

## Covid-19 Lessons Learned – national approach feedback template

**For completion and return to Executive Support Team by 4pm on Thursday 16 July 2020: [nss.nhsscotlandexecsupport@nhs.net](mailto:nss.nhsscotlandexecsupport@nhs.net)**

**Purpose:** to inform the SG approach to a national programme of work to capture Covid-19 lessons learned across (i) NHSS (ii) the social care sector and (iii) SG Health and Social Care Directorates.

**Required:** provide input on the areas outlined below to enable a collated BCE response to be submitted to SG by Monday 20 July. Please limit your response to maximum 3 pages for this first phase of the scoping work. (Note: Executive Support Team is aiming for a Friday 17 July submission date)

**1. What are the key areas and issues that you consider need to be reviewed, both locally and at a national level, to ensure that lessons learned inform future improvements? For example, PPE, governance, staffing.**

The response to COVID is too large to effectively consider as a single entity and be able to digest the learning as one single process. Any learning strategy should;

- ✓ Recognise that the whole incident will be too large to effectively debrief as a single entity.
- ✓ Consider the incident response as a number of smaller interlinked elements.
- ✓ Where appropriate and possible undertake learning and apply lessons learned throughout the life cycle of the incident. NHS Lanarkshire's approach is to recognise windows of learning throughout the pandemic consistent with peaks and troughs of activity ultimately leading to a comprehensive review post incident.

Every aspect of the response has the potential to yield valuable learning and lead to improvements in response to pandemics and/or business as usual healthcare services. However the scale of the task is too large to effectively complete during an ongoing pandemic. It will be necessary to target learning activity to areas of priority.

Suggested key learning activities include;

- Review demand v capacity inclusive of staff wellbeing
- Command & Control Structure, Authorities and Responsibilities.
- Strategy, Planning & Resourcing. Local and national mobilisation response plans
- Sustainability and impact of lock down arrangements including home working
- Multi-agency working (local, regional, national)
- Data requirements and sustainable reporting
- Communications
- COVID positive patient pathways
- COVID specific facilities and infrastructure
- Financial support and sustainability
- Health & Safety arrangements including risk assessments and sustainable PPE
- Essential supplies chains and stock/management
- Health & Social Care integration in response to a crisis
- Management of COVID in Care Homes
- Provision of adapted clinical services in acute & primary care settings.

**2. Are there any exclusions or potential areas of duplication that need to be considered at the scoping stage for future work on lessons learned?**

There needs to be an approach that recognises the need for 'local' and 'national' learning.

Local learning should be the preserve of individual Boards and functions to take a critical look at their local response in line with their own processes.

National learning should be a once for Scotland approach with all parties who express an interest in learning lessons or outcomes from learning are routed via this resource. Learning lessons needs to be based on a single strategy using consistent methodologies.

A single national resource should be established/selected to lead the development of the learning strategy. It may be prudent to ensure any such resource is independent of all major organisations involved in the response. This resource should be responsible for working with key stakeholders to commission learning activities and be responsible for collating the outcomes and presentation of a final report to the commissioning group/person.

There should be a formal means for Boards to share any lessons identified through local learning activity that may have national implications or overlap.

The above single approach should help remove duplication, drive consistency of approach and interpretation of learning outcomes with one set of recommendations and actions.

There should be no exclusions and all aspects of the COVID response should be open to learning lessons in the spirit of continuous improvement. The one exception to the above principle would be where there are any concerns around any issues of subjudice pertaining to potential litigation or future inquiries.

**3. What would you wish to see included in terms of format and process for capturing information? For example, online surveys, workshops.**

The nature of what is being explored will differ from capturing staff and/or stakeholder experience to undertaking evidence and expert led reviews. The selection of a hard and/or subjective evidence approach will be based on the needs of what is being reviewed. All options should be available and the learning process should not be constrained by limiting the selection of format options available.

The most appropriate means of capturing the learning from each subject area will vary. The key factor is to capture all relevant lessons and learn from the available evidence as well as the individual and collective experience of all stakeholders. Therefore all means of capturing lessons should be available for consideration. These could be used in isolation or in combination to ensure maximum reach in capturing the different experiences.

**4. What are your views on the level of transparency and openness that should apply to this work?**

An individual's participation in any learning activity should be on the principle of being fully open and frank regarding individual views and experience. To engender this all submissions and/or interactive learning must be on the basis of being undertaken in a safe space. The recommendation would be that this is in an environment with their own peers. Sessions should not be recorded and final reports must not attribute any comments or statements to any individual.

All surveys should be anonymous with any identifying factors removed. Other evidence based reports should have any personal statements or interview transcripts anonymised.

No individual should be subject to any action due expressing views or opinions relating to the learning activity. This does not remove acceptable limits and all participating staff need to recognise and respect all normal criteria of appropriate behaviours and language.

National learning reports and outcomes should be available to all stakeholders. The implementation of learning and what has changed should also be fed back to provide confidence to participants that they have been listened to.

The outcomes of local learning should be managed in line with the strategy set by the individual Board. This will include their willingness to share with other Boards, organisations etc. It would be hoped that all Boards would follow the principles of sharing learning and good practice as is often the case in normal business.

**5. What steps need to be taken to ensure that views are sought and captured from all NHS boards and from staff at all levels within the organisation?**

The preparation of an agreed strategy will be essential. As stated above having access to a range of engagement tools which can be used in combination will help achieve the greatest reach.

Consistency of approach, methodology and interpretation of outcomes will be essential. Too many different groups undertaking overlapping learning activity or gathering information from across the Health community and key partners will lead to multiple versions of lessons undermining the process. This could potentially impact the confidence of staff in the effectiveness of the process.

Staff will need to feel secure in being able to raise issues and the process needs to be designed around this key principle. Any interactive sessions such as debriefs should be as close to the individuals working environment and with close peers as possible. Surveys should be anonymous and held using independent platforms.

The strategy also needs to encapsulate a full process that shows the route to lessons being acted on and delivering improvements. Visibility of change will help demonstrate lessons have been learned and staff listened too. Failure to implement lessons will likely lead to a sense of failure of and apathy in the system.