



## Operational Services Covid-19 Roadmap Summary Report

19 May 2021

### **Introduction:**

Between March 2020 and March 2021, operational divisions worked in an agile way across services, adjusting where necessary, whilst maintaining safe service delivery and providing a variety of ways for services users and carers to access services across all divisions, following implementation of government lockdown, whilst continually adjusting ways of working as guidance and restrictions were announced and amended as detailed within individual divisional 'plans on a page'.

It should be acknowledged that all trust inpatient and many community services continued to provide like for like service provision through the pandemic only adjusting their working arrangements to ensure safe public health infection control procedures and social distancing as dictated nationally.

Home Treatment, Liaison Psychiatry, Assertive Outreach, Solihull Early Intervention, Rare Dementia, CERTS, S136 Place of Safety, PDU and Bed Management all maintained service provision as near to normal as possible with high levels of face to face contact with their patient group, other community services provided more digital options to remain in touch with their service users and carers to good effect.

All operational service areas were supported tremendously by corporate teams and departments.

Inpatient services remained available 24 hours a day, 7 days per week, throughout the pandemic adjusting provision as need, infection levels and safe restoration dictated.

With restrictions reducing and a view to returning to a 'new normal' way of living and working by June 2021, divisions have reviewed each of their combined services and individual teams identifying the steps that need to be taken to return back to full service provision using the government phasing dates as milestones and have provided detailed and extensive plans to support these changes.

This paper summarises divisional Covid-19 roadmaps and steps taken/to be taken to achieve this based on the government timescales and guidance on lifting lockdown fully by June 2021.

### **Key Roadmap Phases March 2021 to June 2021:**

#### **Government Step 1: 8<sup>th</sup> – 29<sup>th</sup> March 2021**

- Schools and colleges reopen for all students
- Exercise and recreation outside with one other person
- Rule of 6 or 2 households meeting outside
- Households only allowed to meet indoors
- Wrap around care including sport for all children
- Organised outside sport for all
- Stay at home, where possible
- No holidays allowed
- Minimise travel
- Funeral members up to 30, weddings and wakes up to 6 people maximum

#### **Operational Step 1: General update**

All divisions with inpatient services commenced reviews of patient leave both escorted and non-escorted based on the amended guidance and trust policy to include leave with family members providing wearing masks and social distancing was maintained with the rule of 6/2 households being applied. Visits to home gardens were implemented as was outside sport within inpatient areas, where



it was possible.

Visits outside were made available where possible or when visits happened within trust buildings specific areas/rooms were nominated to ensure pre/post visit cleaning was possible and numbers remained within guidance. The number of visits was limited, with generally nominated visitors only agreed, as were the timing of visits to allow everyone to be accommodated where necessary in a controlled and safe way.

On multi ward sites such as those in Secure Care, there was no ward mixing and mealtimes in communal dining rooms were staggered to support social distancing.

Staff within inpatient services were encouraged across all divisions to continue with lateral flow testing twice weekly

Professional visits were reinstated subject to social distancing and mask wearing.

Items were allowed to be brought in for inpatients, subject to 48hours quarantine.

Visitors were screened pre-visit for Covid-19 symptoms and infection control measures were followed.

Where possible group sport/activities were initiated in outside areas.

Secure Care restarted external facilitated educational sessions.

Within all of the Secure Care sites telephone support was offered to carers with letters sent advising of the changes to visiting and the service expectations, additionally, senior managers worked with staff to support them should challenges occur. All changes to visiting and leave arrangements were agreed with the resident's council to ensure peer to peer support was available also.

The Vitivier Suite commenced offering an overnight service to support an individual patient; ensuring service provision remained on offer.

Across all community services working from home rota's were reviewed by managers to identify times and staff numbers to return to work on a limited basis, a hybrid model of staff home management and work attendance was agreed with amended working patterns, this provided an opportunity to ensure staff workplaces remained safe and maintained infection control guidance.

Environmental risk assessments were updated and tested out to ensure teams/buildings were able to maintain their environments in a safe way as increasing numbers of staff returned to the workplace.

Risk assessments for shielding staff were updated, with occupational health referrals offered to support agreed return to work plans and identify any reasonable adjustments or equipment required to support shielding staff.

Community buildings were made fit for return with work/non-work areas identified, posters and floor markings set in place and agreement on infection control and daily touch point cleaning processes together with new equipment requirements being put in place.

Increased face to face appointments commenced for those teams who had not remained fully functional during the lockdown for planned and urgent appointments.

