Managing the pandemic & establishing better services for the future

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Project Controls EXPO
London, UK

Agenda

- Timeline from outbreak to June 2020
- NHS response
- Reset & recovery
- Planning for the future
- Hopes for the future

Timeline

31 January – The first two cases of COVID-19 in the United Kingdom are confirmed

26/27 February – There is a COVID-19 outbreak at a Nike conference in Edinburgh from which at least 25 people linked to the event are thought to have contracted the virus, including 8 residents of Scotland

Around 442,675 calls were made to the non-emergency line 111 in the last week of February

5 March - The first death from COVID-19 in the UK is confirmed. UK moves from "containment" to the "delay" phase

9 March - The FTSE 100 plunges by more than 8 percent, its largest intraday fall since 2008, amid concerns over the spread of COVID-19

12 March - Public Health England stops performing contact tracing, as widespread infections overwhelm capacity

15 March - Health Secretary Matt Hancock says that every UK resident over the age of 70 will be told "within the coming weeks" to self-isolate for "a very long time" to shield them from COVID-19

16 March - Prime Minister Boris Johnson advises everyone in the UK against "non-essential" travel and contact with others, to curb COVID-19, as well as to work from home if possible and avoid visiting social venues such as pubs, clubs or theatres.

The government issues a call for businesses to support the supply of ventilators and ventilator components - the NHS has access to 8,175 ventilators but it is thought that up to 30,000 may be needed

Timeline

17 March - The Foreign and Commonwealth Office advises against all non-essential international travel due to the pandemic

18 March - The UK death toll from COVID-19 exceeds 100. The government announces that all schools in the country will shut from the afternoon of Friday 20 March, except for those looking after the children of key workers and vulnerable children.

19 March - The UK government no longer deems COVID-19 to be a "high consequence infectious disease" (HCID) following opinion from the UK HCID group

20 March - Chancellor Rishi Sunak announces that the government will pay 80% of wages for employees not working

Prime Minister Boris Johnson orders all cafes, pubs and restaurants to close from the evening of 20 March, except for take-away food,

The Nursing and Midwifery Council announces that more than 5,600 former nurses have registered to offer their services in the fight against COVID-19

23 March – PM televised address - The British public are instructed that they must stay at home, except for certain "very limited purposes“

24 March - announces the government will open a temporary hospital, the NHS Nightingale Hospital at the ExCeL London, to add extra critical care capacity in response to COVID-19 pandemic.

26 March - At 8pm, millions of people around the country take part in a "Clap for Carers" tribute, applauding the NHS and other care workers

Timeline

27 March - Prime Minister Boris Johnson and Health Secretary Matt Hancock both test positive for COVID-19

31 March - A significant rise in anxiety and depression among the UK population is reported following the lockdown. Anxiety increased from 17% to 36%, depression from 16% to 38%

2 April - Matt Hancock sets a target of carrying out 100,000 tests a day by the end of the month (encompassing both swab tests and blood tests).

3 April - NHS Nightingale Hospital London, the first temporary hospital to treat COVID-19 patients, opens at the ExCel centre in East London

6 April - Prime Minister Boris Johnson is taken into intensive care at St Thomas' Hospital.

10 April - Fifteen drive-through testing centres have also been opened around the UK to test frontline

16 April - The NHS Nightingale Hospital Birmingham, at the National Exhibition Centre, is officially opened by Prince William

18 April - Unions representing doctors and nurses express their concern at a change in government guidelines advising medics to reuse gowns or wear other kit if stocks run low

23 April - The first human trials of a COVID-19 vaccine in Europe begin in Oxford

25 April – Reported deaths due to COVID pass 20,000

Timeline

5 May - NHS Nightingale Hospital North East, a temporary critical care hospital built near Sunderland for COVID-19 patients, is officially opened

Trials of the NHS contact-tracing app start on the Isle of Wight with the app being made available to healthcare and council workers

6 May – deaths exceed 30,000

10 May - The UK government updates its COVID-19 message from "stay at home, protect the NHS, save lives" to "stay alert, control the virus, save lives

21 May - Following an agreement between the Government and the Swiss pharmaceutical company Roche, a COVID-19 antibody test is made available through the NHS, with health and care staff to be the first to receive it

26 May - For the first day since 18 March, no new COVID deaths are reported in Northern Ireland

28 May - Contact tracing systems go live in England and Scotland – NHS Test and Trace in England, and Test and Protect in Scotland

18 June - AstraZeneca and Oxford University have reached a deal to begin the manufacture of a potential vaccine, even though it has yet to receive clinical approval.

