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Bwrdd Iechyd Prifysgol  
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Health Board



<b>Meeting Date</b>	<b>25 March 2021</b>	<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Responding to COVID-19</b>		
<b>Report Author</b>	Hannah Evans, Director of Transformation Karen Jones, Head of Emergency Preparedness Resilience & Response		
<b>Report Sponsor</b>	Dr Keith Reid, Director of Public Health		
<b>Presented by</b>	Dr Keith Reid, Director of Public Health		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide an update on the Health Board's response to COVID-19.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• The Board continues to operate in Major Response mode due to the coronavirus pandemic.</li> <li>• C-19 incidence rates per 100,000 population are below the World Health Organisation thresholds of concern.</li> <li>• There is a clear downward trajectory of incidence and the Health Board is starting to transition to a de-escalation phase.</li> <li>• High risks remain concentrated within 3 themes: workforce, nosocomial transmission and capacity.</li> <li>• The mass vaccination is extremely successful and the Health Board successfully achieved the first key milestone at mid-February and is making good progress and on course to meet the next milestone at the end of April.</li> <li>• The Test, Track &amp; Protect (TTP) programme continues to deliver outbreak control; the uptake of testing has stabilised and positivity rate is now below 5%.</li> <li>• The organisation continues to horizon scan for likely concurrent risks and issues and has recently been responding to a declared major incident by South Wales Police and Fire and Rescue Service due to flooding in Skewen, Neath, but there were no casualties.</li> <li>• An interim debrief has been undertaken to capture learning from the wave 2 response. This will inform short, medium and longer term recovery planning.</li> </ul>		

Specific Action Required ( <i>please choose one only</i> )	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> progress in responding to COVID-19</li> <li>• <b>NOTE</b> that the risk rating in relation to COVID exceeded the agreed threshold of 20 for multiple risks</li> <li>• <b>RECEIVE</b> the 2<sup>nd</sup> wave interim debrief report</li> </ul>			

## **UPDATE IN RESPONDING TO THE CORONAVIRUS PANDEMIC**

### **1. INTRODUCTION**

The purpose of this report is to provide assurance to the Board with regards to the Health Board's continued response to the COVID-19 (C-19) pandemic. Updates with regard to the vaccination programme and finance are submitted separately.

### **2. BACKGROUND**

The Board continues to operate in Major Incident Response mode to the C-19 pandemic and associated Command, Control and Communication (C3) arrangements remain in place, flexing in accordance to the current situational intelligence.

Since the last Board update in January 2021, the organisation has been focusing on the de-escalation process from the second wave of the pandemic. At the peak of the second wave during mid-December 2020, positive C-19 cases had risen to over 1,000 per 100,000 population and currently, they have decreased to 29 per 100,000 population, with a positivity rate of 3.2%.

Also and in line with the Welsh Government's Coronavirus Control Plan, a Regional Incident Management Team (IMT) continues to meet twice weekly since, reporting weekly to Welsh Government.

### **GOVERNANCE**

#### **3.1 Leadership, Operational Management and Control Arrangements**

The COVID Coordination Centre (CCC) has continued to operate and the governance structure regularly reviewed to ensure fitness for purpose. Frequency of Gold and Silver meetings are reviewed to ensure they reflect system pressures and requirements, where Gold meetings were occurring daily during the first week of January and now meeting twice weekly.

The South Wales Local Resilience Forum remains in Major Incident Stand-by and a Strategic Coordination Group, (SCG) is convened fortnightly with SITREP reporting to include Brexit through to Welsh Government. Currently there are discussions with regard to a regional and sub-regional recovery group and further information is awaited.

#### **3.1 Epidemiology**

- It has been over a year since the first COVID-19 positive patient was identified in Wales and in the Swansea Bay area on 28<sup>th</sup> February 2020.
- Increasing numbers linked to the new variants of concern and in particular the South African Variant and later the Kent Variant continued during January and February 2021. Updated guidance was released for Wales with regard to the new variants of concern and in respect to returning travellers. On the 18<sup>th</sup> January, there was a CMO alert regarding the SARS CoV–Brazilian variant

and further advice has been issued. Evidence suggests that 30% of households mixed during the Christmas period. There has now been an identified cluster of the Nigerian Variant of Interest locally and an Incident Management Team is in place.

- A phased return to face to face teaching is in place with 3-7 years olds back in classrooms from 22nd February and the remainder of primary school age children and exam years (11 & 13) from secondary school due back on 15<sup>th</sup> March. The intention is for all pupils to have returned to face to face teaching after the Easter holidays.

### **3.3 Hospital Activity**

- During January and February there has been a steady downward trajectory of hospital admissions due to COVID-19.
- As of Friday 12<sup>th</sup> March there were 25 confirmed, 6 suspected and 172 recovered COVID cases in beds with 1 in critical care.
- The digital intelligence and reporting mechanisms remain a key component of the dynamic decision making. In January Welsh Government issued some data definition changes for “COVID recovered” patients.
- Mortuary surge capacity was decommissioned in mid-January due to the evidence on usage and modelling information and assessment that there is sufficient capacity within Swansea Bay. The regional super surge provision at SW1 Cardiff, has never been utilised by SBUHB but remains in place; due to be decommissioned at the end of March.
- Praise has been forwarded by the Ambulance Service for the Health Board support in the provision of decontamination facilities on the hospital sites to allow quick ambulance turnaround times.

