Dear Martyn and Geoff,

Thank you for meeting with us on 3.11.20 to discuss UoL's Strategic Response Framework and LUCU's concerns and questions about this, first raised in writing in 'UCU Response to COG, 8.10.20', emailed to Martyn on 8.10.20. Passages from that are quoted here, highlighted in yellow.

We're following up to firstly, check the accuracy of our understanding of the details you provided in the meeting, and, secondly, to ask for further detail/clarity on a number of areas we were unable to cover in the meeting.

We think this is important for two main reasons:

1. To contribute to the ongoing dispute resolution process, regarding the University's Tier response. The LUCU position on this aspect of the dispute remains that UoL should follow SAGE & Independent SAGE guidance to adopt Tier 3 until that advice changes, as opposed to following national government recommendations which are driven less by scientific evidence and more on dealing with the fallout of their mismanagement of the HE sector throughout the pandemic. Now that UoL has shifted to Tier 2, as of 5.11.20, having more detailed information about how local Public Health authorities endorses the UoL Tier response from a scientific evidence-based position may help to resolve this conflict.

UoL comment: We assume that you are referring to the Independent SAGE Report of 28 September and the SAGE report of 21 September both of which suggested that some element of face-to-face should continue where essential. The SAGE report would have fed into the Government's decision on steps to take place to manage the pandemic and the Government have prioritised education both in school and university settings. Our approach, as we have said throughout, has been to follow government guidance and our tiers approach is based on guidance issued by the Department for Education. We have worked closely with the local Public Health team since the summer and our approach has been agreed with the local Director of Public Health.

2. To increase staff confidence and trust in the University's Strategic Response Framework and COVID-related Health & Safety response in the longer term. Regardless of the outcome of the ongoing dispute, it is likely UoL will have to shift between Tiers several times in the future and it is important for staff to understand how and why these decisions are being made. Feedback/queries from our members in surveys and in several general meetings strongly suggests confidence and trust is low. Providing more information about the local public health contributions to and endorsement of these plans, and the decisions as they are being made, could help to restore this.

UoL comment: We acknowledge when you say that you believe that confidence is low but we have received many direct comments from colleagues that they have appreciated the effort that we have put into our response to the pandemic and that they have a high level of confidence in what we have done. You have not shared with us the numbers of your members that have participated in your surveys or the exact results but only the general findings that you have made.

We have been transparent in our COVID-19 case numbers all term. We have published case numbers and our tier framework both internally and externally on the University website. We have published a joint blog explaining in more detail how we are managing the situation and our decision-making rationale.

Given the magnitude of these issues, we take very seriously the responsibility to be as clear and accurate as possible in our communications with members. Please correct any inaccuracies in our summaries of the points you communicated during the meeting on 3.11.20 below. To be clear, and to perhaps offer you some reassurance, about our further requests for information in writing, also below, we do not intend to directly share any materials beyond the LUCU H&S officers and a select number of senior branch officers (ie those who typically attend negotiating meetings with executive board). However, we do intend to communicate to our members a summary of important points to update them on the progress of the dispute resolution negotiations as they continue and in response to member concerns about UoL's approach to Health and Safety.

UoL comment: We are happy that you publish this document in full to your members. That will help to ensure that no items are taken out of context. We are happy to be as full as we can be in our responses set out below. We have also included a summary of our response in our blog which was published recently.

Summary of responses given to queries during the 3.11.20 meeting between MR, GG, SH, DT, MM, and follow-up requests:

1."In the HSWC CV-19 Response Framework document we are told that 'the local Public Health Team' were consulted. Can you provide details of the members of 'the local Public Health Team' please and what additional details/data they were provided with that we have not been?" [UCU Response to COG, 8.10.20]

MR outlined three phases of collaborative working with personnel from City Council, Professor Ivan Brown's public health team, the Leicester local lockdown response group, and local track and trace team. The first phase, starting in late summer, undertook scenario planning as to what UoL should do in the event of an outbreak in student halls of residence, outbreaks in off-campus residences, and if outbreaks coalesced to cause a local spike in cases. This first phase additionally assessed UoL's approach to managing individual student cases, plans for campus safety, and the tiers framework.

UoL comment: This is correct.

The second phase involved a Director of public health (- missed this) reporting directly to Ivan Browne, local police and county authorities, particularly those responsible for Oadby and Wigston, and 3-4 regular meetings were held to assess UoL's numbers of reported cases, levels of transmission in the city of Leicester, and cross-checking those teams' data on local case numbers against the reported cases at UoL. This produced confidence in the public health team and UoL that any under-reporting of cases by UoL students wasn't significant.

UoL comment: This second phase of work was led by a member of the Director of Public Health's team who we understand reports to the Director. Given your branch position of sharing information with your members we do not feel it is appropriate to name the person. The team we were working with had past experience of dealing with the Leicester local lock-down and the start of term in schools.

The team have cross-checked our data with their own data on the location of individuals that have tested positive and they have confirmed that they don't think we have a significant underreporting of case numbers.

