

# UHL COVID-19 Post Peak Learning Exercise

Author: Ben Collins, EPRR Manager Sponsor: Fiona Lennon, Deputy Chief Operating Officer

Trust Board paper F

## Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

## Executive Summary

### Context

The aim of the UHL COVID-19 Post-Peak Learning Exercise was to identify the key learning from the response to the first peak of COVID-19 to help inform plans for the future, including for further potential waves of infection, and for winter preparedness. 4,239 members of staff responded to a survey on the first wave of COVID-19 during July 2020 and this report summarises the key learning against 5 key questions which the exercise hoped to answer.

### Questions

1. Are the command and control arrangements effective for coordinating the preparation for, and response to COVID-19?
2. Are the communication arrangements an effective way of sharing information across the Trust?
3. Have staff felt safe and supported during the first wave?
4. What changes have been introduced in the last 3 months which staff would like to see continue in the future?
5. How can we improve our preparation for and response to a second wave of infection?

### Conclusion

1. Command and control arrangements in the first wave were effective and these should be retained for future planning, response and recovery for COVID-19.
2. Trust-wide communications were well received by staff, however, staff indicated the desire for greater communication with their line managers and for more regular cascades at a local level.

3. Responses from staff indicated there was a positive correlation towards feeling more safe than less safe while at work. Staff responded favourably to measures put in place to support health and wellbeing, however, half of those responding indicated they were tired and reinforced the need for continued investment in supporting the health and wellbeing of staff in the future, and especially in the event of any potential second wave.
4. Staff recognised a number of measures introduced during the first wave could have longer term benefits, particularly those which allowed staff to make more efficient use of their time, as well as measures which have improved staff communication, engagement and support.
5. Staff made a range of suggestions on how the response to a second wave could be done differently with key themes including better communication and engagement, and additional support with regards to their health and wellbeing.

## Input Sought

We would welcome the views of the Trust Board on the conclusions drawn from the UHL COVID-19 Post-Peak Learning Exercise.

### ***For Reference:***

**This report relates to the following UHL quality and supporting priorities:**

#### ***1. Quality priorities***

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[No]
Streamlined emergency care	[No]
Better care pathways	[No]
Ward accreditation	[No]

#### ***2. Supporting priorities:***

People strategy implementation	[No]
Estate investment and reconfiguration	[No]
e-Hospital	[No]
More embedded research	[No]
Better corporate services	[No]
Quality strategy development	[No]

#### **3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required: N/A
- How did the outcome of the EIA influence your Patient and Public Involvement? N/A
- If an EIA was not carried out, what was the rationale for this decision? All work undertaken for COVID-19 is in line with national directives where no EIA has been required

#### 4. Risk and Assurance

##### Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?		
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register	X	Datix Ref: 3623
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: N/A
6. Executive Summaries should not exceed **5 sides** My paper does comply

**REPORT TO:** Trust Board

**DATE:** 01 October 2020

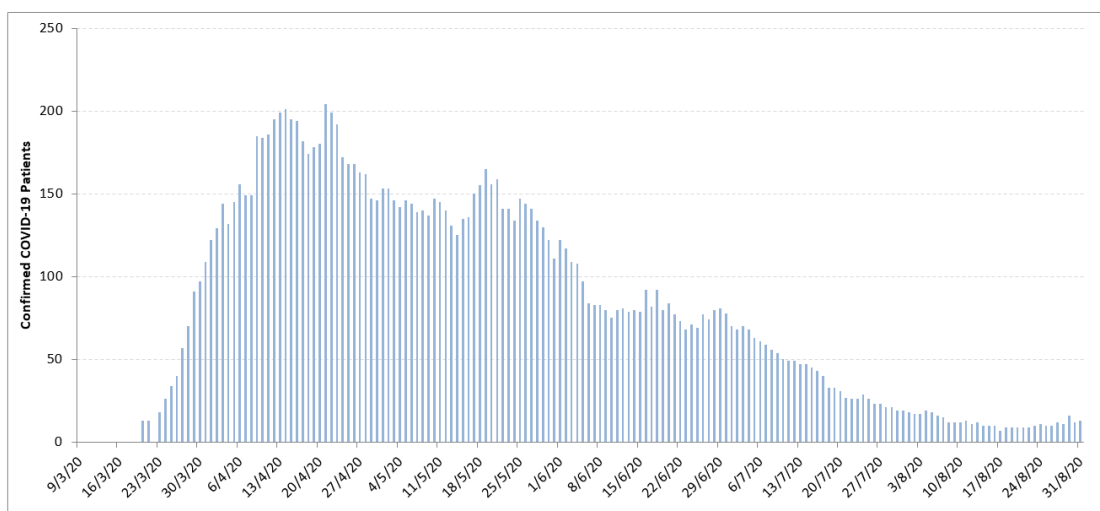
**REPORT BY:** Ben Collins, EPRR Manager  
Muhammed Patel, Emergency Planning Officer  
Emma Casteleijn, Deputy Director of Communications & Engagement  
Maria O'Brien, Head of Communications  
Linsey Milnes, Senior Staff Engagement Manager  
Ian Morgan, Business Intelligence Manager

