

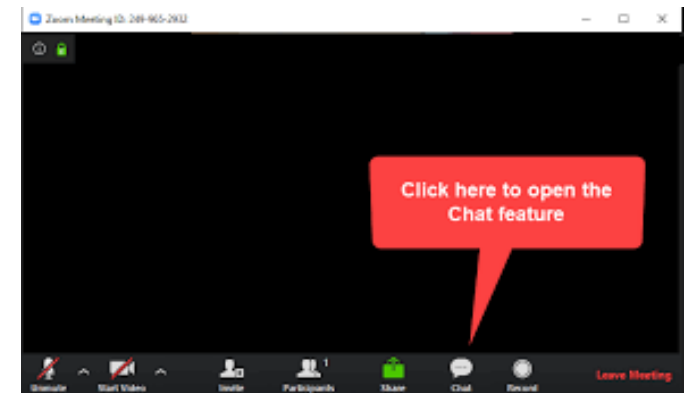
# Please follow the instructions below

Please can you make sure you are on **mute** as you join the call



Write in the **chat room** your name, your care home and location

The care home support call will start promptly at **10.30** am





# **GSF Care Homes COVID -19 Support Call 7**

Wed October 28<sup>th</sup> 2020  
10.30 -11.30 am

Julie Armstrong Wilson & Ginny Allen,  
Guest speaker Katie Thorn RNHA

# Plan

1. Welcome and Introduction – Julie Armstrong Wilson

2. Update –

- Covid-19 data and assessment tools
- Amnesty report
- Hospital visiting Guidance

3. Katie Thorn

- Digital Engagement Manager, Registered Nursing Home Association - Project Lead, Digital Social Care

4. Wellbeing

5. Next Support Call in 6 weeks on Wednesday 2<sup>nd</sup> December



Wednesday  
28 October 2020  
£2.20  
From £1.75 for subscribers

# The Guardian

## Calls for national lockdown grow as UK death toll exceeds 60,000

Aamna Mohdin  
Pamela Duncan

The number of people killed by the coronavirus in the UK passed 60,000 yesterday as the country hit a 200-a-day death toll weeks earlier than feared by the government's chief scientific adviser.

The two alarming milestones bolstered calls for a national "circuit

breaker" to halt an exponential rise in cases.

A further 367 Covid deaths were confirmed yesterday - the largest number since May, and 265 higher than the previous day. While numbers often fluctuate during and after weekends, this brings the rolling weekly death toll to 200 a day, with 61,469 deaths now reported UK-wide, according to analysis of official data.

More than 9,000 people were

in hospital with Covid, with Leeds teaching hospitals NHS trust the latest to cancel some non-urgent operations, saying it had more virus patients than at the peak of the first wave.

Last month, Sir Patrick Vallance, England's chief scientific adviser, warned that the pandemic was growing exponentially and the UK was on course to see 50,000 cases a day by mid-October and 200 deaths a day by mid-November without a significant

***'Every scientific advisory group has told the government you need to have a circuit breaker'***

Dr Zubaida Haque  
Independent Sage group

change in direction. His warning, which he insisted was not a prediction, was criticised by some scientists as "implausible". Confirmed daily cases have not exceeded 27,000.

Since then, more than 8 million people have been placed under the strictest tier 3 measures, with millions more in tier 2. Meanwhile, a Guardian analysis underlined how coronavirus has touched every corner of the UK, showing that every



'Times have

Four dead



## Second wave forecast to be more deadly than first

PM comes under pressure for new lockdown with No10 expecting lower but longer 'peak' in Covid deaths

By Laura Donnelly HEALTH EDITOR  
and Gordon Rayner POLITICAL EDITOR

DOWNING STREET is working privately on the assumption that the second wave of Covid-19 will be more deadly than the first, with the number of victims remaining high throughout the winter.

An internal analysis of the projected course of the second wave is understood to show deaths peaking at a lower level than in the spring, but then remaining at this level for weeks or even months.

It is understood that the projection, provided by the Scientific Advisory Group for Emergencies, has led to intense behind-the-scenes lobbying from Sir Patrick Vallance and other government advisers for the Prime Minister to take more drastic action now.

"It's going to be worse this time, more deaths," said one well-placed source. "That is the projection that has been put in front of the Prime Minister and he is now being put under a lot of pressure to lock down again."

Case numbers are rising rapidly in countries across Europe and governments are preparing to introduce new measures. Angela Merkel, the German

Emmanuel Macron will address the nation this evening. Such broadcasts have previously been used to announce new measures to fight the pandemic.

Sweden, which resisted lockdown during the first wave of the pandemic, yesterday recorded its highest number of cases this year, with authorities now introducing more restrictions.

Details of the UK projection have emerged as the Government announced a further 367 people had died with Covid, the highest daily figure since May, bringing the UK total to 43,365.

However, data released yesterday showed that when taking into account deaths where coronavirus was mentioned as a factor on the death certificate, the number had passed 60,000. According to the country's statistical agencies, the total number of deaths involving Covid had reached 59,927. Since these statistics were compiled, a further 1,189 deaths are known to have occurred, taking the total to 61,116.

Dr Yvonne Doyle, medical director of Public Health England, said: "We continue to see the trend in deaths rising and it is likely this will continue for some time. Each day we see more people testing positive and hospital admissions increasing. Being seriously ill enough from the infection to need hospital admission can sadly lead to more Covid-related deaths."

Health officials expect the death toll to reach 600 a day within weeks.

As happened earlier in the year, hospitals are also now beginning to cancel non-Covid treatment to cope with the increasing burden they face in many northern areas.