### **3.4 System Wide Capacity Planning & Delivery**

- Further Health Board modelling has been undertaken and this has been augmented by outputs from the Technical Advisory Cell for Welsh Government.
- The Silver Operational Group has oversight of the system wide capacity planning and delivery. Current the work programme includes:
  - Review of processes in conjunction with Local Authority colleagues to reduce the number of discharge ready patients remaining in hospital beds and this includes therapies/nurse led and alternatives to acute hospital stay models.
  - Re-instatement of essential services with orthopaedic surgery being recommenced at Neath Port Talbot Hospital from 22<sup>nd</sup> February 2021.
  - Planning and preparations for the 2021/22 Annual Plan
  - Planning requirements for the needs of patients diagnosed with Long COVID.

### **3.5 Workforce**

- The most prominent concern with regard to staff is in relation to resilience and wellbeing and in particular fatigue due to the prolonged COVID response. The recent debrief has highlighted addressing staff wellbeing as a requirement of particular focus during the de-escalation and recovery phases of the pandemic.

### 3.6 Test, Trace and Protect & Sampling and Testing

- There is increased capacity to deliver testing, but with low demand currently. An approach for targeted or surge testing in response to a cluster of a Variant of Concern is being developed in response to a Welsh Government requirement.
- There has been a broadening of the COVID 19 symptom criteria to encourage people with some symptoms to come forward for testing.
- Despite the increased communications of this change, demand for testing remains low with high capacity across the region. Consequently, Margam Community Testing Unit, (CTU) has been decommissioned and is now the base for mobile testing units. The Liberty CTU contract has been extended to allow this provision to remain throughout the summer months and also a Government testing facility has opened at Baglan Energy Park.
- At the end of January 2021, Welsh Government published a Community COVID Testing Framework and refreshed Testing Strategy.
- In line with these policies, Lateral Flow Devices (LFD) have been issued more widely in order to undertake testing in the workplace, education and care homes.

### 3.7 Care Homes

- The Care Home sector has been at a high level of escalation since late last year with regional and local health Board mutual support playing a critical role in managing this risk. Positively, the situation is steadily improving with the risks reduced to Amber in mid-February. As of Friday 12<sup>th</sup> March there was only one care home in escalation as a consequence of COVID issues and expected to be de-escalated within a week.

### 3.8 Nosocomial Transmission

- Overall the situation is stable and/or improving but still with some small clusters of outbreaks within hospital sites. There remains an ongoing need for COVID pathways to be in place.
- During January revised Infection, Prevention and Control guidance was published and adopted across the Health Board.
- An ongoing review process is in place and a Nosocomial Death/Harm Scrutiny Panel has been established and outcomes are updated in the Nosocomial Silver Group.

### 3.9 Lessons Identified

- The CMO published a special Annual Report at the end of January 2021 which focused on the key learning from the 1<sup>st</sup> wave of the Pandemic.
- The King's Fund also published their COVID-19 Recovery and Resilience report which captured key themes from the COVID response to date.
- These reports fed into a Health Board debrief on the 2<sup>nd</sup> wave pandemic which was held on the 24<sup>th</sup> February 2021. This session was run through the GOLD command structure and also fed in the learning from SBUHB's 'Better Health, Better Care, Better Lives': Insights 2020 and emerging evidence from Israel and Scotland. **Appendix 1** includes the 2<sup>nd</sup> Wave Debrief Report and the key learning and recommendations are on pages 26 – 30.

### 3.10 Emergency Preparedness, Resilience and Response (EPRR)

- It has been recognised that the risk of concurrency during the pandemic has been high and close monitoring of a number of key risks has continued. During recent weeks, issues associated with adverse weather continue to be a high risk and contingency arrangements are in place.
- Following the disruption of Roche blood science and cellular pathology supplies leading to a Health Board declaration of a level 3 Business Continuity incident on the 8<sup>th</sup> October 2020, a Health Board debrief was undertaken on the 27<sup>th</sup> January 2021.

The key lessons include: a review of the 'Just in Time' Procurement contract, national emergency response arrangements, silver command training requirements, further work with regard to business continuity planning and strengthening of enabling tools such as a help line and requests for mutual aid.

- In addition, a major incident was declared by South Wales Police and Fire and Rescue Service on 21<sup>st</sup> January 2021 due to flooding in Skewen, Neath. The Health Board did not declare a major incident but responded to support the Tactical and Strategic Coordination Groups and more recently the Recovery Coordination Group, supporting Neath Port Talbot Local Authority in term of the ongoing community health requirements.
- Following the ratification of a limited trade deal at the end of the EU transition period on the 31<sup>st</sup> December 2020, monitoring of associated risks continues, managed via the EPRR Strategy Group. Currently, there is the potential for disruption of supply of giving sets used in some Health Board infusion pumps and contingency arrangements are in place to oversee this.

## 4. COVID RISKS

The COVID risk register continues to be reviewed on a weekly basis at COVID GOLD Command meetings. This is in line with the mechanism for managing COVID risk established by the Board in November 2020.

Risk is currently concentrated in three main areas:

- Workforce: The resilience of the workforce was escalated as a significant risk during December and has remained. The relationships with the Trades Unions are also remaining as a high risk.
- Capacity: constraints and operational pressures arising from the need to retain COVID pathways and to minimise nosocomial incidences and the compromise of normal services remains.
- Nosocomial: Transmission risks remain high; inpatient screening has helped to mitigate the risks in terms of allowing appropriate placement of patients in wards; this has been further strengthened by an inter-hospital transfer policy and currently a review of the visiting policy will take account of the risk.

The Board has previously agreed that COVID related risks will be managed through the COVID Gold Command meetings as they are Executive led. However, the Board's tolerance of Risk currently sits at a threshold of 20. The Risks identified below remain beyond that threshold as of 8<sup>th</sup> March:

- a. Workforce resilience: (risk score 25: unchanged)
- b. Partnership working with staff representatives: (risk score 25: risk unchanged)
- c. Capacity Constraints: (risk score 20: risk reduced)
- d. Delivery of Essential Services: (risk score 20: risk reduced)
- e. Nosocomial Transmission: (risk score 20: risk reduced)
- f. Whole Service Closure: (risk score 20: risk unchanged)

The Board will receive an update on the current risk scores associated with the identified COVID Risks.

