

Public Document Pack

People Overview & Scrutiny Committee

Monday, 7th December, 2020

6.00 pm

[Join Here](#)

AGENDA

1. welcome and apologies

To welcome those present to the meeting and to receive any apologies for absence.

2. Declarations of Interest

To receive any declarations of interest on items on the agenda

3. Minutes of the Meeting held on 7th September 2020

To approve as a correct record and to sign the minutes of the meeting held on 7th September 2020

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE
Minutes 14th September 2020

3 - 4

4. Renal Haemodialysis and Outpatients Services Across Lancashire and South Cumbria

To receive an update on the outcome of the consultation that took place in 2019 on the reconfiguration of services.

Cllr Liddle Overview and Scrutiny Brief 05.10.20

5 - 6

5. Youth Forum Report

To receive an update on the work of the Youth Forum

6. Schools, Education and Children's Services

To receive an update on the work in Schools Education and Children's Services in relation to the delivery of services and COVID19

7. Update on the work of Public Health

To receive an update from the Director of Public Health on the work to deal with the COVID19 Virus including Test and Trace and the Vaccine Programme

Covid Vaccination update for HwB BwD 2nd Dec 2020 7 - 24
V2 redacted

Date Published: 27th November 2020
Denise Park, Chief Executive

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE.

14TH September 2020

Present: Councillor Liddle in the Chair, Councillors Whittle, P Akhtar, Oates Smith Afzal M. Hussain

Also Present- Laura Wharton, Consultant in Public Health

Jayne Ivory, Director of Children Services and Schools

Joanne Siddle- Head of Schools.

Paul Conlon- Scrutiny and Technical Lead.

1. Welcome and Apologies

The chair welcomed those present to the meeting and received apologies from Councillors Jacqueline Slater and Salton.

2. Declarations of interest

There were no declarations of interest on items on the agenda.

3. Minutes of the meeting held on 9th March 2020

The minutes of the meeting were approved as a correct record and signed by the chair.

4. COVID 19, Test and Trace and Supporting the Community

The Committee looked at two key issues the first being how the Council was working to prevent the spread of the virus in the borough including track and trace and the testing. The Committee looked at how the council and partners were working to ensure that the take up of flu vaccines was as high as possible to prevent possible hospital winter pressures from both Covid19 and influenza. The Committee looked at how joint planning was taking place and the way that the Organisations were working together. The local outbreak control plans would centre on 7 themes-

- Car Homes
- High risk places, Locations and Communities
- Local Testing Capacity
- Contract Tracing in complex settings
- Data integration
- Vulnerable People
- Local Board

The work was underpinned and supported by specific outbreak plans including schools, care homes, workplaces, HMOs, Faith Settings and Madrassahs. A daily incident hub had been established with a communication and engagement strategy. Additional testing was to be carried out with a local case/contract testing facility. Enhanced local restrictions would be used to control virus spread.

The Committee were informed that joint planning was taking place across Pennine Lancashire health care systems. Additional support had been required to meet hospital discharge and extended capacity in Crisis Domiciliary Care, Planned Night Time care and Assessment. Additional social work capacity had been retained for community pathways.

RESOLVED-

That the Committee commend the hard work that the Council and partners were doing and that regular updates be provided at each of its meetings.

5. Schools Education and Children's services.

The Committee received a presentation on the return to school and the services provided to families and children who were supported by the department. The Committee were made aware of the issues that had been addressed and the detailed planning that had ensured that pupils and teachers could return safely and the measures that would be followed should there be a case at a school. The Committee were assured that safety was the main priority when trying to ensure that pupils received the education they needed.

The Committee also looked at the other services provided by the department to support children and vulnerable families in the Borough and how they had met the challenges presented by the virus. The Committee will look at how the work continues and develops over the year to meet the needs of the children safely both in schools and in the community.

RESOLVED-

That the hard work and dedication of the department and schools in the borough be commended and the Committee be kept up to date on the continued issues relating to COVID 19.

Chair at the meeting where the minutes were signed.....

Date.....

Tel: 01772 522692

Email: karen.partington@lthtr.nhs.uk

Ref: KP/msw

Chief Executive's Office

Royal Preston Hospital

Sharoe Green Lane

Fulwood

PRESTON

PR2 9HT

VIA EMAIL:

Councillor Sylvia Liddle

Sylvia.Liddle@blackburn.gov.uk

05 October 2020

Dear Councillor Liddle

We wish to update you on the outcome of the tender process to deliver improved renal haemodialysis and outpatient services across Lancashire and South Cumbria.

Our renal project group, including patient representatives, initiated this project in April 2016. Our trust, Lancashire Teaching Hospitals, formally agreed the process to retender haemodialysis and outpatient services in November 2018 and we issued the invitation to tender earlier this year.

The process took longer than originally anticipated due to the Covid-19 pandemic, but we are now pleased to inform you that yesterday the board of Lancashire Teaching Hospitals gave formal approval to award the contract to Diaverum Facilities Management.

