

COVID-19 Response Team

 – General Manager / Project Lead

21/10/2020

Bronze Discussion – Key Themes / Actions



Key Theme	Actions
Separate Hospital and Community Bronze	Cells to include elements of hospital and community bronze (HCS wide).
Lack of clarification of roles and responsibilities for those in a command & control structure	Requested that this be agreed by the Execs along with the escalation plan for the future.
Lack of clarification of strategy and objectives	To work with the Execs to agree this for the future.
Lack of understanding around what is command & control	JESIP training to be delivered.
No Terms of reference – staff unaware of roles and responsibilities during COVID. Required clearer direction within the group	Terms of Reference set. Individual cells to set out agreed roles and responsibilities.
Culture: unclear as to output/outcomes	Action log and agreed task lists within each cell to be delivered.

Bronze Discussion – Key Themes / Actions



Key Theme	Actions
Inconsistent communication	Communication cell to set strategy for clear guidance on who to communicate to and how. Standard templates.
Inconsistency in information captured and lack of use of Loggist	Further training to be given to Loggists. Loggist list to be cleansed. Loggist to attend Covid team meetings to take notes.
Not utilising people with specific skill set to support bronze	Cells to set out team membership.
Need to consolidate learning	Deputy/buddy for each cell to provide back up and support Share information – documents to be held on RD for all to access.
Lack of financial guidance/support	Finance cell will clarify funding and finance role.
More consideration for staff welfare of those working within Bronze	Consider Welfare officer IC available to provide some staff welfare support as part of preparation for 2 nd phase if required.

Project Improvement opportunity



- COVID-19 is a new coronavirus disease. The current novel coronavirus (COVID-19) outbreak, which began in December 2019, presents a significant challenge to healthcare providers worldwide.
- The aim as in any pandemic situation is to:
 - Provide optimum care for large numbers of people ill from COVID-19 and its complications
 - Ensure that essential services are maintained
 - Protect staff and non-COVID patients and reduce the spread
 - Provide good communications which promote a consistent message to the staff and to the public.

HCS Strategic Aim:

To provide optimum care for large numbers of people ill from COVID-19 and its complications during a Covid surge and at the same time prepare the capacity and support required to reduce any risk to patients and our workforce across Health & Community Services (HCS). This will be managed alongside Business as Usual and current Public Health advice.

Operational Objectives:

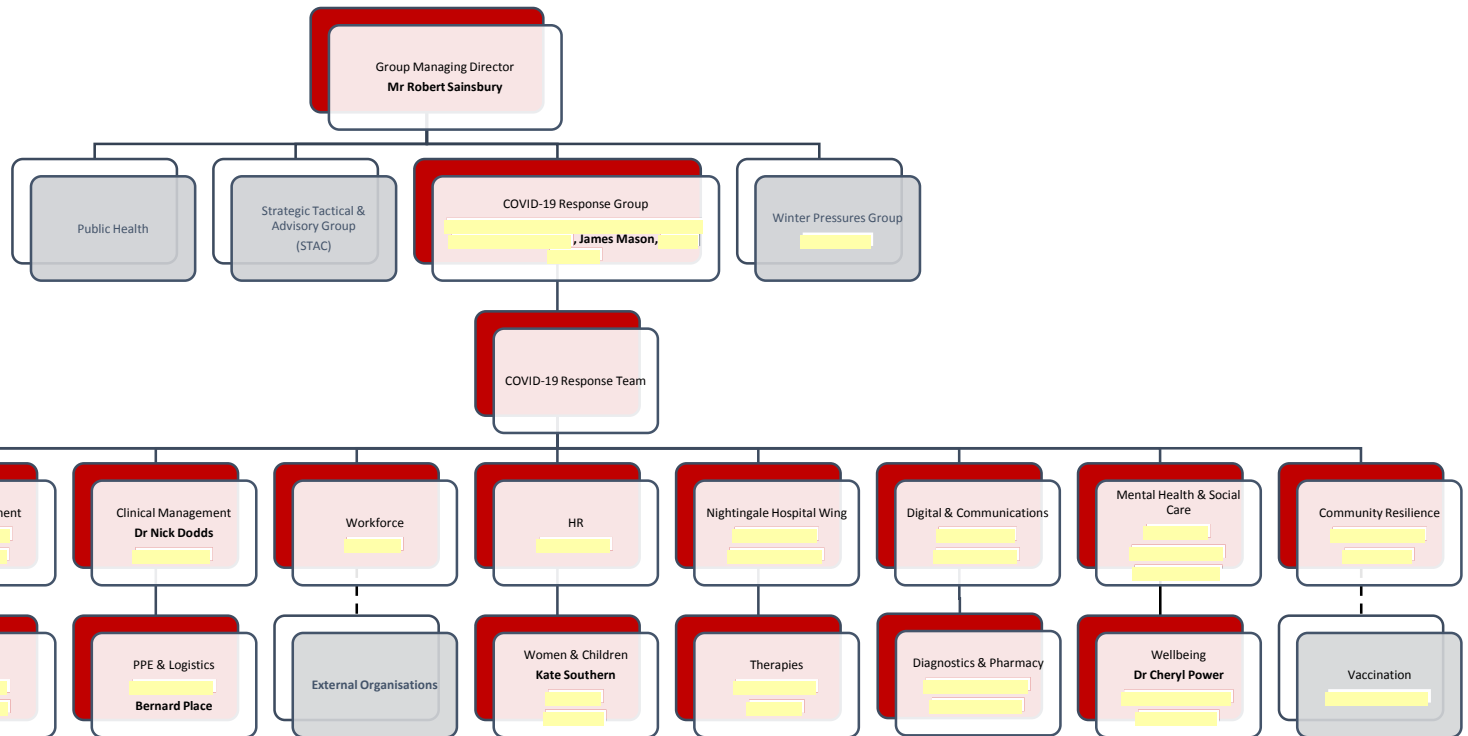
- Develop clear guidelines for the clinical management of patients from admission through to discharge, including palliation and robust mortuary operating arrangements.
- Ensure business continuity plans are in place to enable the provision of key services and continued delivery of essential services.
- Maximise available service capacity across all agencies, particularly acute hospital/mental health inpatient beds, social care and mortuary to be able to respond to the anticipated increases in demand associated with the impacts of Covid-19 and maintain hospital flow.
- Support partner agencies and the Jersey Resilience Forum to mitigate the impact of Covid-19.
- Develop clear Infection Prevention & Control (IPC) guidance to ensure healthcare workers, visitors and non covid-19 patients are protected from Covid-19 and the spread of Covid-19 is minimised.

