

**COVID-19 Business Continuity Plan**  
**THIS PLAN OUTLINES THE RESPONSE TO**  
**THE GLOBAL PANDEMIC OF COVID-19**  
**FOR ACHIEVE TOGETHER**

Prepared by: Executive Pandemic Team

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## 1. Introduction

Achieve together provides care and support to adults with a broad spectrum of learning disability, autism and/or mental health in both Residential and Supported Living environments as well as through Outreach and some Day Services.

This plan has been developed by Achieve together in response to the emergence of COVID-19 as a global pandemic as determined by the World Health Organisation. The document and all subsequent updates are owned by the Executive Pandemic Co-ordination Team which was established on 5<sup>th</sup> March 2020.

This document will be regularly updated to reflect the changing situation – Please check that the version you are reading is the latest version which is available on our website landing page [achievetogether.co.uk](http://achievetogether.co.uk) and on organisational intranet sites.

The exact response of Achieve together to COVID-19 will be tailored to the nature, scale and location of the threat in the UK, as our understanding of this develops and in line with official guidance.

This document applies equally to all Services, in both England and Wales, which are part of the Achieve together family of Services.

### 1.1 Definitions

<b>Outbreak:</b>	Where two or more people in a service are symptomatic (notifiable to Health Protection Team in England or Public Health Wales).
<b>Service:</b>	An environment in which Achieve together provides support or care, this includes Residential, Supported Living, Outreach and Day Services.
<b>Risk Management:</b>	Where a service has an “Outbreak” and is treated in line with current protocols which may include moving to minimum safe staffing levels, withdrawal of staff with underlying health conditions, notifications in line with the Notifications Protocol, implementation of self- isolation and appropriate use of Personal Protective Equipment.
<b>Major Incident:</b>	Where a service is deemed to be unviable or likely to become unviable in the very near term. This could be in relation to staff shortages and would invoke the Major Incident Protocol.

Achieve together is using the following categorisation of services to ensure a common understanding throughout the organisation

- Category 1 – No cases identified in people we support
- Category 2 – Concern raised and potential self-isolation in place for person we support
- Category 3 – Outbreak – 2 or more people displaying symptoms – reported to Health Protection Team or Public Health Wales
- Category 4 – Major Incident: where a Service is deemed to be unviable or likely to become unviable in the very near term. This would invoke the Major Incident Protocol (section 6.4)
- Category 5 – Death of a person we support due to Covid-19

## 1.2 Aims and Objectives of the Plan

This document sets out what Achieve together has done – and plans to do – to tackle the COVID-19 outbreak as it relates to the people we support, our organisation and our sector. It reflects the latest official guidance for Residential Care, Supported Living and Home Care services which can be found at:

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>

The aim of this plan is to ensure that Achieve together is able to continue to deliver essential care and support for the people we support, by effectively managing the risk of infection associated with COVID-19, by implementing appropriate contingency arrangements should an Outbreak or multiple Outbreaks impact our services and to ensure that we can maintain sufficient staffing levels to operate services safely.

The key objectives of the plan are to:

- Provide basic information about our arrangements, including staff and suppliers
- Provide an overview of communications protocols and escalation mechanisms
- Provide a framework for responding to any incident in respect of COVID-19
- Identify some of the key actions staff must take in respect of COVID-19
- Outline our contingency arrangements to provide emergency staffing, should the need present

## 2. Notification of COVID-19 – Key Information

In the event of a concern around COVID-19 in a Service, the person leading the shift will notify relevant stakeholder parties in line with our COVID-19 Notifications Checklist which is updated in line with government guidance.

## 3. Communications and Co-ordination

Achieve together have set up a Notification/Help Desk which is available 24/7 to ensure staff can gain advice and support around people we support who may have been exposed to COVID-19 or who are presenting with symptoms of this virus. This is supported by an Executive on-call rota, and a 24/7 Clinical Helpline should escalation be required.

This is a fast-moving pandemic and requires exceptional communication, access to information and co-ordination. Achieve together has an established governance and control framework which has been put into place. It is in 3 layers;

- Exec Pandemic Co-ordination Team;
- Operations Co-ordination Team; and
- Notification/Help Desk 24/7 Team.