The third phase, commencing last week, MR joined the city-wide team, where assessing the situation at both UoL and DMU are standing items on meeting agenda. This identified strengths in both university's internal track-and-trace processes (considerably better in fact than the NHS track-and-trace in terms of speed, and therefore effectiveness of response), and the management of self-isolation of affected households.

UoL comment: This is correct. We have attended all City Incident Management Team meetings in recent weeks, as have DMU, and other meeting fora before this. The attendance is either Martyn Riddleston or a senior colleague that has been working on our COVID-19 response. The position in both city universities is a standing item on the agenda for the meetings and the discussion on our position has been helpful and constructive.

Follow up request 1: LUCU members have specifically requested (at our EGM, 3.11.20) that LUCU Health & Safety officers be provided with minutes of the meetings held with these public health teams. We would not share these with our membership, but use them only to inform any important updates the LUCU Health & Safety officers provide to members about the dispute and the Strategic Response Framework.

UoL comment: The meetings are hosted by the City Council, chaired by the Director of Public Health and we do not think is it appropriate for us to share the papers with the branch in any way.

2. "Modelling demographic risk is at the heart of Public Health work, so presumably they must have employed some kind of modelling or at the very least, employed a set of clearly defined set of assumptions about transmission rates when advising UOL. What were they?" [UCU Response to COG, 8.10.20]

MR reported meetings/discussion with the local public health authorities have suggested the case numbers and rates of infection amongst UoL student population (rate measured as cases per 100,000 population) are running lower than rates of infection for city-wide under 25 demographic group. They monitor local infection numbers on ward by ward basis, and while there are little spikes around both universities, most of the wards on the concerning list are those that were problematic during the summer when the local lockdown was imposed. The local PH have run models of transmission based on differing R rates within the University.

UoL comment: It is correct to say that at the moment it looks like our infection levels are lower than the community (at the time of writing we have 30 student cases). The local data by ward is available on the Government website, and the local Public Health team links in with this data.

Follow up request 2: Is there anything to add about Public Health assumptions about transmission rates in their advice to UoL? (Should this be covered in minutes of meetings, as per request 1, a separate response isn't necessary).

3. "Throughout the *"Situation Description: Likely features*" column, there is vague use of 'low', 'medium' and 'high' and 'cluster'. Epidemiologically, these terms *must* be determined by reference to a defined population or sub population. As currently used, they are dimensionless and meaningless. This is needed, alongside specified criteria about what at UoL constitutes 'linked' and a 'cluster'. What do you (CCRG, COG, ExecBoard) mean by 'linked' and 'cluster'? UoL has direct access to these figures, so why is it not using them and using them *transparently*? From the above we need to be told the figures of how many cases per: total UoL population; UoL staff population; UoL student population, and what constitutes clustering and linkage? We would also want to have estimates of risk of transmission both *within* and *between* groups. In addition, how many students/staff are currently having to self-isolate due to association with CV-19 positive cases? Will this information be published along with the plans to publish positive case numbers?" [UCU Response to COG, 8.10.20]

GG said the term 'Cluster' is defined using the government's definition of an 'outbreak', which is 2 (or more) positive cases within a household test group. Linked cases were defined as where transmission can be shown to have been transmitted in the same setting.

UoL comment: This is correct, although it is within one test group – this may or may not be a household, it will depend on the setting.

CCRG responds to individual cases; initially working with help of NHS Health Protection Team, but now confident in managing robustly. Initial responses generally within an hour, with those needing to self-isolate advised of such through track and trace process on the same day, or next day. Linked cases can be more complex and so require greater contact/exchange with the NHS Health Protection Team to manage, but this varies depending on nature of the linkage. Public Health team informs the UoL if they have a 'cluster/outbreak'. Data on cases comes from self-reporting of positive tests, which is cross-checked by public health team. At UoL there has not yet been an outbreak/cluster affecting whole accommodation blocks, although there have been 2 unlinked cases within one block, but within separate households so defined as unlinked.

UoL comment: This is correct.

On low, medium, high numbers of cases, it is more difficult to specify particular thresholds, because absolute numbers have to be considered alongside coincidence with any linkage or

clustering, and the scale of potential case transmissions from these events (eg a small number of confirmed cases that have been linked in a setting in which a large number could have been potentially affected would be treated more seriously than the same number of confirmed cases that are unlinked) So, interpretation is needed around absolute numbers and therefore thresholds of low, medium, high etc is fluid. Based on present numbers, local public health team were content if UoL decided to remain at Tier 1, but UoL decided to exercise caution.

UoL comment: This is correct. The rationale for our change was set out in the email from the Vice-Chancellor to all colleagues sent on the 2nd of November.

Follow-up request 3a: Please clarify on https://le.ac.uk/coronavirus/data-statistics what data is being reported in these numbers, and the role of local public health authorities in verifying the data. Even though it is stated "This data is not confirmed cases from the University's screening programme" on this page, the entire preceding passage is about the screening programme and how it might affect the reporting numbers.

