

**CAMBRIDGESHIRE & PETERBOROUGH NHS FOUNDATION TRUST – THE RESPONSE TO COVID-19**

*To:* **CCC Health Scrutiny Committee**

*Meeting Date:* **17<sup>th</sup> September 2020**

*From:* **Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)**

*Purpose:* **The Committee is asked to consider CPFT's response to Covid-19, its plans for recovery and transition to business as usual**

*Recommendation:* **The Committee is asked to:**

- a) **Consider the report and information contained within**
- b) **Note the work undertaken to date by Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)**
- c) **Note the plans to return services (where possible) to normal service delivery**

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## 1. BACKGROUND

1.1 Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) has responded accordingly to the challenge of Covid-19, operating within, and supportive of, the wider system response.

This report serves to provide an update to the Cambridgeshire County Council (CCC) Health Committee in its scrutiny function role and as such, sets out the following:

- Incident governance, including the Incident Management Centre and Command & Control Structure
- Organisational learning
- Trust Covid19 data
- Staff wellbeing and charitable support
- Service delivery, activity levels and impact on the Trust
- Phase 3 preparations and how the Trust intends to apply learning from Covid19.

## 2. MAIN ISSUES

### 2.1 Incident governance

Following the NHS declaration of a level 4 major incident, on 16<sup>th</sup> March 2020 CPFT established a full incident command and control structure (*set out in Appendix 1*), led by the Incident Director – Debbie Smith (Director of Operations). The command and control structure consisted of three Gold and six Silver Commanders as well as Directorate Bronze Commanders for each of the four directorates.

Daily incident command meetings were stood up and a Gold/Silver Governance meeting was undertaken each week to ensure that the Strategic Aims (*set out in Appendix 2*) and METHANE (*set out in Appendix 3*) were appropriate and accurately reflected the constantly changing environment. As part of the Incident Management Team (IMT), a Clinical Cell and Ethics Committee was convened to support and advise on any complex issues arising from the incident. Other key advisory roles within the IMT were also established to support decision-making, provide expert advice and information including Human Resources (HR), Infection Prevention and Control (IPaC), Emergency Preparedness, Resilience and Response (EPRR), Communications and Black, Asian or Minority Ethnic (BAME) representation.

The incident Control Centre (ICC) controlled the flow of information in and out of the organisation, co-ordinated all activity in relation to the incident and supported the command and control infrastructure. Single point of access phonelines was installed, which were manned seven days per week 8:00 – 20:00. Outside of the ICC operating hours, the ICC phone line and switchboard is transferred to the Director on-call to ensure business continuity and 24/7 management. Daily situational reports were instated by the NHS England from the 31<sup>st</sup> January which were picked up initially by the EPRR team and the ICC (once established). Administration support and Loggists were redeployed to the ICC and relevant training and refresher training took place.

Throughout the incident, the Trust has kept the Corporate Trust-wide on-call separate from the CoVid19 Incident Management Team to ensure there is capacity to manage another incident, should this coincide with the CoVid19 response.

In addition to the Command & Control Structure, regular progress reporting on the Trust incident response has been through the Trust Leadership Team, Board and the Trust Risk and EPPR Group. Tracy Dowling, Chief Executive has held weekly communication sessions with staff 'Talk to Tracy' and weekly updates to the Non-Executive Directors and Chair of Governors.

## **2.2. Trust Data – Covid19**

On behalf of Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), the Trust undertook all patient community swabbing, including establishing and running the single point of contact for community swabbing. This involved:

- CPFT working with all system partners to develop and deliver a pathway from referral to delivering results for all community swabs required.
- Setting up pods at the three Minor Injuries Unit (MIUs) and a Home Diagnostic Testing team in February 2020. These services were disbanded at the end of July, at the request of the CCG.
- Swabbing 756 patients, including community and CPFT inpatient patients.
- Delivery of a community service for all people requiring swabs in the initial phases of COVID19. CPFT continues to deliver a community swabbing service for people that are housebound.