Leeds Teaching Hospitals NHS Trust - which runs Leeds General Infirmary and St James's Hospital - has cancelled



**22,885**  
DAILY COVID  
CASES

**+21%**  
CHANGE  
IN 7-DAY  
AVERAGE

**43,365**  
DEATHS +367

seen admissions double in a week. *Health Service Journal* reported, with closures of operating theatres in Mid Yorkshire Hospitals Trust.

Government scientists fear that deaths could remain in the hundreds for at least three months, and continue long after Christmas, even if current restrictions remain in place until March.

The Government has come under intense pressure from many Tory MPs to abandon its tier system of lockdowns and prioritise the economy instead. But Mr Johnson has refused to back down from his current policy, and has made clear that even tougher restrictions may be needed, to the dismay of critics.

out of the current restrictions. More than eight million people - almost all of them in the north - are now living under Tier 3 measures, with no end in sight.

Professor Wendy Barclay, a Sage member and scientist from Imperial College London, yesterday said none of the current restrictions appear to be making a significant impact on the spread of the virus.

"The total lockdown that we had back in late March was enough to turn the tide, and get the virus back under control," she told Times Radio.

"So far, none of the other restrictions that we've seen and none of the other

*'We continue to see the trend in deaths rising and it is likely this will continue for some time'*

increase in cases and deaths," she told the BBC's *World at One* programme.

She said daily cases rose by a third compared with the previous week, while daily deaths increased by "close to 40 per cent".

"Despite better management of hospital capacity, hospitals in several countries are filling up fast," she said.

Protests took place in towns and cities across Italy on Monday evening as orders to close restaurants, bars, gyms and cinemas came into effect.

It came as British analysis of more than 21,000 hospital admissions showed that between March and June, death rates in intensive care from Covid

# WHO- Global view

## WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/10/27, 3:11pm CET

[Back to top](#)

**Globally**, as of **3:11pm CET, 27 October 2020**, there have been **43,341,451 confirmed cases** of COVID-19, including **1,157,509 deaths**, reported to WHO.

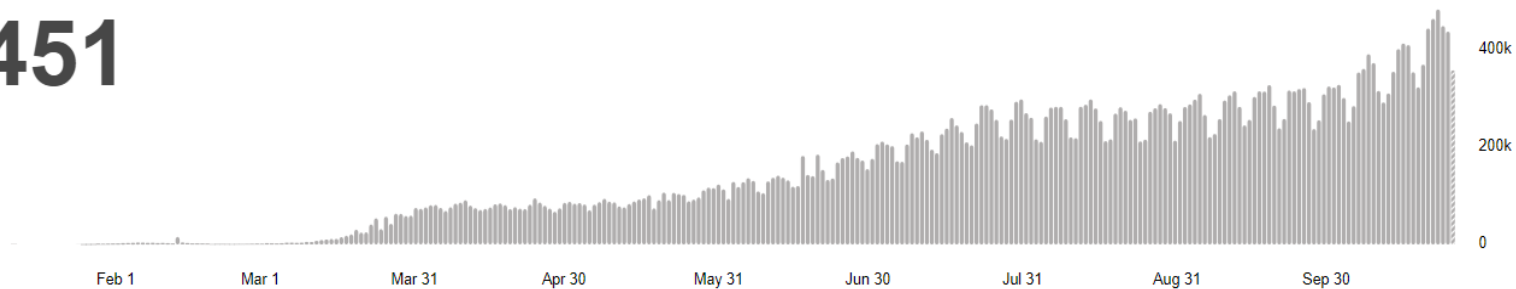
### Global Situation



**Daily** Weekly

# 43,341,451

confirmed cases



# 1,157,509

deaths



Source: World Health Organization

# PHE data October 14<sup>th</sup> and 27<sup>th</sup> October – confirmed cases of admissions into hospital

## Healthcare

### Patients admitted

Latest data provided on 10 October

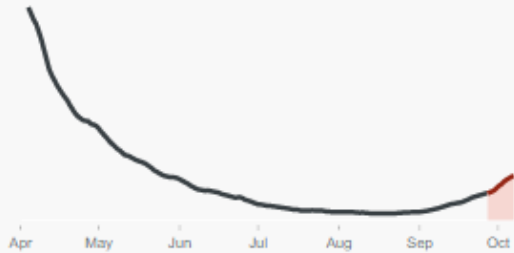
Daily

680

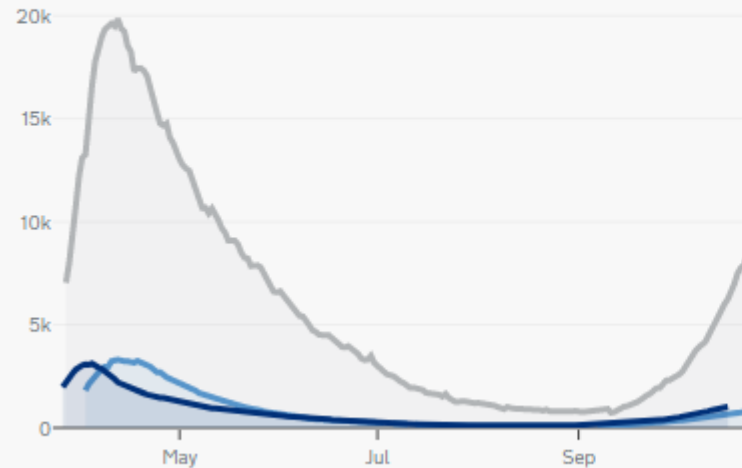
Last 7 days

4,576

↑ 1,414 (44.7%)



