

UHL COVID-19 Wave 2 Post Peak Learning Exercise

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

Trust Board paper J

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	
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	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above

Executive Summary

Context

The aim of the UHL COVID-19 Wave 2 Learning Exercise was to identify the key learning from the response to the second wave of COVID-19 to help inform plans for the future, including for further potential waves of infection, and for winter preparedness. All of the COVID-19 cells which were operational during the 2nd wave were invited to participate in this exercise and this report summarises the key learning against the 4 questions which the exercise hoped to answer.

Questions

1. Is the Board assured that the Trust has effectively captured the learning which has taken place during the second wave of COVID-19?

Conclusion

1. Learning from Wave 1 helped alleviate some of the pressures the Trust faced during Wave 2 of COVID-19. This enabled the Trust to successfully meet the needs of the COVID-19 patients while providing treatment for patients requiring urgent and emergency care.
2. Each of the COVID-19 cells which were operational during the second wave have identified measures which could be considered for any future waves of infection to further enhance the Trust's ability to

manage COVID-19 pressures alongside business as usual activity. These cells also identified a range of changes which could be embedded long-term and into business as usual to support better working in the future.

Input Sought

We would welcome the views of the Board on the lessons learned and recommendation in the attached report.

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

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?		
Organisational: Does this link to an Operational/Corporate Risk on Datix Register	X	Datix risk 3623

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

REPORT TO: Trust Board

DATE: 01 July 2021

REPORT BY: Ben Collins, EPRR Manager
Muhammed Patel, Emergency Planning & Business Continuity Officer

SUBJECT: UHL COVID-19 Wave 2 Post Peak Learning Exercise

1. INTRODUCTION

- 1.1.1 COVID-19 first emerged as a new infectious disease on 31st December 2019 and in 2020 a significant first wave of infection was seen across the United Kingdom, including Leicester, Leicestershire and Rutland (LLR). During the first wave staff at University Hospitals of Leicester (UHL) provided care to 1,182 patients with confirmed COVID-19 who were later successfully 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.
- 1.1.2 During the summer of 2020 the Trust undertook a learning exercise with staff to identify the key learning from the response to the first wave of COVID-19. The outcomes from this work were reported to the Trust Board on 01 October 2020 and used to help inform plans for the future, including for further potential waves of infection and wider winter preparedness.
- 1.1.3 A second wave of COVID-19 infection began in early-mid October 2020. Unlike the first wave, the second involved a more gradual increase in the Trust's number of confirmed COVID-19 patients. On 17 November 2020, the Trust reached a total of 260 confirmed COVID-19 patients across Leicester's hospitals, where numbers plateaued and reduced to 180 patients on 02 December 2020 following a month-long national lockdown during November. From early December, cases increased until a peak in hospital cases was reached on 24 January 2021 with 499 confirmed COVID-19 patients, 2.4x the peak number experienced in the first wave. The peak number of patients across the Trust's intensive care and ECMO units during the second wave followed on 02 and 04 February with 71 patients.
- 1.1.4 During the period covered by the second wave (October 2020 – April 2021), the Trust provided care to 3,230 patients with confirmed COVID-19 who have all successfully been discharged. The Trust also provided care for an additional 1,037 patients who unfortunately lost their lives with COVID-19 over this same time period.
- 1.1.5 Throughout the second wave, Leicester's hospitals responded to unprecedented levels of demand arising from the combination of COVID-19 and winter pressures. In addition, the Trust played a significant role in the delivery of the COVID-19 vaccination programme through its three hospital hubs which up to the 1st April 2021 had resulted in over 85,000 doses of a COVID-19 vaccine having been given.