You will hopefully recall that we presented to your committee in September 2019 where we were delighted to receive your approval for our aspirations and plans. Now that we have identified the successful bidder we wanted to share this news with you as promised.

We are confident that the new sites and service will deliver on our clinical vision of dialysis care at home or as close to home as possible, with an emphasis on individualized treatment, improved experience and more holistic care.

We wish to draw your attention to the following key points:

Services in East Lancashire

- Current haemodialysis services in East Lancashire are subcontracted to Fresenius in Blackburn and Diaverum in Burnley and Accrington.
- Under the new arrangement Diaverum will deliver the service for the whole of East Lancashire.
- We plan to move out of existing locations in Burnley and Accrington to a new single unit near Burnley. Existing Accrington patients may live closer to either this new unit or the planned new Blackburn unit. Predictions indicate 100% of patients in East Lancashire will achieve the 30 minute travel time standard – which was one of our key aims for this improvement exercise.
- Many patients who live in or near Blackburn currently travel to the Accrington or Chorley units due to lack of capacity in the existing Blackburn unit.
- In Blackburn, where the service currently operates from a temporary facility, a new purpose-built facility will be created with significantly increased capacity.

- The new site near Burnley is projected to open in September 2021, with the Blackburn site to follow in January 2022.

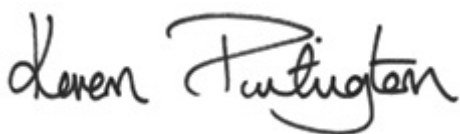
General Information regarding the entire project:

- The new contract agreed with Diaverum specifically applies to services in East Lancashire, North Lancashire and South Cumbria.
- An initial contract term of 7 years has been agreed, with provision to extend to 10 and 14 years subject to the agreement of both parties.
- New renal centres will include services for haemodialysis and outpatient clinic capability. Diaverum will support staffing for both.
- The Kendal unit will be staffed entirely by NHS staff, as it is now.
- The tender award is subject to a 10-day stand-still period in which unsuccessful bidders will have the right to challenge the outcome. Any challenge received has the potential to cause delays to improvements for patients.
- Services currently delivered by Fresenius at the Clifton site are outside the scope of the tender but a separate agreement for service improvement is being implemented.
- Lancashire Teaching Hospitals continues direct delivery of dialysis services at its sites in Preston and Chorley.
- The new arrangements will allow 94% of patients across Lancashire and South Cumbria to access haemodialysis within the national target of 30 minutes travel time from home (as stated 100% in East Lancs). The current figure is 89% overall, and only 65% in South Cumbria.

We hope you will join us in welcoming this development, which will improve access to local care delivered for haemodialysis patients in particular, as well as creating much-needed outpatient space to cater for renal transplant patients and others closer to home. Following the standstill period we will be able to share more detail regarding proposed sites in particular.

We will of course keep you informed regarding progress during implementation but if you require further information we would be delighted to discuss it further at any point.

Yours sincerely



KAREN PARTINGTON
CHIEF EXECUTIVE



Dr Mark Brady
Clinical Director for Renal Services

COVID Vaccination Update

HWB Board

2 Dec 2020

Managing expectations

‘Hands Face and Space’ will have to continue until effective population herd immunity has been demonstrated – not likely until the summer

Prioritisation

The Joint Committee on Vaccination and Immunisation (JCVI) published draft priority recommendations on 25 Sept 2020 and are similar to the flu vaccination groups, with the highest priority being

- older adults resident in care homes and care home workers
- all those aged 80+
- frontline health and social care workers

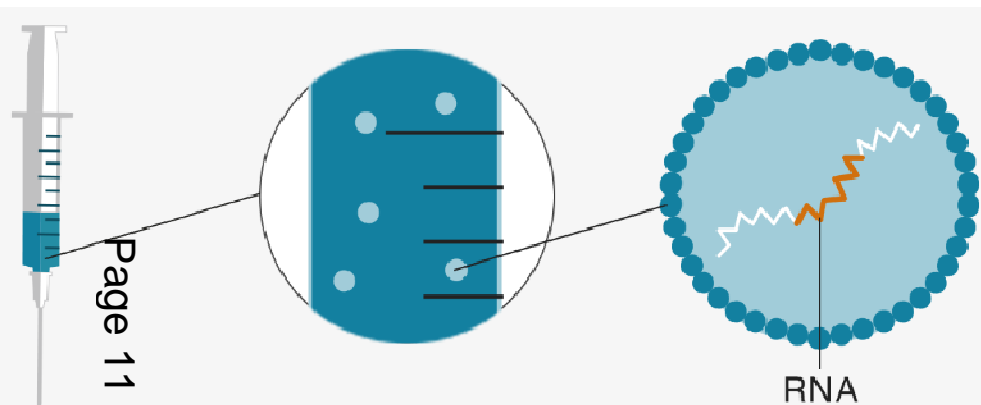
Two vaccines expected to be available in quantity, soon

| | Pfizer | Oxford AZ |
|---------------------|------------|-------------------|
| Vaccine | mRNA | Adenoviral vector |
| Storage | -70 °C | 2–8 °C |
| UK purchase (doses) | 40 million | 100 million |