**SUBJECT:** UHL COVID-19 Post Peak Learning Exercise

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## 1. INTRODUCTION

- 1.1.1 COVID-19 first emerged as a new infectious disease on 31<sup>st</sup> December 2019, since which transmission of the virus has led to a worldwide pandemic.
- 1.1.2 The Trust first began preparing for an outbreak of COVID-19 in mid-January 2020, with transmission being first detected in Leicester's Hospitals on 23<sup>rd</sup> February 2020. Transmission in the community continued to increase until mid-April where the number of cases stabilised before reducing back down. This pattern of transmission is broadly in line with the national picture and is reflected in the graph below, clearly illustrating a "wave" of infection:



**Figure 1: First Wave of COVID-19 - Number of Inpatients in Leicester's Hospitals**

- 1.1.3 During the period covered by this first wave, and up until 10am on 31<sup>st</sup> August 2020, the Trust provided care to 1,182 patients with confirmed COVID-19 and who have successfully been discharged. The Trust also provided care for 443 patients who unfortunately lost their lives within 28 days of days of receiving a positive COVID-19 test result.
- 1.1.4 Long-held planning assumptions for pandemic flu suggest transmission of the virus will continue to come in the form of further "waves" of infection until such

a time that a viable treatment and/or vaccine is made available. This pattern was clearly seen in the most recent pandemic (H1N1, swine flu) in 2009 where there were a total of three defined waves associated with the outbreak. Consequently, the Trust should expect further waves of infection in the future, and these may coincide with the Autumn/Winter months when the transmission of other respiratory infections usually increases.

1.1.5 While it is too soon for the Trust to begin considering any formal debrief for COVID-19, the passing of the first peak of infection provides an opportunity for the Trust to reflect on the experience so far and to identify some of the key learning which can be used to inform future planning for further potential waves of infection, and for winter preparedness. To support this, the UHL COVID-19 Strategic Group received a proposal from the UHL COVID-19 Tactical Group on 13<sup>th</sup> May 2020 to undertake a “COVID-19 Post-Peak Learning Exercise” which was approved.

## **2. AIM AND SCOPE OF THE LEARNING EXERCISE**

2.1.1 The aim of the UHL COVID-19 Post-Peak Learning Exercise was to identify the key learning from the response to the first peak of COVID-19 to help inform plans for the future, including for further potential waves of infection, and for winter preparedness.

2.1.2 The scope of the “UHL COVID-19 Post-Peak Learning Exercise” was limited to answering five key questions:

1. Are the command and control arrangements effective for coordinating the preparation for, and response to COVID-19?
2. Are the communication arrangements an effective way of sharing information across the Trust?
3. Have staff felt safe and supported during the first wave?
4. What changes have been introduced during the first peak which staff would like to see continue in the future?
5. How can the Trust improve its preparation for and response to a second wave of infection?

## **3. METHOD**

3.1.1 The Emergency Planning Team (Ben Collins & Muhammed Patel), the Communications Team (Emma Casteleijn & Maria O’Brien), and Senior Staff Engagement Manager (Linsey Milnes) worked together to develop an online survey which would help to answer the 5 questions set out above in Section 2.1.2.

3.1.2 The survey was created using SurveyMonkey and made available to all staff from 6<sup>th</sup> July to 2<sup>nd</sup> August. Staff were encouraged to complete the survey through regular COVID-19 briefing emails.