This structure is supported by the COVID-19 back office support team which includes representatives from IT, HR, Marketing, Clinical, Quality and H&S and a dedicated Co-ordinator role.

Regular communications for the whole organisation are sent by e-mail and are also available on our Intranet.

### **3.1 Executive Pandemic Coordination Team**

**The Exec Pandemic Coordination Team includes;**

Emma Pearson – Chief Executive Officer  
Sam Collier – Chief Operations Officer  
Daniel Pilbrow – Strategy Director  
Michael Fullerton – Clinical Director  
Zoe Armstrong – Director of Quality  
Susan Lee – Chief People Officer  
Steph Robinson – Head of Marketing & Communications  
Rich Wilcox – Head of IT

This team meets formally 3 times weekly, and more often as required.

Frequency and attendance remain under constant review.

### **3.2 Operational Co-ordination Team**

**The Operational Co-ordination Team includes;**

Chief Operations Officer  
Director of Quality  
Area Directors  
Representative from Estates  
Health and Safety Manager  
Representative from IT  
Representative from HR

Others may be co-opted should the need for their skills be identified.

In order to spread the workload and ensure the effectiveness of this team we have identified the following work streams –

1. Service safety and regulation
2. Office and field-based staff
3. Notification/Helpdesk
4. Clinical, health and PPE
5. Activities and social stories
6. Staff and agency workers
7. Finance and commercial
8. Communications
9. Technology
10. Project management and governance

Each work stream lead is a member of the Executive Pandemic Coordination Team, working with relevant colleagues to put in place appropriate plans and arrangements.

This team will meet daily to review governance feedback. This ensures a regular flow of communication into services and across management. Frequency and attendance are under constant review.

Both the Exec Co-ordination Team and the Operational Coordination Team are supported with Microsoft Teams sites that enable continuous communication and easy access to shared files.

### **3.3 Notification/Help Desk**

Exists for the purpose of queries in relation to COVID-19 regarding people we support.

## **Dedicated freephone number 08000 147 343**

This is staffed 24/7 with staff trained in the Achieve together COVID-19 protocols. Our Director of Quality has responsibility for related protocols and Notification/Help Desk delivery. The Notification/Help Desk is available 24/7 to ensure staff can gain advice and support around people we support who may have been exposed to COVID-19 or who are presenting with symptoms of this virus. This is supported by an Executive on-call rota and a 24/7 Clinical Helpline, should escalation be required.

The Notification/Help Desk also has the following responsibilities;

- To ensure the safety of the people we support by providing an immediate crisis and escalation line
- To ensure central recording of the key details of any COVID-19 events for the people we support
- To establish the facts of each case and ensure that key questions are asked and documented in line with the protocols
- To provide immediate additional documentation to a service when a new case is identified to ensure that local management is fully supported in the actions they need to take
- To monitor and escalate requests for government issued PPE to Area Directors to chase for distribution to services
- To provide the Pandemic Executive Co-ordination Team with the latest COVID-19 management updates and overview at an organisational level daily through routine reports

### **3.4 Wider Communications**

Communications to stakeholders in relation to identified events of COVID-19 should be handled in line with the COVID-19 Notifications Checklist.

Communication and updates to the Achieve together Board will be on a weekly basis as a minimum.

We will share our social stories and other materials for other providers to use.

We have set up a dedicated COVID-19 section of our website which can be accessed at <https://www.achievetogether.co.uk/> and which includes a section dedicated to families in addition to a wide range of materials for our teams and the people we support, including the entries and results of our weekly Talent Show which is helping to keep spirits up during COVID-19. Our BCP is available on the website and our communications email address remains available for all routine and COVID-19 related queries at [info@achievetogether.co.uk](mailto:info@achievetogether.co.uk)

### **3.5 Commissioner Communications**

To ensure that we take a consistent approach when responding to enquiries about our COVID-19 planning:

- If an email is received from a commissioning authority enquiring about our COVID-19 preparedness it must be forwarded to [ProviderEngagement@achievetogether.co.uk](mailto:ProviderEngagement@achievetogether.co.uk) (including any attachments)
- This ensures we will respond with our organisation-wide approach that has been developed in consultation with our Clinical and Quality support teams
- Teams must be aware that the email may also include information that may need to be followed at local level if people we support have to be self-isolated, or in the event of infection
- If a phone call of a similar nature is received, the enquiry should also be forwarded to the above email address.