## 5. RECOMMENDATION

Members are asked to:

- **NOTE** progress in responding to COVID-19
- **NOTE** that the risk rating in relation to COVID exceeded the agreed threshold of 20 for multiple risks
- **RECEIVE** the 2<sup>nd</sup> wave interim debrief report

Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
All indicators of quality, safety and patient experience continue to be monitoring and actions are in place to manage how staff are deployed to ensure that risk is balanced across the Health Board.		
Financial Implications		
Financial implications of the COVID-19 response are shared with the Board in a separate document. The Director of Finance has overarching responsibility for ensuring that the cost of our response (actual and planned response) are appropriately captured and assessed for discussion with Welsh Government. Planning cells have been asked to complete decision logs for all expenditure above £75k. In addition, a summary of financial decisions each week is being noted at Gold.		
Legal Implications (including equality and diversity assessment)		
Reporting the decisions made in terms of how the Health Board has managed risks and issues is important in anticipation of legal proceedings arising out of the COVID-19 pandemic. The appointment of the Archivist has been identified as evidence of good practice and Shared Services Legal Team have presented to the Board in January 2021. In addition there is a planned presentation; 26.03.21 by Debra Powell QC will present on Zoom "A Covid-19 Public Inquiry – Legal Framework and Likely Issues".		
Staffing Implications		
There are significant workforce implications as a result of responding to the Pandemic and these rest with the Workforce Silver Command to assess and respond to the workforce implications (short and medium term). The importance of focussing on the psychological impact of the pandemic on our current and future staff requirements is key and continues and is important to longer term recovery and resilience.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

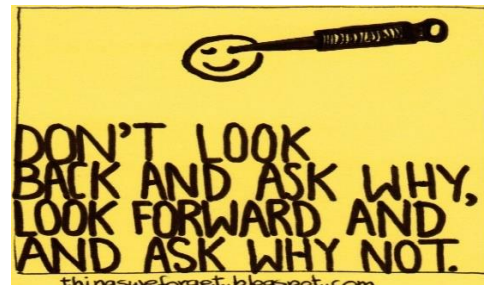


The seven elements of the Well-Being of Future Generations (Wales) Act (2015) will be incorporated into the Board's approach to Recovery.	
<b>Report History</b>	<ul style="list-style-type: none"> <li>• Board Meeting 30<sup>th</sup> April 2020</li> <li>• Board Meeting 28<sup>th</sup> May 2020</li> <li>• Board Meeting 25<sup>th</sup> June 2020</li> <li>• Board Meeting 30<sup>th</sup> July 2020</li> <li>• Board Meeting 24<sup>th</sup> September 2020</li> <li>• Board Meeting 26<sup>th</sup> November 2020</li> <li>• Board Meeting 28<sup>th</sup> January 2021</li> </ul>
<b>Appendices</b>	Appendix 1: SBUHB C-19 2 <sup>nd</sup> Wave Interim Debrief Report: 28.02.21



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## Swansea Bay University Health Board Interim Debrief 2<sup>nd</sup> Wave C-19 Pandemic

**Interim Debrief Date: Wednesday 24<sup>th</sup> February 2021  
09.00 hrs**

**V1: Final Draft**

**Sensitive**

<b>Interim Debrief Date:</b>	24 <sup>th</sup> February 2021
<b>Report Date:</b>	28th February 2021
<b>Location:</b>	Virtual; via TEAMS at SBUHB HQ Committee Room
<b>Author:</b>	Karen Jones, Head of EPRR
<b>Sponsored by:</b>	Keith Reid, Director of Public Health
<b>Facilitators:</b>	Keith Reid, Director of Public Health Hannah Evans, Director of Transformation Karen Jones, Head of EPRR
<b>Loggist/Scribe:</b>	Sally Anne Jones, PA: Medical Director

**Interim Debrief Date:**  
**Report Date:**

**24.02.21**  
**28.02.21**

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## 1. Introduction

Current times are extremely challenging as we continue to respond to the COVID-19 Pandemic, and staff remain to work in ever changing, uncertain and critical environments.

The response to the COVID-19 Pandemic has been unprecedented and it is essential that we continue to learn as we respond. This includes capturing notable practices while fresh in the memory, implementing learnings as they arise and adopting best practice as soon as identified. This allows us to improve the basis for future planning; 'high quality emergency planning prescribes what to do in an emergency and how to ramp up measures rapidly by means of prior agreement and pathways', (David E. Alexander, Institute for Risk and Disaster Reduction, UCL). It is important therefore, to both demonstrate the learning from experience and incorporate the lessons into planning for the future.