At the time of writing, the Trust has cared for 72 people that have been Covid19 positive in our inpatient wards.

Sadly, two patients died under the Trust's care from Covid19 (one was in Peterborough City Hospital at time of death). The Trust has also sadly lost a staff member to Covid19 (cared for by Addenbrookes) and other members of staff have been critically ill and cared for by local hospitals but are now making a steady recovery.

### **Staff testing**

At the time of writing, 364 of Trust employees have had a COVID swab:

- 40 have been positive
- 322 have been negative
- Invalid.

### **Staff anti body testing**

1543 staff chose to have an antibody test. Of these:

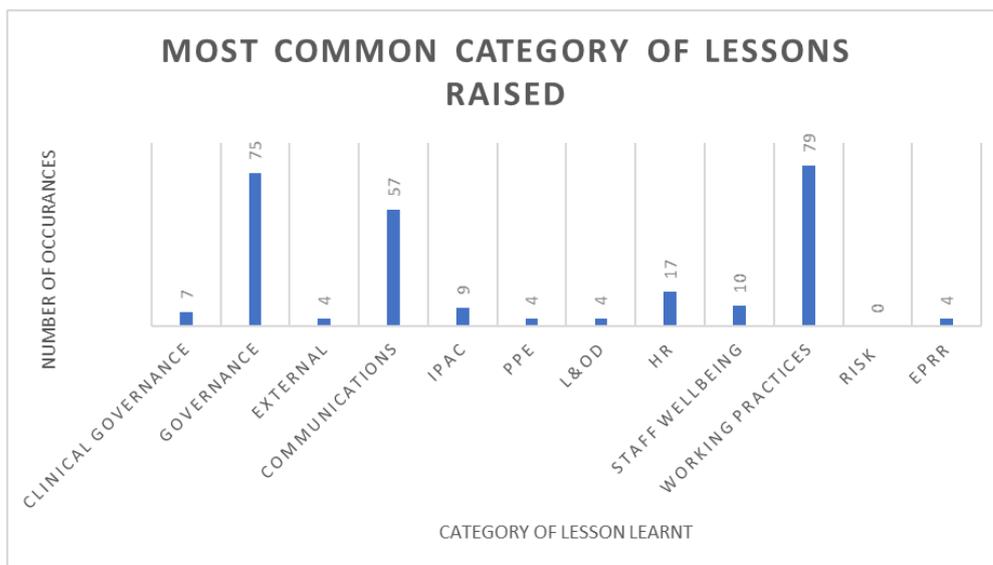
- 1379 were negative for antibodies
- 155 were positive for antibodies (10% of those that chose to have an antibody test were positive to antibodies)
- 9 results were unknown / invalid.

CPFT supported the delivery of antibody testing for both its own staff and staff from the CCG, Primary care and multiple community health care organisations, such as community pharmacist, and optometrists. CPFT run the booking process for this phase of antibody testing and led the clinical aspects of this work by providing teams of clinicians and phlebotomists to run three clinics across Cambridgeshire and Peterborough.

### 2.3. Organisational learning

The Trust has gathered Lessons Learned at each Command and Control meeting which the ICC gathered into a central database so that information is captured and acted upon. Directorates have also undertaken their own learning and used this to inform practice throughout the incident response. Three Command & Control information gathering exercises have been held in addition to this: two at the early stages of the incident to inform the Trust response, and the third in August.

All items have been assigned categories (if they fit under more than one) to allow the Trust to better understand the lessons and ensure any actions from them are aligned. The following bar chart details the numbers of feedback / lessons received under each category:



Key areas of positive feedback include:

- Rapid change in working practices and ability to work remotely
- Advances in Information Technology (IT) practices that have facilitated service delivery e.g. Teams and Attend Anywhere.
- Collaborative working across teams
- Removal of organisational barriers and governance that may hinder prompt action
- Integrated working (due to redeployment) enabled better understanding and learning across areas.

