

Our Impact

Making a Difference to Improve People's Lives.

Grenfell Tower

When Disaster Management
meets Human Factors.

Sutton Hospital

The closure of a Hospital's
A&E Unit and Maternity Services.

Covid - 19

Community of Sutton working
together to fight a pandemic.

Poetry Special

A heart felt poem dedicacted to a dear
and departed friend.

1st
Issue

SEPTEMBER - October
2020

EDITOR'S NOTES

SEPTEMBER - OCTOBER

ISSUE



often find, that making a difference in people's lives requires an acknowledgment of change taking place. When on the ground helping others, I often find myself in a new territory, outside of my comfort zone. Observing people in unprecedented circumstances, allows thoughts to gather about the variation in quality of life of these individuals. Challenges are becoming augmented in the

advent of infectious disease burdens, within Western societies. Horizontal health systems are starting to lose shape because of uncertainties caused by pandemics. There is a growing demand for equitable health, slim budgets and operations that are reaching towards exhaustion, due to their constant appetite for increased finances. These analogies serve as food for thought to find innovative and integrated solutions for collaborative health system delivery. These burdens only further mould the inevitable shape of our health system from horizontal to diagonal. In this issue, Our Impact highlights how the influence of the novel coronavirus can change the way we deliver support to diverse communities. The aim of this issue, is to help actualise a more integrated systems thinking approach, towards holistic health. The articles in this issue are contributed by professionals sharing their experiences from multi-disciplinary backgrounds and being directly involved in people centred responses.

MOHAMMED ALI
EDITOR-IN-CHIEF

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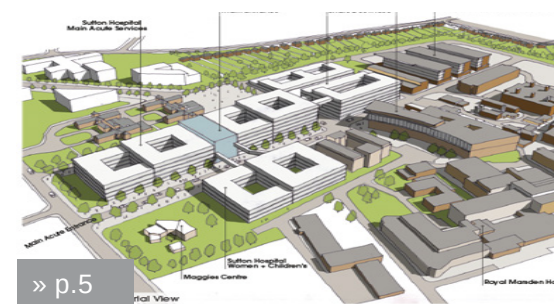


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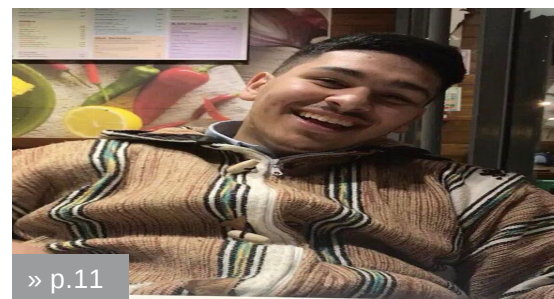


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by Malikah Moses

This month's poetic spotlight is being shone on Malikah Moses. Malikah is a former Grenfell Tower local and shares a poem entitled "Dear Yasin". This poem is dedicated to her late friend Yasin El Wahabi, who fell victim to the Fire at the Grenfell Tower.



Grenfell Response

When Disaster Management Meets Human Factors

The need for civic authorities to prepare to meet the challenges of local disaster planning has risen exponentially. This can be seen by the prevalence of recent terrorist attacks, infectious diseases, natural disasters, and high-rise fires in the United Kingdom.

On 14 June 2017, 72 people lost their lives in an avoidable fire. 2020 marks the third anniversary of this tragedy. With Phase 1 of the Grenfell Tower Inquiry complete and Phase 2 in progress, questions from this tragedy remains a public interest, to identify future remedies, resolutions and solace for victims and bereaved families.

In this article, we reflect on our time as volunteers in the days after the fire for the National Zakat Foundation (NZF), a charity that formed part of the Grenfell Muslim Response Unit. As we provided immediate help and support to the survivors and other affected local residents, we couldn't step back to take a full systems view of the whole environment in that moment.

This experience has nonetheless allowed us to reflect on areas where Human Factors could play a key role in helping civic authorities respond to a crisis of this nature, and to mitigate the challenges faced.