The Health Board has continued to respond to the pandemic during 2020 and into 2021 and initially established its command, control and coordination, (C3) arrangements on the 31<sup>st</sup> January 2020. During June 2020, a series of interim debriefs were held in the Health Board following the 1<sup>st</sup> Wave of the pandemic. The timeline of the pandemic from July 2020 to date is noted below:

COVID-19 second wave timeline (SBUHB) <i>*Information correct as of February 24, 2021</i>	
<b>July</b>	· 15 <sup>th</sup> July: testing of all hospital admissions for COVID-19 begins
<b>August</b>	· Weeks ending 9 <sup>th</sup> -23 <sup>rd</sup> August: SBUHB lowest confirmed COVID-19 case admissions (0) · Weeks ending 23 <sup>rd</sup> -30 <sup>th</sup> August: SBUHB lowest confirmed COVID-19 case inpatients (0)
<b>September</b> - <b>October</b>	· 3 <sup>rd</sup> September: Llandarcy Field Hospital returned to Academy of Sport (NPTC Group of Colleges) · 20 <sup>th</sup> September: Genome of Kent variant (B.1.1.7) first collected · 21 <sup>st</sup> September: SWLRF SCG declared major incident stand by · 8 <sup>th</sup> October: BC: Disruption to Roche Blood Science supplies · 23 <sup>rd</sup> October-9 <sup>th</sup> November: Firebreak lockdown
<b>November</b>	· 2 <sup>nd</sup> November: Danish variant (Cluster 5) discovered

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<b>December</b>	<ul style="list-style-type: none"> <li>· <i>2<sup>nd</sup> December</i>: Pfizer-BioNTech vaccine approved</li> <li>· <i>8<sup>th</sup> December</i>: Pfizer/BioNTech vaccine rollout</li> <li>· <i>14<sup>th</sup> December</i>: SBUHB highest confirmed daily COVID-19 cases (545)</li> <li>· <i>Week ending 20<sup>th</sup> December</i>: SBUHB highest confirmed case admissions (128); highest confirmed case inpatients (328)</li> <li>· <i>21<sup>st</sup> December</i>: Mass vaccination center at Bay Studios Field Hospital opens</li> <li>· <i>22<sup>nd</sup> December</i>: South Africa variant (501.V2) discovered in UK</li> <li>· <i>Week ending 25<sup>th</sup> December</i>: SBUHB highest weekly COVID-related deaths (67); Highest in first peak, (week ending 24<sup>th</sup> April was 69)</li> <li>· <i>30<sup>th</sup> December</i>: Oxford AstraZeneca vaccine approved</li> </ul>
<b>January</b>	<ul style="list-style-type: none"> <li>· <i>1<sup>st</sup> January</i>: End of Brexit transition period</li> <li>· <i>4<sup>th</sup> January</i>: Oxford AstraZeneca vaccine rollout begins</li> <li>· <i>7<sup>th</sup> January</i>: SBUHB cumulative confirmed cases: 25,000</li> <li>· <i>11<sup>th</sup> January</i>: Mass Vaccination Centre at Margam Orangery opens</li> <li>· <i>Week ending 17<sup>th</sup> January</i>: Kent variant (B.1.1.7) becomes dominant in Wales</li> <li>· <i>21<sup>st</sup> January</i>: Mass Vaccination Centre opens in Gorseinon</li> <li>· <i>21<sup>st</sup> January</i>: MI Police and F&amp;RS: Flooding: Skewen</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>· <i>17<sup>th</sup> February</i>: <ul style="list-style-type: none"> <li>- SBUHB cumulative confirmed cases: 27,766</li> <li>- SBUHB confirmed daily cases: 24</li> </ul> </li> </ul>

The timeline epitomizes the journey we have been on and it is also important to note, that we have also dealt with a number of concurrencies, probably more so than previous years.

Consequently, and following the response to any disruptive incident, there should always be an opportunity to look back and debrief the response, considering what went well and also identifying the challenges in order to highlight lessons that could be learned, noting further risk mitigation, vulnerability reduction and resilience building to support this. The requirement to remain prepared, to plan, exercise, capture lessons and good practice remains extant. We must continue to plan fiercely together, to put in place the mitigations and prevent escalation of harm during these times. Collectively we can call for better than the old normal, and give the mandate and the courage to be bold and visionary about the future; the new normal.

The interim debrief to the 2<sup>nd</sup> wave pandemic was held on the 24<sup>th</sup> February 2021. The overarching aim has been to focus on the learning from the success to date as well as what has continued to challenge us. It is ironic though that the report has been commenced on the same day, one year ago that the first adult tested positive on their return to Swansea from northern Italy on 28<sup>th</sup> February 2020; a month before the UK went into the first lockdown, but for SBUHB, a month on from when the response structures were first established. On 28 February 2021 Vaughan Gething, noted; 'with hindsight ministers could have intervened more quickly... if you look back, you can see potential in making different choices. Looking forward there are definite lessons to learn.... given the surveillance out of China, we knew that there was a problem coming'. Within SBUHB, the horizon scanning,

risk based approach allowed us to see this and to commence early planning and to be better prepared to respond; this is a key learning to retain.

## 2. Debrief Aim and Objectives

### 2.1 Aim

To provide C-19 Gold members with an opportunity to reflect on the response to the C-19 2<sup>nd</sup> wave pandemic and to specifically focus on the key learning of the successes.

### 2.2 Objectives

1. To discuss and examine the areas of good practice implemented during the 2nd wave, (learnt from the C-19 1st wave response); noting any specific challenges that remained
2. To identify the key lessons from the good practice and successes in order to amplify these further and considered by sharing and discussing these particular elements
3. To reflect on key International/National and Regional Learning that may influence our planning for the future
4. Collective Sense Making; to collate the discussions as observations, conclusions and recommendations to improve/feedback/support:
  - Preparedness for potential subsequent C-19 3rd wave
  - Transition to recovery
  - How we plan and deliver our work in the future?
  - Our role in the wider health and wellbeing system?

The Main focus was on identifying and celebrating the key learning derived from the good practice in order to forward observations and/or recommendations for change to support the pandemic recovery process and operational planning for 2021, as well as preparedness for subsequent waves.

## 3. Methodology/Format

The Debrief began with an overview of the purpose of the session and a discussion with regard to the timeline, as outlined in the introduction, followed by setting out the debrief format, (**Appendix 1: Debrief Presentation**).