## **4. Central Office and Regional Support Business Continuity Planning**

Relevant members of the Pandemic Operations Co-ordination Team will ensure that services can continue to run safely with minimal central office support. However, central office functions can continue with the staff able to work from home.

Effective homeworking guidance has been issued to all staff.

For key central office and leadership roles, deputies have been identified to ensure continuity.

All meetings with external organisations to be held electronically via a conference call or video conferencing.

Our Central Office (Leatherhead) and all regional offices are shut down except for key activities which cannot be carried out offsite, giving due consideration to lone working principles.

All non-essential face to face training has been cancelled in order to reduce the risk to staff team members. This will be kept under review by the Executive Pandemic Co-ordination Team on a regular basis.

All central teams including H&S, Quality and Maintenance have been instructed to carry out only the most essential works. All departments must have a register of works that are deemed essential and should always give sites 48-hours' notice of any visits. Central teams are expected to check the 'Register of Services' to ensure that an essential visit can still proceed.

## **5. People we support**

### **5.1 General Principles**

It is important to stay calm and positive. All staff are being supported through regional management to ensure they can minimise the impact on people we support, and their families, at a time when people are understandably concerned.

We are reminding people we support about the importance of good hand hygiene and 'Catch It, Bin It, Kill it'. Services have been issued with posters, easy read guides and social stories to promote regular good

handwashing practice and other means of infection control such as no handshaking and regular cleaning of surfaces.

Visits to services and people moving into services are informed by government guidelines for social care. Policy changes and guidance are reviewed by the Executive Pandemic Co-ordination Team, and mobilised by the Operational Pandemic Co-ordination team.

We recognise the importance of relationships with family and friends with regards to emotional wellbeing but in line with government guidance, visits by families and friends into the services, along with visits home for the people we support are not allowed at this current time.

Our staff teams have been directed to escalate any “exceptional” requests to divert from government guidance to our Clinical Team for their support and guidance for both parties, along with liaison with Local Authority commissioning teams where required.

We will continue to support emotional wellbeing in alternative ways, including phone calls and video calls – resources are in place in all services to facilitate this.

In line with the Mental Capacity Act 2005, we will assume capacity and will take every opportunity to provide information, coaching and encouragement to support people to make good decisions around all social contact and managing infection control within their home.

Where an individual has been assessed as lacking capacity, the principles of best interest decision making will be adhered to and the service will engage with the local authority commissioning the support alongside appropriate family members to arrive at a best interest outcome. These meetings (which can be conducted on the phone or in person) will be documented and a review date (exit strategy) for any restriction will be detailed.

N.B. Consideration should also be given to any potential requirement for a Deprivation of Liberty Safeguards (DoLS) application to be made.

Managers will ensure that all contact details including workforce and their significant others are up to date.

Managers must ensure they follow the latest government guidance for social care admissions and escalate to the Helpline (section 3.3) if additional support is required.

## **5.2 Infection Control**

It is essential that anyone entering one of our services or offices must follow the strictest infection control practice at all times and follow government guidelines on the use of PPE in social care settings. This includes the following with no exceptions:

- Anyone entering a service must read and sign our COVID-19 Health Guidance Protocol (please note that the declaration in the Protocol has been revised). Staff must not allow anyone who has not or will not confirm their health status to enter the premises.
- A member of the team must directly supervise visitors, agency workers and contractors as they hand wash to the required standard and don appropriate PPE.
- Teams must be extra-vigilant in keeping all communal spaces, particularly bathrooms, kitchens and vehicles as clean as possible and clean frequently touched surfaces regularly.



Much of the care Achieve together provides requires close personal contact.

Services are responsible, as is usual, for maintaining local infection control supplies (PPE, hand hygiene equipment, tissues, gloves and aprons as well as disposal facilities).

