

A blue hexagonal graphic with rounded corners, containing the text 'Annual Members Meeting' in white.

Annual
Members
Meeting

Covid19: Summary Review of the Trust

Dr Angela Tillett, Chief Medical Officer



Establishment of the Clinical Reference Group

- In response to the Covid19 Pandemic, the Clinical Reference Group (CRG) was established on the 10th March.
- The CRG membership included divisional nursing and medical leads, therapy, ED and critical care clinicians, infection control and site ops representatives
- CRG met on a daily basis and provided trust-wide clinical oversight, advice and decision making in response to National recommendations such as guidance issued by Public Health England, Royal Colleges and NICE
- The group also considered issues raised by Strategic, Tactical and Recovery & Reform Groups



What did we do?



**East Suffolk and
North Essex**
NHS Foundation Trust

Trust Early Response:

- **Staff response:** Unprecedented level of staff engagement and agreement to redeployment, training and ways of working e.g. the roll out of a vast Covid19 rota to support increase in acute medical pathways including 16 hours of front door consultant presence 7 days a week, and junior doctors pooled from all specialties provided 3 shifts around the clock.
- **Retired Clinicians and freshly graduated Doctors** joined the team- shielding clinicians supported clinical care virtual clinics, audits, triage of referrals and guideline development#
- **New pathways** and processes were implemented at record speed, eg: direct stroke admissions, increased UTC to AMSDEC referrals, Orthopaedic team led the green ED
- **Virtual Clinics implemented** with the roll out of the Attend Anywhere software on 25th March. By the 8th June, 2642 video consultations had taken place – the equivalent of 688 hours
- An **Urgent Surgical Decision Making Panel** was established to review and ensure prioritisation for every patient awaiting surgical care



What did we do?



East Suffolk and
North Essex
NHS Foundation Trust

- **Infection Control Team** played a key role in advising site and estate teams, reviewing updated guidance, tracking of patients where infection control concerns and tracking local data
- Laboratory staff were focussed upon **testing** patients both emergency and elective
- Expansion of **Critical Care beds** to approx 24 at the peak
- **Changes in medical treatment** in critical care : Enhanced anticoagulation owing to increased thrombotic risk; Early referrals for ECMOs; Change in fluid management to reduce Acute Kidney Injury
- Therapy team changes: **Proning Team** set up on critical care and support to wards
- Non-invasive **ventilation beds** on both sites expanded
- Surgical services moved off site where possible to **independent sector**
- **Shielded staff** provided daily updates for families for critical care patients
- **Visiting** discontinued initially and then reintroduced
- **Communication** was adapted to include Ipads, NNU, Letters to Loved Ones





If an NHS employee or a member of their household experiences COVID-19 symptoms, they should first tell their employer. Those eligible for a test will be directed to the most appropriate place for testing.

What happens after the test?

If a member of staff tests negative, then they can return to work if they are well enough to do so and should discuss this with their employing organisation.