Three phases of Trust's response

1. Rapid response to the pandemic
    - Gold command
    - Staffing
    - PPE
    - Immediate reconfiguration of services to support staff shortages
    - Digital response
2. Reset & recovery
3. Planning for the future
    - Digital strategy
    - Refreshed Trust Strategy
    - New clinical strategy
    - MH provider review with another Trust

Phase 1 – rapid response to the pandemic

Phase 1 - The Trust's rapid response to the pandemic resulted in relatively small number of C19 cases

Excellence for service users 	• Minimised spread by rapid cohorting of red & green inpatients (by site) & shielding (at St Ann's) by end of March - despite initial lack of testing. Secured additional capacity at local private hospital to support moves. • Risk stratification of 2280 vulnerable patients in community who were monitored through phone, Attend Anywhere and face to face (F2F). • Consolidated local MH teams into new community hubs supported by new 24/7 open access telephone service • Closer integration of physical & mental health including physical support for MH patients (provided by our Enfield Community Service); patient testing & new SPA and rapid response service for acute colleagues • Maintained provision of specialist services in community e.g. substance misuse services and prisons
Empowerment for staff 	• Supporting anxiety & acknowledging staff effort through a new health & well-being package that includes relaxation spaces, psychological support, support helplines and hot food • Support for our BAME staff - 70 - 80% of whom work on the clinical front line through new demographic risk assessment process, webinars and psychological support • Connecting our multiple sites through weekly webinars led by the CEO and team • Extending resilience coaching across our senior leadership team • Comprehensive communication and access to on-line resources including learning and development

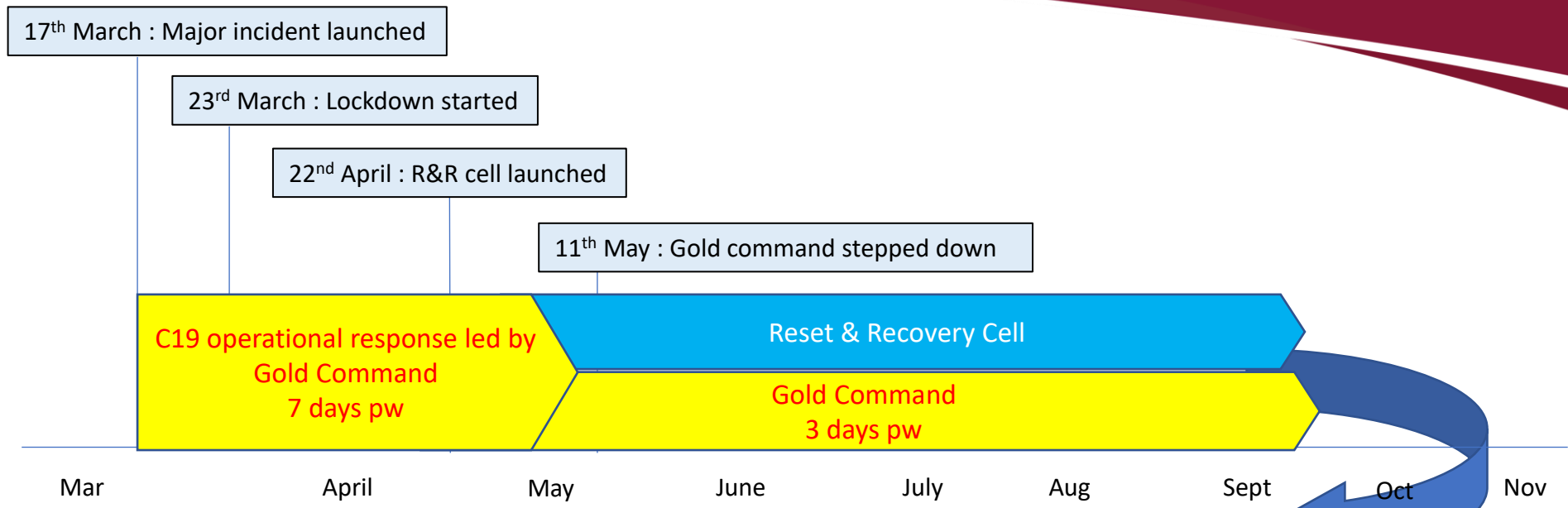
Phase 1 - Trust's C19 response has been supported by a digital revolution and close working with partners

