

Live engagement hour – Forensic and Rehabilitation
Service session - 6 July 2020

Q: After an outbreak of over 130 cases in a meat packing factory in Merthyr Tydfil, is there any info as to what they were NOT doing compared to other enclosed settings, either to highlight what we are doing well/other things that we may not have thought about?

There is a review underway; the suspicion is lack of social distancing. If people haven't taken the time to put measures into place, the result will be the same. It will be interesting to see whether we get an adverse impact after the opening of pubs the lack of social distancing.

Q: Can I just ask about some things that we are struggling with and continuing to manage on Kedleston? At the start we reduced how many patients at a time were going out on leave, as restrictions are starting to lift, can we consider increasing this number, as the ward are starting to struggle to manage? We also have issues with space and external staff visiting, as we are very limited with space to facilitate this. We also have had issues with staff facilities and have requested additional hand wash basins, but this will take time to implement. We also have had a delay in our discharges due to restrictions.

We had an extension authorised through capital projects, but due to the current situation this has been put on hold. However that would cover some of the issues we currently have. This will be picked up as soon as possible. We have definitely increased the number going out on leave. We are currently acclimatising patients back into the new norm, which includes going out with face masks. Discharge will also be looked at in the near future.

Q: Liaison and diversion have been lucky enough to recruit during COVID, of mixed experience and banding. I have been unable to access self-harm and suicide training. Given increased level of distress and vulnerability of people passing through custody as a front line assessment service, this training would support colleagues to help our services users. This training (virtually or face to face) would be welcomed in community services and coincidentally was an agenda item for Suicide Prevention Strategy group last week.

This was discussed at ELT and there are conversations being held as to how the Trust can get the training back on track. Dr Sykes is looking at the recommendation from the suicide prevention group into the upscaling of training. Mark will speak to Dr Sykes on his return from annual leave next week and feedback to staff.

We can also continue to recruit and grow RCs who are other disciplines to work alongside the medical staffing - we have the support from the s12 AC panel for this and interest in doing it. We always struggle to recruit psychiatry to community. The trajectory is

approximately 30 – 40 new cases discharged over the next year. The doctors' trainee scheme is the way forward to recruiting new staff.

Other staff comments

Re: Pressure points. We work slightly out of the CCG contracts in certain areas. We took measures early on with regards to infection control and staffing, by reducing the size of the wards and reduce the amount of people we had on them. The directive for Kedleston and secure services is that we would continue to admit onto the ward. Kedleston have managed full capacity throughout, which was worrying. The cohort plan is relatively solid. There was also concern about the patients that we carry in the community and that we also had to do face to face, even at the height of the pandemic. The team has continued and done really well, taking their responsibility seriously. Liaison and diversion, the same applies there, we have continued to provide a service into custody throughout. The police have been very good in regards to PPE.

Ifti: I am interested to know whether there was a difference in the numbers of people being seen in custody.

There was definitely an increase in psychosis and domestic violence. Early on in the pandemic, the arrests were low, but there has been an increase over the last 12 weeks. We did reduce the face to face contact.

Tracey: Rehab and Cherry Tree, as far as its cohort plans, was a challenge in the beginning. But this was worked out. We temporarily closed Audrey House to try to support some of the staffing implications. We did shut Cherry Tree, but that has now reopened.

Ifti: Is there anything that you think we could be doing differently in terms of the estate?

Tracey: We had an extension granted, but due to the current situation this has been put on hold, but that would cover some of the issues we currently have.

Ifti: as far as Cherry Tree goes, the space and size or corridors is limited.

Tracey: on both units, both staff and patients have complied really well with the rules that have been put in place. We have found that we are generally two weeks ahead of other Trusts with putting systems in place.

Mark: Thank you for all of your hard work during the last 3-4 months. Your commitment and effort is very much appreciated. Keeping services running, as you have done in these difficult times has been excellent.