NZF are a Muslim faith-based charity,

who primarily collect 'Zakat' and use it to support local welfare initiatives. Zakat is an annual payment that all eligible Muslims adhere to under Islamic Law. It is calculated by taking 2.5% of a Muslim's accumulated total wealth over a one-year cycle. In order to offer recipients dignity, independence and choice, NZF took a stance to hand out cash sums to individuals affected by the Grenfell Tragedy.

NZF used crowd-tasking methods to recruit volunteers, leveraging NZF's social capital influence within the third sector and the Muslim community. As a volunteer based at Al Manar mosque, which is located a mile from the Tower,

Mohammed processed financial aid payments to survivors. Volunteers used Excel reports to manage different pools of funds to be distributed to survivors. Volunteers carried out health needs assessments using Cognito forms accessible via a smart phone app.

The system used three pools of funds to disperse to those in need; the charity fund; the 'Zakat' fund and the Evening Standard's dispossessed fund. Mohammed encountered some human factors issues with the management of the different pools of funds. For example, the system needed the Zakat fund to be exclusively distributed to Muslim recipi-

ents. This meant that the process relied on volunteers to determine a recipient's faith, which did cause confusion. Complexity is increased as more concepts are introduced to a system. The process could have been simplified from the volunteers' perspective by presenting them with only one pool of funds to distribute to those in need irrespective of their religious faith.

Furthermore, due to the rigid structure of the pools of funds, it was observed that NZF could not distribute any surplus funds that the Al Manar Mosque collected. Moreover, The Evening Standard allocated their dispossessed funds to two charities; NZF and Rugby Portobello Trust. Grenfell Tower residents had exclusive rights to this pool of funds and could only claim once from either of the aforementioned charities.

The charities shared a live spreadsheet to document and authenticate the status of each Grenfell resident's funds. However, the spreadsheet did not always have the most up to date information, which left a grey area in terms of claims. In line with Jakob Nielsen's "Visibility of System Status" heuristic¹, having a system that provided immediate feedback on the status of claims would have eliminated any confusion.

The complexity of a volunteer's decision-making process was further compounded with the distribution of Siemens' Mobile phones, which arrived at the Al Manar centre in an unnamed box. The mobile phones were limited to 200 units, and were handed out to residents identified from the Evening Standard's dispossessed fund spreadsheet.

Under such circumstances a balance between emotional intelligence and fraud detection was crucial and often was applied. An example of this in practice, was by having a three-tier verification process in place, to each claim.

Daniel Kahnman's describes² the human mind functioning in a two-system process. "System One" thinking, which is automatic, fast, intuitive, emotional and responsive whilst "System Two" thinking is conscious, analytical, effortful and works with purpose. Ideally, a "Systems One" approach for volunteers responding to face to face interactions was needed. Alongside a verification process that relied on decision-maker's abilities on

applying a "Systems Two" approach. However, further input from civic authorities was required. Especially in complex matters pertaining to identifying unregistered residents of the tower. NZF often made decisions on compassionate grounds to ensure unregistered residents were not expunged from aid.

Victims had no identity documents in some instances, and volunteers had to make decisions on payment based on judgement and intuition rather than on verification. This added to the cognitive complexity of the task. Volunteers also provided counselling services to victims on occasions. This highlighted a potential training gap as volunteers may not have had the skills to provide such support.

Journalists entered the mosque in an attempt to speak directly with survivors. Volunteers therefore had to split their attention between helping survivors and tracking the movements of any journalists. On such occasions, this impacted volunteers by changing their work from a focused attention task to a divided attention one. NZF also had a help desk located close to the tower, at the Westway Sports and Fitness Centre.

Courtney provided survivors and other affected local residents with advisory support. For example, one family had very understandably left their mobile phone charger behind at the

Tower. It took a lot of time to find the right charger for them to use. Jakob Nielsen's "Visibility of System Status" heuristic comes into play again. Having a centralised system that allowed volunteers to quickly search for key items available for use would have reduced time on task. The arrangement of the various help desks offering support at the centre



naturally led to thoughts whether or not these had been arranged in an optimum way. Task Analysis would have helped to understand the different steps made by those needing support. Andrew Hinton's³ Situation-Need-Task model would have helped to gain a rich picture of all the touch-points these journeys involve. For example, some people resided at the centre, whilst others stayed elsewhere but visited the centre to receive support.

