

## COVID 19 Central Incident Management Team (CIMT) update

This paper is a public summary of the briefing paper received by the CCG Governing Bodies in a private session held in April 2020.

1. Following the declaration of COVID19 as a Level 4 National Incident on 30th January the five mid and south Essex CCGs have had to respond to the incident management in line with their established Emergency Preparedness, Resilience and Response Plans (EPRR).
2. This has included suspending board meetings held in public that were due to be held in April. CCG Boards have met via video conference and the purpose of this report is to provide a public overview of the local management of the COVID19 incident covering the governance of the incident and the main decisions made by the incident management team and various workstreams that would otherwise have come to CCG Boards for approval.

## Incident Management

3. A central incident management team was operational from early February 2020 initially on an Essex wide basis before becoming focused on mid and south Essex following the NHS declaration of a Level 4 national incident on 30 January 2020. By early March the basic structure of the management of the incident had been established across the whole Health & Care Partnership (HCP) as shown below.

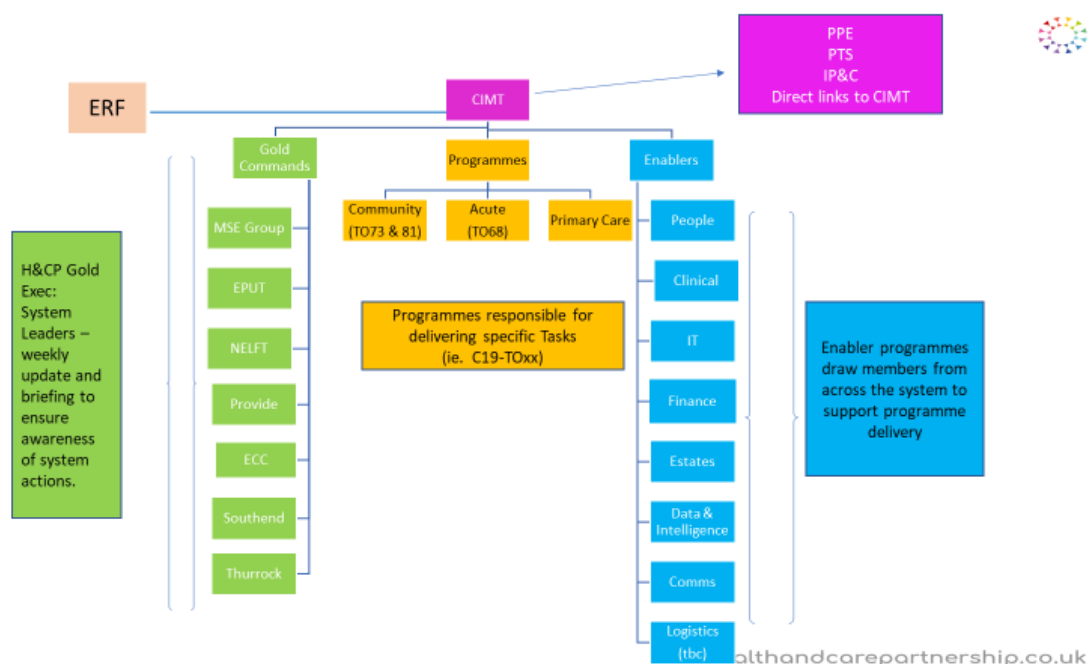


Figure 1 Incident Management Structure.

4. In addition to the workstreams shown above each of the four places across the HCP - Basildon & Brentwood, Mid Essex, South East Essex and Thurrock – continued to operate. The beginning of the incident management coincided with the appointment of an Interim Joint Accountable Officer and handover from existing Accountable Officers. Each place



had a named Deputy Accountable Office allocated to manage local place-based incident management.

5. CCG governance leads, liaising with CCG Audit Chairs and CCG Chairs, provided advice for how CCG governance would be maintained during the incident. This was to support reducing administrative needs and allow the redeployment of staff to the incident management with the balance of supporting rapid decision making. Agreement was made that board meetings held in public would be suspended in line with national guidance until such time that social distancing rules would allow them to be re-established. Each CCG Governing Body would continue to meet to review and approved decisions taken by the Central Incident Management Team and would have a common agenda. Finance, performance and quality committees would continue to meet to review their areas of work but to make this easier to support they would meet in common. This means the committees meet at the same time via video-conference, with the same agenda and same supporting information and a minimum quoracy of each committee in attendance, allowing CCG Governing Body members including local GPs and lay members to review decisions and provide support and challenge to the executive teams managing the incident.
6. CCG teams met on 16<sup>th</sup> March to decide what work was business critical to the incident management, what routine work which could be scaled back and what routine work could be paused. This was complemented by the work of the Human Resources workstream that supported the redeployment of CCG staff from their existing roles to ones that supported the management of the incident.
7. The actions detailed above allowed the CCGs to meet the guidance issued by NHS England & Improvement (NHSE&I) on 28<sup>th</sup> March entitled *Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic* which aimed to ensure that maximum resource was allocated to managing the incident and paused work on other NHS priorities such as delivering the NHS Long Term Plan. All guidance issued by NHSE&I (82 publications in total to 23<sup>rd</sup> April) throughout the incident can be accessed at <https://www.england.nhs.uk/coronavirus/>