## Healthcare



■ Patients in hospital

9,199

■ Patients in ventilator beds

852

■ Patients admitted

Daily

1,152

Total

159,551

# Deaths within 28 days of a positive test

Deaths

## Deaths within 28 days of positive test

Latest data provided on 14 October

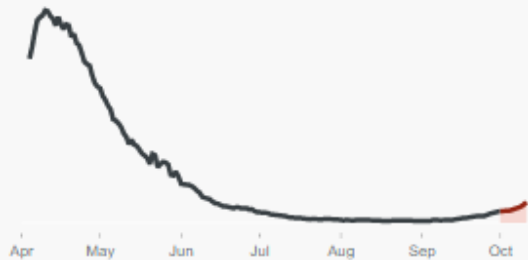
Daily

137

Last 7 days

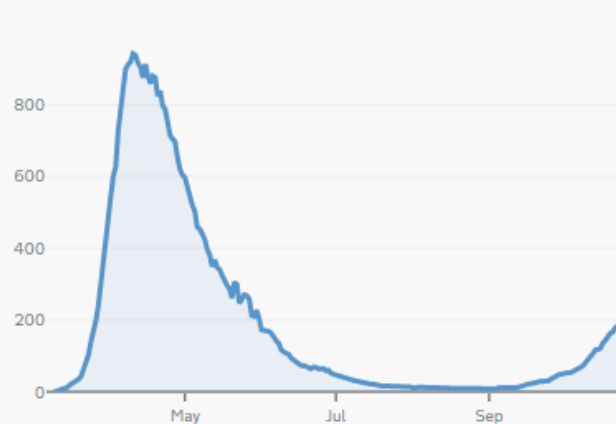
640

↑ 268 (72.0%)



## Deaths

[More on deaths](#)



### Deaths within 28 days of positive test

Daily Total

367 45,365

### Deaths with COVID-19 on the death certificate

Total

58,925



# SIX CLUSTER GROUPS OF COVID 19 SYMPTOMS

HELPS **ADVANCED WARNING** OF NEED FOR RESPIRATORY SUPPORT AND O2 MONITORING — CURRENTLY SYMPTOMS FOR 13 DAYS- 79%  
PREDICTED (SPECTOR STEVES KING'S COLLEGE LONDON)

	<b>Cluster symptoms</b> headache , loss of taste + smell in all	<b>Need respiratory support</b>	<b>One or more trips to hospital</b>
1. Mild	<ul style="list-style-type: none"><li>• Upper respiratory tract- cough</li><li>• Muscle pain ,</li></ul>	1.5%	16%
2. Mild	<ul style="list-style-type: none"><li>• Upper respiratory tract- cough</li><li>• Skipped meals</li><li>• Fever</li></ul>	4.4%	17.5%
3.	<ul style="list-style-type: none"><li>• GI symptoms eg diarrhoea</li></ul>	3.7%	24%
4.	<ul style="list-style-type: none"><li>• Severe fatigue</li><li>• Continuous chest pain</li><li>• Cough</li></ul>	8.6%	23.6%
5.	<ul style="list-style-type: none"><li>• Confusion</li><li>• Skipped meals</li><li>• Severe fatigue</li></ul>	9.9%	24.6%
6.	<ul style="list-style-type: none"><li>• Marked respiratory distress + breathlessness</li><li>• Chest pain</li><li>• Confusion</li><li>• Fatigue</li><li>• GI symptoms</li></ul>	20%	45.4%

# Recognising Coronavirus (COVID-19) Symptoms



Symptoms	Covid-19 Symptoms range from mild to severe	Flu Rapid onset of symptoms	Cold Gradual onset of symptoms
 <b>Fever (37.8C or above)</b>	Common	Common	Rare
 <b>Fatigue</b>	Sometimes	Common	Sometimes
 <b>Cough</b>	Common (usually dry)	Common (usually dry)	Mild
 <b>Sneezing</b>	No	No	Common
 <b>Aches and pains</b>	Sometimes	Common	Common
 <b>Runny or stuffy nose</b>	Rare	Sometimes	Common
 <b>Sore throat</b>	Sometimes	Sometimes	Common
 <b>Diarrhea</b>	Rare	Sometimes (for children)	No
 <b>Headaches</b>	Sometimes	Common	Rare
 <b>Shortness of breath</b>	Sometimes	No	No
 <b>Loss of taste or smell</b>	Common	No	Sometimes

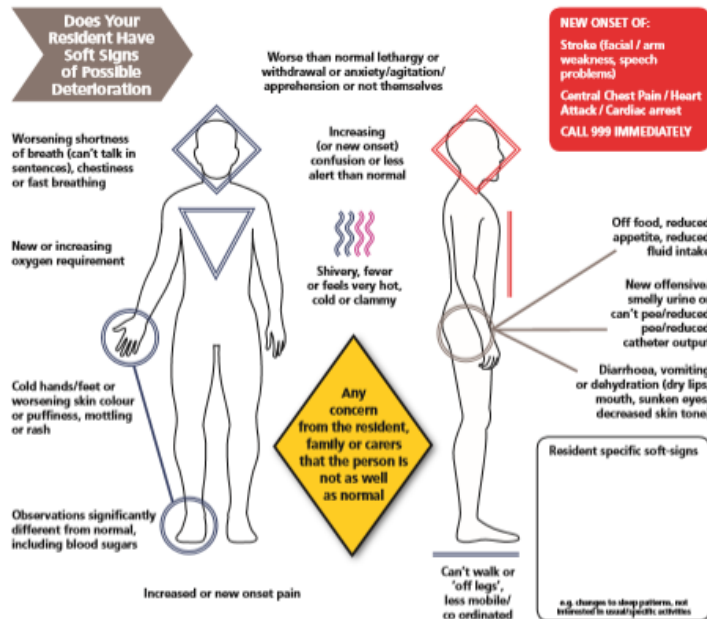
# RESTORE 2

## RESTORE2

Recognise Early Soft Signs, Take Observations, Respond, Escalate



### Adult Physiological Observation & Escalation Chart



If you answer YES to any of these triggers, your resident is at risk of deterioration

RECOGNISE  
SOFT SIGNS  
OF POSSIBLE  
DETERIORATION

TAKE COMPLETE SET  
OF OBSERVATIONS  
AND CALCULATE  
NEWS

ESCALATE USING  
ESCALATION  
TOOL AND SBARD  
COMMUNICATION

Page 1 of 6 - All pages must be present when printing

Full Name:  NHS No.