Analysing these different situations would help to understand these different needs. Mapping the end-to-end process in a systematic way and looking at the patterns that emerged could have in-

formed the layout of support. Also, the large number of help desks offering support could have been overwhelming for people who have suffered extreme trauma and stress. There is Cognitive Psychology literature⁴ to indicate that in the worst-case, people can only remember three to four things at a time, and can only decide between three to four things at a time. A paper-based or digital map showing the geographical layout of support could have been helpful because it could have helped to reduce the mental demands of the survivors by allowing them to plan out in advance which support services they needed help from.

In conclusion, the aforementioned charities contributed in making a positive social impact utilising a systems thinking approach to fill an empty void in the absence of wider coordinated support. This has led to the establishment of The Coordinating And Mobilising Emergency Response Activists (CAMERA) across boroughs of London. In such trying circumstances, it's no surprise that Human Factors issues emerged. This experience shone a light on areas where Human Factors could help to respond to a crisis of this nature.



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Courtney Grant has a BA (Hons) in Psychology, and an MSc in Human-Computer Interaction with Ergonomics. He is a Fellow and a Chartered Member of the Chartered Institute of Ergonomics and Human Factors, and is a Registered European Ergonomist.

Sutton Hospital

Epsom and St Helier Hospital Trust was formed in 1999 and comprises of Epsom Hospital; Queen Mary's Hospital for Children; St Helier Hospital and Sutton Hospital. Epsom and St Helier Hospital Trust provides local services to around 490,000¹ residents within the South West London and North East Surrey catchment area.

On the 3rd July 2020, the NHS announced the launch of "Improving Healthcare Together" programme. The Improving Healthcare Together plan is to reduce A&E and maternity services away from St. Helier and Epsom Hospital along with the closure of the Queen Mary's Hospital for Children. This would then allow for Sutton Hospital to receive £500 Million² to invest in six core services; a major emergency department; critical care; acute medicine; emergency surgery; inpatient paediatrics and a midwife led birth unit.

This article analyzes the Improving Healthcare Together programme from a multi-disciplinary perspective. The aforementioned plan, proposes the new hospital site to be built in Belmont, Sutton. St. Helier Hospital is located in the St. Helier ward of Sutton. Sutton's Index of Multiple Deprivation³ identifies the St. Helier ward as the most deprived amongst all the twenty wards within the London Borough of Sutton, LBS. Justification of site location may become obfuscated given that the St. Helier Ward ranks at 179th most deprived ward in London juxtaposed to Belmont at 542nd.

The reduction in paediatrics from St. Helier Hospital could be disproportionately adverse for local patients because the St. Helier Ward has the largest number of children experiencing income deprivation than any other ward in the borough.

Furthermore, data from the NHS Digital 2018/19 report⁴ indicates that young people and children within the LBS, on average have higher hospital admissions as a result of unintentional and deliberate harm than in London. Moreover, the NHS Hospital Accident & Emergency Activity 2018-19 report⁵ found that Accident and Emergency attendances were twice as high for people in the most deprived areas than the least deprived in England.

Epsom and St. Helier Trust have the 28th highest A&E attendance out of the whole country. Hospital admissions within the LBS are higher than the London average for alcohol related conditions and almost double than London for intentional self-harm. LBS have a higher proportion of obese adults than London, higher prevalence in smokers than London and higher proportion of physically inactive adults than both London and England. The aforementioned risk factors would influence hospital admissions for cancers, heart disease and unintentional injuries. Thus, subsequently put a strain on available beds for emergency and critical care.

However, The Improving Healthcare Together plan would reduce the current number of available beds within the St. Helier and Epsom Trust. This could partially be justified by analysing data, taken from NHS England⁶, covering the first quarter of 2020. The figures indicate an underutilisation by 24% of the 860 available beds within the Trust, for overnight stay. Reduction in maternity services could be partially supported, by NHS Digital's 2020 first quarter reports which indicate 35% under occupation of maternity beds.

Human Factors in Healthcare.