Innovation in services 	• Smarter use of digital technology to maintain access for patients and support home working , including launch of remote desktop solution to staff working at remote locations or shielding at home • Full roll out of new digital clinic appointments across mental and physical health • Implementation of common video platform to support virtual Mental Health Act Tribunals • Go-live with Health Information Exchange sharing data with over 191 GPs across NCL and local hospitals • Rapidly introduced new ways of working to support social distancing
Partnerships with others 	• Agile support to two A&Es including temporary relocation of Barnet liaison service • Rapid establishment of new CAMHS A&E at Edgware (as part of new ICS model of care) with extension of BEHT bed management system to support access & flow across NCL • Providing physical & mental health supporting to NMUH, all 49 care homes in Enfield with further support to Barnet and Haringey • Recruitment of joint lead for diversity across BEHT and C&I • Pooled management of C19 green & red patients across both BEHT and C&I where clinically appropriate • Increased bed capacity of Capetown Ward (on Chase Farm site) to support discharge of C19+ patients from acute Trusts

Phase 2 – Reset & Recovery

Reset & Recovery – key questions…

- Have we scoped all of our essential services and their current status?
- What would our performance report look like day 1 post pandemic?
- Can we simply switch our infrastructure back on and resume essential services?
- What lessons have we learned from our response to pandemic? Did the changes introduced as part of the C19 response provide improved or sub optimal care?
- Which elements of the new ways of working should continue post pandemic & which should be stopped immediately?
- Is there sufficient support for our staff in place when the pandemic ends?
- Are we prepared for the likely impact of the pandemic on our population's mental health?
- Are our strategic objectives still relevant in a post pandemic NHS?
- Are there wicked problems that can addressed quickly as part of the pandemic e.g. CAMHS waiting times or our continuing care clinical model in mental health?



Reset & recovery cell's five workstreams:

1. Development of new clinical model
2. Restoration of essential services
3. Use of technology
4. Staff support
5. Preparation for mental health surge

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust
A University Teaching Trust

Project Controls EXPO London, UK

1. Development of new clinical model	• Capturing the benefits of new ways of working for patients & service users • Reconfiguring the estate to better support new ways of
2. Restoration of essential services	• Implementation of service change log review • Introduction of new gateway process to be completed before services can be switched back on • Timetable for restoring Board subcommittees
3. Use of technology	• Extending reach of digitally enable clinical care • Introducing new data warehouse • Going paper free

4. Staff support	• Ensuring that new health & well being package is rolled out effectively to all staff
	• Workforce redesign to support new models of care
	• Introducing more sophisticated communication messages:
	  • Managing anxiety
	  • managing message that 'we're not going back'

5. Preparation for MH surge	• Modelling scenarios for future demand including likely mental health surge • Dovetailing work with operational plan & new models of care

Cross cutting	• Ensuring the reset process is driven by weekly data:
	  • Demand
	  • Waiting times
	  • Productivity
	  • Use of digital
	  • Daily staff absences

Phase 3 – Planning for the future

Understanding the impact of pandemic

- On the population's mental health
- On national policy

Planning for the future

- Revised strategies
- Workforce
- Agile working
- Digital
- Estate

Impact of pandemic on UK's mental health

- Financial insecurity
- Bereavement
- Loneliness
- Substance misuse
- Domestic violence

