PHE Ebola Lessons Identified
Oversight Table

Reference	Issue	Lesson Identified	Recommendation/Means of Delivery	Completion Date	Comment
	Deployment in West Africa				
EBLI102	Governance and Version Control	Version control of documents used whilst on deployment needs to be ensured – such as laboratory procedures. Where process is changed whilst on deployment, documented procedures and risk assessments need to be updated - for instance so that training for other deployees can be updated . Full SOPs that had been validated by PHE for use in West Africa were not available at the beginning.	PHE Guidance on records management in an emergency should also be used by staff whilst on deployment. To be included in pre deployment training sessions. Work with other organisations such as European mobile laboratory and assign resources to develop SOPs.	Complete	Guidance on document control produced and included in plans
EBLI103	Assurance	Clear process for reporting incidents and accidents for deployments PROCESS FOR TRAVEL INSURANCE FOR STAFF WHO ARE DEPLOYED. CLEAR GUIDANCE IS REQUIRED.	Reporting system is explained on induction Data is provided to relevant stakeholders such as management teams and health and safety	Ongoing	being taken forward as part of RRT programme

EBLI104	Relationships with Stakeholders	Clear understanding of host (such as NGOs) priorities - specification of what they can and can't do to support PHE deployed staff. Clear plan for liaison with UK Government & consulate to leverage their support. The complexity of the duty of care arrangements between NGOs and PHE etc. was complicated and messy.	Specifications in place with NGOs and Consulate on what support will be provided. What we need - what the can deliver. Develop a Deployment Protocol that describes the process and considerations for deployment of PHE and non-PHE employees overseas. This should include the flow charts developed for different NGOs. Establish contact with the NGOs from the outset and have mechanisms in place for multi-agency planning.	Ongoing	being taken forward as part of RRT programme
EBLI105	Infection Prevention and Control	Inconsistency in the co-ordination and advice given to staff responding to the incident, both in-country and in W Africa. PHE must have assurance that all staff who are likely to be in contact with infectious pathogens have received, and maintained, training in IPC.	Pre-deployment training will provide a basic level of training and must also identify those who require more in-depth training, which can be delivered by PHE's lead IPC nurse. The HSE should also be involved.	Ongoing	being taken forward as part of RRT programme
EBLI106	Human Resources and Deployment	Staff were deployed often at very short notice, requiring urgent documentation readiness and rapidly administered immunisation schedules.	PHE should retain a fully trained and prepared workforce capable of very agile deployment: including ensuring that passports have future validity.	Ongoing	being taken forward as part of RRT programme
EBLI107	Occupational Health - Pre-deployment	PHE Occupational Health did not have the resources to cope and underestimated the work that would be necessary (especially for high numbers of non PHE Staff) and the issue of what services were provided to deploying staff. For example tight schedules in the early phases meant people attending training courses were vaccinated by Porton OH. It	Consider future arrangements/agreements with Inter-Health, or other outsourced OH providers, as they could provide the necessary OH services for deployment. PHE OH should be involved with these discussions.	Ongoing	being taken forward as part of RRT programme

		took a long time to resolve until Inter-Health was used.			
EBLI108	Human Resources and Deployment	PHE had clear HR policies and procedures for secondment and deployment, however we did not have anything in place for deploying people via a third party and it was quite tricky at times to navigate our way through the issues e.g. o What did the deployment look like o Who is responsible o Who carries the risk	Develop a Deployment Protocol that describes the process and considerations for deployment of PHE and non-PHE employees overseas.		
EBLI109	Human Resources and Deployment	There was confusion in country regarding who was entitled to claim the allowance. I.e. was it just PHE staff or could NHS staff claim it via their Trusts who would then claim back from PHE. The deployment allowance for volunteers cased a lot of debate. There were difficulties in Sierra Leone as some volunteers were paid allowances and some were not and this made things difficult. The decision to pay the allowance was originally for the Christmas/New Year period as there were not enough volunteers to cover and was for PHE staff only because there was no network in place to recruit staff from other	Decisions regarding special allowances should be reviewed in the light of changing circumstances during a response. A consistent approach to payments/allowances is needed and this should be part of the legacy planning for the future.		

		organisations. However, after this period it was left to carry on when it should have been reviewed to reflect changing circumstances. The promise of deployment allowance did not have much impact on numbers volunteering.		
EBLI110	Human Resources and Deployment	Staff had to go to the Sierra Leone Embassy to obtain their own visas which was not necessarily a good use of time. Setting up a relationship with Embassies at the start of an incident would be helpful to develop a standard process of obtaining visas. The issue of extensions to visas in country also caused problems. There was need for PHE to have an in-county relationship with the immigration department so that visas could be extended. A standard visa lasted for 30 days but PHE staff were deployed for 5 weeks.		

