

Covid-19: Leicester, Leicestershire and Rutland NHS Response

Report to Leicester City Overview and Scrutiny Committee

23rd June 2020

Introduction

The attached document describes the response to the Covid-19 outbreak by NHS organisations in Leicester, Leicestershire and Rutland (LLR).

It describes the initial response to the outbreak, the planning for and management of the pandemic, and the demands placed on the NHS through the number of local cases. It also sets out the current priorities and supporting actions during the NHS restoration, recovery and reset phase.

Summary of local NHS response

Prior to the declaration of a level 4 Major Incident, the NHS had mobilised an incident management group to begin planning its response to the increase in UK cases and anticipated cases locally. Work had also commenced with other agencies within the Local Resilience Forum and a series of tactical response cells were set up.

Following declaration of the Major Incident nationally on 24 March, and subsequently locally under the leadership of Leicestershire Police, these arrangements were subsumed within the major incident plan for LLR under the leadership of the Chief Constable.

NHS planning initially concentrated on the following areas:

- Increasing capacity/redesigning services: cancellation of non-urgent operations and treatments, creating additional/space and capacity in UHL and LPT hospitals, commissioning support from the independent sector, and implementing processes for quicker discharge of medically fit people (helped by increase in capacity in LPT);
- Protecting patients and staff: minimising face-to-face contact, for example through the use of online/virtual consultations in primary care and outpatients, along with telehealth for some community services and the creation of Covid and non-Covid zones in hospitals and urgent care sites.
- Monitoring the impact on our workforce: physical and mental health wellbeing and impact on capacity.

From an NHS perspective, strategic leadership is provided by the Health Economy Strategic Co-ordination Group. Chaired by Andy Williams, the chief executive of the local CCGs, this group comprises CEOs of health organisations as well as senior clinical leaders and representatives from other partners.

The operational response is led by a Tactical Co-ordination Group (HETCG), with delivery by 19 Tactical Cells - each providing regular updates to the HETCG. Issues are escalated to the Strategic Co-ordination Group by HETCG as necessary.

Restore, recover and reset phase

We are now in the next phase of our response to Covid-19. Although we are seeing a fall in the number of cases, the NHS - like other organisations - is operating in a world in which Covid-19 remains a risk. As a consequence we are alert to the potential for an increase in prevalence. The following are some of our key priorities during this period.

Managing the incident

Our incident management arrangements remain in place. At the time of writing we continue at National Alert Level 4 - meaning that the epidemic is in general circulation and the risk of transmission is high. As a result, measures on social distancing remain in place.

Underpinning our approach going forward is Infection Prevention and Control (IPC) and implementing stringent national guidance on infection control/social distancing. This is important to continue protecting patients and staff and prevent infection on NHS premises

A number of temporary operational changes have had to be made to some services to ensure that they have been able to continue operating safely and effectively. Some of these changes will continue for the time being remain where considered necessary to protect patients and staff.

Testing and tracing

This is a key pillar in the strategy to fight the epidemic. Antigen testing (to determine if you have Covid-19) is now available for any symptomatic member of the public via an online portal. Tests are carried out at the testing centre set up at Birstall Park and Ride and through Mobile Testing Units, visiting various sites around Leicester, Leicestershire and Rutland.

Antibody testing – to test if an individual has previously been exposed to the virus – is also now being made available to NHS staff and non-elective patients. Access to this test is being extended to all LRF staff and elective patients.

Continued support for care homes

The joint working arrangements between health and social care have ensured effective support is available to care homes. They have, for example, established processes for discharge of patients to care homes and arrangements to ensure resilience in homes in response to staff shortages. Training on Infection Prevention and Control is also in place, as are clinical leads to support care homes.

PPE

As with many areas of the country, LLR was impacted by some shortages of PPE equipment and logistical supply difficulties. Arrangements are now in place locally and regular monitoring of stocks and a local system of mutual aid has stabilised the position on PPE. Continued vigilance on PPE stocks is essential.

Service recovery and restoration

We recognise that planned care has been suspended for some patients during the initial phase of the epidemic. While this was necessary, we understand the impact for those patients concerned.

With this in mind we have begun to increase routine operations and treatment, while keeping the necessary capacity and capability to treat future coronavirus patients. Patients who need important planned procedures – including surgery – are beginning to be scheduled for that care, prioritising those with the most urgent clinical need.

Several priority areas have been identified for early restoration of services – including cancer, maternity, cardiovascular disease, heart attacks, strokes, mental health.

Steps are being taken to ensure that there is careful planning, scheduling and organisation of clinical activity, while patients will be required to isolate themselves for 14 days and be clear of any symptoms before being admitted. Testing will also be increasingly offered to those waiting to be admitted to provide further certainty for patients and staff that they are Covid-free.

Impact on staff

NHS staff, as well as other key workers, have shown incredible resilience in responding to Covid-19. We are grateful that so many of them have gone above and beyond the call of duty, and continued support for their wellbeing is a priority.

As part of this we have also taken particular action in relation to supporting colleagues from Black, Asian and minority ethnic groups as understanding grew of the disproportionate impact on people from these communities. This includes undertaking risk assessments and listening exercises to ensure they have the confidence to raise areas of concerns, and feel adequately supported to go about their work.

Public engagement and support

We will continue to support national messaging on social distancing, symptom awareness and hygiene. We are working closely with our partners in the other LRF agencies to work jointly on public information. We are also ensuring the public is aware of changes to services and how to access them.

We would like to acknowledge the positive response of the public to following public health messages – particularly in staying at home, protecting the NHS and saving lives during the initial phase of the epidemic. We are also grateful for their support through the #ClapForCarers initiative. Their thanks and gratitude has meant a great deal to us all.

We are reviewing all operational changes made to services in response to Covid-19, and patient feedback is an important element of this. We have carried out an online survey to gather experiences of services, with more than 1400 people having responded. Their feedback will be vital in helping us to restore and reset services going forward.

Conclusion

Covid-19 has been unprecedented. It has had a terrible and distressing impact on many in our community, with each and every death being one too many and a tragedy for the families involved.

Dedication and commitment of all in the NHS and other agencies, as well as joint planning and working arrangements, have ensured the NHS in LLR coped with the peak locally and resolved many challenges. We believe that these arrangements have provided a solid foundation for the local NHS and its partners going forward. However, we are in no way complacent and recognise that there is still much to do. The threat from Covid-19 remains, so we must continue to be vigilant and responsive.