### How to use RESTORE2

- RESTORE2 which includes the National Early Warning Score (NEWS2) promotes a standardised response to the assessment and management of unwell residents. It is not a replacement for clinical judgement and should always be used with reference to the person's care/escalated plan and any agreed limits of treatment. If you are concerned about the resident or if one observation has changed significantly ALWAYS ACT ON YOUR CONCERNS AND SEEK ADVICE from a competent clinical decision maker e.g. GP, Registered Nurse or AHP.
- This chart uses aggregated (total) NEWS - It is important that you understand the resident's normal NEWS (the score when they are stable and as well as usual) to support appropriate escalation. You should try and establish what is normal for residents on admission with a member of the multi-disciplinary team (e.g. General Practitioner, frailty practitioner).
  - Only a Medical Professional can authorise use of the hypercapnic respiratory failure scale for residents who normally have low oxygen levels as part of a diagnosed condition (e.g. COPD).
  - Use this chart for all your routine observations as per your local policy. If your resident shows ANY of the soft signs of deterioration, record their observations and NEWS immediately on the chart and follow the escalation tool as appropriate, using SBARD to communicate.
  - There may be a need to re-consider what is normal for the resident following any sustained improvement in their condition or non-acute deterioration.

### What's normal for this resident

Print name:  Date:  Signature:

What is the resident normally like? What observations and NEWS are reasonable and safe for them? When would their GP want you to call them? What escalation has been agreed with the resident (or their advocate)?

### End of Life (EOL) or Agreed Limit of Treatment

- All residents should have had the opportunity to discuss their end of life preferences in advance of any crisis.
- RESTORE2 must be used in conjunction with the expressed wishes of the resident e.g. treatment escalation plans or advanced care plans.
- RESTORE2 can be used in residents with an agreed limit of treatment (e.g. not for hospital admission, not for resuscitation or not for intravenous antibiotics) to identify recoverable deterioration amenable to treatment. It is also useful for anticipating end of life to inform conversations with residents and their relatives - once the resident is on an EOL care pathway, RESTORE2 should be discontinued.

### NEWS2 Escalation (get the right help early)

Suggested Actions (always consider the resident's total NEWS2 in relation to their normal reference score)		Observations
0	Observe - likely stable enough to remain at home Escalate if any clinical concerns / gut feeling	At least 12 hourly until no concerns
1	Immediate senior staff review, escalate if concerned. Repeat observations within 6 hours. If next observations remain elevated with no obvious cause arrange for GP review suggested within 24 hours. If NEWS is worsening, move to appropriate escalation point.	At least 6 hourly
2	Immediate senior staff review, if no improvement in NEWS (or the same) within 2 hours, seek GP telephone assessment within 2 hours +/- GP review within 6 hours. If NEWS is worsening, move to appropriate escalation point.	At least 2 hourly
3-4	Repeat observations within 30 minutes. If observations = NEWS > 3 or more, seek urgent GP telephone assessment or face to face review within 2 hours. If NEWS is worsening, move to appropriate escalation point.	At least every 30 minutes
5-6	Immediate clinical review/advice required. Refer to GP using surgery bypass number or use NHS 111 to contact out of hours. Urgent transfer to hospital within 1 hour may be required.	Every 15 minutes
7+	Admission to hospital should be in line with any appropriate, agreed and documented plan of care. Blue light 999 call with transfer to hospital (15 minutes), follow guidance of call handler	Continuous monitoring until transfer

Page 2 of 6 - All pages must be present when printing

Full Name:  NHS No.

Photocopy this page if admitting/transferring resident or upload to ambulance EPR

NHS No. 

<b>S</b>	<p><b>Situation</b> (briefly describe the current situation and give a clear, concise overview of relevant issues) (Provide address, direct line contact number) I am... from... (say if you are a registered professional) I am calling about resident... (Name, DOB) The residents TOTAL NEWS SCORE is... Their normal NEWS/condition is... I am calling because I am concerned that... (e.g. BP is low, pulse is XX, temp is XX, patient is more confused or drowsy)</p>	
<b>B</b>	<p><b>Background</b> (Briefly state the relevant history and what got you to this point) Resident XX has the following medical conditions... The resident does/does not have a care plan or DNACPR form / agreed care plan with a limit on treatment/hospital admission They have had... (GP review/investigation/medication e.g. antibiotics recently) Resident XX's condition has changed in the last XX hours The last set of observations was... Their normal condition is... The resident is on the following medications...</p>	
<b>A</b>	<p><b>Assessment</b> (summarise the facts and give your best assessment on what is happening) I think the problem is XX And I have... (e.g. given pain relief, medication, sat the patient up etc.) OR I am not sure what the problem is but the resident is deteriorating OR I don't know what's wrong but I am really worried</p>	
<b>R</b> <b>--</b> <b>D</b>	<p><b>Recommendation</b> (what actions are you asking for? What do you want to happen next?) I need you to... Come and see the resident in the next XX hours <b>AND</b> Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services) <b>Decision</b> (what have you agreed) We have agreed you will visit/call in the next XX hours, and in the meantime I will do XX If there is no improvement within XX, I will take XX action.</p>	<p><b>Actions I have been asked to take</b> (initial &amp; time when actions completed)</p> <p>Initial</p>

Photocopy this page if admitting/transferring resident or upload to ambulance EPR

# Long COVID

- NHS England 5 point Long COVID plan
  1. NICE to develop guidelines
  2. Development of online self-mgxr resource
  3. Specialist rehab services
  4. Research
  5. Oversight by Long Covid task force





# Remember the PCN DES (Primary Care Network new service)

- Named GP lead
- Weekly check ins
- Monthly MDT
- Structured medical reviews & optimisation
- Support for EHCH pro-active care planning



# Amnesty report

October 2020



COVID-19 has had a devastating impact on older persons living in care homes in England.

