

Incident Command Update – November 2020

Patrick Scott
Chief Operating Officer
Executive Lead Incident Command

COVID 19 National Context

- Level 4 incident nationally and just coming out of full national lock down
- Incident Command response in place across 7 days
- Pressure is growing on Acute hospitals - COVID admissions 50% higher than peak of Wave 1. But not same pressure on ICU/HDU beds yet
- Growing national concern regarding learning disabilities - ICS wide task and finish group being established
- Alignment of Command Structures for COVID 19, Winter pressures and EU Exit

COVID 19 Local Context

- Focussed Clinical support to local Muslim Communities linked to high death rates during the pandemic
- Lateral testing kits for patient facing colleagues, received and arrangements in place - Roll out commenced week commencing 23rd November
- Plans being developed within the Trust and at 'Place' for COVID 19 vaccination programme. BTHFT lead provider within a collaborative arrangement
- A number of outbreaks within inpatient wards although numbers coming down - Co-horting enabling estates work ongoing
- National monies available at an ICS level recognising increased demand on Mental Health inpatient beds, to support effective and timely discharge

Winter Pressures

- Combined challenge of Flu and COVID 19 vaccination programmes. Big push for flu vaccination, currently 67% of staff vaccinated against flu
- We will be prioritising staff, over 80's within our inpatient units and housebound
- All remaining inpatients will receive vaccine as part of phase 2

EU Exit – End of Transition Period

- National Webinar to remobilise NHS preparation
- Work has been ongoing centrally since September to prepare the NHS systems and check assurance of preparedness
- Regional and national system resilience and command structures in place, aligned to COVID19 and winter pressures
- Move to daily sit rep 1st December
- Internal SME cell remobilised to report into incident response structures

Workstreams

- Workforce
- Medicines
- Non clinical goods and services
- Reciprocal healthcare/cost recovery
- Medical Devices and Clinical Consumables
- NHS Blood and Transplant
- Data
- Adult Social Care
- Primary and Community care
- Clinical Trials and Research
- Vaccines

What we need to do

- Remobilise SME cell
- Line of sight for the Board
- Communication plans for frontline staff
- Review and refresh our plans
- Test escalation routes
- Re-establish system planning

.....and finally!

‘Lively up Yourself’ Campaign