Achieve together holds a central stock of PPE which is available for issue to any affected site. All services should have sufficient PPE for at least the next 24-hour period or longer if they have an instance of a confirmed case or somebody who is symptomatic. Services must escalate to their Regional Manager for additional PPE supply support if needed.

We have implemented a PPE predictive requirement tool, and weekly stock check app to ensure that Achieve together are able to manage PPE supplies effectively throughout the pandemic, reporting to CQC and CIW on likely immediate shortages as and when this may occur.

A central PPE team has been established to control stock and place orders but all services should also continue to order via normal local supply routes in addition to the central ordering.

## **6. Protocols for Service Management**

### **6.1 Category 1**

#### **Category 1 – No cases identified in people we support**

Services will continue on a normal basis, subject to any constraints imposed by the UK Government (and/or Welsh Assembly in Wales), PHE and PHW, including risk assessed “necessary” access to the community in line with support plans. We will continue to follow national guidance on whether activities for people we support should be curtailed in the future, but we will not seek to deprive people of their liberty if it can be avoided. (See General Principles)

Increased vigilance in infection control measures should be the norm at this time.

All Services are to use the COVID-19 Health Guidance Protocol to ensure any essential visitors to the home, including agency workers, regulators and contractors are working in line with our standards. (See Infection Control, section 5.2)

Visits from other providers for assessment purposes should be limited or cancelled where possible due to the potential risk to the vulnerable people we support.

### **6.2 Category 2**

#### **Category 2 – Concern raised and potential self-isolation processes in place for person we support**

Services will continue on a normal basis, subject to any constraints imposed by the UK Government (and/or Welsh assembly in Wales), PHE and PHW, unless self-isolation is advisable (this will be determined according to individual circumstances, referencing the Decision Support Tool to ensure all factors are taken into consideration. Access to the community will be reviewed in line with support plans and critical nature of the activity/appointment. Mental Capacity Act and Best Interest protocols will be followed to ensure that

decisions made are discussed, considered and follow least restrictive measures available, whilst maintaining optimum safety for everyone.

Increased vigilance in infection control measures should be the norm at this time. Detailed guidance and instruction on this have been provided to all our services, along with additional training using e-learning.

### **6.3 Category 3**

#### **Category 3 – COVID-19 Outbreak (2 or more people in the home presenting with symptoms – notifiable to the Health Protection Team England or Health Protection Wales)**

Where two or more individuals we support are showing persistent symptoms of COVID-19 or have been tested and confirmed steps will be taken to minimise the risk of transmission through safe working procedures and the required notifications will be made

Staff should use personal protective equipment (PPE) in line with Achieve together and government guidance. Enhanced and detailed directives have been provided to the services and will continue to be updated in line with the latest guidance produced by PHE and PHW. This is supported and reinforced through weekly calls with regional managers, and by regional managers working closely with their service managers and teams to ensure a good communication flow in an environment where guidance has been changing very regularly.

We are aware of NHS guidance stating 'Healthcare workers who come into contact with a COVID-19 patient whilst not wearing PPE can remain at work. If they display any symptoms of lower or upper respiratory tract infection they must immediately stay at home for the duration of the illness or 14 days, whichever is longer'. Managers must ensure that any staff member who is symptomatic follows 'Stay at home: guidance for households with possible coronavirus (COVID-19) infection' ([www.gov.uk](http://www.gov.uk)), dependent on their symptoms or recovery after 7 days.

It is essential that used PPE is disposed of as clinical waste.

Where clinical waste bins are not available, personal waste (such as used tissues, continence pads and other items soiled with bodily fluids), used PPE and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

According to official guidelines, we are not expected within our services to have dedicated isolation facilities for people living in the home but should implement isolation precautions when someone in the home displays symptoms of COVID-19 in the same way that they would operate if an individual had influenza. If isolation is needed, the person's own room can be used. Ideally the room should be a single bedroom with en-suite facilities or designated bathroom arrangements.

Always seek advice, using NHS 111, on whether people we support would go to hospital or a specialist unit in the event that they were symptomatic or diagnosed.