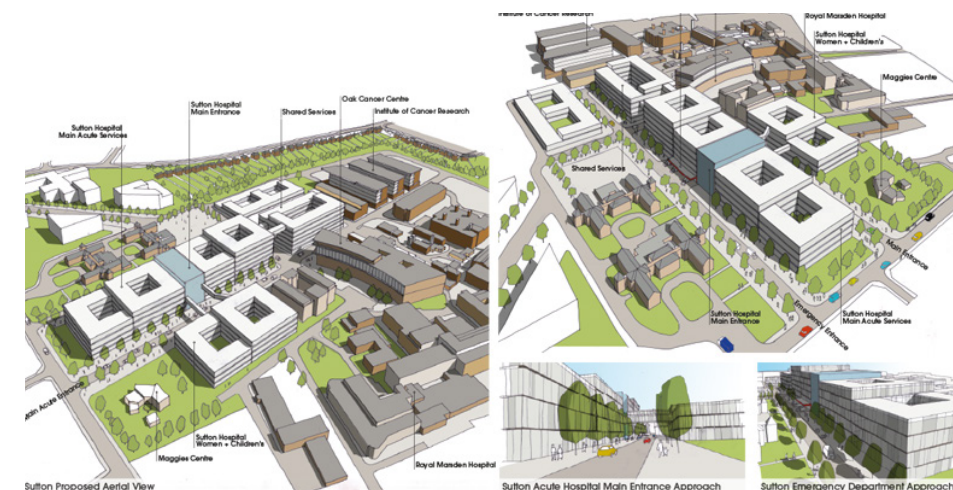
Information that needs to be used together should be located together. Whenever you fragment information that needs to be used together, you undermine the efficiency of that system. Such decisions adversely impact the time it takes to find the information you need.

Link Analysis⁷ is a classic Human Factors technique that has long been used to systematically look at the links between different parts of a system. It has been used to optimise workspace layouts by making sure that all of the various sub-systems are arranged according to their importance, frequency of use, functional relationships and sequence of use (Stanton, Salmon, Walker, Baber & Jenkins, 2005). Applying such techniques reduces the chances of ending up with workspaces that suffer from fragmentation that adversely impacts the end-users of that built environment.

These principles and methods are relevant to Hospital service design. This is evidenced in a paper titled "The persistent problem of integrated care in English NHS hospitals - Is the Mayo model the answer?" In this paper, the authors describe the experience of patients with complex needs. They highlight their pain points. They mention that these patients receive uncoordinated and episodic care within NHS hospitals. They mention that these patients spend a lot of their time waiting around to be seen by the next specialist because of the lack of coordination between services. They mention that these patients would benefit from receiving efficient multi-speciality expertise.

The implications for such patients need to be thought through systematically for St. Helier. Imagine a patient with complex needs first sees a given clinician as their initial touchpoint. Imagine this clinician assesses the patient and discovers a previously undiagnosed complication that needs to be assessed by another specialist. Imagine that this other specialist is no longer located in proximity because these services have now become fragmented. What impact will this have on the patient's experience?

Improving Healthcare Together



The new Hospital plans are moving forward and it's important to understand the differences between the level of care at the new Sutton Hospital and the Epsom & St Helier Hospitals. The plans announced⁸ by MPs and the Improving Healthcare Together initiative, confirm that whilst the maternity and children's inpatient units will be relocated, the A&E departments will not be fully removed from Epsom & St Helier Hospitals.

Both hospitals will still operate an Urgent Treatment Centre (UTC)⁹ meaning that patients suffering from injuries and illnesses which are not deemed as life or limb-threatening, will still be able to receive care at the usual hospital sites. However, patients with life or limb-threatening conditions will be transferred to the new Sutton Hospital which will host the new Emergency Department for both hospitals. The location of the new facilities would also mean that Sutton would

gain an additional UTC.

The new hospital is said to be staffed with specialists in emergency, maternity and paediatric specialities. This would mean that highly trained individuals would be easily accessible to treat complex life or limb-threatening conditions, children, newborns and expecting mothers. The plans suggest that the aim is to ensure that the new hospital will be equipped to provide specialist care to children with complex conditions with the formation of the new children's ward and surgery unit. However, there are concerns with changes to the number of beds and MRI/CT units as the exact figures have not been too clear.

