Derbyshire Healthcare
NHS Foundation Trust

Live engagement hour – Adult Acute Mental Health

Monday 29 June

Q. Some teams, such as the Liaison team, are carrying out the same amount of work with 50% staffing numbers. How is the Trust going to support these teams?

We are aware that some teams have been impacted by our workforce needing to shield and work from home. As a result we have had some staff redeployed to Acute Services from other service areas, including from our CMHTs. However it has not been possible to cover every post as those service areas have needed to complete essential duties and keep some aspects of their services operating as usual. About four weeks ago, we commenced a programme of completing health risk assessments with all staff that were identified as shielding or working from home, which we believe will be significant in enabling relevant members of staff to return to the workplace. Once completed, these risk assessments are forwarded to our Occupational Health Department who will provide the member of staff and line manager with advice regarding ongoing support and, where relevant, advice about returning to work in the workplace. Due to the number completed, Occupational Health Department are struggling to review all risk assessments within specified time scales and unfortunately a bit of a backlog has been generated. Additional capacity to support Occupational Health is being sought at this time. However where Occupational Health have reviewed the risk assessments there is clear indication that this is enabling a supportive return to the workplace for staff. This is been really helpful in enabling teams to increase workforce numbers back to a level much closer to usual numbers.

It may be that we need to look again at redeployment, but this mainly comes back down to the same things we are currently working on. We are asking and supporting staff to complete health and risk assessment forms so we can look at getting staff safely back into the workplace. We are also looking at ways we can support people at work throughout this period of increased pressure. It is a difficult task to try and get all the 'pieces of the jigsaw' to fit together, but we are working hard to get staff to the places they are needed.

Q. Why is some of the feedback we are given not being picked up in the reports?

We have received very detailed feedback and we have more than 1000 comments. We will have received your feedback, it may just not be showing on the very high level summary.

Q. We have heard that staff who are shielding are being given the option to be redeployed, which will put added pressure on the already depleted teams. Is this the case?

If the health risk assessment concludes that it is not safe for a member of staff to return to their substantive role, it may be an option to temporarily redeploy them into a different role until it is safe for them to return to their original role. However we are not offering redeployment to staff who can safely return to their substantive role as this is the preferred option.

Q. Some of our staff who were redeployed, for example onto the helpline, are being asked if they would be interested in being redeployed for a further 12 weeks. Is the Trust considering the impact this is having on the colleagues' original teams?

We have a commitment to review all redeployment arrangements for all redeployed staff to ensure that arrangements remain suitable and the member of staff is adequately supported in this redeployed role. This includes asking the redeployed member of staff whether given the exceptional circumstances, would they agree to remain in this redeployed role for a further 12 week period (subject to General Manager approval)? However this does not automatically mean that the staff will remain in the redeployed role as the preference is to return people to their usual place of work, especially is their input is required to maintain usually operating of that service.

We understand the pressure that redeployment is having on teams whose staffing levels are reduced, and looking at the long term, we need to consider recruitment for services such as the helpline, to allow for redeployed staff to return to their substantive roles.

Q. We are still going out to see some of our service users face to face, but GPs seem reluctant to do the same, which means many people are being pushed straight through to us. Has this been raised?

We are aware that the risk of patients coming straight through to us has increased over the last few months and we have discussed with GPs and colleagues in primary care the apparent reluctance to see patients face to face. This is also something we can raise with the mental health recovery cell.

Q. It seems that some teams are conducting home visits with patients whilst others are being told they cannot do this yet. Can it be clarified why there isn't consistence between teams?

All services have reviewed how they complete their essential tasks during COVID. Most of the CMHTs have stood down non urgent or routine tasks and therefore are completing the most urgent or required works only at this time. This has enabled some staff to be redeployed to areas impacted by COVID including our inpatient wards. Therefore the CMHTs will be less likely to complete home visits to undertake routine tasks at this time. However they may be completing home visits to undertake essential or urgent tasks.

Q. Is there going to be any further clarity on plans which came out at the end of last week regarding clinically vulnerable staff who have been advised that they are to have no contact with suspected or confirmed cases. We treat all admissions as suspected cases so the current plan of these staff being moved off these areas whilst we wait for swab results doesn't seem to be sustainable or feasible in the long term as it provides no consistency for the staff returning to work from being at home, their patients, their own ward teams and also the wards in which they are being moved off to.

This guidance is being reviewed again to see how sustainable it is. We agree that this is unlikely to sustainable but it is what the national guidance says at the moment. We have agreed to review weekly to see if we need to move away from this.