Services should follow protocols in line with guidance issued by the Notification/Help Desk. In addition, and for awareness:

- Achieve together have established that pharmacy suppliers will continue to deliver medication on a 'doorstep delivery' basis. Notification for supplying pharmacy in these circumstances is part of the COVID-19 Risk Management Plan
- Minimum safe staff levels required for every service, have been identified.
- We have set up Pandemic Support Teams, with a COVID-19 lead per region, to support individuals and services with practical arrangements in the event of confirmed case of a symptomatic or diagnosed individual.
- Regional Managers and Regional Pandemic Supports Teams will assist in providing support materials such as games and activity packs as well as access to online content for services to help staff teams keep people occupied where they are well enough.

We have an option that people we support could go home – e.g. if staff are unable to support. This information has been proactively sought from families and is documented by each service in the Major Incident Protocol. If the person supported goes home, this is envisaged that they would remain at home for the duration, but any such decision should be made closely in conjunction with the person's funding authority with input from external health professionals as relevant.

## **6.4 Category 4 – Major Incidents**

If a "Major Incident" has been declared, due to high rates of people we support and staff affected, support may be required from the health community which includes CCGs and Public Health England or Public Health Wales (as appropriate). If NHS funded people we support are involved, direction may also come from NHS England. Primary Care support will also be required if high numbers of staff are affected.

In the event of a "Major Incident", we have identified a Major Incident Protocol which provides options to support safe minimum staffing levels, at which each service can operate before the care we provide to people we support is compromised.

The Major Incident Protocol is in place to provide emergency direction around staff deployment in the event of an emergency. If the minimum safe staffing levels are breached, and a Major Incident Protocol is evoked, CQC notifications will be made, commissioners notified, and safeguarding concerns raised in line with our COVID-19 Notifications Checklist.

In periods of heightened pressure in the wider health system, Achieve together is mindful of impacts on partner organisations and will take relevant actions to support.

## **6.5 Category 5 – Death of a Person We Support**

When the death of someone supported is anticipated we will ensure all relevant health professionals and the supporting staff team are aware of any Advance Decisions, Advance Care Planning, DNACPR or ReSPECT Forms in place.

In the event of a person we support dying whilst symptomatic or when the individual has tested POSITIVE for COVID-19, Achieve together staff will follow the 'Care of the deceased person procedure' which has been reviewed to reflect the COVID-19 guidance around enhanced infection control and PPE procedures. Family members will be contacted, and local authorities will be notified, along with the GP practice and PHE/PHW.

The COVID-19 notification to CQC or CIW will be submitted and support will be provided to the individuals remaining in the home, along with the staff teams to ensure that they are provided with comfort and guidance at this difficult time. All deaths of people with a learning disability we support in England will be notified by the manager to LeDeR.

The notification to PHE or PHW will usually trigger testing for the individuals who remain at the home and their staff. Our Clinical team follow up on these notifications and testing to ensure that the team working in the home can focus on the support of individuals.

## **7.0 Identification of Vulnerable/High Risk Individuals**

Exposure to COVID-19 has the potential to impact people we support who may be deemed as “High Risk”.

All Services have assessed the vulnerability of people we support and carried out a review of staff with underlying health conditions to minimise risk. In addition, all services have identified those people we support who have received a Shielding letter and must ensure that the Shielding Risk Assessment is in place, which will include the use of defined PPE in line with latest guidance.

## **8.0 People**

If a team member informs their manager that they have symptoms or have been in contact with someone who has been diagnosed with COVID-19 they should visit the NHS 111 website (<https://111.nhs.uk/covid-19>) immediately and they must follow the advice given, particularly given the vulnerability of the people we support.

### **8.1 Keeping staff safe**

- Cross service working in Achieve together is not permitted. Staff are allocated to a base home and all working hours are conducted in this service.
- HR maintains a register of staff by site who may be more at risk during a pandemic due to underlying health conditions. They also track instances of staff self-isolation in order to keep oversight of risks to safe staffing levels at a service and regional level.
- The register and tracker must be kept up to date and shared with the Operational Co-ordination Team and the Notification/Help Desk to assist in rapid action being taken to protect our staff and the people we support if required.
- Staff who may be at risk are asked to seek advice from their clinical team, GP or NHS 111 to support their decision on whether they need to self-isolate.
- Staff are supported through access to all relevant documentation and advice on the eLFY system which all staff have access to, including by a mobile app.

