



**East Lancashire Hospitals**

NHS Trust

A University Teaching Trust

# COVID Stories

Safe | Personal | Effective



**Professor Eileen Fairhurst**  
Chairman

# WELCOME

## Providing the insight

The year 2020 has been one that none of us could have ever imagined and one we will certainly never forget. The year that reduced our hospitals and community health settings from bustling hives of activity to quiet corridors and empty car parks.

Since the COVID-19 virus hit our shores at the beginning of the year, our staff have faced many challenges, to whom we give thanks. The resilience and courage that they have shown, often in the most physically and emotionally difficult times, have been awe-inspiring.

Many of our doctors and nurses left the comfort of their normal areas of work to provide much needed support in areas such as Critical Care, high dependency and our newly created COVID wards. Others moved out into our community teams to provide Safe, Personal and Effective care to our patients in their own homes, enabling us to reduce footfall in our clinical settings.

A large number of non-clinical staff also relocated; having to create work spaces in their own houses, juggling home working with home schooling, and caring loved ones in isolation. There were also extreme cases of our staff moving out of their homes to allow them to continue working and to protect their families from the virus. Every single member of staff has made their own sacrifice in some way.

What has kept our amazing staff going is not only their dedication, professionalism and passion for the jobs they do, but the support from the general public. The support and kindness shown through the many cards and messages, the weekly clap of appreciation and the generous gifts, has been overwhelming.

The positive things that we can take from the pandemic are the opportunities that it has given. We have implemented changes and embraced technology quickly, effectively and efficiently.

We hope you enjoy this collection of stories which will provide you with a glimpse of how East Lancashire Hospitals NHS Trust responded to COVID-19, what our patients experienced and how we have learnt to adapt to this new world.



**Professor Eileen Fairhurst**  
Chairman



**Kevin McGee**  
Chief Executive



**Kevin McGee**  
Chief Executive





# Contents

<b>2</b>	In the beginning
<b>4</b>	The critical stage
<b>6</b>	The support network
<b>8</b>	The story of John Brown
<b>10</b>	Getting patients home
<b>12</b>	Continuing care at home
<b>14</b>	Timeline
<b>16</b>	Keeping things moving
<b>18</b>	Rising to the challenge
<b>20</b>	The arrival of Baby Theo
<b>22</b>	Behind the scenes
<b>24</b>	Marilyn Jackson's experience
<b>26</b>	The new normal
<b>28</b>	Our charitable community
<b>30</b>	Finding support





# IN THE BEGINNING

## at the front door

**Often referred to as the 'front door' of the Trust, it's no surprise at all that the Emergency Department and supporting Urgent Care Centres have a huge role in the fight against COVID-19.**

The first task for the Emergency Care teams when COVID-19 arrived in the UK was the rapid creation of a drive through swabbing service. Not a lot was known about the new virus at that stage. And although staff were wearing full PPE while swabbing people in their vehicles, they were terrified.

**It was a very worrying situation. People were still attending A&E but staff had no idea whether they were dealing with a patient with possible COVID-19 or not.**

Quickly, plans were put into place to keep everyone as safe as possible and importantly to prevent the spread of the virus. New pathways and procedures were introduced to monitor and separate suspected COVID-19 patients from non-COVID-19 patients. The footprint of the Emergency Department had to be reconfigured to accommodate this, with the Urgent Care Centre being relocated to the Fracture Clinic.

Teamwork was key. Together with colleagues from the North West Ambulance Service, an ambulance trial team was mobilised. This enabled the efficient allocation of cubicles to arriving patients, releasing the ambulance crew more quickly, and reducing the time they spent in the department.

As the number of cases rose, further steps were taken to tackle the spread of the virus. A nurse was stationed at the main reception to check patient's temperatures and restrictions were placed on the number of people accompanying patients. This decision was particularly difficult for patients and staff alike.

The fully functioning Emergency Department was still receiving patients who were seriously injured or fatally ill. Additional support staff were deployed to the department ensuring no patient was alone. The ELHT family became their surrogate family, holding their hands, caring for them and being there for their last moments. For relatives at home, unable to be there, this brought some comfort knowing their loved ones were not alone.

The unprecedented and swift Government changes soon altered the activity in the department. On the introduction of the lockdown there was a substantial and sustained drop in patients attending the Emergency Department. Traffic reduced, accidents decreased, and people remained at home. But it also became apparent that people were becoming anxious of going to hospital for fear of contracting the virus. For the first time in modern history the NHS issued messages urging people to seek urgent care for medical emergencies.

Throughout this time the 200 plus strong Emergency Department team had to learn and adapt quickly. Each day brought a new challenge which they faced with unfailing professionalism.

There are still challenges to overcome, and changes to be made. They are met with positivity and the desire and drive to improve our patients' experience.