## 4. RESPONSE DATA

4.1.1 4,239 members of staff completed the UHL COVID-19 Post-Peak Learning Exercise. Of those who provided demographic data (76%):

- The majority reported being female (76%)
- The majority reported being white British/Irish (67.2%)
- The majority reported being in roles that were clerical/administrative (23.6%), registered nurse/midwife (19.9%) or an allied health professional (15.9%)

## 5. CONCLUSIONS

5.1.1 Following a review of the response data, the following conclusions can be drawn against the 5 key questions this exercise aimed to answer:

### **Question 1: Are the command and control arrangements effective for coordinating the preparation for, and response to COVID-19?**

There was broad consensus from the staff involved in the coordination of the planning for, response to, and recovery from COVID-19 that the command and control arrangements used during the first wave of COVID-19 are fit for purpose and that they should continue in the event of further waves of infection.

### **Question 2: Are the communication arrangements an effective way of sharing information across the Trust?**

There was broad consensus from staff that the Trust-wide communication arrangements used during the first wave of COVID-19 were well received, with both clinical and non-clinical staff making use of multiple channels. As a result, the communications programme should remain largely the same in the event of further waves of infection.

While Trust-wide communications were seen favourably, staff indicated that communication at a local level with line managers was less effective. Staff indicated the desire for greater communication with their line managers and for more regular cascades at a local level with the option to access this information remotely where access to INsite was less practical.

The responses to this survey indicate a strong desire from staff to be kept informed and that staff will actively seek out information in order to help them to feel safer and more in control. The Trust should continue to have empathy for this and provide reassurance to staff on the direction of travel and the plans which are under development to respond to future potential challenges.

### **Question 3: Have staff felt safe and supported during the first wave?**

The safety of staff is paramount and staff have been supported in this regard with the provision of personal protective equipment (PPE) and training on how to use this safely.

The majority of responses from staff who have had to use PPE indicated that they felt they had access to the right level of PPE for all or most of the time during the first wave of the COVID-19 pandemic. In addition, the overwhelming majority stated they felt confident in putting on, taking off, and using this equipment, which is likely a reflection on the significant investment in training provided by the Trust. Overall, responses from staff indicated there was a positive correlation towards feeling more safe than less safe while at work. This survey did not ask staff how safe they felt outside of work so a comparison to that can not be made and perhaps should be included in the event of any future learning exercises or debriefs. Staff provided in the survey a number of suggestions which could support them to feel safer in the future and these will be examined in greater detail by the UHL COVID-19 Tactical Group following publication of this report.

While the Trust provided a range of tools to support staff's health and wellbeing, the support of colleagues was recognised as being the most beneficial. This was followed by the availability of free food and drinks, support from line managers, and free car parking. In line with the NHS People Plan, information and training will be made available about wellbeing conversations, including what they are and how to have them. In addition, charitable funds have been secured to train 64 Trauma Risk Management (TRiM) practitioners across the Trust to help increase support and create another avenue of intervention for staff in need of help. At the time this survey was completed, the majority of staff reported having negative feelings (tired, low or numb), with just over half of staff indicating they felt tired. This emphasises the continued need for investment in supporting staff in the future and especially during any potential second wave.

### **Question 4: What changes have been introduced in the last 3 months which staff would like to see continue in the future?**

Staff have recognised that a number of measures which have been introduced to support COVID-19 could have longer term benefits, particularly those which have allowed staff to make more efficient use of their time, as well as measures which have improved staff communication, engagement and support. Further details can be found listed under the response to Question 35.

### **Question 5: How can we improve our preparation for and response to a second wave of infection?**

Staff made a range of suggestions on how the response to a 2<sup>nd</sup> wave could be done differently with key themes similar to those mentioned across the survey including better local communication and engagement and additional support with regards to health and wellbeing. Further details can be found listed under the response to Question 36.

## **6. SUMMARY AND NEXT STEPS**

### **6.1 Summary**

6.1.1 The aim of the UHL COVID-19 Post-Peak Learning Exercise has been achieved with valuable information now available to help inform plans for the future, including for further potential waves of infection, and for winter preparedness.

### **6.2 Next Steps**

6.2.1 Following the completion of the UHL COVID-19 Post-Peak Learning Exercise, the following next steps have been identified:

- The UHL COVID-19 Tactical Group will ensure the feedback and lessons learned are used to inform the planning for, response to, and recovery from further future potential waves of infection, and for winter preparedness.
- The outcomes of the learning exercise will be shared with UHL staff.
- The outcomes of the learning exercise will be shared with LLR system partners and used to inform wider system learning.
- Assurance against the above three points will be provided to the Trust Board via the Chief Executive's Monthly Report.