EBLI111	Planning and Logistics	There was no system in place for procuring equipment so we needed to work out the best way to do this so that we could get equipment shipped out as quickly as possible.	Establish legally compliant, controlled shipping and goods in processes to enable rapid purchase of equipment. Establish better relationships with NGOs in order to develop a reliable logistics chain. NGOs usually had logistics chains, OH Systems and life support systems therefore having formal relationships with an NGO such as GOAL would enable PHE to launch deployment quickly.	Ongoing	being taken forward as part of RRT programme
EBLI112	Planning and Logistics	The initial deployed team needed access to money to be able to purchase necessities. A system should be set up to facilitate this, especially in the early phases of a deployment.		Ongoing	being taken forward as part of RRT programme
EBLI113	Relationships with Stakeholders	Information received at the outset from other stakeholders did not reflect the operational position on the ground in Sierra Leone which lead to having to adapt what had been designed to fit the reality on the ground. The relationship with DFID and other partners was crucial. Communications with the agencies in the UK were good, but other stakeholder staff within Sierra Leone did not understand what PHE were trying to do in country and tried to manage PHE Operations. This made relationships difficult as they were reluctant to take appropriate advice from PHE staff. At one point senior PHE staff had to be involved to		Ongoing	being taken forward as part of RRT programme

		improve the situation. There needs to be a decision regarding Points of Contact between responding agencies and at what management level this should be at.			
EBLI114	Skills	Ideally staff with expertise in containment and diagnostics should have been needed for each team so that someone had background knowledge regarding the isolator/equipment and could do running repairs. However people did not exist in the numbers required as there were too many laboratories and deployments so it was very difficult to maintain that level of expertise. It was difficult to maintain a balance of skills and experience within each team from the pool of volunteering staff. There were issues with staff who were highly competent when working in fully equipped and supported laboratories in the UK but found it difficult to work in the conditions in Sierra Leone.	Some of the NGOs had psychiatric consultations as part of their Occupational Screening and if this was adopted this may pick up those that were more fragile and who would be unable to cope before they were deployed.	Ongoing	being taken forward as part of RRT programme

		A wider pool of staff is required than those from PHE. A rapid reaction force could be set up to deploy at short notice. This would need a cadre of volunteers from across the major UK centres to sustain viability.			
EBLI115	Information Technology	The IT kit which was deployed was designed to work with the PHE network and soon after deployment it stopped working. It needed to communicate with the PHE network on a regular basis to authorise LANs etc. There was a lack of understanding by the PHE IT team about how the equipment would work in another country if it could not connect to a network. The VSAP technology was expensive at circa £8k per month for just a 2-4 MB connection which was just enough to send and receive emails. This made it challenging as you could not support the kit from the UK due to connection	For future deployments there needed to be IT support without contacting the machines so we needed to develop something really basic. An old fashion solution i.e. using access data bases would be fit for purpose as nothing more modern would actually work. Systems that can be used with no regular connectivity are essential, but also to have the function of transmitting data when connectivity was available. This would also need to be upgraded locally. Look at the possibility of an IT Cell being established in similar circumstances which would look at the key requirements of delivery of all ICT off-shore	Ongoing	being taken forward as part of RRT programme

		problems. Getting hold of necessary software packages in Africa was difficult. Microsoft only supply license keys and there was no way to download software like MS Office whilst in-country.			
EBLI116	Information Technology	IT were not involved in the design of the laboratories in terms of required infrastructure, however their involvement would have been useful. For example an outside office next to the main laboratory for the Ethernet cable to go through the wall. It was difficult to get locally source IT staff to enter data as they did not want to go into the laboratory. Two or three networked computers would also have made work easier.		Ongoing	being taken forward as part of RRT programme

EBLI117	Information Technology - Telephony	iPhones created problems as they were linked to the PHE corporate exchange mail system and needed good 3G or 4G connectivity in order to be able to work. An SMP email system would have been better. A system of establishing better internet connectivity is needed to be managed by PHE not outsourced or shared. This would aid telecommunications. It was difficult to be able to speak on the phone as either the phones did not work or they were cut off. There was no service provider that could provide a teleconferencing capability in that part of West Africa. Skype could only be used in Freetown.	A list of what is needed in order to deploy should be prepared in advance so items can be procured in a reasonable timeframe. The availability of satellite phones should also be reviewed.	Ongoing	being taken forward as part of RRT programme
EBLI118	Staff Skills	The level of IT skills amongst the people deployed was variable and generally on the low end so there was a training need as they had struggled to get IT champions in every team and a more robust IT component of training would be good and that was something that the IT team could possibly deliver though it would depend to a large extent on who volunteered.		Ongoing	being taken forward as part of RRT programme

EBLI119	Staff Skills	It was difficult to identify staff's suitability to be a team leader before deployment. People who would perform well in deployment were difficult to identify. It may be better not to identify who should be team leaders until after deployment although this caused issues as people wanted to know before they went out and a lot of team building was done before deployment. People previously identified as good team leaders did not necessarily respond well in the stressful situation of an in-country laboratory.	In future Team leaders should have a recent track record in deploying and should be part of a cadre of experienced staff.	Ongoing	being taken forward as part of RRT programme
EBLI120	Laboratories	The people picked for the first deployment team, felt very uncomfortable in a laboratory that did not look like their home laboratory and so they tried to implement lots of the systems they would have in the home laboratory which led to significant problems. So a lesson learned would be to deploy staff that had been deployed before that had proven themselves as able to operate in that environment.	A cadre of staff who have had deployment experience has now been identified. These members of staff could be deployed again in the first instance to set up laboratories and establish procedures.	Complete	