# THE CRITICAL STAGE

## critical care unit

**The Critical Care Unit cared for the sickest patients with the virus. It was both physically and emotionally draining for the team who truly on the very front of the frontline.**

This critical care story begins at 9am one morning at the very beginning of the pandemic. Matron, Linda Gregson receives instructions to create an additional 144 critical care beds to meet the anticipated demand. The 600% increase would take the departments beds from 24 to 168.

**Linda and Consultant Anaesthetist Paul Dean continue their story:**

It was the most awful thing I've ever had to go through in 30 years of nursing. Suddenly we were faced with a disease we had very little knowledge of. We had no idea how many people were going to be infected or how many lives were going to be lost. While it seemed the whole world was falling apart, we had to hold ourselves together, and care for those in our charge.

Many of our patients spend a long time on the unit and very often would have a loved one with them for the majority of that time. We became an extended part of their family, keeping everyone informed of their loved one's progress, sometimes caring for them as much as the patient. But soon normal face to face contact with families would no longer be possible.

As the visitor restrictions came into place our roles became incredibly challenging. By this point we were wearing full personal protective equipment; face mask, gloves, visors or goggles, and gowns. It was a barrier against the virus, but also between us and our patients.

Virtual calls replaced actual visits, which brought some comfort to both patient and their loved ones, but painfully lacked the personal touch, the ability to provide a hug or squeeze of a hand if needed.

For many staff on the unit, balancing work and home life was especially hard. Our shifts were long, hard and exhausting, and at home we spent precious time with our families, caring for them, getting to grips with home schooling, and reassuring them that everything would be alright. There was also the added worry for colleagues with family members who were shielding, and not being able to visit or care for them.

**This experience has changed us, and we'll probably not know the extent of that change for some time.**

There are certain incident and encounters that you never forget, this is something that will stay with us always, and we hope we will not have to go through it again.

We have faced many challenges together, our team spirit and friendships have carried us through this, it has been immensely helpful. We simply cannot express how proud we are of the team and how they have handled the pressures and strains with humility and compassion.





# THE SUPPORT NETWORK

## spiritual care team

**The Government's mandate of 'stay at home, protect the NHS, save lives' had the desired effect of rapidly reducing the footfall through our hospitals. It also created the most difficult burden our patients had to bear; not receiving visits from family and friends.**

ELHT's multi-faith spiritual care team are experienced in supporting patients and families through the most difficult times of their lives. They stand alongside our clinical and medical colleagues, as one team. But, the presence of the deadly virus presented them with an arduous task. To be there for the patient, in place of their loved ones.

**Hospital Chaplain David Anderson provides an insight to this:**

"It felt so surreal the very first time I was called to see a patient who was dying with COVID-19. His family had asked for him to have a blessing. I had heard so much about this virus and it was totally unnerving to finally be in its presence.

Together with the medical team and one of the domestics, we gathered around the gentleman's bed. The staff bowed their heads and I said the words of the 23rd Psalm and gave the patient a blessing. Our voices sound muffled under our tightly fitting masks, and I noticed tears running down the faces of some of my colleagues.

I would make it my duty to always ring the families of the patients who are dying. It felt important to reassure them that we had carried out their wishes, that their loved one had received a blessing and to assure them that their loved one was not alone.

I also ask them if they would like me to say anything in particular to their loved one on their behalf, trying my hardest to get the wording exactly right. So important for those final messages of love."

David and his colleagues, Chaplin, Andrew Horsfall and Imam, Fazel Hussain worked untiringly to support patients, relatives and staff. Using donated iPads, they were able to join families via video call to their loved ones at the end of life. This very quickly became an essential way of connecting people, and though heartbreaking the calls were cherished. Converting parts of the hospitals' chapels into Oasis room, provided staff with safe places they could go to reflect on their day and receive support. Numerous generous donations of Quran cubes provided spiritual sustenance and a link with normal life and routine.





# THE STORY OF JOHN BROWN

## the light at the end of the tunnel

**This is the story of 55 year old transport worker John Brown from Darwen who has experienced the most severe impact of the COVID-19 virus and is now recovering.**

“Starting off with a simple cough at the beginning of April 2020, I thought it was just a cold. I have always been fit and healthy so I didn’t see any reason to worry or think otherwise.

A few days later I suddenly became extremely short of breath and I deteriorated very quickly becoming quite poorly. It was at this point my wife decided to call an ambulance. When the paramedics arrived, they decided that I needed to go to hospital immediately.

When I realised that I was seriously ill with this knew unknown disease, to be brutally honest, at that moment I didn’t care if I lived or died. I just wanted the way I felt to be over.”