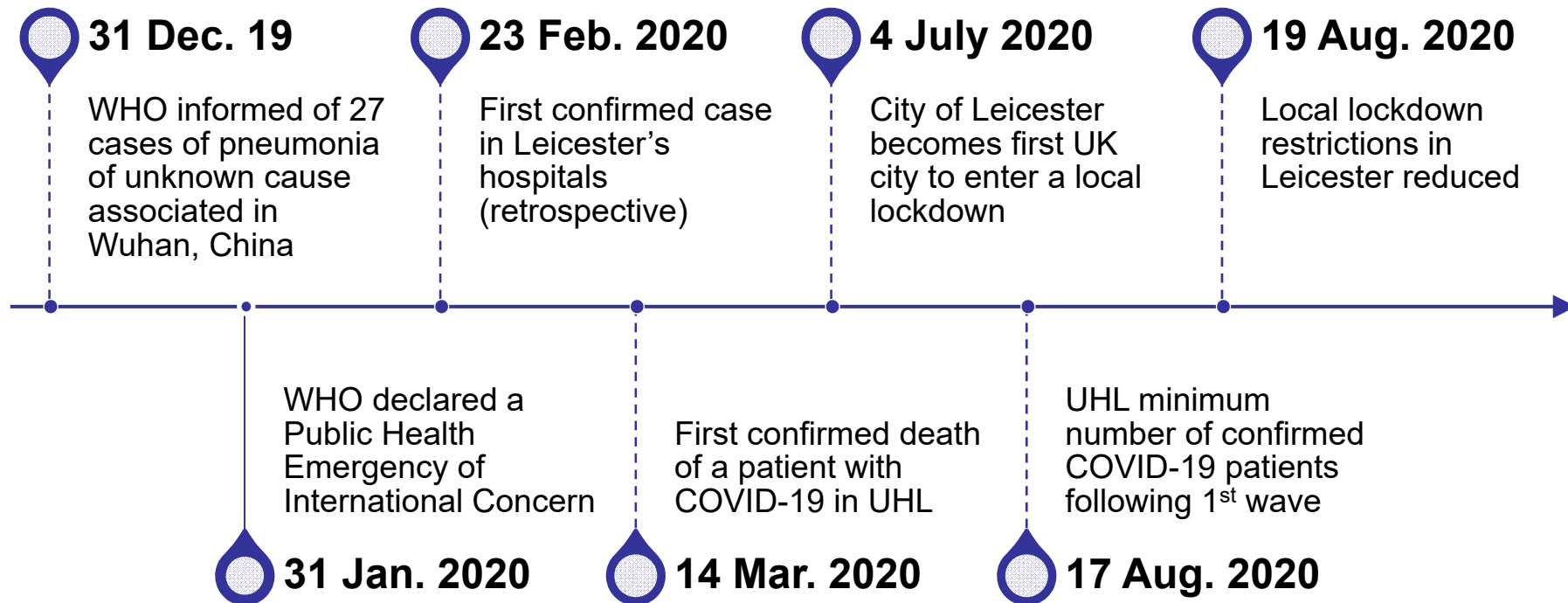
Review of the first wave of infection in the Midlands, LLR & at UHL

