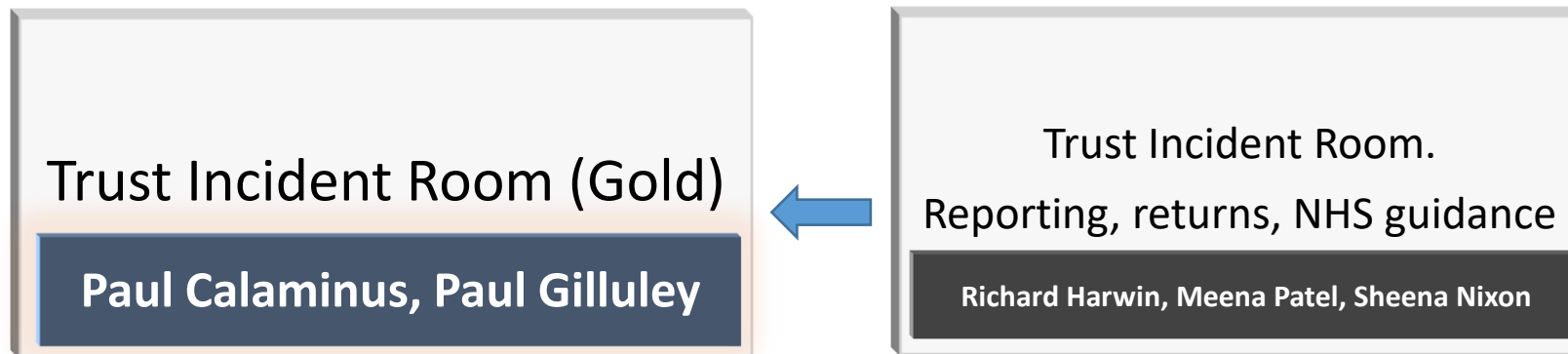# COVID - 19

Paul Calaminus, Deputy CEO

COVID-19

- 79 people known to the Trust have died, of whom 16 were inpatients.
- Up to 1000 staff have been off sick at any point in time.
- About 250 staff are "shielding".
- 3 staff members currently ventilated in ICU.

- A time of anxiety, loss, discovery, and growth.

Incident response structure

NHS East London NHS Foundation Trust

Trust Incident Room (Gold)
Paul Calaminus, Paul Gilluley

← Trust Incident Room.
Reporting, returns, NHS guidance
Richard Harwin, Meena Patel, Sheena Nixon

- Adult Mental Health (Bedfordshire and Luton) - Lorraine Sunduza

- Adult Mental Health (London) - Paul Gilluley

- Clinical Advice and Guidance - Amar Shah

- Community Health Services - Edwin Ndlovu

- Forensic Services - Paul Gilluley

- Infection Control - Lorraine Sunduza including PPE Supply - Mohit Venkataram

- People and Culture - Tanya Carter inc Returning and Redeploying Staff - Richard Fradgley

- Recovery - Amar Shah

- Staff Support - Ravinder Rani

Service Change

- Many services have moved on line.
- Risk assessment process for proactive contact and visiting
- Development of crisis hubs
- Inpatient services and working with COVID – multiple changes to wards.
- Changes to leave and visiting arrangements
- Increased support to care homes and closer working with primary care
- Creation of Integrated Discharge Hubs
- Gathering information and feedback on the impact of service change
- Quality Impact Assessment process
- Communication of changes

Staff wellbeing and safety

- Emotional impact of working with COVID-19
- Support to staff arrangements
- National PPE guidance has changed over time
- PPE provision has improved
- Increasing understanding of vulnerabilities to PPE