Operational Objectives continued:

- Develop plans and operational arrangements for the increasing and maintaining compliance with social distancing measures across HCS.
- Maximise, where practicable, the safety of our staff and partners by providing advice, training and appropriate PPE where necessary.
- Maintain a co-ordinated supply and management of PPE stock, clinical and non-clinical items.
- Develop process to manage workforce challenges across HCS during a Covid-19 surge.
- Provide good communications which promote a consistent message to the staff and to the public.
- Identify potential risks and mitigate against these.
- Identify areas of potential clinical or financial investment, and plan for this.



COVID-19 Preparedness Organisational Structure



Essential Deliverables



- Roles & Responsibilities and Terms of Reference set out for each cell
- All Leads/Deputies to register with Resilience Direct
- All information / guidance and Action Cards for each cell uploaded on to Resilience Direct
- Operational plan including command & control structure with action cards
- JESIP training
- Table top exercises – operational & tactical levels

Risks:

- Workforce
- Fit mask training
- Critical Care Beds
- Community Resilience



Work Cell Updates



Infection Control

Flu vaccination programme commenced
PPE Guidance reviewed – launch on Monday
Precautions for Hospital and Care Homes constructed

Bed flow & Escalation

Patient transfer into and through ED agreed
Triggers for opening Rozel as Hot and the Nightingale confirmed and configured in bed plan and action card
Staffing plan for opening outlying areas in progress
Communication plan in regard to trigger points and Hot / Cold wards under construction

Training

Data cleanse for FIT mask training completed and added to E-roster
Fit mask training remains a risk - 2 sessions per week, difficulty in securing trainer
SOP for FIT mask testing failure with risk assessment – to go expert panel
Poor attendance at Nightingale induction

Clinical Management

Palliative Care guidance, Critical Care guidance and Covid Clinical Management confirmed as current.
Awaiting Emergency Department, Children Guidelines, Community and Primary Care clinical guidelines and Mental Health clinical guidelines.

PPE and Logistics

Warehouse for storage. Sufficient PPE
4 week stock piles at Five Oaks increased to 12 weeks
PPE - agree to supply external organisations
Pandemic stock agreed

Work Cell updates



Community Resilience

Discussion on going in regarding GP/Hospital/Community pathways of high risk patients
Residential homes working on flu vaccine & capacity
Workforce data under review – aiming for BI report

Diagnostics and Pharmacy

Oxygen supplies plentiful
BCPs in place

Communications, Digital and Data

Communication strategy being presented this week which will allow a number of other areas to be completed
This includes:
 Staff communication
 Public/patient communication
 Public Health decisions and its communication
Outstanding items include Informatics and Live BA reports

Finance

Guidance documentation for the application for COVID funding has been produced
Business case for service requirements for COVID produced

Workforce & HR

142 rosters active, 52 live to pay. More live in Nov an 11 in Dec
Rosters will include training information
Roster for vaccination plan in place.
Awaiting API (reporting system) to be installed.
FAQs continually updated by employer relations team
Pomme D'Or to supply emergency accommodation – booking through HRG
Risk assessment to identify employees with underlying health issues has gone out
Awaiting Medical rotas for COVID
Recruiting twice a week for HCAS

Work Cell updates



Wellbeing

Wellbeing committee has been set up.

Plan to be agreed for staff accessing wellbeing – different from 1st surge as less staff. Proactive rather than reactive.