28,186 “excess deaths” were recorded in care homes in England between 2 March and 12 June, with over 18,500 care home residents confirmed to have died with COVID-19 during this period.

UK government decisions and failures resulted in violations of the human rights of people living in care homes, notably the right to life, to health and to nondiscrimination.

From discharging 25,000 patients, including those infected, into care homes; to denying care homes residents admission to hospital and imposing “do not attempt resuscitation” orders on them without due process, to failing to provide PPE and testing to care homes

older persons living in care homes were abandoned to die

# Other Useful Resources

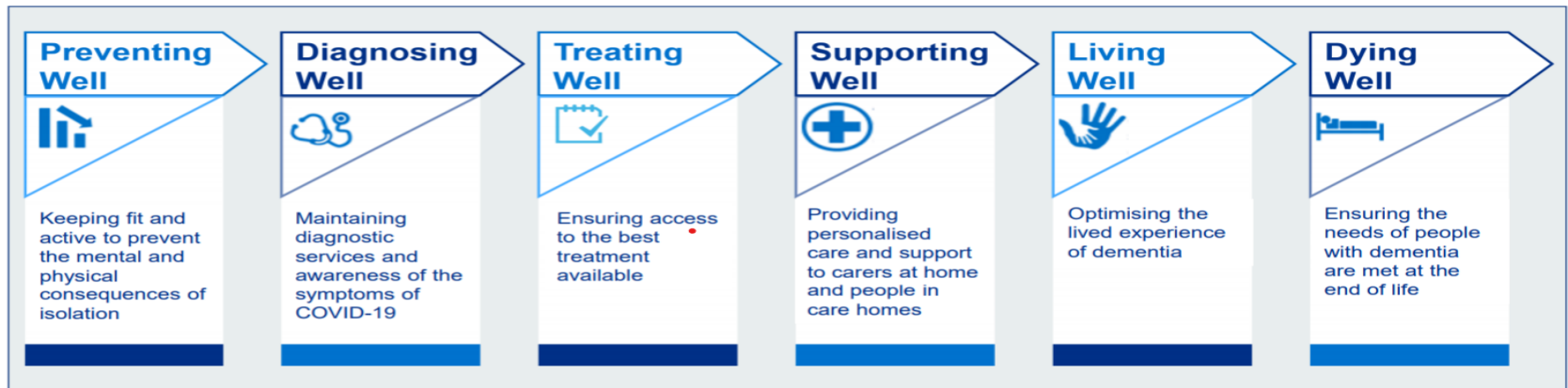
- **East Midlands Deputy network - closing date 1st November**  
<https://events.skillsforcare.org.uk/skillsforcare/frontend/reg/thome.csp?pageID=326151&eventID=1047&traceRedir=2>
- **Activity Spark – a unique opportunity for residents – resource packs designed for ease of use with older residents living in care**  
<https://creativepaths.org.uk/>
- **National Q&A calls – Weekly sessions – every Tuesday**  
<https://carehomes.necsu.nhs.uk/?ReturnUrl=%2Fsystem-champions>
- **Falls prevention free online exercise videos for Care Home residents**  
<https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/falls-fractures>

# Other Useful Resources

- This guide to dementia wellbeing in the COVID-19 pandemic is a companion to the Dementia Well Pathway

[https://www.england.nhs.uk/wp-content/uploads/2020/09/C0747\\_Dementia-wellbeing-in-the-COVID-pandemic-v2.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/09/C0747_Dementia-wellbeing-in-the-COVID-pandemic-v2.pdf)

## Dementia wellbeing in the COVID-19 pandemic



# Care homes in England to name relatives as key workers to allow visits

**Pilot project will regularly test designated relative for Covid after pressure from families and charities**

- **Coronavirus - latest updates**
- **See all our coronavirus coverage**





# Hospital visiting guidance

Classification: Official



Publications approval reference: 001559

## Visiting healthcare inpatient settings during the COVID-19 pandemic: principles

13 October 2020 Version 1

**Visiting is allowed in inpatient settings, in a very careful and Covid-secure way. This guidance supersedes and replaces the earlier guidance: *Clinical guide for supporting visitors during the last week of life during COVID-19* and *Visiting healthcare settings during COVID-19 pandemic*.**

# Katie Thorn

Digital Engagement Manager, Registered Nursing Home Association, Project lead, Digital Social Care

[katie@digitalsocialcare.co.uk](mailto:katie@digitalsocialcare.co.uk) / [katiethorn@rnha.co.uk](mailto:katiethorn@rnha.co.uk)





**GSF Forum**

## **The Care Home “Digital Age”**

[katie@digitalsocialcare.co.uk](mailto:katie@digitalsocialcare.co.uk) / @DigiSocialCare

# What is Digital Social Care?

- A partnership project between members of the Care Provider Alliance and Skills for Care – funded by the NHS
- By social care providers for social care providers
- Dedicated space for information, support and guidance on information sharing and technology
- [www.digitalsocialcare.co.uk](http://www.digitalsocialcare.co.uk)