**While in the Emergency Department at Royal Blackburn Teaching Hospital, John’s kidneys began to fail. His condition was unstable and so he was also put onto a ventilator and placed into an induced coma for two and a half weeks.**

“When I woke up from the coma, I was unable to comprehend how seriously ill I was. My physical condition had deteriorated so significantly. I had lost three stone due to muscle wastage and was unable to walk, talk, feed or wash myself.

After spending about a month on the Critical Care Unit, I was thankfully well enough to be transferred to Pendle Community Hospital for rehabilitation. It was here that I rebuilt my strength and relearnt how to do all the things most of us take for granted. I experienced some very vivid dreams and hallucinations whilst in hospital. Apparently, a common characteristic of being sedated and ventilated due to COVID-19.

The day I was told I could go home was a happy day. I would finally see my wife after three months of hospitalisation. It was such a shock for her to see me for the first time. Although I could walk it was incredibly tiring, so I returned home in a wheelchair, I had marks on my face from the pressure of the oxygen mask and the prone position they had had to put me in. But my wife was glad to finally have me home, and I was so glad to be home.

My recovery is now being supported by community occupational health and physiotherapy services. The aftercare has been second to none. I am slowly feeling stronger and my voice has returned after going very raspy due to being ventilated.

Now I just want to get back to how I was before I got COVID - fit and strong. And then, hopefully, back to work. It is hard to explain, and for people to understand, the shock you feel due to the speed with which the virus takes hold. You feel extremely vulnerable, your independence is stripped away and who you are disappears overnight. It is unreal.





# GETTING PATIENTS HOME

## therapies directorate

**From the early days of the pandemic, ELHT's Therapies Directorate worked collaboratively between disciplines and across pathways to maintain a joined up and supportive approach to the delivery of services.**

This has included Speech and Language Therapists, Dietitians, Occupational Therapists, Physiotherapists, Orthotists, and also therapy colleagues in the Integrated Musculoskeletal, Pain and Rheumatology service.

Initially, guided by national policy, the priorities were to establish a seven-day workforce, with the ability to move staff to areas of greatest need. There was also an important necessity to provide a programme of 'upskilling' staff to meet the new clinical needs of our COVID-19 patients. The focus was on respiratory skills, proning techniques, tracheostomy management, and new roles for occupational therapy on the Critical Care Unit.

### New systems also had to be created to define clinical prioritisation for existing patients.

To continue to provide the best possible care at the most appropriate time, patients were categorised into high, medium and low priority. It was not long before the Government mandated the stepping down, where possible, of non-urgent clinical work. Vital monitoring plans were put into place for re-starting this work once the height of the peak was over.

Over the course of an extraordinary weekend in March 2020, the Therapy Services quickly adopted a video consultation software that enable our therapists to communicate remotely with their patients. High priority care could continue with no infection risk to patients or staff.

Six months later, the majority of services have now been safely restored using a combination of remote and face to face outpatients appointments and home visits. The team has also developed solutions for services such as voice banking for people with Motor Neurones Disease, video-based guides for physiotherapy exercise and walking aid checks. Work is now ongoing to determine whether video consultation will remain as part of the future model of service delivery.

In addition to service restoration, a new post-COVID rehabilitation pathway has been developed, with telephone reviews of all patients discharged from critical care. This uses an agreed multi-disciplinary screening tool; identifying needs and enabling signposting to specialist services such as respiratory rehabilitation, voice therapy, and developing patient information and advice resources.

The next phase is to extend this work to a wider group of patients known to have had a COVID-19 diagnosis but were not hospitalised. Patients are presenting with diverse symptoms such as gait and balance issues, swallowing difficulties, cognitive difficulties, fatigue, memory loss, anxiety and delirium. Teams have been required to quickly develop and adapt new ways to manage these symptoms.

While we cautiously progress, challenges still remain for group sessions. Particularly the impact on communication therapy due to the requirement of wearing personal protective equipment, especially masks.





# CONTINUING CARE AT HOME

## community services

**The moment that a patient, who has been seriously ill with COVID-19, is well enough to leave hospital it is often just the beginning of a long journey to recovery. ELHT's Community Services have had to take on the challenge to bring our patients back to good health.**

The Community Division within the Trust has many elements from intermediate inpatient care in the Community Hospitals, to visiting patients in their own homes. All sections had to react quickly to the pandemic to determine and deliver what was needed. Staff remained focused and were responsive to the needs and requests as they came through; the patient was never far from our thoughts and staff were quick in contacting patients, particularly the vulnerable, to check they were managing, allay any fears and to offer support.