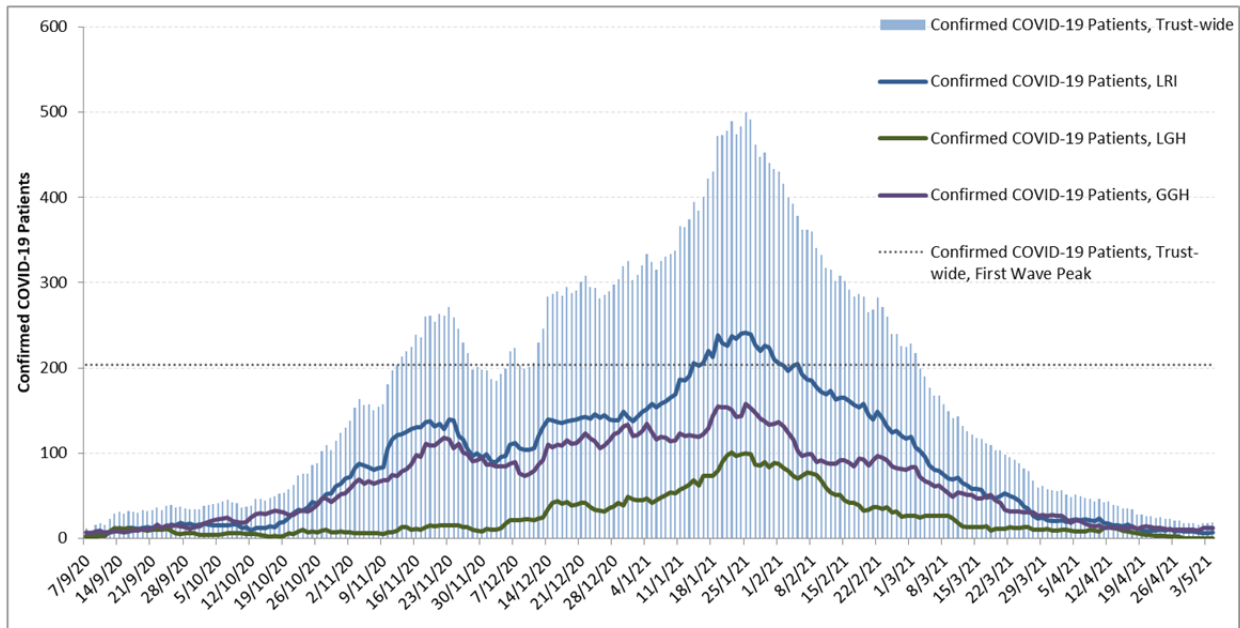


Figure 1: Second Wave of COVID-19 - Number of Inpatients in Leicester's Hospitals

1.1.6 With COVID-19 likely to remain an endemic for some time, the Trust awaits guidance from NHS England to consider any formal requirement to debrief from COVID-19. However, the passing of the second wave of infection provides an opportunity for the Trust to reflect on its most recent experience, and identify some of the key learning to build upon the progress that has already been made.

2. AIM AND SCOPE OF THE LEARNING EXERCISE

2.1.1 The aim of the UHL COVID-19 Wave 2 Post-Peak Learning Exercise was to identify the key learning from the response to the second wave of COVID-19 in order to help inform plans for the future, including for further potential waves of infection and for wider winter preparedness.

2.1.2 The scope of the “UHL COVID-19 Wave 2 Post-Peak Learning Exercise” was limited to answering four key questions:

1. What learning and outcomes were taken from the first wave and applied to the second wave?
2. What were the main achievements and successes during the second wave?
3. What were the main challenges experienced during the second wave, and what practical changes should be made during any potential third wave?
4. What changes were introduced during the second wave which should be retained in the future as continued good practice?

3. METHOD

3.1.1 The COVID-19 Incident Coordination Centre Team (Ben Collins, Bob Diepeveen & Muhammed Patel) circulated out a pro-forma with the questions outlined in Section 2.1.2 to each of the COVID-19 cells which were operational during the second wave. An illustration of the command and control arrangements for UHL at the end of the second wave in April 2021 is presented below in Figure 1.