The plan for maternity care has been split into a consultant-led unit where obstetricians and midwives will be on-site to assist with high risk, multiple and caesarean births. Alongside this, there is also a

planned midwife-led unit which will cater to those who have a low-risk pregnancy where highly skilled midwives will be at hand.

Patients expecting a low-risk pregnancy who encounter any complications will be transferred to the women and children's consultant unit where a doctor will be available with any necessary equipment. Whilst a good level of maternity care is available at Epsom & St Helier Hospitals, the new specialist hospital aims to treat women and children with the idea that specialists will be more readily available. Epsom & St Helier will retain the outpatient services for both women and children as usual including Maternity outpatients (including scans), Antenatal & Postnatal care, Children's outpatients, Gynaecology outpatients and Early Pregnancy Assessment Services (EPAS).

Whilst there may be concerns with services being separated, the plan is to deliver specialist care in emergency, paediatric and maternity specialities. This could allow the Epsom & St Helier Hospitals to efficiently treat patients in the UTC whilst patients with life or limb-threatening conditions will be more efficiently attended to at the new emergency department.

Sutton would have a hub for specialist practitioners and the Epsom & St Helier Trust would not need to transfer and be as reliant on specialist services at neighbouring hospitals. If the plan is executed as suggested, this hospital could provide a more effective and patient-centred approach whilst relieving pressure from the beloved Epsom & St Helier Hospitals.

Ambulance Handover Delays

According to campaigners, the proposed changes will lead to Paramedics waiting longer to convey patients, because the smaller unit will have less Hospital staff available for patient handover. An NHS Improvement letter titled "Re: Addressing ambulance handover delays" dated 15th November 2017 states, "Ambulance

handover delays can be a symptom of system-wide issues". How do such systemic issues relate to Human Factors? The answer can be seen in Tullis and Albert's classic "Measuring the User Experience"¹⁰ (2008). "In almost every situation, the faster a participant can complete a task, the better the experience"



Ariyan Makhecha is a university student, who is aspiring towards a career in healthcare.



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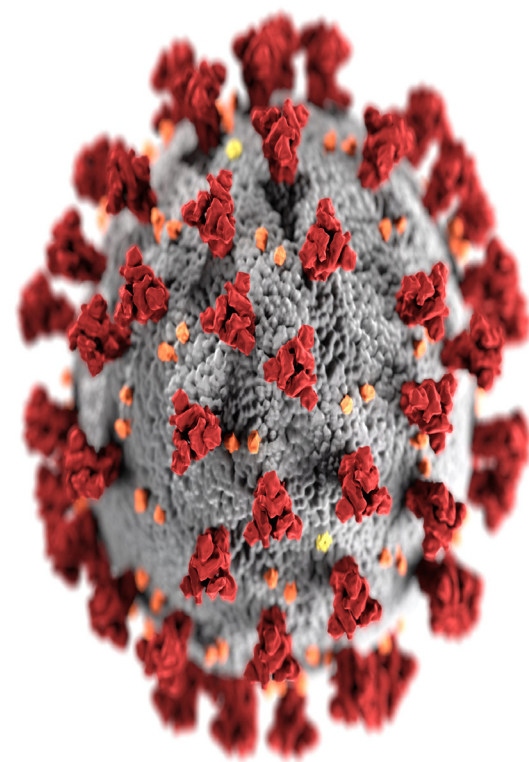
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Covid-19

Sutton in action

The London Borough of Sutton has long been recognised as a borough with a strong sense of community spirit and rich history of volunteering. As a small charity, the Volunteer Centre Sutton is proud to be part of such history. We have been helping local people to find positive volunteering opportunities and supporting local non-for-profit groups with all aspects of working with volunteers, for over fifty years.

My job as a Community Engagement Coordinator for our in-house project, 'Open Doors', is to support Sutton's community and organisations to develop and deliver volunteering for hard-to-reach people and people with additional needs. I also coordinate the Young Commissioners, a group of local young people who help shape public services in priority areas concerning the community.