# What's Changed?

- » Capacity Tracker
- » NHSmail
- » CQC – [Coronavirus case studies](#)
- » CQC – “[what good looks like for digital records](#)”
- » [DHSC ASC Winter Plan commitments on technology](#)
- » Care home innovation
  - Video conferencing
  - E-learning and recruitment





# What's happening now?



# Proxy Access to Medications Ordering

- » A system to allow care home staff to order repeat prescriptions on behalf of their residents online through the GP system
- » Also can book appointments and access test results
- » Proxy access is already widely used by parents and carers (formal and informal)
- » <https://future.nhs.uk/DigitalPC/view?objectID=20715664>



# Tablet Devices

- » Government plans to provide tablets to care homes “that are in greatest need”
  - Lack internet
  - Lack devices
- » Support and guidance on what to do with them
- » <https://www.nhs.uk/covid-19-response/social-care/ipad-offer-care-homes/>



# Internet Offers

- » Lack of access to good internet/WiFi has been identified as a key barrier to adopting technology
- » <https://www.nhs.uk/covid-19-response/social-care/internet-connection-deals-care-homes/>
- » Research underway – if you would like to participate please email me:  
[katie@digitalsocialcare.co.uk](mailto:katie@digitalsocialcare.co.uk)



# Better Security, Better Care



## Data Security and Protection Toolkit

C

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

This system is subject to ongoing development.

<https://www.dsptoolkit.nhs.uk/>



# Better Security, Better Care

- <https://www.digitalsocialcare.co.uk/data-security-protecting-my-information/better-security-better-care/>
- National Support – starting October 2020
  - National webinar programme starting in mid October, eLearning and guidance;
  - ‘Train the trainer’ activities for those providing local support, including materials targeted at the least digitally mature providers;
  - Commissioner workshops and follow up support for commissioners;
  - National helpdesk and knowledge base
  - Direct support to larger national providers including those covered by CQC National Oversight Scheme will be provided by Digital Social Care
- Local Support – starting December 2020 or January 2021
  - Local interactive online workshops
  - 1:1 support for care providers who are the least digitally mature
  - Facilitation of peer support between one care provider and another
  - Sharing of information and awareness of national webinars, guidance and resources.

# What's happening in the future?



# Access to GP Record

» 2 elements of this:

## 1. Short term

- a) Proxy access to GP record
- b) Summary Care Record (<https://digital.nhs.uk/services/summary-care-record-application-private-beta>)

## 2. Longer term

- a) Full access to shared health and care records across multiple settings
- b) Read/write view



# Mindfulness and Wellbeing for staff

- » Sleepio is a clinically-evidenced sleep improvement programme that is fully automated and highly personalised, using cognitive behavioural techniques to help improve poor sleep.
- » Daylight is a smartphone-based app that provides help to people experiencing symptoms of worry and anxiety, using evidence-based cognitive behavioural techniques, voice, and animation.
- » Free until 31<sup>st</sup> December 2020
- » <https://careprovideralliance.org.uk/coronavirus-mental-wellbeing>



# What help is available?

- » Digital Social Care
- » Funding and grants
- » Skills for Care  
registered manager  
network
- » Barclay's [Digital Eagles](#)
- » [Advice on choosing  
care planning software](#)
- » [Advice on e-learning  
software](#)



# What support do we offer?

- » Telephone helpline and email service
- » Guides – video and text
- » Digital Readiness Tool
- » Success Stories
- » Newsletter
- » Funding
- » Glossary
- » Template policies and staff guides

Our helpline is open between  
9am and 5pm Monday to  
Friday by calling 0208 133  
3430 or by email on  
[help@digitalsocialcare.co.uk](mailto:help@digitalsocialcare.co.uk)



# Reflections on the pandemic

Share our  
stories with  
each other.