Key points included:

- The purpose of the debrief was to highlight the main learning points and not to portion blame, but to celebrate the successes to date.
- The detail of the format of the debrief is included in the presentation. It was noted that the debrief was separated into 3 sessions; looking back; to allow us to reflect, looking forward, to explore the barriers, enablers, drivers and inertia, followed by collective sense making, what we may wish to let go/abandon, end, amplify/adopt/adapt and restart.
- There was a reminder of the positives, opportunities and proudest times derived from the 1<sup>st</sup> wave response interim debriefs.
- Also an inclusion of the reflections from the SBUHB Better Health, Better Care, Better Lives; Insights 2020
- In addition, we explored what others have highlighted from their learning such as:

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- Kings Fund Report: COVID-19 Recovery and Resilience: What can health and care learn from other disasters?
- Tony Blair Institute for Global Change: Lockdown Lessons: Five Steps That Should Guide the UK's New Roadmap
- Chief Medical Officer for Wales; lessons learnt from COVID-19 pandemic
- South Wales Local Resilience Forum, Recovery Framework
- The broad themes were pre-identified to aid the debrief discussions, but it was emphasised that the debrief would not be restricted to these.
- Furthermore, it was noted that cross cutting Services and Services Groups could explore beyond the session and within their respective teams.
- Prior to the debrief commencing, the following was forwarded:
  - Debrief agenda, (**Appendix 2**).
  - Debrief proforma for completion by those in attendance and also for those who were unable to attend or send a representative; to date, there has not been any completed proforma's received, (**Appendix 3**).

The debrief was designed to form the basis for a facilitated discussion on appraising the journey to date. A series of questions were forwarded for discussion and was punctuated by feedback opportunities.

The session concluded with a summary discussion of the key points and participants were asked to specifically feedback on the following:

1. The preparedness requirements for potential subsequent C-19 3<sup>rd</sup> wave
2. Fundamentals for the transition to recovery
3. To highlight how we may plan to deliver our work in the future
4. Our role in the wider health and wellbeing system

The debrief was facilitator led, by the Director of Public Health, SBUHB C-19 Gold Commander, Director of Transformation and the Head of EPRR.

At the end of the session, it was expected that the participants would further understand any particular challenges during the 2<sup>nd</sup> wave pandemic, especially if they were different to those highlighted in the 1<sup>st</sup> wave, re-enforcement of the wealth of good practice and the success to the response to date, as well as to identify the key learning. The report will aid in broadening the Health Board pandemic response at strategic, tactical and operational levels and will also help to inform key strategic partners.

#### 4. Participants

Representation included all C-19 Gold meeting members, (**Appendix 4**).

#### 5. Observations and Recommendations

The consolidation session included in the debrief was intended as a brief, snapshot reflection. The delegates were asked to feedback on the questions as noted above. This has been further informed by the loggist/scribe notes, (**Appendix 4**).

For the sake of clarity and brevity, the observations have been sub-grouped under themed headings based on key response categories.

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Recommendations are included but based on generic recommendations and these will be further discussed in the Health Board Executive Team and C-19 Gold meeting and consequently to further inform the Health Board service planning for 2021 de-escalation, recovery and ultimately overall Health Board resilience.

## **6. Acknowledgements**

It is imperative to note that there is a wealth of actions during the response that we should pause to celebrate, attributed to all the personnel involved to allow us to work together as a single system. The response has involved a number of disciplines working together, at strategic, tactical and operational levels to deliver successful outcomes and has been recognised on a number of occasions to date both internally and externally as evidence of good practice. Keith Reid, the C-19 Gold Commander noted; 'our debrief at Gold Command this morning heard of the many success and innovations that we've achieved and implemented in this second wave. But we also reflected on the human cost: both to ourselves as members of the healthcare team and to our wider community. We also reflected on how there is not 'return to the old normal' but instead an emergence into the new normal; we've all been changed'. There is a widespread appreciation of all staff who have and continue to deliver really good, compassionate care.

During the debrief, all participants were thanked for their honest and valuable contributions, which made the debrief enjoyable and the learning will undoubtedly aid our transition to the next phase of de-escalation and finally to recovery.

GOLD members also noted their appreciation of Keith Reid as the Gold Commander, and the way his dedication, skill and wise words has assisted in steering the Health Board through many of the 'icebergs' throughout the past year.

## **7. Appendices**

1. Interim Debrief (presentation)
2. Debrief Agenda
3. Interim Debrief Proforma
4. Scribe Notes

## 5. Observations and Recommendations

### 5.1

All comments (verbal and via log sheets) have been collated, summarised and themed according to the most appropriate classifications and are not attributed to one person. (Further detail is included in the scribe notes and completed proformas included in the appendices). Included in the following themes are both the key challenges and also the positive aspects of the response.

Reflections

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
<b>Preparedness</b>			
1. EPRR	<p>1. Further acceptance of EPRR as part of daily practice; a key enabler in order to allow/maintain service continuity.</p> <p>The benefit of recognition and acceptance of proactive EPRR has allowed the HB to be better placed to respond, e.g. plans that were up to date and pre-tested that could be used.</p> <p>Invoking and consistently using the C3 structure embedded</p>	√	2, 3
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Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
2. Amplified core planning	<p>within the emergency plans that staff were familiar with, as well as in keeping with the multi-agency response and structures.</p> <p>Having robust Business Continuity arrangements.</p> <p>Ability to rapidly respond to a high number of concurrencies</p> <p>2. Early planning allowed pathways to be developed and during the 2<sup>nd</sup> wave these pathways were further refined taking on board the learning, e.g. USC.</p> <p>In addition, the initial core planning was further adapted to fit the next stages of the response.</p> <p>As prevalence reduces and vaccination rates rise, there is pressure to open up services; need to reflect on the learning to date to inform the planning.</p>	√	<p>2,3</p> <p>2,3</p>