## **CIMT decisions**

8. In line with Emergency Preparedness Resilience and Response guidance CIMT decisions are recorded by loggists in a physical log book that can be reviewed after the incident. An initial review of the 400+ decisions registered by CIMT loggists shows that at this stage of the incident there are three decisions that would normally have been escalated to the board for approval. These are:

### **Business Continuity Sub-Group:**

20<sup>th</sup> March 2020 the decision was taken that the Business Continuity Sub-Group had completed its initial work on what work was business critical, what work should continue where required and what could be paused.

### **Community Bed Consolidation and Community and Primary Care Service Delivery:**

21<sup>st</sup> April 2020 the decision was taken that following discussion with provider partners (Essex Partnership University Foundation Trust (EPUT), North East London Foundation Trust (NEFLT) and Provide) there was full support for temporarily bringing together community inpatient beds at sites Brentwood and Braintree sites for mid and south Essex population to meet the anticipated increased demand and support the discharge of patients from the acute hospitals .

9. The progress of each workstream and their decisions is considered below.

## Human Resources

10. The HR Workstream's key deliverables over the first month of incident management has been:

- The redeployment of staff to support frontline services (i.e. supporting hospital discharge; nurses to wards within the hospital sites of Mid and South Essex Hospitals Foundation Trust; admin and project staff to the hospital sites and resilience staff to the hospitals and other providers
- Completion of a Memorandum of Understanding across all organisations in the Health and Care Partnership so that temporary re-deployment of staff can happen safely – the aim is that there is proper observance of clinical governance requirements, while avoiding unnecessary bureaucracy which may impede the movement of staff such as duplicating NHS employment checks.
- Internal redeployment of staff to support incident workstreams and 'place'
- Continued work to ensure robust data and capture the correct information about where staff are placed, who is self-isolating/sick and who remains 'available'
- Skills audit of all staff denoted as 'available' to understand what transferable skills they have
- Production of a Pandemic People Policy for agreement by CCGs and unions and ratification by the CCG Remuneration Committees
- Production of updated frequently asked questions for staff and information for managers on key workers, hotel accommodation and managing childcare commitments
- Recommendation to CCG Remuneration Committees regarding payment of overtime or enhancements to salary for certain CCG staff that falls outside of Agenda for Change. CCG Remuneration Committees approved this proposal.

11. The next focus for the group is to work with place-based Deputy Accountable Officers to ensure there is sufficient resource in each place-based team to now implement some of the changes described in the rest of this paper; this will mean re-deploying or repatriating staff from CIMT workstreams to place based teams as we begin to move into the reset phase whilst still managing the response to the pandemic.

## Data and Intelligence

12. The key deliverables for the data and intelligence workstream has been:

- Establish joint working and proper data sharing across all organisations within the Health and Care Partnership, especially between CCG based business intelligence teams, Mid and South Essex Hospitals Foundation Trust and Public Health Teams within our three local authorities
- Deliver an effective model of how infections, illness and deaths from COVID 19 may and do occur so that there is the ability to model and manage capacity and demand across all the whole system
- Generate a daily dashboard that can be shared across all system partners giving both an update on the modelling estimate and a daily view of capacity across community and hospital services.

13. The workstream keeps the dashboard contents under review continually and is working to include community and primary care data as required to give CIMT members a full picture of demand and activity during the incident. CCG Governing Bodies noted that the dashboards in the last week of April were showing that bed occupancy rates across the hospital sites in Mid and South Essex Hospitals Foundation Trust was around 50%. This is in line with the incident management plan to ensure that hospitals had capacity to receive patients; the dashboard also shows that critical care beds were over 70% occupied with confirmed COVID patients.