Most at risk:

- BME communities
- people on lower incomes
- people with existing mental health conditions
- children and young people

- Level of unmet need was already high before the pandemic hit and has grown ever since.
  - 1.6m on waiting lists for MH services
  - 57% increase in CYP referrals (M6 – M12 20/21 vs 19/20)
  - 160% increase in the number of young people completing an eating disorder pathway over the same period

Impact of pandemic on national policy

- NHS moving quickly from competition to collaboration

LEGISLATIVE FRAMEWORK

- **Shift from competition to integration and collaboration,** through:
  - Establishing ICSs on a statutory footing
  - Place-based arrangements
  - Removing the legislation hindering collaboration and joint decision-making.
  - A duty to collaborate
  - New financial frameworks

FUNDING

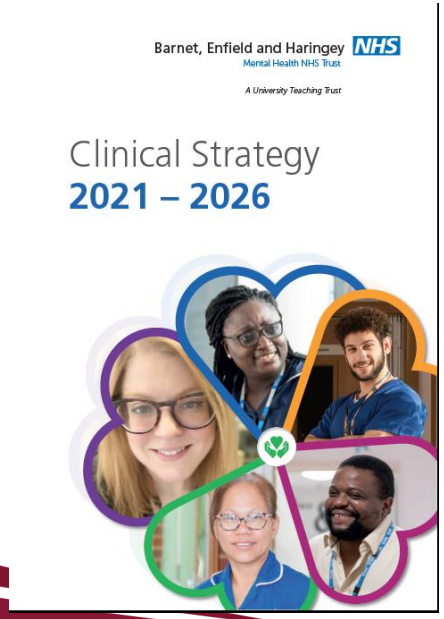
- Increase in DHSC core budget (12 %) by 2023/24
- £3bn 'NHS recovery package' including **£500m to address waiting times for mental health services**
- New financial frameworks - **pooling of budgets**, **joint commissioning** and move away from activity based to **outcomes based** commissioning
- Impact of COVID-19 (C19) - **constrained budgets and increased demand**

PROVIDER COLLABORATIVES

- Provider Collaborative model:
  - **Experts by Experience** and **clinically-led care pathways**
  - **Collaborative resource management** to reduce inappropriate admissions / care away from home
  - **Improvements in quality, patient experience & outcomes, advancing equality** across population
- Initial focus on CAMHS, Adult Low and Medium Secure Services, Adult Eating Disorder Services.
- **Vehicle for delivering all MH services** over the next 5 yrs
- **Commissioning role for specialised MH** from NHSE

Planning for the future:

- We had to revise our strategy o reflect new drivers for change
- New digital strategy
- New clinical strategy
- Mental Health provider review with another local Trust



Barnet, Enfield and Haringey NHS
Mental Health NHS Trust
A University Teaching Trust

Project Controls EXPO London, UK

Planning for the future: Workforce

- Creating an organisational culture that is just and inclusive and empowers our staff to deliver excellent, inclusive services for our patients which meets their individual needs.
- Digital transformation has enabled increased listening to staff and regular all user engagement events with the senior team;
- The trauma of the pandemic and loss of clinical colleagues has meant a review of our Trust Values of compassion, respect, being positive and working together across our organisation and in everything we do;
- Attracting and retaining high calibre staff, through promoting our organisation as a great place to work, supporting our staff well and promoting their health and wellbeing; and
- Embedding a systematic approach to quality improvement and best practice across our organisation.