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
3. Adaptable and flexible plans	<p>3. Emergency Plans in place that have not been too prescriptive and act as a framework in order to tailor the response; this has been a real valuable learning and in particular to enable to continue to respond during a time when there remains to be extreme uncertainty and to move at a fast pace.</p> <p>Use of timely intelligence has allowed for this approach. In a business as usual scenario, there is a plan and all understand what is required to be delivered, during the response there has been a need for constant planning, flexing this as models changed; a real need to adapt as progressed through the response.</p> <p>During December 2020, there was the potential for services to</p>	√	2

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
4. Incident planning parallel to the response	be overwhelmed; constant situational awareness allowed for an appropriate response both within the HB and to influence externally. The HB was dealing with the highest number of UK wide rates of infection at one point and being fully aware of what was happening and where was essential. 4.It has been evident that during the response phase, planning for the next phases has been integral and has continued in parallel to allow a continued proactive approach, e.g. PPE management, TTP, mass vaccination, Field Hospital preparedness.	√	2, 3
5. Comparison 1 <sup>st</sup> and 2 <sup>nd</sup> wave	5. Differences include: ○ Less capacity; unable to create C-19 dedicated wards.	√	2,3

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
	<ul style="list-style-type: none"> <li>○ Factoring in personal experiences from 1<sup>st</sup> wave.</li> <li>○ High spirit 1<sup>st</sup> wave; more disillusionment 2<sup>nd</sup> wave; high fear factor.</li> <li>○ More rules, paperwork, reporting expectations by Government during 2<sup>nd</sup> wave.</li> <li>○ The 1<sup>st</sup> wave response was the total HB business; 2<sup>nd</sup> wave response was part of the business delivery and not always recognizing that the HB remained in emergency response.</li> <li>○ More robust, measured response in 2<sup>nd</sup> wave.</li> <li>○ Real concerns of what could be endured during the winter months with the addition of the pandemic; this impacted.</li> </ul>		

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
	<ul style="list-style-type: none"> <li>○ Further enhancements in digital intelligence has helped hugely.</li> <li>○ Pressure to move into recovery quickly; this hindered the HB in continuing to respond to the pandemic.</li> <li>○ Curtailed communications by individual organisations; hampering local communications; this was much improved in 2<sup>nd</sup> wave response.</li> </ul>		
<b>Response</b>			
1. Single system approach	1. During the 1 <sup>st</sup> wave, the response was totally the HB business, this was not the case during the 2 <sup>nd</sup> wave and concentration on essential service delivery was also required, but working as a single system,	√	2,3

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
2. More agility in the workforce	<p>instead of a number of separate components allowed for a more joined up and successful approach. This needs to be applauded. There were high occupancy levels but pathways were followed and allowed for safe response. Single point of access in pathways has allowed for a more managed approach. Also improved HB wide response inclusive of community has allowed for a more person centered slant. Continued whole system working is emphasized.</p> <p>2. Staff were more readily accepting of spontaneous transformation needs in the first wave, became more reluctant, more cautious attitude in 2<sup>nd</sup> wave response. Staff were also more tired</p>	√	2,3

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
3. Rapid changes/rapid response  4. Workforce	3. Rapid response requirements in times of uncertainty.  4. Fantastic response by whole workforce although staff were fearful, concerned about their personal lives, childcare, elderly relatives as well as working in the pandemic response; 'it was like navigating through a field of icebergs; but we steered the course well'. There is acknowledgment of staff sacrifice. Staff have been more cautious and fearful though and this has impacted; being involved has been life changing for some; they are 'bruised'. Staff have been concerned of the indirect harm on patients due to the pandemic.	√  √	2  3

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
	Staff are exhausted and are not ready for further ambitious planning currently. Also recognised that staff have been heroic, but the response has taken its toll. Staff need to be involved in the development, design and implementation of planning of services; some wish for radical change.		
<b>Command and Control</b>			
1. Empowerment	1. Having full situational awareness allowed the HB to act in a timely way but also to persuade centrally to inform what was required. Staff operationally felt more empowered to act.	√	2,3
2. System wide communication/Engagement	2. There was more latitude for a system wide communications and engagement strategy. This allowed for positives and	√	2,3

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Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
3. Situational awareness	<p>challenges to be shared; however, dealing with a number of issues simultaneously was challenging and occasionally led to conflict in communication requirements.</p> <p>3. Better digital intelligence allowed for improved situational awareness and timely intelligence of what was occurring. The use of the dashboard allowed for operational based predictions; improved learning from wave 1. This needs to continue to inform planning going ahead.</p>	√	2,3
4. Key decision making	<p>4. Key decision making was improved as some quick resolutions were needed to be made based on the information at the time. However, some staff have noted that certain decisions</p>	√	2

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Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
5. Leadership	<p>have not been made quick enough, e.g. annual leave carry over.</p> <p>5. It is recognized that a wealth of work has been delivered and as a HB we should rightly celebrate. It was felt that there was more organisational autonomy in the 1<sup>st</sup> wave response, but during the 2<sup>nd</sup> wave there have been more rules, more bureaucracy on approaches and a key driver has been to establish routine services within the pandemic response; there was a lag in the recognition by WG of the 2<sup>nd</sup> wave pandemic this was extremely challenging. Some policy arrangements remain extremely challenging; it was noted that the vaccination programme delivery is 'like</p>	√	2,3

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
6. Political approach	<p>shifting sand' as an example.</p> <p>6. Dealing with difficult expert advice and political decisions has been arduous; effectively operating within the uncertainty has been key and in particular when addressing the wider impacts other than health. There has not always been a good connection between the expert assessment and suppression of measures. An example includes the announcement by UK Government with regard to the roadmap has highlighted concerns of raising expectations when some countries may not allow travel as an example; a more cautious approach remains to be required.</p>	√	1

