

Agenda  
Item  
9.1

# Incident Command Update

## November 2021

Patrick Scott  
Chief Operating Officer  
Executive Lead Incident Command

# COVID-19 National Context

- Escalating concern around infection rates and demand on services
- Decision taken to make being vaccinated mandatory for NHS staff, although not clear whether this is all staff
- Continued concerns around workforce pressures moving into winter across all sectors, some national workforce planning taking place around Care sector

# COVID-19 Local Context

- Infection rates remain a concern
- No active outbreaks in our inpatient services
- Majority of outbreaks are within care homes, and are significant (8-12 people) and all involve people who have been double or triple jabbed.
- Recent spikes in demand on acute hospitals, recent outbreak within the stroke unit
- Winter planning continues at system level. Winter pressures allocation has been agreed and proposals going to A&E Delivery Board on the 18<sup>th</sup> November

# COVID-19 Local Context

- Services remain under significant pressure
- Increased acuity and demand across majority of services
- Pressure on out of area beds continues - numbers currently above those that fall within the Quality Assurance Framework. Negotiating further on this with Cygnet
- High sickness rates linked to COVID/Anxiety/Depression
- Workforce are tired
- Stepping back up monitoring of impact through silver command recognising likely impact of winter

# Statutory Public Inquiry

- 3<sup>rd</sup> National webinar has taken place. Last one of this calendar year.
- No decision on the Chair, although decision promised before Christmas
- Agreement TOR will likely be consulted on
- Regional COVID 19 inquiry steering group reporting into Regional Executive Management Group

The Steering Group has been established to:

- Provide a single point of contact in handling all aspects of and responding to the inquiry.  
Email: [england.neycovid19inquiry@nhs.net](mailto:england.neycovid19inquiry@nhs.net)
- Prepare a central set of factual/core narrative for the Region ensuring all records, both paper and electronic, created by NHSE/I staff working at all levels is reviewed against the timeline of the incident with actions and decisions documented noting key themes and lessons identified and learned.
- Review and share learning from key incidents that took place during the pandemic making recommendations for action/s and future commissioning of services/products/processes (to include national and international publications).
- Maintain a 'lessons identified' log monitoring the follow up actions as a consequence of the incident that are reported to the Regional Executive Management Group for review on a monthly basis.
- Provide assurance of the approach taken by the Region in conjunction with the Integrated Care Systems for the Covid 19 Inquiry preparation to include relevant training for staff required to attend the Public Inquiry

The Steering Group will:

- Ensure one version of the Covid 19 incident through a master timeline with decisions made and actions taken recorded against the timeline resulting in a regional master decision log.
- Agree and take forward a project plan that includes all regional Covid 19 cells and workstreams to record all decisions made and actions taken.
- Identify lessons learned and subsequent implementation of actions (noting the inclusion and representation from the Ministry of Defence (MOD)).
- Ensure all staff involved in this process are aware of the processes involved in the Incident Records commencing with ESR Mandatory Training to preparing staff to give evidence to an inquiry.
- Hold an accurate record of all staff that are trained in Records Management and other relevant training.
- Ensure that identified staff have time dedicated to the delivery of this project plan.
- Capture the information relating to staff leavers (NHS E/I and MoD)
- Monitor ongoing progress of the project via a highlight report that includes themes and lessons identified / learned so far in the pandemic



# Likely Areas to be included in scope

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>○ PPE supply.</li><li>○ Reorganisation of health services</li><li>○ Sufficient numbers of trained medical staff</li><li>○ Increased risk to BAME</li></ul> | <ul style="list-style-type: none"><li>○ Vaccination</li><li>○ Use of experience from previous pandemics</li><li>○ Testing and tracing</li><li>○ Timings and strategy of lockdowns</li></ul> |
|--|---|

## Purpose

- To determine what happened, why it happened and to learn lessons to avoid a recurrence of an event.
- No power to hold individuals or organisations liable for their actions or omissions (similar to an inquest).
- However, the Inquiry can make determinations and those findings can be used to inform subsequent criminal or civil proceedings.

## How does a Public Inquiry Work

- Chair (senior judge) to be appointed – still to happen (apparently by Xmas).
- Prime Minister must consult with Chair on TORs for Public Inquiry.
- TORs important, as the Inquiry has no powers to ask questions about anything outside of that scope.
- Core participants – most likely to include those who have a **direct** and **significant** involvement in the event.
- Assessors may be appointed to assist the Chair in determining and collating evidence.