Following National guidance, all specialties pulled together to focus on home visiting and to support the District Nursing Teams, where activity had significantly increased. Despite staff feeling fearful for themselves and their loved ones, they continued to care and support their patients. There was a clear understanding from the intermediate care teams that these were very unusual times. Staff had to change their working lives. They became more agile, working outside of their normal routines, volunteering to work in different roles, on different sites and with different teams. Everyone was working together, supporting each other with a 'can-do' attitude. The reduction in staffing levels due to shielding was met with a tremendous team spirit. Remaining colleagues rallied round and pick up the increase in workload. The camaraderie was tangible and was a welcome positive from an awful situation.

As the days turned into weeks and the weeks turned in to months, more patients needed the care and support of the Team. Signs of emotional and physical fatigue began to creep in. Guidance changed rapidly and

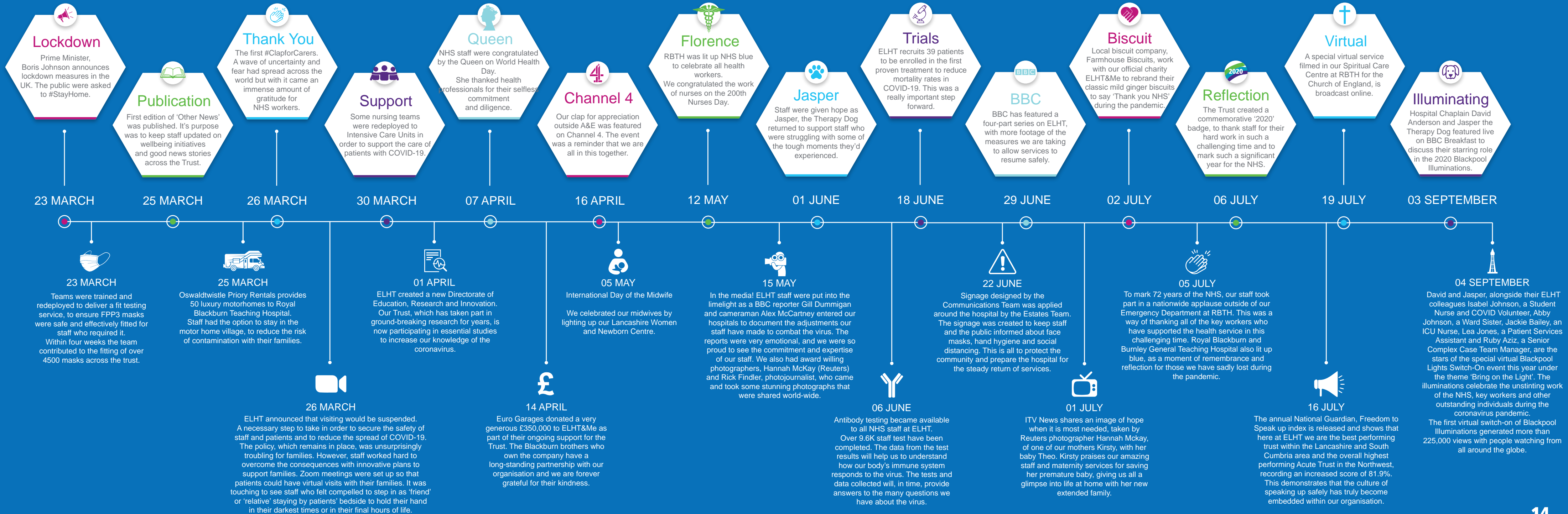
keeping up to date was a challenge. Again, the community teams came together, supporting each other and with strong, clear and positive leadership, the teams pulled through. Care packages were distributed by the Trust's Charity, ELHT&Me which did wonders for morale and energy levels.

Now we are through the worst, and face to face services are being reintroduced for those in most need. But it was the introduction of video appointments that provided the biggest benefit to our patients. No doubt, these will continue and revolutionise the way clinics are held in the future. This use of technology has enhanced patient and staff safety, increased the number of 'appointment' available and has reduced travelling time and costs for both patients and staff.

**Technology has also made it much easier to liaise with staff who are across five sites. Meeting via Microsoft Teams provided staff a greater understanding of each other's roles and the challenges they face.**

Moving forward, the team will continue to focus on patients who have been affected by COVID-19 and the secondary effect of being housebound. And our collaborative working will go from strength to strength.









# KEEPING THINGS MOVING

## estates and facilities

**The vital contribution of the Estates and Facilities Division throughout the COVID-19 pandemic has undeniable. Working across five hospital sites, with hundreds of services and wards to manage, we provide you with a snapshot of their COVID-19 experience.**

The Patient Services team workload increase considerably. Addition routine and deep cleaning was required around the clock. Moving patients and equipment between areas, and all other elements of their usual roles, significantly changed due to the stringent infection prevention and control measures suddenly put in place.

Over one hundred ward changes were made in the first few weeks of the pandemic to provide the Trust with enough ward and bed space to safely manage the anticipated patients and the complex conditions they would have. The Logistics Services were instrumental in facilitating this. Highly skilled professionals carried out an amazing job of quickly and safely re-organising wards and services with minimal disruption. All the while managing and maintaining the arrival of essential equipment to the right place at the right time.