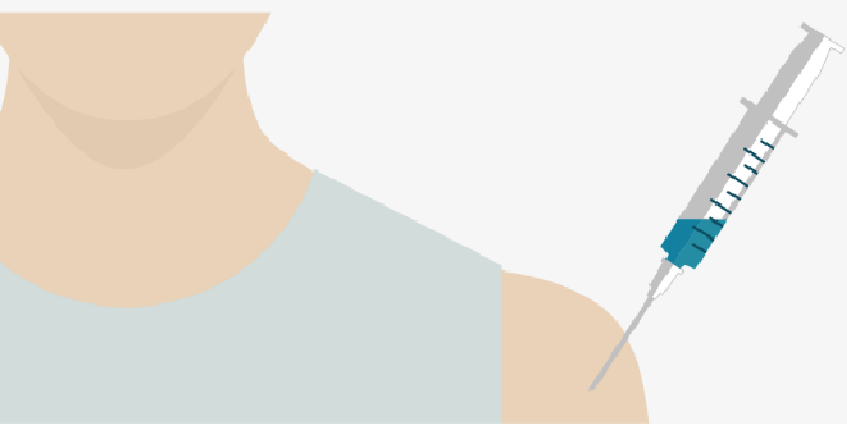
How RNA vaccines work

is a small portion of manufactured viral genetic
e specially prepared to easily enter into human

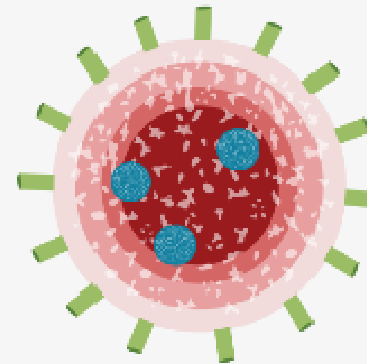
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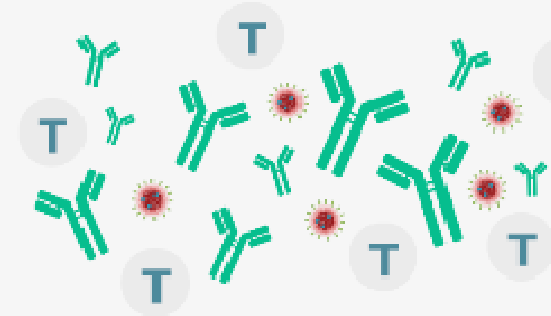
ected into the patient



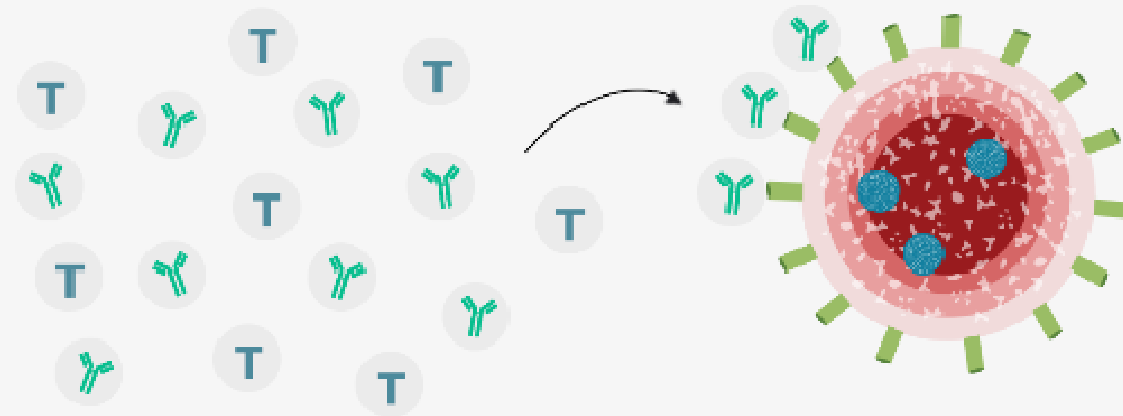
The vaccine enters the cells
and tells them to produce
the coronavirus spike protein.



This prompts the immune system
to produce antibodies and activate
T-cells to destroy infected cells.



If the patient encounters coronavirus, the antibodies and T-cells are
triggered to fight the virus



Overview and Expectations

- Service to be ready to commence on 1st December 2020. Sites continue to be prepared.
- Primary Care delivery route, general practices have signed up to deliver this across the patch.
- First vaccine is fragile. -70 storage, can't transport.
- Now on a 10 day notification of when vaccine will be delivered. Not currently licenced.
- Vaccination sites have been identified in each PCN, open seven days, 8am until 8pm.
- Patients to have 2 vaccines with 21-28 day gap between (second dose same vaccine) .
- More guidance to follow but assumption that at least 7 days between flu vaccine and COVID 19 vaccine.
- Registered healthcare professional present for clinical assessment/consent. (Best Interest)
- Non registered healthcare workers can administer vaccine, training package has been circulated.