Key areas of challenge include:

- Communication - too much information, and not necessarily the right information at the right time
- Redeployment happened too quickly with too little planning
- Personal Protective Equipment (PPE) (and other nationally mandated) advice was unclear at times and led to confusion
- Large caseloads accumulated while services paused, this impacted on staff morale

Key lessons and areas for development include:

- Review of Trust policies and guidance to ensure they better cover and reflect the needs of an incident of this nature
- How to mobilise at speed without disrupting service delivery – where possible avoid full pause of services in future; take referrals and hold and manage wait lists.
- Streamline communications and ensure that there is a readily accessible ‘point of truth’ for information e.g. CPFT COVID-19 Sharepoint became a one-stop information repository.
- Implementation of plans and processes for protracted incidents and incidents that allows for typical incident management procedures to be followed
- More joined up approach regarding business continuity plans
- Improved communication with stakeholders and service users.

A comprehensive Lessons Learned report is due to be submitted by the ICC to Gold/Silver Command in September 2020. This will collate learning to support the next stage of the response and be used to inform wider governance and EPRR practices.

## 2.4 Staff wellbeing and charitable support

### Staff wellbeing

Due to the disproportionate impact of Covid on people from Black, Asian and Minority Ethnic backgrounds we appointed a BAME lead to join incident control. We have sustained this post for the coming months. We were one of the first trusts in the country to undertake a full and personal risk assessment for **every** staff member, including those from high risk groups and those with underlying health conditions.

CPFT Staff Wellbeing Service (SWBS) has adapted and responded to the increased staff wellbeing need during the response to the pandemic (*see Appendix 4*). Referrals to the service have increased for musculoskeletal injury/physiotherapy by approximately 20% and for mental health/work life balance/occupational therapy by 100%.

The SWBS has increased communications through weekly newsletters, collating best available advice on a SharePoint site and using Yammer as an informal communication tool. As well as collating nationally available resources, the service has produced two toolkits, one for staff working from home and one for “on site” workers, which have been well received throughout the Trust.

A series of Wellbeing Wednesday Webinars has been streamed throughout August and will repeat in September, with high user feedback (76% of staff rated them as excellent). Topics included:

- psychologically savvy conversations
- fatigue management
- stress management
- posture matters

The SWBS has worked alongside colleagues from Psychological Services to ensure that additional resource for psychological need has been made available. This has been done through the creation of a Call Back Service, 20 Minute Care Space and Team Talk/virtual Schwartz

Rounds. To support the psychological needs of staff, 8-week mindfulness courses have been moved online, with the addition of regular catch up sessions for those who have completed the course to support use of this as a coping strategy.

Further planned work includes targeted health promotion campaigns, review of the provision of psychological services for staff and closer working with staff networks to target wellbeing support.

### **Charitable support**

CPFT's Charity, Head to Toe has been running an emergency relief grants scheme and corresponding fundraising campaign throughout the Covid-19 pandemic.

Thanks to a number of large financial grants received from both the national NHS Charities Together, local funders (Cambridgeshire Community Foundation) and Trust fundraising efforts, we have been able to operate an inclusive and reactive programme of grant funding, available to all CPFT services. Through this, staff and services have been able to apply for up to £500 per team for emergency relief focusing on the wellbeing of staff and patients, to mitigate the huge impact of coronavirus on our community's mental health.

To date, over 100 projects have been funded, to a value of approximately £40,000. Funding has covered a wide range of wellbeing initiatives; from providing personalised therapeutic boxes, sent to various cohorts of clients and service users to support them through isolation, to funding activities on in-patient wards and introducing wellbeing 'wobble' rooms for staff, that allow safe, private spaces for respite and reflection.

A further successful funding bid of £50,000 will support communities of staff and patients within the Trust, who have been disproportionately affected by Covid-19. This money will fund a wide-reaching agenda of training, events and continuing professional development opportunities.