The Trust is extremely fortunate to have an in-house Laundry Service. They played a crucial part in the fight against the virus. Where many Trusts were struggling with supplies of disposable items of PPE such as gowns, ELHT was able to procure reusable gowns. Any item of hospital linen which may have become contaminated with the virus had to go through Laundry Services. Their usual wash load of 200-300 curtains per week rose to 200-300 per day, a 600% increase!

Having the Laundry Service on the hospital site guaranteed wards were always stocked and scrubs were always on hand. This was also good news for the environment as it helped reduce the negative impact of disposable items.

They say an army marches on its stomach and this was certainly the case for the Trust. Not only did the Catering Team manage to seamlessly provide high quality and nutritious food for our patients, they also sourced and implemented ways to feed our staff too. On the announcement that our staff restaurants had to close, alternatives of complimentary sandwiches and lunchboxes were provided, closely followed by a selection of take-away hot food for staff to purchase after a long difficult shift. Food and drinks deliveries were made to wards to minimise the movement of staff through the hospital, preserve precious PPE and minimise the risk of infection.

**Many of our staff had to make the heartbreaking decision to stay away from their families. The potential risk of carrying the virus home was just too difficult to bear.**

The Accommodation Team was called into action to source suitable lodgings, close to the hospital site. As the search continued local motorhome rental company, Priory Rentals, proposed the use of their fleet of vehicles free of charge, as only essential travel was allowed. The Accommodation Team quickly took up their extremely generous offer and established a 'motorhome village' on the Royal Blackburn Teaching Hospital site.





# RISING TO THE CHALLENGE

## information technology

**COVID-19 has thrown up many challenges and one of the greatest of these has been the significant reduction of face to face interaction. Be this for patient consultations or internal staff meetings, this has made our reliance on technology even greater than it ever was; Giving our Performance and Informatics team an extremely important part to play and here is a snapshot of why:**

When it was announced Nationally that everyone who could work from home, should do so, along with national lockdown, social distancing and shielding guidance, ELHT had up to 2000 members of staff who needed to work from home. Being such an integrated organisation, this meant that the team had to find new ways for staff to communicate, and quickly.

The introduction of video conferencing via Microsoft Teams as the new normal was embraced extremely quickly. People learnt the importance of putting themselves on mute and to be mindful of who was in their background. It has also given us great opportunity to see what our Colleagues houses look like!

The IT network at the Trust is extremely robust. And the methods that were available to access this system remotely were good, but with the volume of staff needing them, it needed something more reliable. The team subsequently implemented software to allow staff to access their desk computer from any other device such as a tablet or laptop. This has made home-working much more effective.

**The sheer volume of requests for additional equipment to allow people to access video calling and their computers remotely was immense.**

The Team assessed and fulfilled all that were approved by ordering, distributing and installing it where necessary.

Whilst all this was happening, the engineers still had to support any equipment failures in all areas. Where possible, this was done via remote access but there was still a requirement for them to attend support calls across the Trust. It was also thanks to the IT team setting up a large number of iPads that had been donated, that wards were able to set up video calls between patients and their loved ones; Something that became absolutely essential due to visitors not being allowed unless in certain circumstances.

Finally and by no means least, the performance element of the team has also been absolutely crucial in collating the data needed to inform how things were progressing. This enables wards and clinics to adapt as necessary to ensure that they continued to deliver Safe, Personal and Effective Care.





# THE ARRIVAL OF BABY THEO

## in the background, it's business as usual

**So many things stopped during the peak of the pandemic; visiting, face to face clinic appointments, non-essential surgery. But one thing that didn't change babies were being born. One baby, Theo, couldn't wait to join his Mummy and Daddy and decided to come into the world extra early. Theo's Mum Kirsty Anderson tells her story:**

Theo was born on 20 April 2020 at just 27 weeks. When my waters broke I was in pure shock, I knew it was far too early and I have to admit, I was terrified. Luckily, I was able to have steroid injections to try and hold off full labour. But Theo was persistent and a couple of days later after just two hours of labour, Theo was born weighing just 2lb 4oz (1 kg).

**My partner almost missed the birth, he was there a short 20 minute before Theo arrived and we only have an hour together before he had to go home.**

Theo then spent exactly nine weeks on the neonatal unit at Burnley General Teaching Hospital. The staff on the unit were amazing. Because of the virus I was extremely scared; especially as Theo was so vulnerable. The visiting restrictions, though necessary, did make me feel very isolated, alone and emotional. Having another child at home at only 14 months old, made things much harder.