**Teamwork**



**Long Haul**



**Trauma & Recovery**

**framework**



# ACTION CALENDAR: OPTIMISTIC OCTOBER 2018



## MONDAY

**1** Write down your most important goals for this month

**8** Make progress on a project or task you have been avoiding

**15** Let go of the expectations of others and focus on what matters

**22** Set hopeful but realistic goals for the week ahead

**29** Start the week by visualising your hopes for the future

## TUESDAY

**2** Do something constructive to improve a difficult situation

**9** Look for the good intentions in people around you today

**16** Share your most important goals with people you trust

**23** Write down 3 specific things that have gone well recently

**30** Find a new perspective on a problem you face

## WEDNESDAY

**3** Think of 3 things that give you hope for the future

**10** Start your day with the most important thing on your list

**17** Do something to overcome an obstacle you are facing

**24** Share an inspiring idea with a loved one or colleague

**31** Remember that things can change for the better

## THURSDAY

**4** Set a goal that links to your sense of purpose in life

**11** Reframe a problem you face as a potential opportunity

**18** Look out for positive news and reasons to be cheerful today

**25** Recognise that you have a choice about what to prioritise

## FRIDAY

**5** Focus on a positive change that you want to see in society

**12** Avoid blaming yourself or others. Just find the best way forward

**19** Thank yourself for achieving the things you often take for granted

**26** Plan a fun or exciting activity to look forward to

## SATURDAY

**6** Take the first step towards a goal that really matters to you

**13** Take time to reflect on what you have achieved this week

**20** Find the joy in completing a task you've put off for some time

**27** Ask yourself, will this still matter a year from now?

## SUNDAY

**7** Be a realistic optimist. See life as it is, but focus on what's good

**14** Make a list of things that you are looking forward to

**21** Be kind to yourself today. Remember, progress takes time

**28** Put down your To-Do list and let yourself be spontaneous

**"You are never too old to set a new goal or dream a new dream" ~ Anon**

**ACTION FOR HAPPINESS**



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





# ACTION CALENDAR: NEW WAYS NOVEMBER 2020



## SUNDAY

**1** Make a list of new things you want to do this month

**8** Find out something new about someone you care about

**15** Go outside and do something playful - walk, run, explore, relax

**22** Find a new way to tell someone you appreciate them

**29** Discover your artistic side. Design your own Christmas cards!

## MONDAY

**2** Respond to a difficult situation in a different way

**9** Plan a new activity or idea you want to try out this week

**16** Look at life through someone else's eyes and see their perspective

**23** Set aside a regular time to pursue an activity you love

**30** Look for reasons to be hopeful, even in difficult times

## TUESDAY

**3** Get outside and observe the changes in nature around you

**10** When you feel you can't do something, add the word "yet"

**17** Try a new way to practice self-care and be kind to yourself

**24** Share with a friend something helpful you learned recently

## WEDNESDAY

**4** Sign up to join a new course, activity or online community

**11** Be curious. Learn about a new topic or an inspiring idea

**18** Connect with someone from a different generation

**25** Use one of your strengths in a new or creative way

## THURSDAY

**5** Change your normal routine today and notice how you feel

**12** Overcome a frustration by trying out a new approach

**19** Broaden your perspective: read a different paper, magazine or site

**26** Tune in to a different radio station or TV channel

## FRIDAY

**6** Give yourself a boost. Try a new way of being physically active

**13** Choose a different route and see what you notice on the way

**20** Make a meal using a recipe or ingredient you've not tried before

**27** Enjoy new music today. Play, sing, dance or listen

## SATURDAY

**7** Be creative. Cook, draw, write, paint, make or inspire

**14** Find a new way to help or support a cause you care about

**21** Learn a new skill from a friend or share one of yours with them

**28** Join a friend doing their hobby and find out why they love it

**"You never know what you can do until you try" ~ C. S. Lewis**



**ACTION FOR HAPPINESS**



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

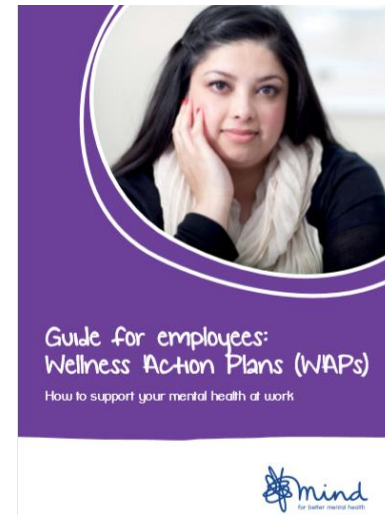
Learn more about this month's theme at [www.actionforhappiness.org/new-ways-november](http://www.actionforhappiness.org/new-ways-november)

**Keep Calm · Stay Wise · Be Kind**

# Support for your staff

Links to other sites for information and support:

- NHS <https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/>
- The British Psychological society
- Interventions on the
  - individual level
  - Service and systems level
  - Community level



**Suspected  
case  
(employee  
has  
symptoms)**

- If an employee has COVID-19 symptoms (new continuous cough, fever, new loss of taste or smell) send them home immediately and tell them to book a test online at [www.gov.uk](http://www.gov.uk) or by calling 119 and to follow the stay at home guidance.
- Clean premises thoroughly as normal, paying particular attention to anywhere the employee may have touched frequently (door handles, light switches, cash register, computer keyboard, telephone etc).
- Use disposable cloths and cleaning equipment. You can find guidance on cleaning after a case of COVID at [www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings](http://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings).
- Double bag any personal waste.
- It is not necessary to close the business or workplace or send any other staff member(s) home unless you are advised to do so following investigation by the Public Health Agency (PHA).

**One  
employee  
or  
customer  
tests  
positive**

- The PHA Contact Tracing Service (CTS) will be in touch with the person who has tested positive (the case) to identify all their close contacts - including at work or in businesses they have visited. The case will have to self-isolate for **10 days**. If any of those close contacts are co-workers, the case may wish to (but is not obliged to) ask their employer to alert those co-workers.
- Not all people the person has met will be close contacts. The CTS will determine this through their discussion.
- All close contacts will then be called by the CTS and told to self-isolate for **14 days**. If they develop symptoms they should book a test. Close contacts should **NOT** book tests unless they develop symptoms. Please note a close contact must complete the full 14 days self-isolation even if they receive a negative test result.
- People who live with a close contact of a case will **NOT** have to self isolate unless they are also a close contact of the case.
- **Businesses do not have to close because one employee has tested positive.**
- Follow the cleaning advice above and reinforce prevention messages.
- You should support workers who need to self-isolate and must not ask them to attend the workplace if they have been advised to stay at home.

**Two  
employees  
or  
customers  
test  
positive**

- Where two or more cases may be linked through their employment or attendance at a common business or setting, the PHA will consider this and assess if further investigation is needed. Two cases linked to a setting is not necessarily an outbreak as the link may be coincidental.
- The PHA may contact the business owner to get information and give advice on what to do. This could mean enhanced cleaning, testing of all employees or other preventative measures to break the chain of infection. These are determined on a case by case basis.
- PHA will work with the business owner until any outbreak or cluster is appropriately managed and the business can operate safely. This is designed to be a supportive process.
- Where appropriate the Health and Safety Executive or District Council may be involved in these discussions and action plans.

# Get the flu jab



- People infected with both flu and SARS-CoV-2 are more than twice as likely to die as someone with the new coronavirus alone, emerging evidence analysed by [PHE\\_uk](#) has found
- C19 in Healthcare workers (HCW)- Irish data suggests 6% get it from patients, 20% other HCWs, 74% outside of healthcare ie home, community, travel

[Irish Health Worker study](#)



## Feeling stressed?



### Top tips to deal with stress and burnout



#### Split up big tasks

If a task seems overwhelming and difficult to start, try breaking it down into easier chunks, and give yourself credit for completing them.