“Our volunteers have packed and delivered 623 emergency food boxes to people in urgent need.”

When Covid-19 reached the UK, the needs of our local community changed, as did our services. When the UK government imposed the stay-at-home order, access to food became difficult, many people found themselves isolated, and people could not leave the house to pick up their medication or grocery shopping. It became the Volunteer Centre's priority to respond to these needs and ensure that the

community was not left suffering. We advertised for volunteers and the response was overwhelming. In just two days, we had more than 200 people expressing their interest in volunteering to help with our COVID-19 emergency response. The numbers grew each day. In the past five months, we have received more than 1800 people registering an interest to become a volunteer. This is almost four times higher than our usual annual intake! busy. We

became the first point of call for many of our local residents.

In the past 5 months, over 300 of our local volunteers have delivered food boxes to homes of vulnerable residents on a weekly basis, as well as more than 450 prescribed medications to shielding or self-isolating residents in Sutton, and delivered PPE equipment to local GP practices. Our volunteers have packed and delivered 623 emergency food boxes to people in urgent need.



The Volunteer Centre has matched 165 new befrienders in order to tackle and reduce isolation in our community. We have also matched 160 mentors and advocates with children and young people across the borough. The bespoke 1:1 support provided by our volunteers constitutes thousands of volunteering hours. We also run a Personal Shopper service and have 80 volunteer shoppers who undertake vulnerable residents' weekly shopping. A local restaurant even kindly donated 240 Fish & Chips meals which our volunteers managed to deliver to older and shielding people in Sutton. The response has been incredible. People offered to do anything, to help anyone, at any time of the day. I am proud to be a part of this community.

As a volunteer coordinator, it is a joy to work with so many motivated people who

are doing something good and essential for our community. I would like to thank all our volunteers for the hours of selfless work and support they have provided over the past few months. They are the reason that our community will be able to get through this awful period and eventually thrive.



Marta R Rocco is an International Lawyer and Community Organiser, passionate about community empowerment and Refugee International Law.

Poetry Special

Poetry is arguably one of the most powerful forms of writing. It predates the use of printed word and has been in use for centuries for information retention, passing of knowledge and story telling. Its influences can be seen in many disciplines from literature, politics, religion, entertainment, archeology, mathematics, science and many more.



My early appreciation of poetry started with the writings of William Shakespeare and Wilfred Owen. Wilfred Owen’s “Dulce et Decorum Est” had a profound influence on me. Owen was a World War 1 soldier and a poet. Owen used multisyllabic rhyme patterns, pathetic fallacies and metaphors in his works. In Dulce et Decorum Est, Owen describes the tragic death of his fellow soldier after inhaling chlorine gas on the battle field. The rich and imaginative metaphors used to depict this scene, is described by Owen as being "under a green sea" where he sees his friend drowning. The ability to tell a story with so much valour and conviction was what attracted me to Owen’s writing style at the tender age of 11.



It was not until much later that I got to appreciate the works of Maya Angelou. “I know why the caged bird sings”, is the story of a free bird flying the skies, juxtaposed with a caged bird standing on top of the “grave of dreams”. The trapped caged bird has his wings clipped and legs tied. Yet he is still able to sing, “till his tune is heard in the distant hill”, yearning just to be free. Her metaphors portray the suffering experienced by African American communities living under oppression during this period. Like Owen, Angelou’s works conjures deeply unsettling feelings yet are equally uplifting, leaving a universal message that can be appreciated by people from all walks of life.



This month’s poem is written by Malikah Moses. Malikah’s family previously resided on the fourth floor of the Grenfell Tower. Malikah shares a poem entitled “Letter to Yasin”. Yasin El Wahabi (pictured on the left) was a 20 year old resident of the Grenfell Tower, and was one of the 72 victims to have sadly perished as a result of the Grenfell Tower fire. Yasin El Wahabi was not alone. Four of his other family members were trapped in the tower and died in the aforementioned tragedy. Malikah’s poem is penned as a personal letter to Yasin, which shows the deep friendship that both Malikah and Yasin shared growing up. Malikah’s ability to create this captivating, heartfelt and honest piece to her deceased friend, only highlights her remarkable integrity to express her sorrow through words.