My partner struggled too. He felt like a spare part as he was limited to what he could do. I had to try and digest everything the doctors were telling me and then relay it to him. Normally you would receive the information together and make sense of it afterwards. I know the situation wasn't ideal and so many people have had difficulties, but we just have to do what we have to do. Ultimately, the precautions were put in place to protect us, our babies, and the staff on the unit. Despite being alone, the staff on the unit were brilliant. The hygiene practices and the use of PPE was very reassuring, and I always felt safe and protected against the virus.

When I found out we could go home, I was elated. We were due to go home on Father's Day which would have been wonderful, but it was not to be. Unfortunately, Theo hadn't put quite enough weight on, so we had to wait another day. There were sad tears that day, and then happy tears the next day when we were going home.

I am still very aware of the virus; it hasn't gone away. Visits to see Theo are restricted to grandparents only, as he has chronic lung disease due to being premature. Theo is an absolute little fighter though and I am so happy to have home. Thank you NICU!





# BEHIND THE SCENES

## reinstating services and treatment

**Throughout the peak of the pandemic many routine and non-critical services and treatments were put on hold. Surgical teams and their equipment were either redeployed to areas such as Critical Care, or they had to be ready to step in at extremely short notice should the need arise.**

This has resulted in many reports about diagnoses and life-saving cancer treatments being delayed across the country. At ELHT, the head and neck surgical team has worked tirelessly in the background to ensure that this is not the case by being one of, if not the first Trust to recommence a number of procedures.

Head and neck surgeons Miss Naseem Ghazali, Mr Panayiotis Kyzas and Mr Leandros Vassiliou have enable this by developing a watertight way of working. The Standard Operating Procedure (or SOP) that they have produced has built in measures to ensure that patients can receive exactly the same 'gold standard' of care that they would if COVID-19 had not existed. The new systems also guarantee that procedures would be able to continue as normal should the Trust experience a second spike in cases of the virus.

The Team provides complex care in a COVID environment with all patients going home safely. A number of these patients also have additional complex conditions aside from those being treated at the time.

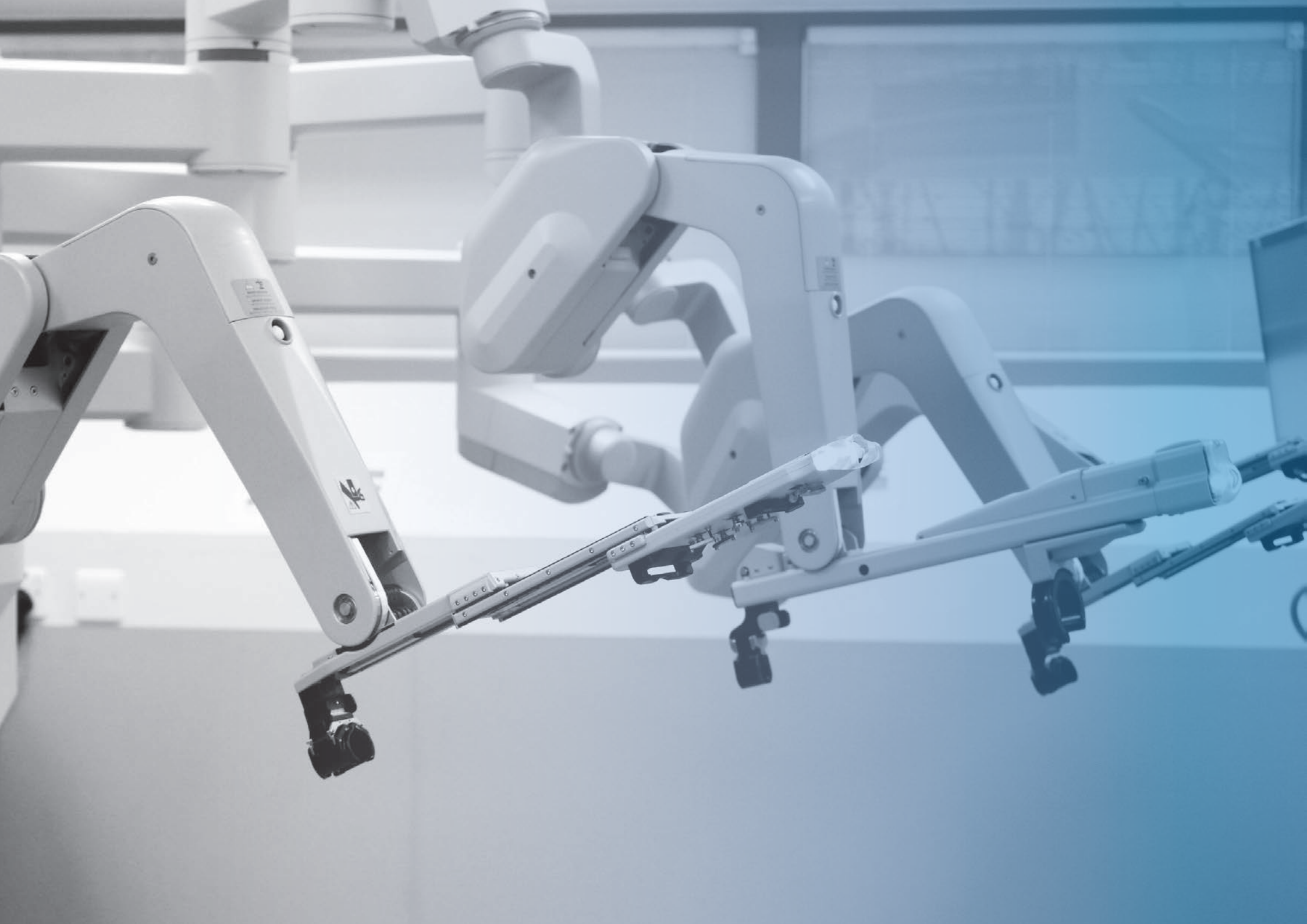
Performing 27 free-flap procedures within a three week period is higher than they ever did in that time frame before the pandemic struck. The procedure was recommenced significantly earlier than by other Trusts and has had a 100% success rate.