Women and Children

PAU – plan being worked up

HOT/COLD pathways in place

CDC – children's clinics

Risk Strategy for CAHMS patients

Escalation policy for the whole of W&C

Therapies

Services reconfigured for COVID

Changes to triage and referral process

Out of hours equipment provisions

Videos and literature created for patients who normally attend group sessions

Mental Health and Social Care

Safe systems in place for HOT & COLD wards

Inpatient staff swabbing on a monthly cycle. Plan for community swabbing

Liaison team working with guidance

Maintain community triage to prevent admission

Remote offer in place – flexibility for patients to access services

Jersey Nightingale Wing

Staff training going well with large numbers of fire safety places already being filled

Doctors still require appropriate training

SOP's are still yet to be completed but focus is on Action Cards

Clarification of medical team will be completed this week by James Mason

Resilience Direct



- Is an online, secure network for the resilience community in the UK and locally
- Allows Category 1 and 2 responders to share information during the preparation, response and recovery phases of an event, incident or emergency
- All local Jersey Resilience Forum emergency plans are stored on RD
- Recommended by the Civil Contingencies Act 2004

Resilience Direct



ResilienceDirect CyberHub Planning Contacts Chat Q

Home > Planning > Crown Dependencies > Jersey > Health and Community Services Saved to Favourites





Health and Community Services


Welcome to the Health and Community Resilience Direct page!

As you can see, there are a number of Child Pages. These include:

The File Store will contain all relevant documents relating to the Health and Community Services (HCS)

[SHOW MORE...](#)


 31	Calendar Page Calendar		File Store Content
	HCS Practise Page Community		Response Page Community


Health and Community Services

ResilienceDirect CyberHub Planning Contacts Chat Q

Home > > Crown Dependencies > Jersey > Health and Community Services > File Store Save to Favourites

File Store



Child Pages

- Business
- Continuity Plans
- Contact Details
- Debriefs
- Emergency Plans
- Exercises
- Governance
- Meetings
- Risk Management
- Specialist Groups
- Task and Finish Groups
- Training

This is the Health and Community File Store

Welcome to the Health and Community File Store.

Although editorial rights will be given to Senior Managers and Capability Leads, all members should do their utmost to upload the latest information from their respective areas, particularly those working in Task and Finish Groups.

Please ensure that only the latest versions of all documents should be stored here, all older or archive versions should be removed and stored appropriately in accordance with local guidance.

Operational Plan and Action Cards



- Operation Plan to be completed and to include a number of 'Action Cards'
- Required from all COVID Response Cells
- Details action required for a single task in relation to that specific Cell
- To be written in clear and simple english with no abbreviations
- Includes task, priorities and a step by step guidance
- To be used by any member of staff in the event that the Cell Lead and/or

Deputy is unavailable

Operational Plan and Action Cards



HCS COVID Response Team

Name of Cell: Bed Management

Action Card: COVID-19 Admissions –HOT patient Transfer route Ambulance to Rozel

Task:

Movement of patient with confirmed or suspected common COVID symptoms from the ambulance to Rozel ward

Priorities:

1. To ensure clear communication between paramedics, Rozel staff, lead nurse, Porters and Housekeeping.
2. To work closely with the Infection Prevention and Control team (IPAC) and management to update changes.
3. To assist with co-ordination of patient movement and transfer.

Process / Step by Step Guidance

1	Ensure the patient fits the criteria for transfer to a side room on Rozel
2	Inform: <ul style="list-style-type: none"> • Rozel that patient with confirmed or suspected common COVID symptoms is to be transferred • Paramedics to escort patient
3	Ambulance to use up and over entrance or ambulance side entrance parade wing.
4	Transfer patient through corridor into patient bed lift.
5	Take lift to seventh floor and ring bell at door to be allocated side room.
6	Hand-over to nurse on Rozel ward to take place in the side room the patient is admitted into.
7	Clean trolley on ward.

Date	Status	Document Name	Version	Page
19/10/2020	OFFICIAL	COVID-19 Admissions – Bed allocation	2.0	Page 1 of 1

Table top Exercises



- Task & Finish Group to be established
- Organise, manage and deliver a series of short table top exercises
- Validation of existing Action Cards and to identify potential gaps in planning
- To include a number of Cells working closely together (JESIP)
- Eg: patient pathway, communications, workforce.
- An additional, larger table top to include HCS command and control structure

HCS Suggested Command Structure (COVID Response Phase)



COVID Gold Command
CHAIR – TBC

Members:

Director General	Medical Director
Group Managing Director	HCS Communications
SOJAS Chief Officer	HRBP
Modernisation Director	FBP
Chief Nurse	Dir PH
Loggist	

COVID Silver Command
CHAIR (one of the Associate Managing Directors)

Members:

Associate Managing Director	
Associate Medical Directors	
Associate Chief Nurses	
System Representatives (Primary Care Body, FNHC, JH, CARE FED, LINC, MIND)	
Finance	Governance
Comms/Digital	Lead Nurse IPAC
Ops Director	SoJAS
Wellbeing	Facilities
Human Resources	Loggist