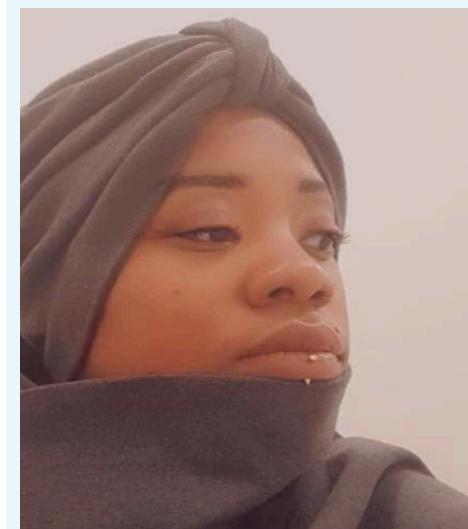
Letter to Yasin



ear Yasin,
 I had to get my head around it.
 That you were no more
 That the last thing I remember,
 Is that place I saw.
 A blaze before my woeful eyes.
 We may have been
 the last in conversation.
 I being your last contact.
 Your voice, I still hear until today.
 I was worried but yet so calm,
 I tried my best to help,
 Everyone was so alarmed.
 You were such a beautiful soul,
 Not a bad word to say about you.
 So many knew of you.
 For you and your family
 Were truly loved.
 So, this I say to you my dear friend
 This is Good Bye,
 But doesn't have to be the end.
 For God willing,
 We will meet again
 In the beautiful gardens of paradise.
 That sweet hereafter,
 May God the most high,
 Place you and your family
 In the highest level of Paradise.

Ameen

My dearest Friend Yasin



Malikah Moses is an aspiring poet, her family previously resided on the fourth floor of the Grenfell Tower.

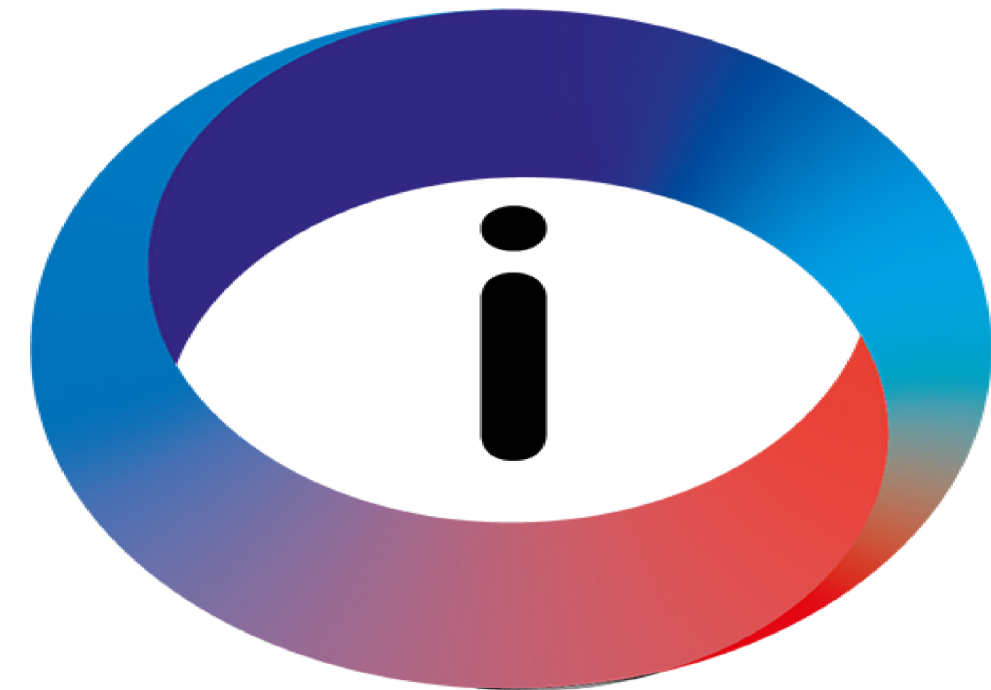
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Grenfell Response - When Disaster Management Meets Human Factors

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