**It is a criminal offence to withhold evidence/information from Public Inquiry.** Such crimes are liable to imprisonment (but most likely fines)

How long will it take ???

# Current position

- Still no sign of 'Stop Notice' being delivered to Trusts.
- Initial meeting of SMEs held early September, all were provided with guidance received to date.
- Comms message to staff sent out early Sept 2021.
- Still no national guidance on preparations, questions or requirements (NHSE chasing on behalf of organisations).
- Other partner organisations making same preparations as us – BDCFT ahead of the game, compared to local Bradford & Airedale partners.
- KPO leading on coaching session with SLT.
- HR have updated staff leaving procedure coming into effect Oct 21. Confirmed they have contact details for ex-staff execs (Brent & Liz).

# COVID-19 Vaccination Centres

- Lynfield Mount Hospital Hub continues to deliver Covid boosters/Flu vaccinations
- Jacobs Well has now fully reopened delivering Pfizer, Moderna and AZ.
- Age group currently being vaccinated is 12+ in line with the Joint Committee on Vaccination and Immunisation Guidance. For children in the 12-15 cohort these will be vaccinated within schools or within the **clinics in Jacobs Well**
- Pharmacy2U continue to support the delivery of 12-15 vaccinations within schools at Wakefield
- Pop up vaccination clinics within BTHFT for children who are clinically extremely vulnerable continue and this has been broadened out to include healthy 12-15 years.
- 2<sup>nd</sup> vaccinations will commence for all CEV children in December

# Next Steps

- We are continuing our targeted collective efforts addressing vaccine hesitancy across all age groups, socio-economic, ethnic and disadvantaged populations addressing key misinformation and misunderstanding e.g. the implications of vaccination on fertility
- Work will commence on 2<sup>nd</sup> doses for immunocompromised patients and their families following approval by the place based clinical reference group

# Friends and Family Data

October 2021

COVID Vaccination Site	Responses Oct 21	Overall Score % Very Good or Good	Overall Score % Neither good nor Poor/ Don't know	Overall Score % Very Poor or poor
Jacobs Well	699	98.7%	1%	0.3%
Bradford College	3	100%	0%	0%
Lynfield Mount	4	100%	0%	0%

**Weblink:** <https://my.bdct.nhs.uk/public/analytics/view/covid-vaccination-services-5>

# Emerging themes...

Positive	Negative
<b><u>We Care</u></b>	<b><u>We Care</u></b>
-excellent help from all staff and volunteers	-use the alcohol-free sanitizer at all points. people who suffer with skin condition suffer using the alcohol sanitizer
-lovely nurse, very knowledgeable and caring. And she didnt hurt me	-when I had to sit and wait for 15 mins they didn't even check on any patients or even ask if we was ok. They just sat there and had their own conversation
-wheelchairs provided if needed	-places to sit when checking in I can't stand up that long
<b><u>We Listen</u></b>	<b><u>We Listen</u></b>
-my concerns were addressed thoroughly and assurance of requirement meeting in patients was thorough.	-stop everyone in the chain you walk past at each stage asking if you ate there for a booster injection
-was shown where to go, given advice, was free to question what was being done, given answers no jargons.	-could do with some privacy screens as I had to lift my clothes up and expose my arm and was worried it might be seen by others. As a Muslim lady I would have appreciated some privacy
-they were clear and looked after me insuring that I was okay and comfortable. They checked my medication to see if I was able to have my vaccination	-on giving name, date of birth and contact details there was no thought for privacy of data in terms of being in an open space being overheard
<b><u>We Deliver</u></b>	<b><u>We Deliver</u></b>
-good service	-signposts if you come out of the bus terminal
-very efficient, smooth and well directed by staff. Great overall setup And offered water and biscuits whilst waiting	-the waiting area when you are about to get your jab is a wee bit like musical chairs and not good in current climate.
-didn't have to queue. Straightforward	-clearer about parking on info sent in advance

## Responding to emerging themes:

- Management of queues and strategic points for the public to sit – is undertaken by admin manager
- walk ins are advertised both nationally and locally including social media platforms
- Communication with staff about customer service- check to make sure person being vaccinated can hear them clearly
- Information is available as easy read materials and different languages
- Observation areas are monitored by staff and refreshments offered
- Privacy screens are in place and alternative offered if needing to get undressed