CMHT caseload reviews were undertaken to increase face to face appointments for those most vulnerable with home visits recommenced.

Art Therapy services continued to provide services across all areas, albeit more limited than normal.

SIAS embraced digital support for staff maintaining full team and individual team 'keeping in touch' sessions, clinical governance meetings and research and development projects remained on track



with staff educational sessions continuing throughout lockdown. SIAS also implemented 'walk and talk' therapy within their young person's service, which was well received at a time when young people told us they were struggling.

All areas maintained pre/post appointment symptom checking, cleaning regimes including daily decontamination where required and infection control standards with lateral flow testing for all staff being available.

All divisional areas commenced management encouragement of staff to support the vaccination programme both in terms of being vaccinators and ensuring vaccination uptake was supported.

### **Government Step 2: 12<sup>th</sup> April – 17<sup>th</sup> May 2021**

- All retail premises to reopen
- All personal care services to reopen
- Libraries and community centres to reopen
- Most outdoor activities to restart
- Indoor leisure and gyms to offer 1:1 sessions
- Self-contained accommodation to reopen
- All children's activities to become available
- Outdoor hospitality to reopen
- Domestic overnight stays to commence (household only)
- No international travel
- Weddings and wakes attendee numbers increased from 6 to 15
- Commencement of event pilots

### **Operational Step 2: in addition to changes noted in Step 1**

Patient leave was again reviewed provide access to all areas agreed for public access and with a greater number of family and friends, to ensure safety within inpatient services all those who were granted leave were supported to shower and change their clothing on return from leave, something which they could carry on post discharge to maintain a safe environment.

Social activities and groups were reinstated where possible within the community and within trust day centre settings although group numbers where capped to maintain a safe environment.

Barber's and hairdressers were allowed to return to inpatient sites.

Group leave was reinstated and escorted leave increased to support therapeutic, educational and leisure sessions to advance discharge planning arrangements.

Dining rooms in multi ward sites were opened up to more than one ward to commence integration and test impact. Patient shops were re-opened in as were general offices to allow patients easier access to cash to support leave and discharge.

Within Liaison and Diversion services staff were able to return back to the court environment and provide face to face screening in magistrate courts and support service users in their hearings.

CMHT's increased their face to face contacts including more urgent 1-7 day referrals, and scoped out further increased contact for new assessments and home treatment/inpatient discharges that required CMHT follow. Group activity via Psychology and Art Therapy increased.

Outpatient caseloads were reviewed to re-set clinics for the next three to six months, with reminder calls instigated 24 hours before appointments to check for any Covid-19 symptoms

Further signage, equipment, additional laptops and safety screens within trust buildings were reviewed and ordered to continue to support infection control, social distancing measures and to allow us to maintain robust virtual support to our patient group.



Students returned to be incorporated into work rota's

Addiction services increased face to face contact for opiate users as this group had declined significantly during lockdown. Additionally increasing home detoxification plans and late night clinics recommenced.

Within Solar staff were supported with identification of best types of appointments using new assessment tools/flow charts having seen young people engage significantly with digital appointments during lockdown, this was maintained.

Dementia and Frailty CMHT's increased face to face contacts where risk could not be fully identified or managed virtually, with Memory Assessment returning fully to face to face including physical health checks. Nurse led clinics were recommenced and the majority of staff returned to office working for at least three days per week, ensuring full PPE remained in place for all home visits.

Duty workers returned to being office based, albeit continuing with telephone assessments, however, their return allowed the option of face to face if deemed clinically appropriate/urgent.

Perinatal inpatients within the Barberry increased room availability for weekend and evening visits to support children being able to visit.

All services continued to review working from home arrangements increasing numbers of staff returning to the workplace either fully or partially, whilst ensuring social distancing could be maintained in a safe and effective way, ensuring staffing absence was not rising due to increased infection rates.

### **Government Step 3: 17<sup>th</sup> May 2021 onwards**

- Maximum 30 people can meet outdoors
- Indoor hospitality commences
- Indoor entertainment and attractions commence
- Adult organised sport indoors commence
- Remaining outdoor entertainment commence
- Remaining accommodation reopens
- International travel (subject to review)
- Domestic overnight stays outside of households
- Indoor and outdoor events commence based on % occupancy

### **Operational Step 3: in addition to changes noted in step 1 and 2**

Patient leave arrangements were further relaxed across services to include access to indoor venues, activities and seeing more people. Also the ability for patients and their friends and family to hug was a significant change within this stage.