### **Primary and Community Interface**

14. A significant focus of work for CCG staff has been revising how primary care and community-based services work together to ensure they are best placed to manage the needs of residents during the incident.
15. Cooperation and rapid decision making across CCGs, NELFT, EPUT and Provide as providers of community services and GPs as providers of primary care has been the key to this. This work has been supported by several workstreams most notably estates, human resources, primary care and community care as well as volunteers from multiple agencies including police, fire and army.
16. The core of the revised community bed model is the bringing together of beds, equipment and staff at two sites – Brentwood and Braintree – to ensure there is a robust and resilient service delivery with available resources to meet expected demand.
17. The CCG Governing Bodies also considered and approved:
- Staffing criteria for the two reorganised sites at Brentwood and Braintree
  - Admissions criteria for step up, step down and stroke beds
  - Creation of a single Urgent Community Response Team to bring together the existing unplanned admission avoidance referral services into a unified service (RRAS (Thurrock), SPOR (BB), Swift (Southend and CP&R) and ESDAR (Mid))
  - The range of additional support going into care homes across health and social care.
  - The increased focus on advanced care planning to manage end of life pathways
  - The decisions being considered to meet national guidance regarding the prioritisation of certain community services
18. A new workstream focusing solely on supporting care homes has been generated from the general re-modelling of community services to respond to the COVID19 incident. The main deliverables for this workstream fall under the headings of supplies, including Personal Protective Equipment (PPE), equipment, staffing and training and continued partnership development.

### **Communications**

Underpinning all efforts to manage the incident has been a coordinated communications response- both managing incoming requests for information from stakeholders, media interest, MPs and local councillors and ensuring a constant flow of consistent information across the Health and Care Partnership. It has also delivered bespoke communications to primary care, care homes, internal CCG staff and a Partnership Brief which is sent every Friday highlighting the unified response across mid and south Essex. These are available on a central health and care Covid-19 website

<https://coronavirus.msehealthandcarepartnership.co.uk> or on request by emailing;  
[meccg.essex.incident.comms@nhs.net](mailto:meccg.essex.incident.comms@nhs.net)

## Quality

19. As highlighted in the revised governance arrangements and NHSE/I guidance of 28<sup>th</sup> March CCG Quality Committees continue and focus on incident management and quality matters.
20. All quality teams have had a number of redeployments in response to the COVID19 pandemic, with some members forming part of the Critical Incident Management Team and many of our nurses working on the frontline.
21. Quality assurance visits and face to face meetings with providers have been suspended by the Joint Committee's Quality Team. Quality assurance remains through monitoring with providers continuing to submit their monthly dashboards summarising performance against quality indicators in 2019/2020. 2020/21 quality negotiations with providers have been suspended.
22. Across all CCGs, in light of no national guidance, an agreement with providers to pause all incidents currently being investigated is now in place, releasing clinical investigators for other duties. For all new serious incidents, the CCGs will require providers to complete the 72-hour report template but this can be submitted anytime up to seven days. The report MUST be comprehensive and contain lessons learned and include actions that have been taken to reduce the risk of a similar incident occurring again.
23. Harm reviews are continuing at each site within Mid and South Essex Hospitals Foundation Trust with arrangements adjusted to accommodate the workforce at each site.
24. CCG safeguarding teams continue to work in collaboration with other designated professionals across Southend, Essex and Thurrock, in order to give consistency in the delivery of statutory safeguarding functions across all provider services, including primary care. The teams are very aware that safeguarding processes must continue throughout incident management.
25. The meeting in common of the CCG Quality Committees will receive a fuller report in May. In the meantime, there were no specific quality issues arising from the COVID19 incident that need to be escalated to the board in April.

## Finance

26. The Systems Finance Leaders Group (SFLG) meets every two weeks and is a key financial meeting to make collective decisions and implement national guidance across the Health and Care Partnership. This is chaired by the Chief Finance Officer from Mid and South Essex Hospitals Foundation Trust. The SFLG has coordinated the system finance response to COVID19. As with other workstreams there has been a very cooperative approach across all system partners. The weekly CCG chief finance officers meeting continues, weekly regional chief finance officers has been established as well as fortnightly national webinars.
27. Each CCG's scheme of delegation was reviewed and amended in late March to ensure that there was continued financial governance of expenditure during the incident by giving each Deputy Accountable Officer the same delegated limits as the Joint Accountable Officer.

28. On the 26th March 2020 NHSEI produced guidance on the 'Revised arrangements for NHS contracting and payment during the COVID-19 pandemic'. This has been implemented in full. The key points from the NHSE&I guidance are:

*Principles:*

- Provide certainty for all organisations providing NHS-funded services under the NHS Standard Contract that they will continue to be paid for the period April to July 2020; and
- Minimise the burden of formal contract documentation and contract management processes, so that staff can focus fully on the COVID19 response.

*NHS Providers:*

- NHS commissioners and NHS Trusts/NHS Foundation Trusts are not required to sign contracts between them for 2020/21 at this time. The nationally mandated terms of the NHS Standard Contract for 2020/21 will apply for these relationships from 1 April 2020. Payment will be made on the block basis for each month from April to July 2020. The payments are mandated and will be paid on 1st April, 15th April and 15th May, and then on 15th of the month thereafter. No variation from the mandated figures.

