

Agenda item 4.i

Report to:	Trust Board	Date: 26 November 2020
Report from:	Oonagh Monkhouse Director of Workforce and OD	
Principal Objective/Strategy:	To update the Trust Board on key workforce issues that are not covered in PIPR	
Title:	Director of Workforce Update on: <ul style="list-style-type: none"> • Regional surge centre workforce requirements • COVID19 Vaccination Programme • COVID19 Staff Testing Programme 	
Board Assurance Framework Entries:	Health and Safety Staff Wellbeing	
Regulatory Requirement:	N/A	
Equality Considerations:	The Workforce Risk Assessment process has had an EIA undertaken	
Key Risks:	Staff Health and Safety and Wellbeing Equality, Diversity and Inclusion Poor staff engagement leading to high turnover and staff absence.	
For:	Information	

1. Purpose

The purpose of this report is to update the Board on:

- **Regional Surge Workforce Planning**
- **COVID19 Vaccination Programme**
- **COVID19 Staff Testing Programme**

2. Regional Surge Workforce Planning

The East of England has not built Nightingale Hospitals and therefore any further surge capacity needed, if initial load levelling between critical care units reaches capacity, will be provided by Regional Surge Centres in Norfolk, at the Norfolk and Norwich Hospital, and in Cambridge at Cambridge University Hospitals and Royal Papworth Hospital. Regional Surge Centres are intended to accept COVID19 patients requiring ICU care once local ICU facilities have reached maximum safe capacity (as defined by the East of England Critical Care Cell in conjunction with the East of England Critical Care Network). In order to do this the Surge Centres will need additional equipment, drugs and staff and planning for this is being led by the EoE Region. Workforce is the main rate limiting step and all provider organisations in the East of England have been asked to identify staff that would be redeployed if surge centres were required to be stood up. There is no contractual mechanism for redeploying staff between organisations and it would therefore be dependent on staff volunteering to work in a surge centre. We are working with Cambridge University Hospitals and the EoE Regional Office on the workforce modelling for surge capacity and planning for the potential redeployment of staff.

3. COVID19 Vaccination Programme

The Trust is preparing to implement a COVID19 vaccination programme. There is a lot of fluidity with what we are going to be expected to do and by when. We have been asked to be ready to mobilise a vaccination programme from 1st December 2020 with a coverage target of 75% within the first 7 week period. This amounts to 1575 staff.

We have been advised that we will be receiving the Pfizer vaccine which requires two doses to be administered, 28 days apart. Using local intelligence, there is potential for either an immediate reaction to the vaccine (within 15 minutes) and also for 5% of recipients stronger reactions consisting of COVID19 like symptoms for 2 days after vaccination. This is being taken into account in our planning.

We have established a COVID19 Vaccination Task and Finish Group which is meeting twice weekly and a project plan, risk register and action logs are in place. This remains a fast moving project and there is very little detailed information released about the vaccine including patient group direction, protocols and training packages. In the last week we have been informed that due to licensing terms the vaccine will be administered in hubs. The Cambridge and Peterborough System hubs are North West Anglia Trust and Cambridge University Hospitals.

4. COVID19 Staff Testing

We will be rolling out staff COVID testing with effect from 30 November 2020. Staff and students will be asked to self-administer a lateral flow antigen test twice a week for a 12 week period. The lateral flow test detects the presence of the COVID-19 viral antigen from a swab sample. The test is administered by handheld devices producing results in 30 minutes. Lateral flow antigen testing has a lower sensitivity than qRT PCR and LAMP technology. However, studies to date suggest that, similar to LAMP, these tests are better at returning positive results for individuals who are infectious rather than individuals who may have had COVID-19 recently and are no longer infectious (qRT PCR will detect both). If staff have a positive test result from the lateral flow test or have two invalid tests they will be required to undertake the normal PCR test to confirm their status. Pending the PCR test result they will follow all the rules for self-isolation. We are developing an online system for staff to record the outcomes of their test which will ensure that we provide staff with the correct advice if they test positive and that flows through to track and trace processes. We are statutorily required to report the outcome of staff's test outcomes to PHE.

5. Recommendation

The Board is asked to note the update on workforce matters set out in this report.