Phase 1 Cohort Size for Pennine Lancashire

Phase 1 Priority Cohorts – those over 80 and care home residents and staff

- Total over 80 – 23,929
- Total care home – 12,681 (4,227 residents, 8,454 staff)
- NB some duplication will exist with the over 80 total

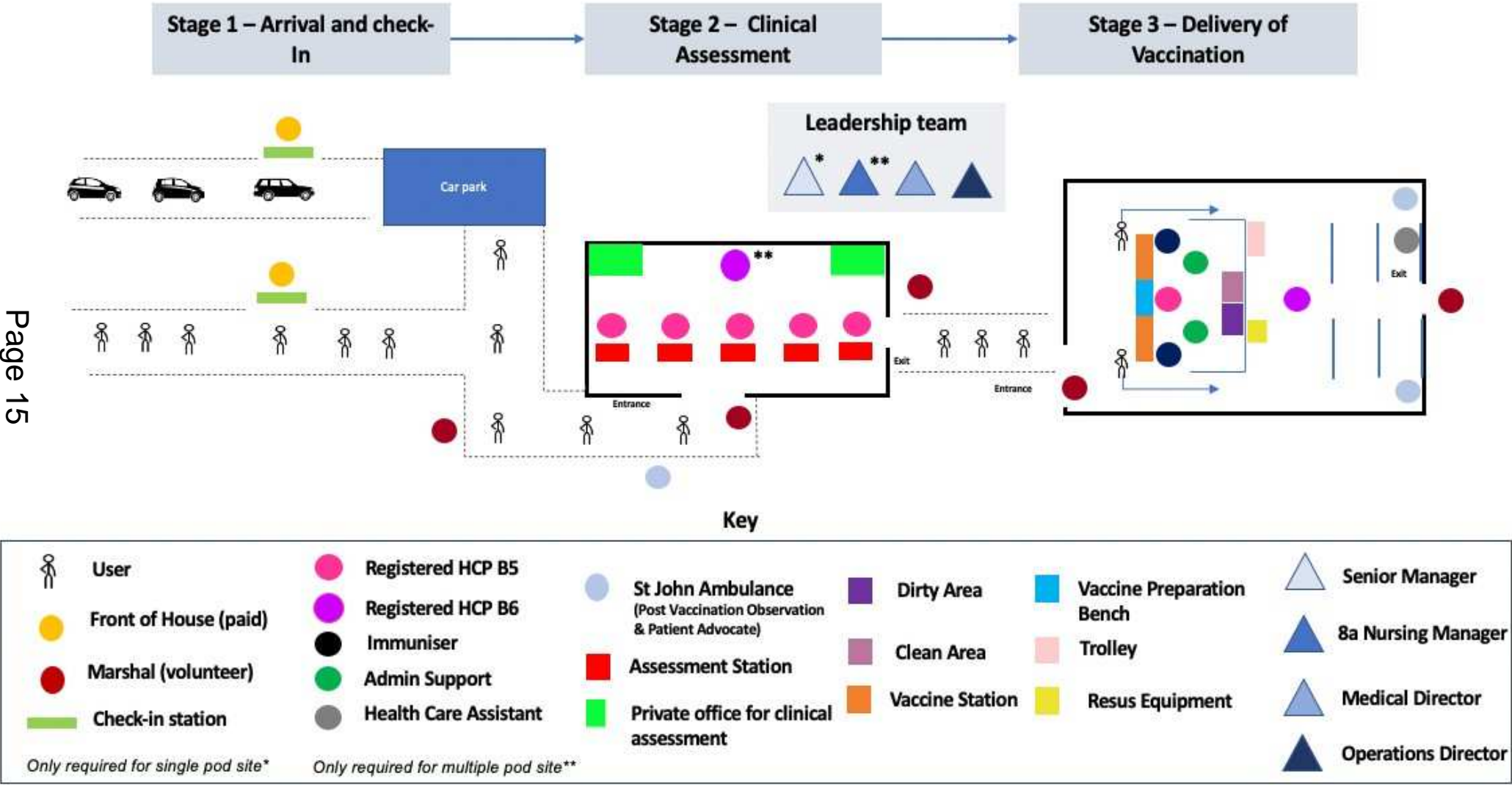
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Pod concept design principles

Table below outlines the design principles for the delivery pod.

