244	07983 705202	julia.sirett@nhs.net
Hussein Khatib	EPRR Lead	01480 308203	07973 700499	h.khatib@nhs.net
John Peberdy	Service Director of Children and Young People's Services	01353 725572	07983 343998	jpeberdy@nhs.net
Tracey Cooper	Service Director of Ambulatory Care Services	01223 723015	07983 344254	tracey.cooper3@nhs.net
Linda Sharkey	Service Director of Luton Community Unit	0333 405 3120	07717 303100	linda.sharkey@nhs.net
Karen Mason	Head of Communications	01480 308212	07754 885331	karen.mason4@nhs.net
Mark Robbins	Director of Finance & Resources	01480 308206	07715 932771	markrobbins@nhs.net
David Vickers	Medical Director	01480 308244	07855 081720	david.vickers@nhs.net

Christmas & New Year Rotas

CCS NHS Trust Executive weekly Directors On-call Rota for the period covering 18 December 2017 to 2 January 2018	
Date	On Call Executive contact number
18 December 2017	01480 398500
19 December 2017	01480 398500
20 December 2017	01480 398500
21 December 2017	01480 398500
22 December 2017	01480 398500
23 December 2017	01480 398500
24 December 2017	01480 398500
25 December 2017	01480 398500
26 December 2017	01480 398500
27 December 2017	01480 398500
28 December 2017	01480 398500
29 December 2017	01480 398500
30 December 2017	01480 398500
31 December 2017	01480 398500
1 January 2018	01480 398500
2 January 2018	01480 398500

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:
 - Strategic and Community Unit Quality dashboards
 - A Quality Early Warning Trigger Tool
 - Local and Corporate Risk Registers
 - Business Continuity Plans for all services
 - Local arrangements for urgent monitoring of service provision (i.e. teleconference process for District Nursing)

Quality dashboards

- The Trust uses a strategic dashboard (first implemented in April 2012) with metrics identified in the areas of:
 - Safety (Harm Free Care, Serious Incidents, Never Events, Medication Incidents, Infection Prevention & Control, Hand Hygiene)
 - Effectiveness (Mandatory Training compliance, Safeguarding Supervision, Workforce data including sickness and appraisals, Staff Friends & Family Test)
 - Experience (Complaints, Friends & Family Test score)
 - Other Quality information (Quality Early Warning Trigger Tool)
- These enable each Community Unit (Ambulatory Care, Luton Adult & Children's Services and 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 Quality Report.

Quality & Patient Safety

- The Trust's winter resilience plans are linked to national guidance provided by NHS England, e.g. the Cold Weather Plan.
- As a Category 2 responder under the Civil Contingencies Act 2004, the Trust has an agreement with the Metrological Office (Met. Office) to automatically receive advanced warnings and alerts of severe weather within its catchment areas. This arrangement is called the National Severe Weather Warning Service (NSWWS) alert. If an alert is received, the information is cascaded to all staff to ensure that suitable arrangements are in place to minimise the impact to services, e.g. review of rotas and to minimise the risk to the business and the health, safety and welfare of both patients and staff.
- On a weekly basis the Executive Team will oversee performance exceptions and escalate to the Board via the relevant Clinical Operational Boards.
- On-call and incident reports will be monitored by the Resilience Manager and escalated through the management team as required.
- A review of this year's winter plan will be held in June 2018 by the Trust Resilience & On-call Forum which will identify areas for improvement and lessons learnt, followed by a report to the Quality Improvement and Safety Committee. This will influence the 2018/19 winter planning by the Trust.



**Cambridgeshire
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NHS Trust

Partnership Health & Social Care / Community Input

Holly & Special Care Baby Unit (SCBU) Wards – Hinchingsbrooke Hospital

- There is no seasonal variation as far as acute children's mental health is concerned.
- This issue will arise if there are no beds available for admission if the ward has acutely unwell children – particularly babies with a viral infection.
- There is also an escalation process in place around increased demand on high dependency beds/cots enabling nursing staff to manage situations when there is a need to accommodate more than one child requiring high dependency or, in the case of CAMH's patients, requiring 1:1 supervision.
- A CAMH's Risk Assessment Tool has been developed by the Paediatric Team with ED and CAMHs colleagues and is currently being piloted by ED staff. This is initiated within the ED and enables an assessment of risk and the level of supervision the young person is likely to require if admitted.
- OOH's Mental Health provision for both adults and children attending the ED at Hinchingsbrooke is currently being discussed system wide.

Luton

- The Trust leads the Integrated Discharge Team based at the L&D Hospital which is a team of experienced District Nurses. They are the leads for all complex discharges working with Community Rapid Response, Intermediate Care and Social Care to ensure there are minimal delayed transfers of care in Luton.
- Community Nursing, specialist nursing including palliative care, Community Matrons and Falls support workers are all available during the Christmas and New Year periods to support discharges and avoid admissions. Rapid Response Nursing works collaboratively with social care and therapy services to deliver Integrated Rapid Response to support appropriate hospital aversions seven days a week.
- Care Homes are well supported by the Community Matron, District Nursing Service and Rapid Response Service to support people to return to their own homes. Rapid Response provides urgent visits to residential homes.
- CHC is led by integrated discharge and community nursing to ensure that patients receive appropriate health and social care support. To mitigate delays both teams are integrated within the hospital.

Partnership Working

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

List of abbreviations

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

Paper by J Downey. Resilience & PREVENT manager.
Date: September 2017