**The SOP has also been instrumental in ensuring that no patients receiving this treatment have acquired COVID-19 whilst in our care. The strict protocols in place also mean that the service can treat patients from outside of the East Lancashire area.**

The Team have also resumed carrying out Sentinel node and head and neck cancer surgeries when most other Trusts aren't even considering resuming these procedures.

The developments mean that the Team also has the capacity and ability to identify patients who are suitable for research projects and refer them accordingly. It is vital to ensure that research can continue, especially with specific reference to surgery during a pandemic.





# MARILYN JACKSON'S EXPERIENCE

## surgery success

**Marilyn Jackson, 67 years old, was able to benefit from ELHT robotic surgery continuing during the pandemic. Marilyn lives outside the East Lancashire area and was happy to share her story.**

I am no stranger to the word 'cancer'. I lost my Mum to it when I was in my twenties, my sister had it and I have had breast cancer twice and beaten it!

So, earlier this year, when I started with what felt like a scratch on my throat that soon became unbearable, I know I had to visit the doctors.

Due to my medical history, I was quickly referred for x-rays and scans. After three biopsies I was told the unsettling news that I had a dysplasia, which is a type of abnormal growth of cells. Although dysplasia isn't cancer, it may sometime become cancer so quick action was needed. It still came as a huge shock when I received a phone call from the hospital to say I need to go in as soon as possible!

After enduring radiotherapy treatment before, and suffering the intense heat and discomfort, I knew that was something I never wanted to experience again. Then, as if by fate, I read a piece in my local newspaper about robotic surgery being carried out at Royal Blackburn Teaching Hospital. I knew immediately that was the option for me!

But we were in the middle of a pandemic, the news carried stories of treatments and operations being cancelled and delayed. I had little confidence that my operation would go ahead. So, you can imagine how pleased and relieved I was when I was told I was suitable for the robotic procedure. I was listed for operation on Thursday 9 July.

I wasn't nervous, despite COVID-19 still being around, as I believed that they would only invite me in for the procedure if they had everything in place. If it was safe to do so.

On the day of my operation visitor restrictions were still in place, so I said my good-bye to my husband as he dropped me off at the door of the hospital. I was greeted at the door, asked to sanitise my hands and offered a surgical mask to wear. The hospital felt calm and everywhere you could see there were clear signs to 'keep left', 'keep 2m apart', 'wear a mask'. Everything was in its place as I knew it would be.

The whole process was extremely smooth. The theatre staff reassured me and put me at ease throughout the operation and recovery. Seeing the staff wearing their face masks and personal protective equipment which made me feel safe.

As the surgery was successful, I am hopeful that further will not be treatment. All I can say now is 'thank you' to Miss Ghazali and her wonderful team.





# THE NEW NORMAL

## transformation team

**ELHT is a progressive, forward thinking Trust. We strive to do better through continuous scrutiny of processes and practices, making sure we can deliver the safest, most efficient care possible. Our dedicated Transformation Team works with services and departments to help them identify opportunities for improvement, giving them the tools to implement necessary changes.**

Although other areas of the Trust may have had to put their projects on hold, the pandemic has actually shown us how essential it is that we are open to change and to exploring new ways of doing things. The speed with which COVID-19 progressed was a real catalyst for transformation.

The need to social distance and reduce face to face interaction was a major challenge. Quick and radical plans were put into place for staff to work from home, for meetings to take place via video calls and new ways to conduct routine clinics to keep 'everyday business' running had to be found.