# LEARNING LESSONS: COVID-19

One team shared values



# Timeline of Key Events



One team shared values



# UHL Response

*Caring at its best*

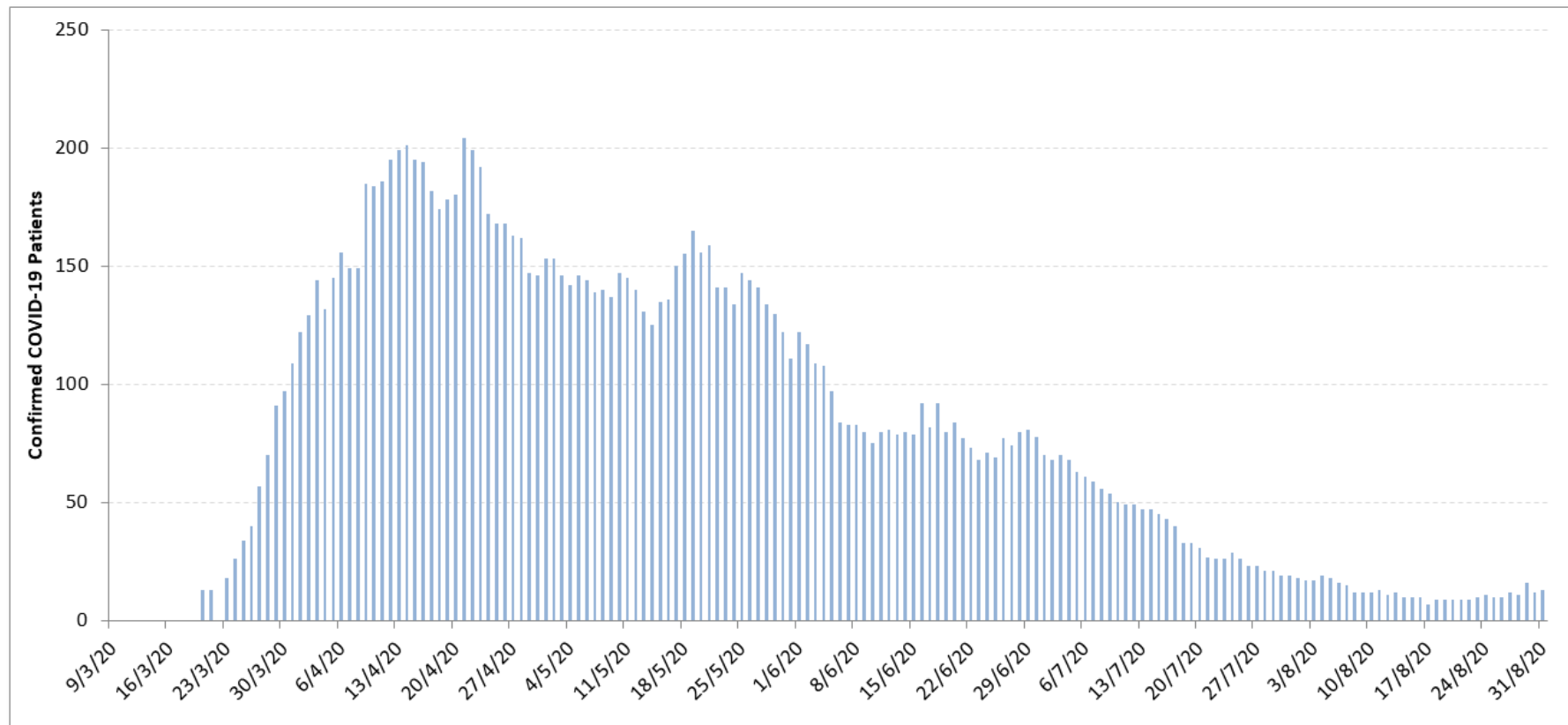
- Clear oversight of command, control, coordination & communication
- Creation of Strategic, Tactical & Operational Groups with clear objectives
- Nominated leads for key areas including Clinical Management Groups and Priority Work Streams to support planning, response & recovery
- UHL COVID-19 Escalation Framework to support flexible response mechanism
- UHL COVID-19 Daily SitRep to provide reliable information for tactical and strategic members to support planning, response, and recovery
- Redeployment hub to support reallocation of staff to critical areas
- Multiple communication pathways established to communicate with staff
- Health & Wellbeing Cell setup to support staff
- Close partnership working with system partners to enable joined-up response
- Developed mutual aid network with neighbouring Trusts in the Midlands

One team shared values



# COVID-19 Positive Cases in Leicester's Hospitals

*Caring at its best*



One team shared values



# UHL Rising to the Challenge

*Caring at its best*

Up to 31<sup>st</sup> August 2020:

- Care provided to 1,182 positive COVID-19 patients who have been successfully discharged (5<sup>th</sup> highest in the Midlands)
- Involved in a number of leading research projects
- Utilised the Independent Sector to maximise non-COVID activity
- UHL took receipt of 500+ letters and directives from NHSEI
- UHL provided 1,000+ requests for information to NHSEI. At the peak, UHL was providing:
  - 19 internal situation reports each week
  - 75 external situation reports each week

One team shared values



# UHL Lessons Learned

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- 4,239 staff responded to survey on the first wave
- Key outcomes
  - Command and control arrangements were positive
  - Trust-wide communications were well received
  - Positive correlation towards staff feeling more safe than less safe
  - Staff recognised the support of their colleagues and were grateful for good will gestures made available
  - Staff benefited measures put in place to save time & would like these to continue in the future (e.g. remote consultations, online meetings)
  - Staff put forward helpful suggestions to improve safety and wellbeing in the event of a potential second wave
- UHL COVID-19 Tactical Group to ensure lessons learned & recommendations are used to inform the planning for, response to, and recovery from further future potential waves of infection, and for winter preparedness