Head to Toe continues to fundraise to support CPFT's response to Covid-19, with the next stage of the funding programme focusing on delivering respite and supporting recovery across the Trust. The Charity will continue to prioritise the wellbeing of staff and patients, encouraging better access to services (both physically and virtually) and will continue to address regional health inequalities.

## **2.5 Service delivery, activity levels and impact on the Trust**

The Trust responded in line with national guidance for community physical health services and for mental health services.

### **2.5.1 Older People and Adult Community (OPAC) Services including older people mental health**

In response to national guidance published throughout March and April (COVID-19 Hospital Discharge Service Requirements, COVID-19 Prioritisation within Community Health Services and Novel coronavirus (COVID-19) standard operating procedure: Community health services) OPAC made significant changes to many of its services as follows:

- Establishment of a Bronze command with full and robust governance structures

- Complete suspension of stepped care therapy, memory assessment service, tissue viability, falls and Windsor Research unit activity
- Reduction in service accepting only urgent/critical referrals for over 10 county wide specialist services and community neighbourhood team
- Establishment of a new system wide Discharge to assess (D2A) Single point of access for maximising hospital discharges across Cambridgeshire and Peterborough
- Significant increase in capacity across D2A pathways supported by the redeployment of directorate staff into administrative, triage, trusted assessor and care provision roles
- Safe clinical management of Covid positive patients in both our physical health and mental health wards
- Extended hours of operation for the Early Supported Discharge Stroke service to 7/7
- Extended nursing provision to support ambulant patients shielding in their own homes
- Extended nursing and care provision in to care homes
- Extended 7/7 support to equipment ordering for hospital beds
- Extended crisis support for Older People's Mental Health services with additional capacity from redeployed staff
- Consolidation of community services into four community hubs (H/C/P/EC&F) supported by administrative staff from the 4 admin hubs into a system wide Single Point of Access (SPA)
- for Community services
- Enhanced clinical triage capacity for community nursing services within the Community SPA
- Consolidated Minor Injuries provision across the system by closure of Doddington and Wisbech MIUs and extending hours of operation at Ely MIU
- Practiced infection prevention and control in older people mental health wards and had one of the lowest rates of infection and mortality in the East of England region.

Deployment of over 200 OPAC staff (clinical and non-clinical) to support services delivering extended/enhanced services

Since June we have been returning staff to their previous roles and restoring service levels. All services have now re-opened, although some are not operating from as many sites as they did previously. We have continued to use the Attend Anywhere platform for virtual consultations and will continue to only provide face to face services where this is the only option. Virtual consultations are running at over 50% of all consultations.

We have maintained D2A and are recruiting additional staff to support discharge from hospital for the rest of 2020-21 as funding is available for the first six weeks of post discharge care and support.

There are significant wait times for some therapy services, although overall numbers waiting are within normal limits. We are in the process of ensuring that we clinically prioritise those at most risk, and then see patients in turn to address the long wait times.

We continue to support care homes by virtually attending the weekly Multi-Disciplinary Team (MDT) meetings with each home. We are also involved in evaluating the effectiveness of these MDTs. We have also supported homes with staffing emergency cover when they have had an outbreak, with infection prevention and control training and with training to support the administration of insulin by care home staff.

## **2.5.2 Adult Mental Health Services**

The Adult and Specialist Directorate worked hard to ensure that there was minimal disruption to our mental health and learning disabilities provision during Covid-19 response. We were however impacted by a proportion of our staff who were medically required to shield. This then meant that we had to stratify our services and redeploy people accordingly.

Again we adopted virtual consultations and only undertook face to face consultations when this was essential. We have prioritised urgent and most at risk patients but sought to ensure that patients not in this category were supported. We also worked very closely with our colleagues in the third sector to ensure support for patients isolated during lockdown.