| Principle | Description |
|---|---|
| Sufficient delivery pods | <ul style="list-style-type: none">Pods should not be stocked more than once a day (where vaccine characteristics permit) and all waste removal can occur concurrently with vaccination delivery. |
| Infection prevention and control should be central to the design | <ul style="list-style-type: none">Adherence to PPE guidance and social distancing guidance.Flow through the delivery pods should be one-way with minimal cross over of individuals (staff or users). |
| Deployment of expanded vaccinator workforce | <ul style="list-style-type: none">Following changes to the Human Medicines Regulations 2012 non-registered healthcare professionals may administer the vaccine under the supervision of a registered healthcare professional.Multi-dose vial preparation will be undertaken by registered health professionals.Adverse events will be managed by registered health professionals. |
| Flexible and scalable | <ul style="list-style-type: none">Delivery pods are likely to be the delivery unit for multiple delivery models and therefore should be easy to scale up or down. |
| Enable the high throughput of eligible individuals | <ul style="list-style-type: none">To deliver the vaccination at scale in a timely manner, throughput for each delivery pod must be sufficiently high. |
| Use space effectively | <ul style="list-style-type: none">To enable the identification of appropriate estate, delivery pods should seek to make the most effective use of space. |
| Positive experience | <ul style="list-style-type: none">Delivery pods should provide a consistent end-to-end user journey.Delivery pods should cater for eligible individuals with additional needs. |
| Minimise delivery risk | <ul style="list-style-type: none">Should mitigate all foreseeable risk as far as possible. For example; delivery pods should be aligned to the delivery of a single vaccine on any given day to remove the risk of cross-contamination and delivery of wrong vaccination. |

End to end user journey



Workforce summary based on one vs. multiple pod site

The table below outlines the workforce requirements to support the safe and effective delivery of vaccinations across a single vs. a multiple pod site. This is aimed to be used for both large-scale and community site models and show the crude numbers needed at any given time for the models to operate. *Please note that the table below does not account for FT leave, breaks, 2 shifts per day.*

Please note that the site size dictates the required governance structure, which can vary between a one pod site vs multiple pod site as scaling involves increased management and accountability. The proposed supervision, oversight and leadership roles below are still in discussion and detailed on the next slide.

| Role | Band | Description | Total no. of workforce required | | Narrative and comments |
|--|-----------|---|---------------------------------|--------------------------|---|
| | | | <u>One pod site</u> | <u>Multiple pod site</u> | |
| Registered Healthcare Professional (HCP) | 6 | • Supervision of the vaccination activity and staff within the pod and observation area. | 1 | 1 per pod | For scaling purposes numbers show the needed relative to pod ratio, but does not imply the location of roles inside the pod |
| | 5 | • Responsible for the patient clinical assessment pre-vaccination (x5). • Responsible for vaccination draw-up (x1). | 6 | 6 per pod | |
| Immuniser | 4 | • Responsible for the delivery of vaccination. • Responsible for the disposal of clinical waste and change of PPE (when required). | 2 | 2 per pod | |
| Healthcare Assistant (HCA) | 3 | • Responsible for sanitisation and infection control (e.g. wipe down surfaces). • Support the vaccination process. | 1 | 1 per pod | |
| Admin Support | 3 | • Responsible for patient record keeping. • Responsible for recording vaccination data (such as batches, numbers). | 2 | 2 per pod | |
| Post Vaccination Observation | SJA | • Responsible for managing the post vaccination observation area & provide BLS. | 2 | 2 per pod | |
| Marshal | Volunteer | • Responsible for patient flow management. | 5 | 5 per pod | |
| Patient Advocate | SJA | • Responsible for answering patient queries and address any concerns. | 1 | 1 per pod | |
| Front of House | 3 | • Responsible for patient check-in and pod allocation. • Responsible for patient queries on the day. | 2 | 2 per pod | |
| Marshal | Volunteer | • Responsible for patient flow management. | 5 | 5 per pod | |

Workforce summary based on one vs. multiple pod site

The table below outlines the workforce requirements to support the safe and effective delivery of vaccinations across a single vs. a multiple pod site. This is aimed to be used for both large-scale and community site models and show the crude numbers needed at any given time for the models to operate. *Please note that the table below does not account for FT leave, breaks, 2 shifts per day.*

Please note that the site size dictates the required governance structure, which can vary between a one pod site vs multiple pod site as scaling involves increased management and accountability. The proposed supervision, oversight and leadership roles below are still in discussion (highlighted in orange).

