

**DEBRIEF OF THE MANAGEMENT OF HSC SILVER RESPONSE TO COVID-19 –
Wednesday 29 July 2020**

**SESSION TWO Period March 2020 – July 2020 – Delay Phase – Lead by HSCB –
Chaired by Lisa McWilliams**

Attendees: Lisa McWilliams (Chair, HSCB), [Name Redacted] (HSCB),
[Name Redacted] (HSCB), Sloan Harper (HSCB), [Name Redacted] (HSCB), Marie Roulston
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OVERALL MANAGEMENT OF THE INCIDENT

What went well?

The introduction of Sitreps on 9 March 2020 ensured a consistent and timely receipt of information from Trusts and Silver Cells and a more structured discussion at Silver/Bronze meetings;

Escalations were reviewed and disseminated to appropriate Silver Cell leads, meaning prompt decision making and meaningful discussions at Silver IMT and Silver/Bronze meetings;

Appropriate Trust level engagement was established and consistent Trust representation at meetings. In addition there was consistent attendance of Silver representatives at Silver IMT (pre Silver), Silver/Bronze and Silver/Gold meetings;

The establishment of the COVID-19 HSC Sitrep inbox enabled co-ordination of receipt and dissemination of information to and from one source. This was manned Monday-Friday, 09:00 – 17:00, (and OOH and weekend cover was provided during Surge).

The Bronze and Silver-Gold SitReps were further revised 6 April 2020, to take account of DOH information requirements, information obtained from the Trusts, and to facilitate a clearer more focused discussion at Silver/Bronze. The inclusion of updates from the Northern Ireland Blood Transfusion Service and RQIA was positive, including the engagement of RQIA with the Independent Care Homes was particularly helpful. Several further ad-hoc and one off inclusions of information followed, eg inclusion of mortuary information, oxygen availability, HCWs hospitalisation and deaths information.

The revised and enhanced battle rhythm in March 2020, allowed the correct flow and structure of meetings, ie Silver IMT (to discuss papers and escalations), Silver/Bronze to discuss escalations required to be communicated to Gold; and Bronze had a forum to highlight issues of concern outside the SitRep submission process.. Detail obtained at the meeting was subsequently noted and included in a Silver to Gold Sitrep which was circulated following the call.

In addition, the establishment of the 'HSCB' EOC which was managed by Assistant Directors from Integrated Care, Commissioning and PMSI worked well. EOC triaged and escalated issues appropriately.

What could be changed/ improved?

Took a number of weeks to streamline discussions at Silver/Bronze meetings and move away from operational issues;

It was apparent that parallel conversations were taking place outside the Bronze/Silver/Gold structures with staff working with policy leads directly. At times, this blurred lines of communication as issues were resolved and/or escalated outside of Silver, with adhoc feedback provided via Silver Cells & Bronze.

The HSCB Finance to DOH Finance liaison and communication worked well. It is recognised that DOH Gold will always require prior knowledge of any formal papers being submitted. However, the timeliness of Gold feedback/clarification/approvals was extremely slow, thus Silver/Bronze officers felt that they had no option but to approach relevant policy leads directly. The timeliness of feedback from DOH Gold did lead to frustrations being expressed by HSC Trusts.

Clearly established and existing 'business as usual' mechanisms for discussions should be allowed to continue to address operational issues rather than creating an additional structure (ie where possible resolution to issues should be via existing routes and only escalations brought to Silver);

In relation to the daily SitRep submission, at times these were submitted late from Trusts and Silver, with some cells failing to submit a SitRep at all. Timeliness of submission of papers for consideration at Silver IMT was also an issue with some Silver Cells. This issue was compounded when lengthy updates were provided at Silver IMT and Silver/Bronze meetings, leading to protracted discussion (as no advance knowledge of issue) and information potentially being missed and/or not captured accurately in the Silver/Gold and Silver to Bronze SitReps.