Learning, planning for the year ahead and shaping our future
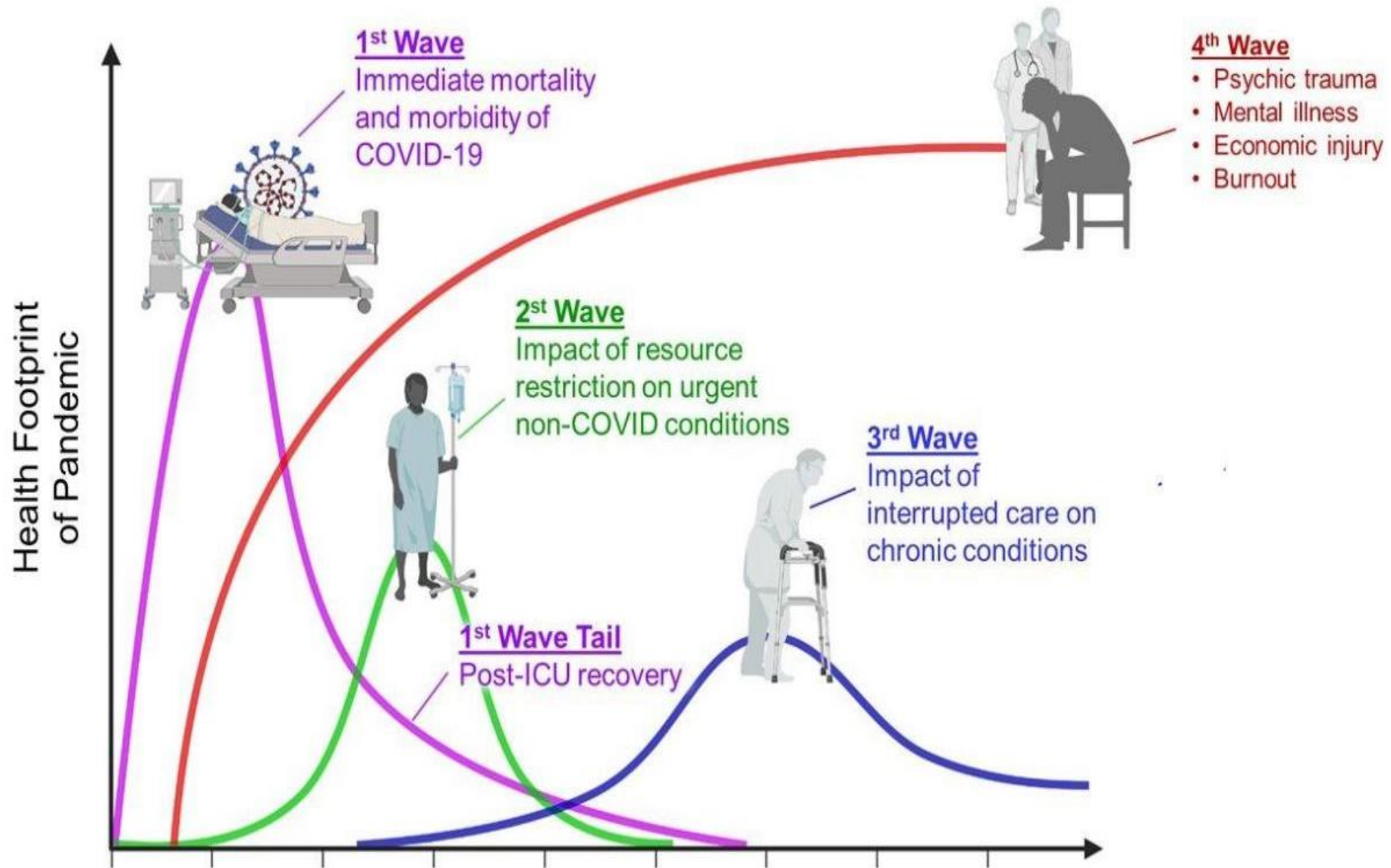
Health Footprint of Pandemic

1st Wave
Immediate mortality and morbidity of COVID-19

2st Wave
Impact of resource restriction on urgent non-COVID conditions

3rd Wave
Impact of interrupted care on chronic conditions

4th Wave
- Psychic trauma
- Mental illness
- Economic injury
- Burnout

1st Wave Tail
Post-ICU recovery

Simple tools that can help services plan...

	Post-crisis: STOPPED	Post-crisis: STARTED
During crisis: STARTED	**END** — We've done these things to respond to immediate demands but they are specific to the crisis	**AMPLIFY** — We've been able to try these new things and they show some signs of promise for the future → New practice (Use QI for implementation)
During crisis: STOPPED	**LET GO** — We've been able to stop doing these things that were already / are now unfit for purpose	**RESTART** — We've had to stop these things to focus on the crisis but they need to be picked up in some form → Old practice

To learn and shape our future so that we can improve quality of life for the communities that we serve.

To improve the wellbeing of service users and staff now and for the future.

Leadership
- Supporting people through grief & loss
- New ways of working
- Recuperation, reconnection and support

The future of work
- Supporting different working patterns
- Health and wellbeing of our workforce
- Supporting people through life changes

Inequalities
- Identifying & tackling health and life inequalities
- Vulnerable groups
- Using our organisational assets to benefit local communities

Shaping our future
- Learning from changes, their impact & the process of change
- Redesigning for the future using quality improvement
- New forms of measurement
- Digital vs in-person contact
- Digital infrastructure

Co-production
- Service Users
- Staff
- System partners
- Communities

System working
- Helping & generosity towards our partners as the default
- Our presence and capability as a system leader