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
<b>System Architecture</b>			
1. Alternative Working arrangements	1. Enabling more remote working and virtual meetings has allowed more flexibility.	√	2,3
2. Digitally advanced	2. Digitally enabled systems has allowed for improved working. Also to allow the mapping of the path of the virus to inform the roadmap for the next steps	√	2,3
3. Single system approach	3. A single system approach has allowed for improved: <ul style="list-style-type: none"> <li>○ Patient pathways</li> <li>○ Single point of access</li> <li>○ Integrated service models</li> <li>○ HB changes; e.g. Reduced service groups</li> <li>○ Capacity planning across the HB</li> </ul>	√	2,3
4. Resources	4. Full integration of financial oversight has allowed ease of resource distribution.	√	2, 3

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
5. Support Services	5. Recognition that Support Services are key pillars in the delivery of service continuity, e.g. Roche supply disruption and the potential for a HB complete standstill in terms of care delivery is a key lesson. Pharmacy acted at speed and aided continuity of services by adapting practices, e.g. pre-loaded syringes for ICU, as well as planning at pace for the mass vaccination programme; a key example of the true value and essential support service interventions to support the system wide approach.	√	2,3
6. De-escalation and recovery	6. De-escalation and recovery requires careful planning to ascertain how the HB will move from the response phase and fully transition to recovery. The legacy of COVID will remain and it needs to be recognized that recovery will be protracted, there will be lifelong	√	3

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Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
	<p>impacts and in particular in terms of workforce; it is agreed we should not return to the 'old normal' but it is uncertain what the 'new normal' looks like; it requires acceptance that this is difficult to plan, therefore to be an adaptive approach and tailored to staff recovery.</p> <p>The impact of the mass vaccination programme is beginning to be seen; there is a need to factor the learning from studies undertaken in Scotland and Israel.</p> <p>Factoring the learning from the 1<sup>st</sup> wave such as not to move into recovery too quickly and acceptance that organisations will recover at different times.</p> <p>Reflecting on the learning from Canterbury and the earth quake recovery; 10 years on and some recovery aspects have not yet commenced.</p>		

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
	<p>There is a concern staff will not 'bounce back' so readily and will require time to recover; they are not ready for ambitious planning going forward at speed.</p> <p>UK Government expectations of travel may not match what other countries may allow; this is a key learning generally for recovery; it will occur at different times for different services and organisations and this has to be appreciated.</p>		
<b>Risk Based Approach</b>			
1. Assessment of risks	<p>1. Adapted leadership; allowed time for judicious review of the risks to inform decision making.</p> <p>Awareness that operating in high risk scenario has been paramount, therefore constant risk assessment approach has been invaluable.</p>	√	2,3

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
2. Management of risks	2. Risk based approach allowed for key decision making in terms of staff re-deployment, lower staffing ratios though, sometimes at previously unthinkable levels	√	2,3
3. 3 <sup>rd</sup> wave	3. There is a high risk of a 3 <sup>rd</sup> wave pandemic and is therefore a need for continued preparedness and situational awareness.	√	2,3
4. Concurrency	4. Similarly, there is the risk of concurrency and there have been a high number of additional emergencies that the HB has had to contend with including adverse weather incidents, disruption to supplies, infrastructure issues and D-20 arrangements	√	2
5. Nosocomial transmission	5. There has been a wealth of learning in terms of nosocomial transmission	√	2,3



Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
	particularly when there was increased occupancy of patients with the C-19 infection and improved access to testing and the ability to move patients has been key learning points.		
<b>External Factors</b>			
1. Public Mood	1. The public mood changed between the 1 <sup>st</sup> wave of the pandemic to the 2 <sup>nd</sup> wave response and there appeared to be less support and more anger; this has contributed to the response.	√	1
2. Wider recovery	2. Reviewing the de-escalation phase of services operationally must also be included within the context of the wider health, social	√	3

Themes	Comments	Synergies with what others said incl. of Better Health, Better Care, Better Lives Insights 2020 and debrief reports	Recommendation Number
3. Partnership collaboration	<p>economic and public recovery as well as how the HB will engage within the wider multi-agency recovery programme</p> <p>3. The HB has worked extremely close with key partners and it has been highlighted that there has been improved partnership working as a result and it has been a real benefit in terms of a system wide delivery of care approach, e.g. person centered and joint meetings to allow ongoing care planning. In addition, WG have also recognized the benefits of the improved wider partner relationships</p>	√	2,3

## 5.2 Key Learning Points

### Barriers, Enablers, Drivers, Inertia

The following are specific key learning points derived from the above summary, where further detail is contained.

Item	Comments	Recommendation Number
<b>Barriers</b>		
1. Pressure to move to recovery	1. There is a need to understand further on how to: <ul style="list-style-type: none"><li>○ Safely de-escalate from the response</li><li>○ Live with C-19 in terms of future pathways; preventing further infection spread</li><li>○ Review what recovery entails; have a plan</li><li>○ Re-introduction of services</li><li>○ Determining the new normal</li><li>○ Addressing capacity issues</li><li>○ Dealing with ongoing uncertainty</li></ul>	3
2. C-19 fatigue	2. Staff are fatigued, have high emotions; a specific support and recovery plan tailored to staff emotional, psychological and physical needs	3
3. Political issues	3. Addressing bureaucratically related issues	1
4. Risk of Concurrency	4. The need to be constantly prepared and functioning in times of uncertainty.	2,3