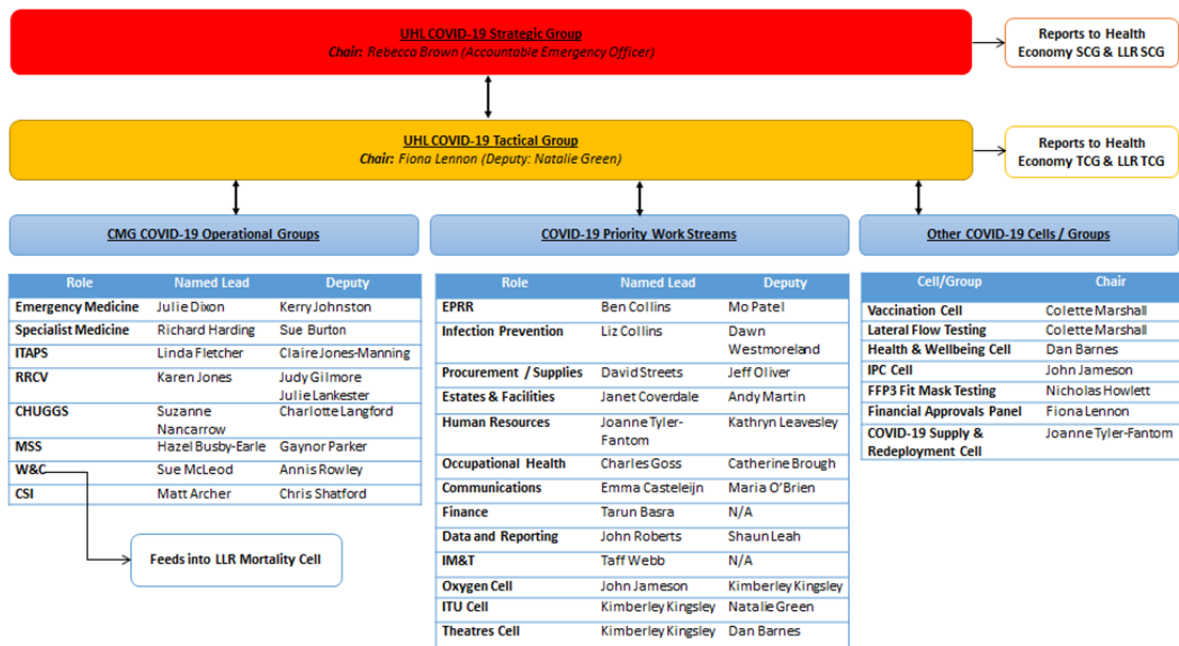


Figure 1: UHL Command and Control Arrangements, April 2021

3.1.2 Each COVID-19 cell lead was asked to discuss the questions as part of their cell meetings and feedback collated responses to the COVID-19 Incident Coordination Centre for inclusion in this report.

4. CONCLUSIONS

4.1.1 Following a review of the response data, the following conclusions can be drawn against the 4 key questions this exercise aimed to answer:

Question 1: What learning and outcomes were taken from the first wave and applied to the second wave?

The first wave of COVID-19 provided operational teams a broad understanding of the pressure on staff to meet increased patient demand. This enabled teams to put in place additional arrangements ahead of the 2nd wave to help alleviate some of the increased pressure on staff. In addition, the experience of working with patients during the first wave of COVID-19 better enabled teams to understand how best they could care for all patients, including those with and without COVID-19.

Question 2: What were the main achievements and successes during the second wave?

Despite the significant challenges of the second wave, staff fed back a number of successes which reflected what the organisation can achieve when faced with challenging circumstances. Of note, clinical teams were able to continue to deliver emergency and clinically urgent work while meeting the needs of COVID-19 patients, which at the height of the second wave, included 499 inpatients. However, in addition to supporting inpatients, clinical teams also established a virtual ward which helped patients to remain at home while they received the care they required. Finally, a significant achievement for UHL was the enormous effort that went into establishing and running the three vaccination hubs which up to the 01 April 2021 had resulted in over 85,000 doses of a COVID-19 vaccine having been given.

Question 3: What were the main challenges experienced during the second wave? What practical changes should be made in any potential 3rd wave?

Meeting the needs of the second wave was a significant challenge for everybody involved. A major challenge was how best to accommodate the number of COVID-19 inpatients while minimising disruption to non-COVID patients also requiring care and treatment. Additionally, feedback highlighted how meeting the health and wellbeing needs of staff was difficult, as well as delivering the wider COVID-19 response in the context of a challenging financial position.

Having reflected on the challenges of COVID-19, feedback from staff identified a broad range of suggestions on improvements which could be introduced in the event of a possible third future wave of COVID-19. A significant proportion of the suggestions centred on a desire to see less impact to the services provided for non-COVID patients.

Question 4: What changes were introduced during the second wave, which should be retained in the future as continued good practice?

The responses received illustrated the variety of ways teams have worked differently across the Trust to meet the challenges of the second wave. While these changes were introduced specifically for COVID-19, staff identified a range of changes which were introduced which could have longer-lasting benefits and should be maintained into the future. In particular, a theme which was repeated time after time was that staff want to retain the increase in collaborative working which has come about from the COVID-19 response, and this applied not only internally between teams, but also externally with partner organisations, including the Independent Sector.

5. SUMMARY AND NEXT STEPS

5.1 Summary

- 5.1.1 The aim of the UHL COVID-19 Wave 2 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 wider winter preparedness.
- 5.1.2 A more comprehensive report on the findings of the UHL COVID-19 Wave 2 Post-Peak Learning Exercise has been presented to the Trust's Operational Management Group (OMG) and Executive Finance and Performance Board (EFPB). These reports were both well received and assurance was provided to members on how lessons learned will be carried forward.

5.2 Next Steps

- 5.2.1 Following the completion of the UHL COVID-19 Wave 2 Post-Peak Learning Exercise, the following next steps will be undertaken:
 - The outcomes of the learning exercise will be shared with UHL's Clinical Management Groups and former COVID-19 Cell Leads to help inform the planning for, response to, and recovery from any further future potential waves of infection and wider winter preparedness.

- The outcomes of the learning exercise will be shared with LLR system partners and used to inform wider system learning.
- Assurance that the above points have been completed and that lessons have been learned will be sought by the Trust's Emergency Preparedness, Resilience and Response (EPRR) Board.