| Role | Band | Description | Total no. of workforce required | | Narrative and comments |
|--|------------|--|--|--------------------------|---|
| | | | <u>One pod site</u> | <u>Multiple pod site</u> | |
| Registered Healthcare Professional (HCP) | 6 | <ul style="list-style-type: none"> Escalation point for clinical assessment. | 0 | 1 per max 3 pods | Within the one pod site, the clinical assessors can escalate to the Senior Manager. Scaling up, we anticipate the need of a Band 6 as direct escalation point, or responsible for up to three pods. |
| Senior Manager | 7-8d | <ul style="list-style-type: none"> Responsible for clinical & operational oversight, governance of the site & staff supervision. | 1 | 0 | Within the one pod site, a Senior Manager is able to oversee both clinical and operational activity. Scaling up to multiple pods, this role requires separation of responsibility; therefore we propose that instead of a Senior Manager, a Nursing Manager is responsible for clinical oversight of a maximum of 3 pods and there is site presence of an Ops Director (see below) responsible for operational oversight. |
| Nursing Manager | 8a | <ul style="list-style-type: none"> Responsible for clinical escalations. Responsible for overseeing the clinical activity for the pod and clinical assessment area. | 0 | 1 per max 3 pods | |
| Medical Director | Med Gr. | <ul style="list-style-type: none"> Responsible for clinical leadership and governance of the site(s). Responsible for clinical escalations above the Nursing Manager or Senior Manager. | At least 1 per Lead Trust covering multiple sites (remote) | | We anticipate that a Medical Director can oversee multiple sites remotely. This role may be covered by a GP in the PCN model. |
| Operations Director | VSM Equiv. | <ul style="list-style-type: none"> Responsible for non-clinical leadership & operational delivery of mass vaccination site(s). Responsible for ensuring all workforce, consumables and equipment are in place. | At least 1 per Lead Trust covering multiple sites (remote) | 1 per site (on site) | We anticipate that the Ops Director can oversee multiple pod sites remotely. For multiple pod sites, this role may be required in-person, dedicated to that site. |

Lancashire Demographics

| Ward | Burnley East | Burnley West | Hyndburn Central | Hyndburn Rural | Pendle East | Pendle West | Ribblesdale | Rossendale East | Rossendale West | EL CCG Total | Blackburn East | Blackburn North | Blackburn West | Darwen | BwD Total | Grand Total |
|-------|--------------|--------------|------------------|----------------|-------------|-------------|-------------|-----------------|-----------------|--------------|----------------|-----------------|----------------|--------|-----------|-------------|
| | | | | | | | | | | | | | | | | |
| 31805 | 31242 | 29177 | 20702 | 26877 | 38876 | 21833 | 18761 | 21710 | 240983 | 32952 | 39394 | 27229 | 21191 | 120766 | 361 | |
| 3430 | 3424 | 3031 | 2545 | 3448 | 3095 | 3165 | 2461 | 2762 | 27361 | 3023 | 3444 | 2860 | 2690 | 12017 | 39 | |
| 3373 | 3468 | 2762 | 2475 | 3635 | 2751 | 3307 | 2331 | 2644 | 26746 | 2529 | 3058 | 2687 | 2600 | 10874 | 37 | |
| 3063 | 2886 | 2420 | 2060 | 3067 | 2551 | 2728 | 1901 | 2284 | 22960 | 2133 | 2763 | 2224 | 2070 | 9190 | 32 | |
| 2490 | 2507 | 2044 | 1684 | 2758 | 2235 | 2334 | 1701 | 2068 | 19826 | 1664 | 2298 | 1877 | 1888 | 7727 | 27 | |
| 2005 | 2544 | 2069 | 1830 | 2835 | 2005 | 2617 | 1726 | 2075 | 20396 | 1528 | 1915 | 1852 | 1822 | 7117 | 27 | |
| 1697 | 1642 | 1453 | 1256 | 1853 | 1423 | 1804 | 1083 | 1367 | 13718 | 971 | 1287 | 1330 | 1162 | 4750 | 18 | |
| 2116 | 2192 | 1819 | 1591 | 2386 | 1862 | 2487 | 1263 | 1723 | 17499 | 1262 | 1872 | 1882 | 1414 | 6430 | 23 | |
| 50874 | 49905 | 44775 | 34143 | 46859 | 54798 | 40275 | 31227 | 36633 | 389489 | 46062 | 56031 | 41941 | 34837 | 178871 | 568 | |

Used Vaccination Programme Modelling - Phase 1 Care Homes

| | Burnley East | Burnley West | Hyndburn Central | Hyndburn Rural | Pendle East | Pendle West | Ribblesdale | Rossendale East | Rossendale West | EL CCG Total | Blackburn | Darwen | BwD Total | Grand Total |
|--|--------------|--------------|------------------|----------------|-------------|-------------|-------------|-----------------|-----------------|--------------|-----------|--------|-----------|-------------|
| Care Homes | 10 | 14 | 10 | 12 | 9 | 8 | 9 | 7 | 12 | 91 | 20 | 7 | 27 | 118 |
| Care Home Residents | 430 | 391 | 415 | 345 | 344 | 293 | 323 | 172 | 486 | 3199 | 797 | 231 | 1028 | 4225 |
| Estimated Care Home Staff (1 Staff : 1 Resident) | 860 | 782 | 830 | 690 | 688 | 586 | 646 | 344 | 972 | 6398 | 1594 | 462 | 2056 | 8450 |
| Vaccinations | 1290 | 1173 | 1245 | 1035 | 1032 | 879 | 969 | 516 | 1458 | 9597 | 2391 | 693 | 3084 | 12680 |
| Number vaccinator days required based on 80/day | 16.1 | 14.7 | 15.6 | 12.9 | 12.9 | 11.0 | 12.1 | 6.5 | 18.2 | 120.0 | 29.9 | 8.7 | 38.6 | 158.5 |
| Estimated Care Home Staff (1 Staff : 1 Resident) | 645 | 587 | 623 | 518 | 516 | 440 | 485 | 258 | 729 | 4799 | 1196 | 347 | 1542 | 6345 |
| Vaccinations | 1075 | 978 | 1038 | 863 | 860 | 733 | 808 | 430 | 1215 | 7998 | 1993 | 578 | 2570 | 10566 |
| Number vaccinator days required based on 80/day | 13.4 | 12.2 | 13.0 | 10.8 | 10.8 | 9.2 | 10.1 | 5.4 | 15.2 | 100.0 | 24.9 | 7.2 | 32.1 | 132.2 |

