MEMO

From the Permanent Secretary and HSC Chief Executive



From: Richard Pengelly

Date: 22 October 2020

To: Integrated Cell Leads

Copy distribution list below

RP5589

Ref:

COVID-19 MANAGEMENT: INTEGRATED CELLS

Purpose

1. You have been nominated as an integrated cell lead. The purpose of this memo is to inform you of your role within this newly established COVID-19 Command Group structure and seek your confirmation of cell members and remit.

Introduction

- 2. The Minister has agreed to establish new structures to manage further COVID-19 surges. In summary the new structures involves a joint 'Silver' and 'Gold' COVID-19 Command Group, which I chair. This is comprised of senior DoH officials along with the Chief Executives of the HSCB and PHA. Initially the COVID-19 Command Group will meet twice weekly (Monday and Thursday), although the frequency of meetings will be kept under review.
- 3. A COVID-19 Taskforce has been established to support the COVID-19 Command Group. This COVID-19 Taskforce will pool resources from five existing DoH Directorates, along with HSCB staff involved in processing and managing daily Trust SitReps (HSCB 'Silver Command'):
 - COVID-19 Response Directorate
 - Surge Directorate
 - Rebuilding Directorate
 - Secondary Care Directorate
 - General Healthcare Policy Directorate
 - HSCB 'Silver' Command
- 4. A key difference to the first wave is that the Department will seek to manage further waves as a business continuity issue, rather than an emergency. In

addition, therefore we will move away from using the previous Gold-Silver-Bronze emergency planning arrangements, this is to avoid duplication of effort, to simplify the decision making process and to ensure that we have sustainable working arrangements.

- As part of the business continue arrangements, a DoH COVID-19 Operations
 Centre will be established to be operational during limited business hours
 Monday to Friday.
- 6. This way of working will be kept under review and if necessary emergency arrangements will be stood up.

SitReps

- 7. There will be daily SitReps produced by the Trusts, which will be submitted to HSCB. HSCB will consider issues for escalation and will submit these issues to relevant integrated cells for consideration. HSCB will also then produce a composite Trust SitRep, which will be submitted to the DoH COVID-19 Operations Centre. The DoH COVID-19 Centre will circulate the composite Trust SitRep to the Command Group daily, alongside other relevant management information.
- 8. This SitRep rhythm will be kept under ongoing review and will be adjusted as required (for example, if the NI Hub is stood up again).
- 9. In addition to the daily SitReps, HSCB will each week produce a two week forward look bed modelling report. This will be shared with the Command Group in advance of its meeting each Monday.
- 10. A process map is attached separately for information.

Integrated Cells

- 11. To support the COVID-19 management process, there are at present a total of 21 integrated policy and operations cells being stood up. A comprehensive draft list of integrated cells, including cell leads, is attached separately at <u>Annex A</u>. This will be kept under continual review and amended as required to provide an agile response to emerging issues.
- 12. You are asked at this stage to review the remit and membership of any cells which relate to your business area, and provide any suggested changes by COP
 Friday 23 October to
 Name Redacted
 @health-ni.gov.uk).

- 13. The role of the integrated cells are:
 - To continue to progress policy in your respective area;
 - to consider, on a daily basis (initially Monday to Friday) any issues escalated by Trusts via Sitreps for assessment and resolution;
 - to consider whether issues have implications for other cells, and if so share with / seek input from other relevant cells; and
 - to resolve issues in a timely manner and feed back advice through HSCB, PHA, BSO or other relevant organisation to the Trusts and other relevant providers; or, if appropriate, to escalate issues to the Command Group.

Escalation to COVID-19 Command Group

- 14. In some circumstances a cell may decide that the most appropriate course of action is to escalate an issue to the COVID-19 Command Group for consideration. Whether to escalate to the COVID-19 Command Group will be a judgement call for the Cell Lead. However, circumstances in which that may be appropriate are likely to include where the issue/matter:
 - needs Ministerial discussion and/or approval;
 - may have regional impacts or implications;
 - is likely to generate significant media and / or stakeholder interest; or
 - is highly sensitive or controversial.
- 15. If an issue needs escalated to the COVID-19 Command Group the relevant cell should produce a short paper summarising the issue or matter at hand, indicating why it has been escalated, setting out the decision required and the recommended way forward. A template is attached at **Annex B** which must be used when issues are escalated to the Command Group.
- 16. The template as at <u>Annex B</u> should be completed and submitted to the DoH Operations Centre (Insert Email Address) as quickly as possible and by 15.30 at the latest on the day the issue has been raised with the Cell.

Conclusion

- 17. Cell leads should:
 - Note the contents of this memo and share with cell colleagues.
 - Provide any updates and full list of cell members by noon Friday 23
 October to NR
 - Make use of the template at <u>Annex B</u> and submit to <u>healthgold.opscell@health-ni.gov.uk</u> when escalating issues to the Command Group.

Personal Data

Richard Pengelly

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TMG

Olive Macleod, PHA Lourda Geoghegan Peter Jakobsen

Alastair Campbell

Ryan Wilson

Name Redacted

NR

Paul Montgomery

NR s, HSCB

Paul Cavanagh, HSCB

Name Redacted

Name Redacted

Name Redacted

Liz Redmond

NR

ANNEX A – List of Policy Cells See separate attachment

Cell Lead: Jrgency of Decision ¹ :							
I. Brief background / description of the issue							
Why es	calated to Co	mmand Gro	up?				

3. Briefly outline the decision required							
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4. Recommendation