#### Allow yourself some positivity

Take time to think about the good things in your life. Each day, consider what went well and try to list 3 things you're thankful for.



#### Challenge unhelpful thoughts

The way we think affects the way we feel. Watch our video to learn how to challenge unhelpful thoughts.

[Reframing unhelpful thoughts video](#)



#### Be more active

Being active can help you to burn off nervous energy. It will not make your stress disappear, but it can make it less intense.

[Home workout videos](#)



#### Talk to someone

Trusted friends, family and colleagues, or contacting a helpline, can help us when we are struggling. Watch our video for more ideas.

[Social connection video](#)



#### Plan ahead

Planning out any upcoming stressful days or events – a to-do list, the journey you need to do, things you need to take – can really help.

# Be KIND IN COVID



- Historical study shows that ingroup inclusion leads to social support, and also that, by broadening ingroup categories, we express support to a broader set of people.
- It is by creating an inclusive sense of community that we motivate people to act for the common good.
- Conflict and dissent is more newsworthy than consensus and consent. Media amplify difference and argument. They distort our understanding of what is going on. **NEED TO PROTECT OURSELVES FROM THIS**

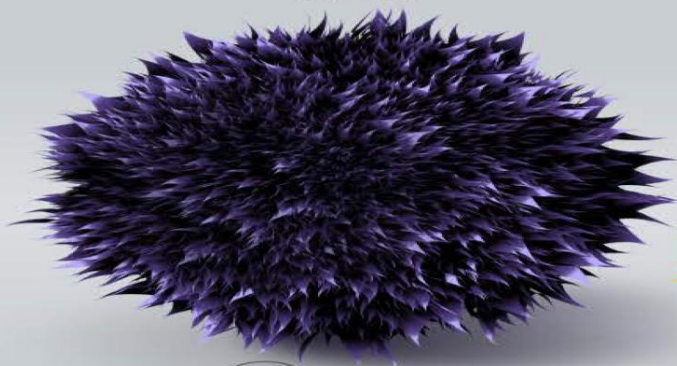
[Be Kind in COVID](#)

[HIGHEST TO LOWEST]

and data is still coming in.

\*Johns Hopkins University estimates

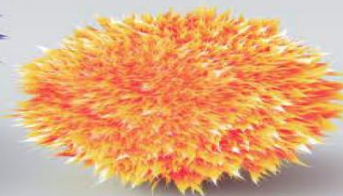
**200M**  
**Black Death (Bubonic Plague)**  
1347-1351



The plague originated in rats and spread to humans via infected fleas.

↑ The outbreak wiped out 30-50% of Europe's population. It took more than 200 years for the continent's population to recover.

**56M**  
**Smallpox**  
1520



↑ **Smallpox** killed an estimated 90% of Native Americans. In Europe during the 1800s, an estimated 400,000 people were being killed by smallpox annually. The first ever vaccine was created to ward off smallpox.

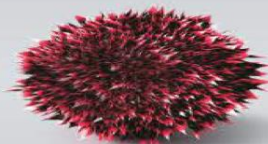
**40-50M**  
**Spanish Flu**  
1918-1919



**30-50M**  
**Plague of Justinian**  
541-542



↑ The death toll of this plague is still under debate as new evidence is uncovered, but many think it may have helped hasten the fall of the Roman Empire.



**25-35M**  
**HIV/AIDS**  
1981-PRESENT



**12M**  
**The Third Plague**  
1855



**5M**  
**Antonine Plague**  
165-180



**3M**  
**17th Century Great Plagues**  
1600



**1.1M**  
**Asian Flu**  
1957-1958



**1M**  
**Russian Flu**  
1889-1890



**1M**  
**Hong Kong Flu**  
1968-1970



**1M**  
**Cholera 6 outbreak**  
1817-1923

A series of **Cholera** outbreaks spread around the world in the 1800s killing millions of people. There is no solid consensus on death tolls.



**1M**  
**Japanese Smallpox Epidemic**  
735-737



**1M\***  
**COVID-19**



**600K**  
**18th Century Great Plagues**  
1700



**200K**  
**Swine Flu**  
2009-2010



**100-150K**  
**Yellow Fever**  
LATE 1800s



**11.3K**  
**Ebola**  
2014-2016



**850**  
**MERS**  
2012-PRESENT



**770**  
**SARS**  
2002-2003

2019-11:23AM PT, SEP 29, 2020 [ONGOING]  
\*Johns Hopkins University estimates



# and the future?



**We remember, we rebuild,  
we come back stronger.**

Barack Obama

“ quote fancy

Any questions?

GSF Care Homes Training continues ..  
[info@gsfcentre.co.uk](mailto:info@gsfcentre.co.uk) or [carehomes@gsfcentre.co.uk](mailto:carehomes@gsfcentre.co.uk)

Next programme starts 19<sup>th</sup> November 2020



# GSF Care Homes Training continues ..

Wolfson Grant training commences January 2021

subsidised funding for Key areas:

contact [Lynsey.howard@gsfcentre.co.uk](mailto:Lynsey.howard@gsfcentre.co.uk)

# Next GSF Support Call

- Date: **Wednesday 2<sup>nd</sup> December 2020 - 10.30-11.30am**
- Do let colleagues and other non GSF homes know they are welcome to join the support calls
- Resources and power points will be put on the website following the Support Call

Thank you

Together we can make a difference !



[www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk)  
[info@gsfcentre.co.uk](mailto:info@gsfcentre.co.uk)