### **Primary care mental health (PCMH) services**

- Improving Access to Psychological Therapies (IAPT) – We continued to offer IAPT treatments, however all treatment was delivered virtually. The demand during lockdown reduced dramatically but we are now almost back to pre-Covid levels. Recovery rates have not been impacted by the changes and we have been able to reduce the waiting times significantly
- PCMH – During the pandemic, we were stratifying and only seeing urgent patients, partly due to the reduce staff for redeployment/shielding but also demand was dramatically reduced. This service is now fully operational, although utilising virtual appointments almost in entirety

We worked with the CCG and other system partners to develop a support line for people who would not meet the threshold for PCMH during Covid to ensure that anyone who needed support had access.

### **Secondary Care**

These services have remained fully operational, although appointments were offered virtually where possible. We are now offering more face to face appointments due to the increased acuity of presentations.

- First Response Service FRS/CRISIS/LIAISON - These services were enhanced with additional staff and the addition of Mental Health in Emergency Departments (MH ED) suites (Fulbourn and Cavell) to take pressures of acutes. We also included an additional 136 suite in Peterborough.
- Inpatients - We continued to offer a full compliment of inpatient beds and developed a bespoke 6 bedded Covid isolation ward for all Covid+ patients. Levels of acuity have been higher and demand for beds greater
- Learning Disabilities - All services remained fully operational and we managed to keep inpatient numbers within trajectory due to some fantastic system working and creation of community respite facilities

- The Darwin nurseries was paused and will look to re-open in October
- Autism / Attention deficit hyperactivity disorder (ADHD) - Autism service is diagnostic only, so full service was paused. ADHD – the diagnostic element of service was paused, medication titration and reviews continued.

We created emergency mental health units in Fulbourn and Peterborough as alternatives to Accident and Emergency (A&E) again to try to reduce the demand on A&E departments. We also created a temporary section 136 suite in Peterborough to reduce the need to transfer patients to Cambridge. We stopped patient visiting and non essential staff footfall to clinical areas to reduce viral transmission.

We had very low rates of healthcare acquired infection due to strong application of infection prevention and control measures.

### **2.5.3 Children and Young People mental health services (CAMHS)**

We maintained CAMHS services although moved the majority to virtual consultations. We will continue with a mix of virtual and face to face consultations. We did see a reduction in referrals and have been able to significantly reduce wait times for assessment in core CAMHS services as a result of this, and of our service redesign which we have continued with.

Neuro-development referrals have had extended wait times because many of the diagnostic assessments need to be undertaken face to face so there have been delays and we are still working to address this backlog and to find Covid-safe mechanisms of undertaking these assessments.

We have maintained in-patient CAMHS services with measures taken to provide isolation facilities where. We have seen an increase in demand for in-patient care over recent weeks as we approach the return to school, and are keeping this under close review.

### **2.6 Phase 3 preparations (to end March 2020-21)**

We are nearing completion of Phase 3 preparations. We are focussing our planning on restoring full activity levels, on clearing backlogs that have developed during Covid, and on making sure that we learn from wave 1 to respond in more considered ways should there be a second wave or significant outbreaks.

Our phase 3 planning includes winter planning and flu immunisation – where we are aiming for 100% of all frontline staff. It also includes planning to increase the D2A capacity to ensure flow from hospitals, without redeploying staff from other services if at all possible.

Our planning also includes how we will invest in mental health services, including children's crisis services, increased children's eating disorder services and increased capacity in psychological wellbeing and early intervention in psychosis services. These are all areas where we predict increases in demand as a result of Covid, isolation and the potential financial recession that will impact on the mental health and wellbeing of many people for a long period of time.

We have a workforce plan to support the recruitment that this investment and the development of

the Peterborough community mental health exemplar programme, and the adult eating disorder exemplar programme which will cover the entire County.

Overall we anticipate a workforce increase of 128 Whole Time Equivalent (WTE) by year end to support phase 3.

### 3. **SUMMARY**

The CCC Health Scrutiny Committee can be assured that Cambridgeshire and Peterborough NHS FT will continue to gather and embed learning from the Covid-19 incident, and where relevant will share this with partner organisations.

Tracy Dowling  
Chief Executive Officer  
4 September 2020

Background papers (Appendices)