UoL comment: This data shows our case numbers for staff and students that have been reported to us. We have been publishing this data every day as outlined above. The screening programme is a major initiative that we have done this term, with helpful and constructive support from UCU, to allow students and staff to get a COVID-19 test even if they don't have symptoms. This has been a major investment to help keep our community safe.

The screening is completed under the NHS's data protection rules so we only know of a positive test when the student or member of staff informed us in the normal way.

Follow-up request 3b: Can you comment on the as yet unanswered point about numbers in self-isolation due to association with positive cases? Is the screening programme being offered/used to target accommodation blocks/residences with confirmed cases?

UoL comment: We have not made the data on students in self-isolation public as we believe the key data is on confirmed case numbers, as is the case with the national data reporting approach. The trend on self-isolation has followed the trend on case numbers.

The screening programme is offered to all staff and students.

Follow up request 3c: As regards the public health team's optimism that our low case numbers/rate of cases amongst the student body are not masked by under-reporting, what consideration have they given to the 'anecdata' – such as reports from Students' Union executive officers – that suggests students are not getting tests at all, meaning they would not show up in the city or university figures but could still be spreading the virus. Is any work

being done anywhere to try and quantify this? (Should this be covered in minutes of meetings, as per request 1, a separate response isn't necessary).

UoL comment: We are not sure what you mean by 'optimism' - we have found the Public Health team to be objective and highly skilled in all of our interactions with them. Our screening is not mandatory and therefore there is likely to be some unknown asymptomatic cases as there will be in all communities.

Summary of further points from 'UCU Response to COG, 8.10.20' yet to be addressed:

4. There is a complete absence of any description of calculation of future risk by modelling rates of transmission and rates of increase in cases, both at the University level and marrying this with rates at the regional/Leicester level.

UoL comment: As we have described above we have been transparent with our data internally, on our website and with the local Public Health team. They are happy with how we are managing our response to the pandemic, and this has also been further confirmed by two site visits by the City's Environmental Health team.

5. The failure to proactively employ well established modelling approaches in favour of a reactive model, is the equivalent of closing the stable door of mitigation well after the CV-19 horse has bolted. As it stands, the plan is to wait until levels of *reported* cases on campus reach a non-defined 'medium' or 'high level' before taking action to reduce incidence of infection by changing levels of activity on campus. Surely the Executive Board realise that *reported* CV-19 +ve figures (arising from an imperfect sampling procedure) will not represent the *actual* CV-19 +ve figures, figures which *de facto must be* higher.

UoL comment: Our approach has worked well during this term. Our numbers have been lower than in other settings, including many other universities, and we have worked very hard to support students as well as we can when they have tested positive or been in self-isolation. We have had a lot of positive feedback on how we have managed the response from staff, students and parents of students.

6. In terms of decision-making, we understand COG is the new name for LEG, and therefore has the same membership as the latter. We note, as we have done previously, that for some reason, the Director of Health and Safety is not on this body. Nor are any trade union Health & Safety representatives. The COVID-19 governance document has not been updated to explain the membership of CCRG, or how it works with/feeds into or from any of the other bodies mentioned in this document: https://uniofleicester.sharepoint.com/sites/staff/return-campus/SitePages/Lockdown-Exit.aspx (as of 9.30am, 7.10.20).

UoL comment: The Covid-19 Oversight Group (COG) is the group reporting to the Executive Board on our response to the pandemic. Although the Director of Health and Safety is not a member he is involved in all aspects of our response. In addition the Director of Health and Safety has also met with the Unions on a regular basis to discuss specific issues since March 2020. The Director of Health and Safety is also a member of the COVID Case Response Group. Although the Trade Unions are not represented on the membership of COG we have held extra monthly meetings of the Health, Safety and Wellbeing Committee since the start of the pandemic on which all campus trade unions have membership and we have met informally with all of the trade unions fortnightly.

7. ***Timeliness of Sharing Documents for Review*** Presenting a near-finalised plan, that has clearly been weeks in development, at the eleventh hour and asking for endorsement, with the possibility of making minor changes only, does not meet the University's agreed responsibility for consultation. Providing documents in this manner this does not allow for careful review, or give the document authors the time and opportunity to meaningfully incorporate feedback in order to ensure the health, safety and wellbeing of all staff and students.

- Further LUCU comment on point 7, following discussion on 3.11.20. We appreciate that the situation changes rapidly, and the 'goalposts' in terms of government guidance and regulations keep moving, and the UoL response must also necessarily change quickly. Maximum transparency and an open approach to consultation is therefore even more expedient. If specific questions cannot be answered, or requested information/clarification cannot be provided, brief explanations as to why could be sufficient.

UoL comment: The final version of our 'tier' strategy response was developed at considerable speed. The Department for Education asked all universities to finalise their approach and agree the approach with their local Director of Public Health team in the early Autumn.

We agree that we should be transparent which is why we have sent regular email updates, covered our approach in our live Q&A event, published our strategic approach and are publishing our data every day. We have explained more detail of our approach in our recent blog and outlined our reasoning to change of 'tier' in an all staff email from the Vice-Chancellor.

We will continue to be transparent in the coming months.