Lateral flow testing for visitors was rolled out in a number of inpatient areas, with initial pilot schemes becoming permanent.

Within multi ward sites the mixing of two wards and indoor groups have commenced and the need to quarantine items brought in has ceased.

Within Liaison and Diversion services court provision has been fully reinstated and outreach provision with inside visits has commenced as has the ability for staff to transport one service user, subject to PPE guidance.

Community service managers again reviewed work rota's to ensure safe desk space as increasing numbers of staff return to the workplace.

CMHT's planned for the return of face to face outpatient appointments from July onwards, with all new



referrals routinely being offered a face to face contact, based on patient choice. Additionally, CMHT's are reviewing their working hours to maintain social distancing and safe numbers of staff, patients and visitors in reception and waiting areas.

Ongoing monitoring of social distancing practices, cleaning regimes and more ventilation has been maintained and increased across all areas. It is of note that staff sickness reduction has been maintained

SIAS, peer workers employed by Changes UK returned to daily working from base with additional outreach facilities being scoped to support those in the south of the borough.

Within Dementia and Frailty services most staff fully returned to the workplace, with much reduced/minimal working from home arrangements continuing.

Admiral nursing recommenced carer's assessments and follow up home visits within this phase.

Implementing lateral flow testing in Perinatal inpatients for visitors allowed PPE to be removed in visiting rooms and relaxing of restrictions has meant staff within the Eating Disorder service are now able to join patients for meals, as they did prior to Covid-19.

Birmingham Healthy Minds have recommenced engagement with GP's to increase referrals to their service.

#### **Government Step 4: 21<sup>st</sup> June 2021 onwards**

- No legal limits for social contact
- Remaining premises reopen
- Ease of restrictions at large events
- 'Hands', 'face', 'space' ethos remains in tact

#### **Operational Step 4: in addition to changes noted in previous steps**

Inpatient escorted and non-escorted leave reinstated as per trust policy, including the use of public transport

Visitor numbers, time and appointments reinstated to where possible pre Covid-19 levels

Inpatient to review phasing of smoking cessation, returning to a smoke free environment

Continued option of both face to face and virtual appointments to be continued based on patient choice whilst maintaining government and public health guidance to maintain safe spaces.

Working from home and office based working options reviewed and amended across all services to allow hybrid model to remain, where it is deemed appropriate and supports best use of facilities

CMHT's reviewed identifying a gradual return to 'new normal' over a 6/12 month period to include, exploration of staggering working hours, clinic spaces. Caseload stratification to support those who can be remotely managed moving forward and a review of outpatient bookings to support more proactive ways of working.

Review of management of clinical room bookings, cleaning regimes and ventilation incorporating the 'UBook' system

Services to continue to review overall service provision during Covid-19 to agree/support new ways of working that positively impacted service users and carers to include service user engagement sessions to support change.

Operational areas to seek further updates from infection control services to support ongoing proactive





management for staff, patients and visitors.

Services to seek confirmation from contracts team that hybrid ways of working will not impact on contractual performance or targets.

Across all areas – the 'new normal' will see the continuance of the following:

- Staff and visitors to continue wearing surgical face masks until guidance changes
- Staff and visitors must continue to sanitise their hands before entering any trust building
- Staff to sanitise their workstations before and after use every day
- Staff to maintain good ventilation and social distancing when removing their masks to eat and drink
- Staff to continue to undertake lateral flow tests twice weekly and update the portal with the results
- All Covid-19 risk assessments to be updated at least once every 8 weeks or at any significant change
- Positive cases of Covid-19 to continue to be reported within staff members and follow government guidance of the time
- Individual risk assessments and screening questions to be asked ahead of each clinical contact, whether at work location or in patient's home
- Staff to continue supporting the vaccination programme

**Summary:**

Operational services/teams whether single or multi-site have adjusted service provision, staffing availability and service user choice to ensure the impact of Covid-19 will be significantly lessened post June 2021. Safe practice and spaces will remain for staff service users and carers until government guidance dictates otherwise.

Services are clear on their intention of keeping the best of new practice learnt during the pandemic and returning to more traditional ways of working where best practice and patient choice dictates. Ongoing work will be needed to ensure restoration plans remain 'live and updated' as new information emerges.

Emergency preparedness and resilience planning should be much improved using the Covid-19 operational roadmaps with ongoing monitoring giving clear direction of what will be needed to maintain good service provision, should further variants of Covid-19 emerge that require rapid management change.