There were information governance and data access issues which were still ongoing at the time of the Silver debrief. **It was strongly recommended by BSO that a Regional Data Access Agreement would require to be developed urgently to address the national testing and contact tracing issues. BSO recommended that this should be discussed on the Restructuring Management Board Agenda as a matter of urgency.**

Recognition needs to be given that COVID-19 is no longer "an emergency" and the work associated with it should become part of normal business, with a specific team reviewing COVID related issues, e.g. issues arising from COVID, such as IPC, Nursing Care Homes and PPE. **It is strongly recommended that a review is undertaken on how the emergency stockpile is controlled and managed regionally. This should include demand planning, operational management, stock reviews and replenishment. From a governance perspective, it should be agreed what entity should be responsible and accountable, ie should it be policy entity or operational delivery entity (DOH or BSO PaLS).**

It was also recognised that going forward accountability, and roles and responsibilities need to be imbedded within organisations to ensure adherence to robust processes thus preventing staff circumventing agreed procedures.

In regards to the management of the EOC, it was noted, that at times, it was difficult to ascertain who was chairing each of the Silver Cells and identification of SPOC's was slow initially. In addition, some of the calls which were coming in were merely being redirected (thus no value was being added) and the Trusts were contacting cell leads/chairs directly. In addition the EOC appeared to (out of error) become a public facing telephone helpline which was never the intended remit of the EOC.

Were roles and responsibilities clearly understood (Silver/DoH)?

It was felt that the role of Silver was clearly understood, although there were some issues regarding decision making responsibilities.

While remit of Gold and the battle rhythm was clearly understood, it was felt that membership of Gold was perhaps not always correct. It was felt that there should have been enhanced representation from Policy leads to enable more timely and informed decision making. Cells established at Gold level did not necessarily reflect what was established at Silver level leading to some confusion.

Consideration needs to be given to a review of the Governance Structures, to include roles and responsibilities, to ensure that they are fit for purpose. COVID-19 should no longer be seen as an emergency and issues arising should be incorporated into normal business. Clarification on these processes is required – what do these look like and how will these work moving forward.

What could be changed/ improved?

Moving forward , should there be a resurgence, initially Silver/Bronze teleconference meetings should take place on a weekly basis, increasing in frequency as and when required. This will reduce the number of operational issues being identified and ensuring key issues for escalation are submitted. The COVID inbox will continue to operate to deal with issues outside of Silver/Bronze meetings and ensure a one route in/one route out mechanism. The reintroduction of submission of SitReps will be at the discretion of the DOH.

The timeliness of decision making from Gold to Silver requires to be enhanced as Trusts increasingly became frustrated and continued to raise specific issues impacting on them, that had been previously escalated. At times Silver were waiting months for updates on policies and papers and guidance (eg CPR Guidance).

With the introduction of the Restructuring Management Board, the process for production and submission of papers for approval by Gold requires to be clearly established and communicated to ensure there is no duplication of effort or blurring of lines of accountability.

Was staffing and resources adequate?

At the beginning, staffing and resources were not adequate and the SitRep review process was dependent on the "good-will" of a select few members of staff. Therefore in future, staff should be nominated in advance of a second Surge with their roles and responsibilities clearly explained.

This improved from March 2020, when a core team was established ensuring a seamless flow of information to IMT and HSC Silver on a daily basis. The COVID-19 inbox was monitored Monday – Friday 09:00 – 17:00, (with OOH and weekend cover provided during Surge) and issues of concern were escalated to the Director on Call out of hours.

In the event of resurgence, it is important that Gold have appropriate policy leads in attendance to ensure decisions are made and updates are provided in a timely fashion.

Outstanding HR issues need to be resolved to ensure remuneration of Dental and Medical Advisors for work undertaken outside normal business.

There was recognition that the process of setting up the Silver Cells, and developing Terms of Reference, increased administrative pressures in an already pressurised environment. These processes should be reviewed in accordance with the Emergency Response Plan to ensure robustness and timeliness of response and ensure that any changes made to TOR and roles and responsibilities are part of the planning process for resurgence.

Communication with HSC (Silver/DoH)

As referenced above, decision making at Gold level was slow and Trusts became increasingly frustrated at the length of time it took for policies and papers to be approved;

Silver was not always included within the communication of approval with Policy leads at DOH liaising directly with Silver Cell leads.

It is recognised that the management and chairmanship of Gold improved over time.

There remain at the time of the Silver debrief a large number of outstanding papers still requiring approval from DOH.

Reporting (Battle Rhythm)/Meetings structure and frequency

Initially the battle rhythm was not conducive to informed discussions with Silver/Bronze with the Gold meetings being held in advance of the Silver/Bronze meetings.