*Independent Sector:*

- National arrangements have been agreed to buy capacity and support from independent sector acute hospitals. These arrangements have been in place from 23 March 2020 and will run for at least 14 weeks, with at least one month's notice being given to terminate the national arrangements and revert to 'business as usual'.
- Payment to independent sector providers will be made direct by NHS England and NHS Improvement.
- Other CCG or NHS England contracts (and sub-contracts from NHS trusts and foundation trusts) with these providers will be set aside for the period covered by the national arrangements, and will then be re-activated on the resumption of 'business as usual'.

*Non-NHS Providers:*

- Non-NHS providers provide a very wide range of different services. Depending on the specific services they run, providers will be affected by COVID-19 in different ways. Some will have an important, direct role to play in the response; some may be asked to expand, or change the nature of, the services they provide in order to support the response; and, with others, the services they provide may need to be scaled back or put on hold. The contracting team has reviewed all contracts and applied the guidance as prescribed.

29. New and separate advice on funding hospices is due to be published, but national webinar held on 21<sup>st</sup> April, advised that commissioners should continue to pay to contract arrangements; there will be a monthly return to NHSE/I regional offices and a central funding top up for to ensure hospices do not fail financially. Lost donation income should not be paid for by commissioners.

30. The Patient Transport Service contract with TASL has been extended until 31 March 2021, which is in line with national guidance on such services during the COVID-19- response.

31. A full finance report covering expenditure incurred as part of the COVID-19 response will be sent to CCG Finance Committees being organised in May. As of April, there were no specific financial issues that needed to be escalated to the CCG Board.

32. The System Finance Leaders Group is required by NHSE/I to capture all system level spending related to COVID-19 that will be funded centrally. Table 1 below shows the estimated 2019/20 system revenue expenditure for March 2020.

Mid & South Essex Health & Care Partnership - Covid-19 Cost Implications (2019/20)

Total 2019/20	Non Pay - cleaning	Non Pay - consumables	Non Pay - equipment	Non Pay - facilities	Non Pay - transport	Pay	Non Pay - other	Total	Stage 2 Total	Core Submission	Stage 2 Submission	Total Submission	Funded	Unfunded
Total CCGs	31,500	63,928	55,600	37,621	25,350	141,955	1,112,914	1,468,870	272,101	1,468,870	272,101	1,740,971	1,703,403	37,568
Total Trusts	161,900	893,664	1,059,846	436,585	16,044	2,603,757	130,351	5,302,146	1,076,388	5,302,146	1,076,388	6,378,534	5,660,074	718,460
System Total	193,400	957,592	1,115,446	474,206	41,394	2,745,712	1,243,265	6,771,015	1,348,489	6,771,015	1,348,489	8,119,505	7,363,477	756,028

Table 1 Mid and South Essex Health and Care Partnership COVID-19 revenue implications

As all centrally funded expenditure must be recorded by an NHS organisations mid and south Essex system partners such as Provide, who are not an NHS organisation, have their relevant claims captured via a CCG, in this case Mid Essex CCG. Other organisations are badged against other CCGs but are of a lesser extent.

33. There are three elements to Table 1:
- £6,771,015 is the system wide claim for expenditure incurred directly as a result of managing COVID19
  - £1,348,489 (described as the stage 2 submission in Table 1) is the system wide claim for income lost as a result of managing COVID19 - for example research income foregone and car park revenue; and an estimate of the cost of annual leave to partnership organisations - during the crisis, few staff are able to take annual leave and so this accrues to be taken later and has a cost in organisation's accounts (£756,028)
  - Most of these costs have now had national funding provided. However, the £756,028 (described as unfunded in Table 1) for the cost of annual leave to partnership organisations will not be funded as it has no direct cash impact on any organisation.

## Risk Management

34. Each Central Incident Management Team workstream keeps its own risk register. Risks that are above a rating of 15 (impact x likelihood) for any given workstream are escalated for consideration by the central team. If the rating is accepted after review by the central team it is added to the central risk register.
35. Risks not accepted by the central team are returned to the relevant workstream for ongoing management with a reduced rating – this most often occurs where the impact is significant for an individual workstream but less so when considered at an overall incident management level.
36. During this period daily calls were held by the central incident team where all workstream leads attended and this gave an opportunity for new and significant risks to be escalated immediately.

37. Given the pace of incident management many risks flagged in a morning call are then mitigated by the following day and so tend to show in the actions and decision logs rather than formally in the risk register. These calls are now held twice weekly from 27<sup>th</sup> April.