Care Homes – Number of individuals per vaccination (Aimed at approx. 80 residents/staff per day – 2 care homes)

Residents and care home number taken from Sit Rep (see table below)

to consider logistics incl. cold chain, number of homes and travel times.

Arrangement for Nurses to administer in Nursing Homes rather than DNs

Enable CPs could administer to care homes residents

Vaccination procedure needs to be considered as multi-dose vials

Vaccination Programme Modelling - Phase 1 Over 80 years of age

| | Burnley | Hyndburn | Pendle East | Pendle West | Ribblesdale | Rossendale | Blackburn | Darwen | Total |
|--|---------|----------|-------------|-------------|-------------|------------|-----------|--------|-------|
| Number of patients over 80 years of age | 4368 | 3410 | 2386 | 1862 | 2487 | 2986 | 5016 | 1414 | 23929 |
| Vaccination rate of 80% | 3494 | 2728 | 1909 | 1490 | 1990 | 2389 | 4013 | 1131 | 19143 |
| Target | 3494 | 2728 | 1909 | 1490 | 1990 | 2389 | 4013 | 1131 | 19143 |
| Required to achieve target 80% of over 80 years of age In a 8 hour operational day we would expect a single pod site to vaccinate 240 users [15/hr per vaccinator and 2 vaccinators] | 14.6 | 11.4 | 8.0 | 6.2 | 8.3 | 10.0 | 16.7 | 4.7 | |

| |
|--------------------------------|
| Total Vaccines Required |
| 38286 |

| | Burnley | Hyndburn | Pendle East | Pendle West | Ribblesdale | Rossendale | Blackburn | Darwen | Total |
|---|---------|----------|-------------|-------------|-------------|------------|-----------|--------|-------|
| Number of patients over 80 years of age | 4368 | 3410 | 2386 | 1862 | 2487 | 2986 | 5016 | 1414 | 23929 |
| Vaccination rate of 100% | 4368 | 3410 | 2386 | 1862 | 2487 | 2986 | 5016 | 1414 | 23929 |
| Target | 4368 | 3410 | 2386 | 1862 | 2487 | 2986 | 5016 | 1414 | 23929 |
| Required to achieve target 100% of over 80 years of age In a 8 hour operational day we would expect a single pod site to vaccinate 240 users [15/hr per vaccinator and 2 vaccinators] | 18.2 | 14.2 | 9.9 | 7.8 | 10.4 | 12.4 | 20.9 | 5.9 | |

| |
|--------------------------------|
| Total Vaccines Required |
| 47858 |

Housebound not deducted from these totals - Community Services support required for this. Not got accurate coding for housebound

Nursing care homes not deducted

Illness plans in case of sickness, absence in allocated teams

Recall required after 3 or 4 weeks (21 or 28 days)

Patients must be re-directed to same site for second dose.

The summary below to be scaled back to reflect 240 vaccinations per day in place of 520 per day

| Summary based on One POD site | | |
|---|--------------|--|
| Role | No. Per Site | Description |
| Support | 2 | Responsible for patient record keeping. Responsible for recording vaccination data (such as batches, numbers). |
| Pod/Nurse (clinical assessment) | 4 or 5 | Responsible for the patient clinical assessment pre-vaccination and Responsible for vaccination draw-up. |
| Pharmacist/Nurse (supervisor) | 1 | Supervision of the vaccination activity and staff within the pod and observation area |
| Pod Pharmacist/Nurse/Physician Associates (immuniser) | 2 | Responsible for the delivery of vaccination. Responsible for the disposal of clinical waste and change of PPE (when required). |
| Pod Assistant | 1 or 2 | Responsible for sanitisation and infection control (e.g. wipe down surfaces). Support the vaccination process. |
| Pod volunteers | 5 | Responsible for patient flow management |
| Pod (Paid) | 3 | Front of House. Responsible for patient check-in and pod allocation. Responsible for patient queries on the day. |
| Pod ambulance | 3 | Responsible for managing the post vaccination observation area & provide BLS. Patient Advocate - Responsible for answering patient queries and address any concerns |
| Pod manager | 1 (per site) | Responsible for clinical escalations. Responsible for overseeing the clinical activity for the pod and clinical assessment area. |
| Pod director | 1 (per site) | Responsible for clinical leadership and governance of the site(s). Responsible for clinical escalations above the Nursing. Manager or Senior Manager. |
| Pod clinical director | 1 (per site) | Responsible for non-clinical leadership & operational delivery of mass vaccination site(s). Responsible for ensuring all workforce, consumables and equipment are in place |