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Item	Comments	Recommendation Number
<b>Enablers</b>		
1. Digital	1. Continued drive to be digitally enabled	2
2. EPRR and Support Services	2. Full recognition and value of support systems; EPRR and other services such as Pharmacy, Pathology, H&S, IPC, Finance	2
3. Workforce	3. Agility, sheer strength, wellbeing factors	2
4. Adaptability	4. Continued need to be flexible and adaptable in planning, response and recovery arrangements	2
5. Communications and Engagement	5. Continued robust communications and engagement strategy	2
6. Command, Control and Coordination, (C3)	6. Continued C3 arrangement structure to enable clear articulation in terms of leadership, decision making, roles and responsibilities and coordination for planning, response and recovery	2
7. Collaborative working	7. Ensuring good collaborative working arrangements remain with key partners	2
<b>Drivers</b>		
1. De-escalation and recovery	1. The need to plan carefully for de-escalation and recovery and to include the learning from such debriefs to drive forward appropriate change.	3
2. Team work	2. Retaining the SBUHB Team approach which has been a key driver in the success to the response to date	2,3
3. System Architecture	3. Single system approach	2,3

Item	Comments	Recommendation Number
4. Risk based approach	4. Continued situational awareness by retaining a risk based approach and particularly when in emergency response; this will allow to act safely with speed and prevent and or reduce issues such as nosocomial	2,3
<b>Inertia</b>		
1. Staff fatigue	1. The wish to slow down, to allow some time for staff to recover; physically, mentally and emotionally	3
2. Ambitious Planning	2. Finding mechanisms to reduce uncertainty and gain momentum to deliver future service planning, defining the new normal and transition fully to recovery.	1,3

## 7. Collective Sense making/Recommendations/Actions

Themes: Let go/abandon, End, Amplify/Adapt/Adopt, Restart/Recovery

No.	Theme	Recommendations	Actions/Lead
1.	Let Go/Abandon/End	<ul style="list-style-type: none"> <li>• Separate managerial approaches to system wide issues such as nosocomial</li> <li>• Not taking the time to reflect</li> <li>• Too ambitious planning where there is too much uncertainty</li> <li>• Reacting to political pressures</li> <li>• Receptive to change in public mood</li> </ul>	To discuss further within Health Board managerial structures
2.	Amplify/Adapt/Adopt	<ul style="list-style-type: none"> <li>• Adapt further embedding of EPRR within day to day service business continuity and to allow for continued preparedness and to retain the C3 approach in response to emergencies; big bang or rising tide</li> <li>• Amplify with full consideration/acknowledgement and to exploit the advantages of the wealth of support services within the single system architecture; both within planning and as part of daily operational functions.</li> <li>• Adopt the single system approach to planning, response and recovery to the C-19 pandemic</li> </ul>	To discuss further within Health Board managerial structures

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		<ul style="list-style-type: none"> <li>• Adopt the premise that all future plans are flexible and adaptable</li> <li>• Amplify digital enhancements</li> <li>• Adaptive leadership approach</li> <li>• Adopt increased operational empowerment</li> <li>• Amplify risk based management approach</li> <li>• Amplify collaborative working</li> <li>• Amplify communications and engagement</li> <li>• Amplify staff engagement in planning, response and recovery; reinvigorate the sense of one team approach</li> </ul>	
3.	De-escalation/Recovery	<ul style="list-style-type: none"> <li>• De-escalation/Recovery Plans that include the following considerations: <ul style="list-style-type: none"> <li>○ Establishment of Recovery Coordination Group and C3 arrangements</li> <li>○ Scenario planning with risk assessment approach</li> <li>○ Response arrangements that need to remain</li> <li>○ Workforce considerations; agility, physically, emotionally, psychologically</li> <li>○ Wider health considerations</li> <li>○ Consideration of role in wider health system and recovery and multi-agency recovery.</li> </ul> </li> </ul>	To discuss further within Health Board managerial structures

## 8. Conclusion

The continued response to the rising tide emergency of the C-19 pandemic is complex and includes a large measure of uncertainty; this continues to test organisational resilience to the extreme and we must continue to remind staff/partners that although some of the pressures are easing, we currently remain in major incident response.

The interim debrief has allowed the Health Board to further explore the challenges over the past year and to identify the key learning points to advance the improvement of plans. This allows us to investigate a range of future outcomes by foreseeing needs and preparing to meet them, under the umbrella of a risk-based approach; including wider issues beyond a singular, albeit protracted emergency that may impact. However, it also allows us to celebrate and congratulate what has been achieved and this must not be forgotten.

It was noted in the introduction with regard for the need for early planning, to learn from lessons and to keep focussed, we must take this learning on board and plan carefully as we de-escalate and make our journey to recovery.

We need to consider what the new normal will look like, how does it influence the new thinking, how will we continue to change? We need to continue to look back, keep learning from what has happened, keep evolving and keep adapting.

The next steps involve planning in terms of how we position ourselves; we have faced many challenges and they will be viewed differently on the other side; we need to strengthen services, brace efforts in recovery; the new normal will be a stepping stone to a new future to enable us to rebuild and achieve the Health Board common vision.






The key learning points and recommendations from this report will be presented to the Executive Team and an update will be provided in the Health Board COVID-19 Gold Command meeting.

It was noted at the beginning and it is appropriate to end with the statement: collectively we can call for better than the old normal, and give the mandate and the courage to be bold and visionary about the future.

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## Appendices

No.	Title	Document
1.	Debrief Presentation	 C-19 2nd wave debrief presentation
2.	Debrief Agenda	 SBUHB C-19 2nd Wave Interim Debrief
3.	Interim Debrief Proforma	 SbUHB C-19 2nd Wave Interim Debrief
4.	Loggist/Scribe Notes	  SBUB 2nd wave      2021-02-24 SBUB Interim Debrief_Scri Interim Debrief Scri