Once the battle rhythm was amended (March 2020) to ensure that Silver IMT and Health Silver/Bronze meetings met prior to Gold meetings, and with the introduction of the SitRep process, this improved the information flow between the Bronze/Silver and Gold structures and meetings were constructive with key escalations of the day being able to have same day discussion at Gold level.

During resurgence, whilst daily SitReps may be a necessary requirement, a weekly teleconference with the Trusts may be sufficient initially, increasing in frequency as and when required. Daily teleconferences should be avoided in the initial stages of resurgence; however, the Silver IMT could continue to have a short, concise teleconference to discuss pertinent issues with clear lines of communication to provide resolution.

Data Availability/Situation Reports

The SitRep template improved as the response evolved;

Gold were open to discussions when concerns were raised about intended content;

There was some duplication of information requests prior to the introduction of the revised template in April;

There was some pressure felt by HSC Trusts of submission of information to Gold outside of the Bronze to Silver SitRep process, eg laboratory testing, HCW hospitalisation and deaths.

Decision Making – Silver/Gold (to include timeliness)

Planning assumptions, such as military assistance for transfer of COVID positive patients to the UK were overturned and became invalid. In addition travel arrangements around transfer of patients requiring ECMO were protracted.

Silver decision making was good based on the information available from Trusts. Silver understood its remit and decision making;

The importance of timely decision making at Gold level has been emphasised and reflected. As previously mentioned, the timeliness of Gold decision making lead to frustrations with the Trusts eg Medical Ethics concerns, CPR guidelines and Visiting Policies were raised on almost a daily basis during March and April 2020;

There remain a large number of outstanding papers still requiring approval by Gold;

Surge Planning was also impeded as the DoH Scientific Cell did not share Modelling assumptions with the HSCB;

PPE modelling was also not effective due to lack of information.

Governance – Leadership and Accountability

The HSC Silver Joint Response Emergency Plan was adhered to in that the three organisations – HSCB, PHA and BSO were always represented on the Silver IMT Meetings and Health Silver/Bronze daily teleconferences;

It should be recognised that the three organisations worked well together and managed the ever evolving situation well. The willingness of staff to be flexible and work 7 day weeks should be acknowledged. There was an appropriate response by Silver and it was managed well;

There was a good daily feedback of intelligence from PHE IMT from the PHA Consultants;

The vast majority of the Silver IMT and Silver/Bronze daily teleconferences were chaired by the Director of Performance and Service Improvement. Moving forward there should be joint chair arrangements in place and a rota for Chair implemented to ensure sustainability and resilience.

Key Challenges moving forward

There are a number of key challenges moving forward;

- The restructuring of the organisations involved in Health Silver – changes to PHA and closure of the HSCB – there is a requirement to attempt to stabilise both the PHA/HSCB due to a large turnover of senior staff;
- Resilience of staff – be realistic as to what is achievable – staff are stressed, tired and under pressure - requirement for additional permanent resources to assist with resurgence;
- A need to maintain some of the Silver Cell Structures to provide continuity in addressing key issues, eg IPC, PPE and Care Homes (to be followed up at AMT/SMT as to how best this can be maintained);
- Ongoing implications of COVID-19, rebuilding services, winter pressures and potential adverse weather; EU Exit (Yellow Hammer 3);
- Challenges in maintaining the high profile and expectations of the PHA;
- Managing expectations of the public and the Minister;
- Finding an appropriate positive way to disseminate the management of the response;

Other Issues

- Findings of the DOH's review of the operation of Health Silver remain outstanding – there may be key lessons in this that Silver could benefit from a knowledge of as part of resurgence planning;
- A need to maintain and strengthen relationships between Bronze/Silver/Gold – what should this look like moving forward – is there a better structure?;
- The priorities for the week as identified within the daily IMT Hub should reflect the priorities set out by Gold;
- Considerable time and effort had been dedicated by Health Silver into the Development of a Regional Strategic Pandemic Plan. At the time of activation of arrangements, feedback had not been received from Gold and the 2013 DOH Guidance was used, which was out of date.

Recommendations from Health Silver

- A Regional Information Governance and Data Access agreement should be established and discussed urgently at the RMB;
- Review of current planning assumptions to ensure they are fit for purpose –
- Review of arrangements in respect of the management of the Regional PPE stockpile.
- Clarification is required on the trigger points for a second surge and on the future command structures given the establishment of RMB.