Level 1

Lancashire & South Cumbria NHS Co-ordination Group
Reports to: North West NHSE Regional Incident Control Centre / L&SC Strategic Control Group
Incident Commander – Amanda Doyle

Pennine Lancashire
Mass Vaccination
Programme
Governance

Level 2

**Lancashire & South Cumbria Integrated Care System
Out of Hospital Cell**
3 x per week

Level 3

Pennine Lancashire Integrated Community Care Programme Board
1 x per week (System-wide escalation & decision making)

Pennine Lancashire CCGs Incident Coordination Centre
Daily (CCG escalation and decision making)

Pennine Lancashire Covid Mass Vaccination Programme Board
Weekly, multi-agency coordination and programme level decision making

Pennine Lancashire Covid Mass Vaccination Cell
Daily, multi-agency operational decision making

Delivery Site
Sub-cell
Burnley
E & W

Delivery Site
Sub-cell
Hyndburn
C & R

Delivery Site
Sub-cell
Pendle
East

Delivery Site
Sub-cell
Pendle
West

Delivery Site
Sub-cell
Ribblesdale

Delivery Site
Sub-cell
Rossendale E&W

Delivery Site
Sub-cell
Darwen

Delivery Site
Sub-cell
Blackburn

Pennine Lancashire COVID-19 Mass Vaccination Programme Board

Purpose

- Oversee the effective planning and coordination of Covid-19 Mass Vaccination deployment in Pennine Lancashire
- Provide strategic direction to the delivery of the Mass Vaccination Programme and the Operational Cell
- Ensure the actions taken at an operational level within each sub-cell are co-ordinated, coherent and integrated, in order to achieve maximum effectiveness, efficiency and desired outcomes
- Assess significant risks facing the Pennine Lancashire Mass Vaccination Programme and use this to inform tasking of organisational/operational commanders, escalating to the ICS as and when required

Reporting and escalation

Page 22

- **Reporting against the delivery of the Mass Vaccination Project Plan is to the ICP Integrated Community Care Programme Board on a weekly basis for System Wide assurance**
- Escalation of risks to the delivery of the Mass Vaccination Programme are to the CCG Incident Coordinate Centre which meets on a daily basis
- Urgent matters which require on the day escalation should be made directly from the Mass Vaccination Programme Commander immediately to the Incident Management Room Commander

Membership

Core Members:

Additional representation as required:

Pennine Lancashire COVID-19 Mass Vaccination Operational Cell

Purpose

- Effective coordination of immediate hands-on work across all organisations providing support to the Mass Vaccination Programme
- Understanding of capacity, skills and service delivery from across providers and risks to this provision
- Operational decision making, in line with the overall strategy advised by the Covid Mass Vaccination Programme Board
- Coordination of collective efforts and resources on specific tasks, to maintain safe and effective vaccine deployment across Pennine Lancashire

Reporting and escalation

Page 23

- Reporting against the delivery of the Mass Vaccination Project Plan is to the Mass Vaccination Programme Board on a weekly basis and to the CCG Incident Coordination Centre on a daily basis
- Escalation of risks to the delivery of the Mass Vaccination Programme are to the Programme Board which meets weekly
- Urgent matters which require on the day escalation should be made directly to the Mass Vaccination Programme Commander immediately
- If a matter is considered to require a single organisational response, which doesn't impact on partners, the matter should be escalated to the Incident Management Room for the relevant organisation. It will be incumbent on the officer representing that organisation to take action to escalate the matter through their organisation

Membership

Core Members

Associated Members

COVID-19 Mass Vaccination Delivery Site Sub-Cells – Role and Structure

Purpose

Each Delivery Site Sub-Cell should:

- Have a nominated leadership team
- Defined processes for authorisation and escalation to the Mass Vaccination Operational Cell
- Maintain command authority over own resources and personnel and be able to direct resource within the geographical area relevant to their Site
- Liaise and coordinate across all other organisations relevant to their geographical area
- Nominate a Senior Coordinator to oversee actioning of requests, record keeping, filing and processing of administrative
- Maintain an actions, decisions and risks log
- Update the Mass Vaccination Operational Cell on a twice weekly basis

Reporting and escalation

- Each Delivery Site Sub-Cell will provide daily current state report (sitrep) into the Mass Vaccination Operational Cell
- If a matter or risk cannot be resolved or mitigated through the Sub-Cell, it should be escalated through to the Mass Vaccination Operational Cell
- If the matter/risk can still not be resolved then it should be escalated through to the Mass Vaccination Programme Board at the earliest opportunity
- If a matter is considered to require a single organisational response, which doesn't impact on partners, the matter should be escalated to the Incident Management Room for the relevant organisation. It will be incumbent on the officer representing that organisation to take action to escalate the matter through their organisation

Membership

Core Members

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