One team shared values



# What didn't go so well?

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- Staff indicated desire for greater communication at a local level, with half of staff indicating a desire to speak with their line managers more frequently
- Communicating to staff what changes were driven by national directives (i.e. out of our control) or which were local initiatives
- Lack of time provided for staff to implement changes in guidance
- Logistical issues redeploying staff into different roles, particularly in ensuring adequate inductions
- Meeting tight turn around times for local, regional and national requests for data and information

One team shared values



# LLR System

*Caring at its best*

- We have managed COVID-19 well with strong engagement from all system partners – not out of PPE; sufficient bed capacity; managed workforce shortages
- Strong clinical to clinical conversations and agreement
- Lots of great clinical innovation implemented
- Command and control has enabled changes to be made at speed
- Stepped up solutions and services quickly
- Improved system working, operating as an Integrated Care system
- Some challenges – PPE; care Homes; Testing; Data; Workforce sharing
- Research programmes underway in LLR linked to the impact of BAME populations and wider inequalities
- In support of Restoration, Recovery and Reset, a rapid clinically led system process was established to capture key learning

One team shared values





# Midlands Review

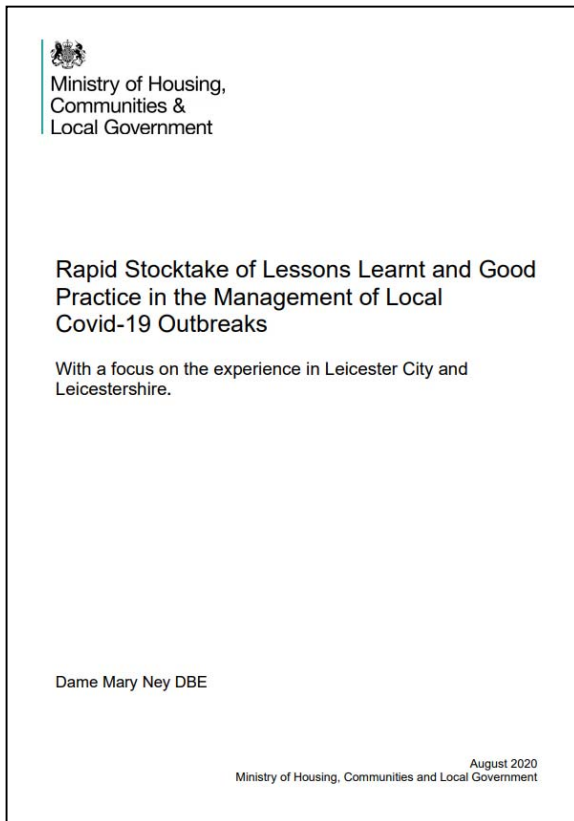
*Caring at its best*

- Positive review, despite unprecedented challenges
- Ability of local leadership and local partnerships to work effectively when offered space and trust to do so, within a clear national framework
- Clear and common purpose which was understood by all health and care bodies and their staff was hugely empowering
- Removal of existing financial arrangements facilitated cross organisational working. Investment decisions were fast tracked, often in care delivery models which crossed organisational boundaries
- High levels of energy from staff with the emergence of new leaders from a range of organisations and professions, many with clinical backgrounds
- There were numerous difficulties to overcome:
  - Constantly changing guidance on PPE, often with short timescales
  - Frustration about access to data to enable decision making
  - Sense that the pandemic had starkly highlighted the greater attention which needs to be given to population health and health inequalities

One team shared values



# Rapid Stocktake of Lessons Learnt & Good Practice



- Sought to identify the good practice and key learning in dealing with a local COVID-19 outbreak, with a focus on the experience in LLR
- Learning points reflected that LLR was the first area in the UK to have local lockdown restrictions put in place
- Good practice reflected close partnership working and ability to implement plans quickly and efficiently

One team shared values



# Forward Look

*Caring at its best*

Priorities going into winter & further ahead

- UHL COVID-19 Escalation Framework to support the Trust in planning for and responding to future potential waves of COVID-19
- Maintaining established command, control, coordination & communication arrangements to ensure issues are escalated and resolved
- Responding to the upcoming challenge of balancing COVID-19 activity alongside winter pressures, seasonal illnesses and the end of the transition period (EU exit)
- Benchmarking against other organisations who have undertaken a lessons learned exercise
- System action planning against the 50 regional recommendations

One team shared values