Planning for the future: Agile working

Flexibility

A range of flexible working options

Environments

Work environments that enable the greatest flexibility

Technology

Technologies that support the practice and management Agile Working

Collaboration

New forms of flexible collaboration that enable people to work together across locations

Culture

Culture change to enable greater organisational agility and innovation within a trust-based culture

Planning for the future: Digital transformation

- Pandemic triggered appetite for data
- Transition to a flexible healthcare model, powered by a variety of digital healthcare technologies
- Enabled *'Talk before you walk…'*
- Virtual by Choice – but need to consider domestic abuse, coercive control and safeguarding issues where we're working digitally
- Staff willingness to move to paper free (eObs)
- Moved from fixed desks and into agile working
- Integration with electronic patient record (EPR) & Shared care records from multiple providers
- Patient portals to help patients self care, contribute their care
- Staff ESR record and linked with staff training

Planning for the future: Better estate

- We will continue to realise the benefits of brand new, state of the art wards at Blossom Court including 50% fewer restrictive restraints and 50% fewer use of seclusion for patients.
- We are now focusing on improving our estate in Barnet and Enfield and have already eliminated all shared bedrooms across all our wards.

- As part of the next stage of transformation we will ensure that:
  - All patients will have ensuite bedrooms, designed to meet latest NHS requirements
  - Staff are able to provide excellent, person focused care in safe, therapeutic environments across the Trust

Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Project Controls EXPO London, UK

Summary…

- Unprecedented challenges
- Tired workforce who have lost colleagues
- Highlighted inequalities

But…

- …has resulted in truly transformational change
- Many improvements in healthcare delivery
- Not going back!

Q & A

SPARE SLIDES

- Responding to and managing the COVID pandemic has been the NHS' greatest challenge since it was created 73 years ago. Despite facing a range of daunting early challenges including a lack of testing and insufficient PPE, the NHS' response has been well received. Despite the many personal tragedies and economic hardships, the pandemic has been an important catalyst for positive change. The NHS has transformed its digital offer, promoted agile working and moved from a competitive market to a model of collaboration which has supported closer working to improve services.
- Eighteen months on, NHS hospitals are reviewing what went well, what could have been managed more effectively and what changes we should maintain for the future. David Cheesman led the reset and recovery process at a large, complex mental health trust in North London and will describe how his organisation responded to the pandemic; share his learning from an unprecedented period of turbulence and set out his hopes for the future.

Proposed arrangements for Executive Leadership Team…

Pre incident

- 1 x ELT per week (with extended 1 x pcm)
- Rolling agenda
  - Operational (with MDs)
  - Finance
  - Quality & HR
  - Strategy

As is

Incident response phase 1 (March – April)

- 1 x ELT per week with divisional teams (Wednesdays)
- 2 x ELT only (Mon & Friday)

To be

Incident response phase 2 (May 6th onwards)

- 1 x ELT per week (face to face)
- Rolling agenda
  i. Operational response to incident
  ii. Oversight of Reset & Recovery
  iii. Strategy / new provider landscape
  iv. Extended (MDs & ? teams)

To be resolved:

- *Can Orchard House accommodate face to face for ELT?*
- *Should we just invite MDs or wider teams to monthly extended ELT ?*

Proposed arrangements for Senior Leadership Team & Forum…

Pre incident
- 1 x SLT pcm
- 1 x SLF per quarter

As is

Incident response phase 1 (March – April)
- SLT and SLF suspended
- New CEO webinar

To be

Incident response phase 2 (May onwards)
- Continue to suspend Senior Leadership Forum due to social distancing
- Keep weekly CEO webinar
- Consider extending webinars to other portfolios
- ? SLT

Are we going to extend suspension of SLT ?

Proposed arrangements for Board sub committees…

Pre incident

- Monthly Trust Board private
- Bi monthly Trust board public
- Full suite of committees (Audit, P&C, F&I, & Q&S)
- Programme of Board development & workshops

As is

Incident response phase 1 (March – April)

- Monthly Trust Board private (with focus on C19 response)
- Bi monthly Trust board public (with focus on C19 response & statutory commitments)
- Monthly Quality & Safety meeting (with rep from P&C chair)
- Monthly CEO brief for NEDs

To be

Incident response phase 2 (May onwards)

- Maintain current As Is arrangements
- Reinstate Audit Committee
- Maintain MS Teams / no face to face for time being

- *How will we keep NEDs briefed*
- *Do we need to change anything in light of Chair's new commitment?*