**Without the luxury of time, decision-making processes have had to be safely refined to allow new systems and processes to be implemented quickly. One of these methods is the 'attend anywhere' system.**

This online appointment system has been vital for our clinicians to be able to keep in touch with their patients and assess them in a safe and protected environment. The benefits are that essential care has been given without subjecting the patient to additional risks of contracting the virus and keeping footfall in our hospitals at a minimum.

Another issue faced by the Trust was the potential gap in staffing levels should staff require to self-isolate or fall ill themselves. The introduction of new streamlining processes in Bank Staff recruitment resulted in shifts being filled quickly and safely.

As we move into the restoration of services, we will be focusing on the changes that have been put in place. By gathering and analysing feedback, we can make balanced decisions on what should continue post-pandemic. It will also feed into other areas of reinstatement and support any further improvements that can be made to aid the 'restoration' of services.

The pandemic has highlighted a real appetite within the Trust for streamlining and reducing time wasted on unnecessary tasks. These are some very solid building blocks that the Transformation Team can now build on the take us from a 'Good' organisation to an 'Outstanding' one.





# OUR CHARITABLE COMMUNITY

## ELHT&Me

**The build up and the peak of the pandemic has been extremely challenging for the whole community. From local businesses struggling to stay open to individuals feeling the weight of isolation as they shield for weeks on end. But even during those dark days the bright light of the community spirit shone through, and with it they brought great generosity.**

ELHT has been overwhelmed by how many individuals, community groups and local businesses have donated items to help support staff and our patients through the busiest and most challenging times ever.

**The Trust's charity ELHT&Me received items and cash to a total exceeding £150,000 during the pandemic.**

These donations ranged from large cash donations to lip balms and face and hand creams. Though seemingly small gifts, the balms and creams were worth their weight in gold for those staff wearing PPE throughout their shifts. These and other treats gave the staff a welcomed boost at just the right time. And for that we are extremely grateful.

The seemingly endless donations of Easter eggs, biscuits, fizzy pop and other delicious treats, put smiles on the faces of our tired workforce on all hospital sites and out into the community.

Keeping staff replenished and feeling cared for, being acknowledged for what they were doing.

The need to feel useful and of making a contribution towards the fight against the virus was not just felt by health professionals. Local craft groups joined in the campaign of #NHSHeroes making much needed items of scrubs, scrub bags, hearts, surgical hats and headbands. This was extremely important for the health and wellbeing, not only of the people who were receiving the items, but of the people making them. It gave them a focus, a purpose, during their lockdown period.

The terrible damaging effect of the virus made us think more of others. A family made a generous donation of three iPads enabling patients with COVID-19 to connect with their loved ones. This was a very personal act, based on their own lived experiences of a relative in the hospital with COVID-19.

And though more generous donations we were able to create a safe space in our Spiritual Care Centres. Leather sofas provided a comfortable, quiet areas at both our main hospital sites. Staff could go to take a moment to reflect and gather their thoughts. This was a vital asset for helping the emotional wellbeing of those working in extremely stressful and difficult circumstances.





# FINDING SUPPORT

## you are not alone

The stories in this publication have shown how the COVID-19 virus has affected all of us in one way or another. For many it has been traumatic; for NHS staff on the COVID wards and critical care; for patients who have suffered from the virus and been extremely unwell and for the family and friends of those who lost their lives to the virus.

Below are just a few ways people affected can receive emotional support to help them through these times.

### For our staff:

#### The NHS People staff support line

0300 131 7000 or text FRONTLINE to 85258 for 24/7 text support

#### Conversations with Jasper

Cuddles with Jasper our Therapy Dog and the option to chat with his dad, qualified counsellor and Trust Chaplain David Anderson. Book on by emailing: [David.Anderson@elht.nhs.uk](mailto:David.Anderson@elht.nhs.uk)

#### The Vivup Staff Portal

[www.vivup.co.uk](http://www.vivup.co.uk)

#### One Minute Meditations

[www.ehub.elht.nhs.uk/mindfulness.html](http://www.ehub.elht.nhs.uk/mindfulness.html)

#### Mindfulness sessions

Access on the Learning Hub

### For everyone:

#### Bereavement Care Helpline for Families

01254 725287

#### Spiritual Care Centre

01254 733632

#### The NHS COVID Helpline

0800 2600 400

#### The Mental Health Foundation

[www.mentalhealth.org.uk/coronavirus](http://www.mentalhealth.org.uk/coronavirus)

#### Samaritans

[www.samaritans.org](http://www.samaritans.org)





Safe | Personal | Effective

**This publication is available in other formats and languages on request**

East Lancashire Hospitals NHS Trust  
Trust Headquarters  
Haslingden Road  
Blackburn  
BB2 3HH