## 8.2 Agency workers

Most of our agency workers are managed through our preferred supplier process. These agencies plus any other workforce suppliers are required to comply with our additional pandemic governance processes as follows:

- Agency workers are requested to work at a single Achieve together location
- Read and acknowledge our COVID-19 Health Guidance Protocol
- Wear appropriate PPE
- Mandatory completion of our pandemic-specific infection control training module
- Closely supervised handwashing and infection control within the service.

## 9.0 Training, Quality, H&S and Maintenance

All central teams including H&S, Quality and Maintenance have been instructed to carry out only the most essential works. All departments must have a register of works that are deemed essential and should always give sites 48-hours' notice of any visits. Central teams are expected to check the 'Register of Services in Isolation' via the Notification/Help Desk to ensure that an essential visit can still proceed.

As with any other visitor to a service, internal teams are expected to read and acknowledge our COVID-19 Health Guidance Protocol on arrival at the Service.

- All non-essential events, including non-mandatory training that cannot be delivered in any other way than in the classroom have been cancelled. Wherever possible, essential events must be carried out via video training or other means that minimise the risk of passing on infection. This will be kept under review by the Executive Pandemic Co-ordination Team on a regular basis.
- Training has been amended to reflect official advice on Immediate Life Support (ILS).
- Infection Control training statistics are available to the Operational Co-ordination Team, including Regional Managers and Area Directors through our online Learning and Development Portal.

The Infection Control On-line Training has been 'reset' so that any staff member whose training was carried out earlier than January must repeat the training using the eLFY system as an immediate priority.

## 10.0 Technology

All central staff have laptops and ability to work from home, subject to Wi-Fi access. Central Office landlines can be diverted to mobiles or personal landlines.

Leadership teams need to develop their own home working plans, for example proactive home management and printing. This is being overseen by the Office and Field Based Staff work stream.

We have a team of IT professionals, including outsourced support, who will ensure continuity of data access, email, internal systems, data security etc.

Governance records relating to people we support are held electronically. They can be accessed by relevant managers, with additional support from our central office. Key personnel have web-based file management and communication tools.

We have sufficient personnel in our finance team to ensure payment of invoices, payroll and petty cash can continue with minimal disruption.

The purchasing or orders of supplies can be carried out by relevant managers from Service Manager through to Area Director (as a minimum), with additional support from our central office purchasing team.

## **11.0 Suppliers and Partners**

Our central purchasing team is working hard to ensure continuity of supplies during the pandemic. Most of our services are located in clusters and operate cooperatively under normal circumstances. Through our network of Area Directors and Regional Managers we can move resources between services as demand dictates.

We are working with our staff agency contractor, suppliers and maintenance contractors, to ensure that our arrangements can be fully implemented and effective through mutual cooperation.

Suppliers, Partners, Commissioners and other stakeholders can contact our 24/7 Notification/Help Desk in the event that they have concerns around any issue, ensuring a rapid means of escalation.

### **11.1 Local Authorities**

We work closely with Local Authorities at all times and will continue to liaise with them in order to maximize benefit from any support or contingency plan that may be available.

In line with ADASS guidance we would ask that routine requests over and above our BCP should be avoided, unless there is an intention to analyse the plans collaboratively and offer constructive guidance. Our BCP should be the starting point of conversation between Achieve together and commissioners to ensure continuity of care for the people we support. We will respond to all commissioners who request confirmation of our contingency arrangements, and we are sharing proactively with all others. Commissioners will be aware that the information we need to provide to all stakeholders is changing on a daily basis as the situation develops and official guidance itself changes.

## **12.0 Websites which may be helpful**

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance><https://www.achievetogether.co.uk/>

<https://zcu.io/8DO2> handwashing video

<https://111.nhs.uk/covid-19> NHS 111 online facility

<https://www.gov.uk/guidance/local-resilience-forums-contact-details>