

Live engagement hour – Children’s Services – 27 July 2020

Q. Where are we with Commissioners with regards to the 0-19 service tender that would have come out this year?

A. We are currently in discussions with Commissioners as to what options there are to take us to the end of the contract as it is. We are hopeful we will have a pragmatic way forward in the short term leading to a more concrete idea of what happens in the longer term in the next 3-4 weeks. We don't think Commissioners have been able to do what they would ordinarily have chosen to do with the current circumstances. Regular dialog with Commissioners and of the service level continues and they are pleased with what we are doing.

Q. What's the updated information around BAME assessments and face-to-face contacts?

A. Our approach continues to be; these are individual conversations, that the purpose of the BAME risk assessments was about driving a good conversation around risk and risk factors between colleague and manager, for them to agree together what the best approach would be, to continue to deliver services but in a way that was as safe as possible for individual members of staff, recognising that there is an overlap between some BAME colleagues that are completing risk assessments with no additional risk factors whereas there will be some BAME colleagues who have got multiple or additional health risks, that then links into the health risk assessments.

Q. Does the Trust have any plans to extend the risk assessments to other staff, in the same way as UHDB? i.e. all males, BAME colleagues and all 60-70 year olds

A. We have offered risk assessments to everybody. All the people that have filled in risk assessments, males have obviously ticked that box and we have put some communications out about our male colleagues over 60 completing a risk assessment which is also going through. One of the supportive measures that we have put in place for BAME colleagues was to make vitamin D available and we are currently looking to extend this through the winter period.

Q. What will be the Trust view be around flexible working from September due to school having staged start/finishing times for children, which could impact on staff having issues completing contractual hours. Will staff be able to work at home around this?

A. There is not a particular process that meets everybody's needs. It will be looked at on a service by service basis. Each school's start and finish times are going to be slightly different, it will be worked through on a service level, enabling people to work their hours but at the same time ensuring flexibility to drop off and pick up children from school, particularly between September and October half term. Those who can work from home, there will still be an expectation for this to continue.

Q. What is happening about services like ours who are based in city council buildings? Will we go back to our old base? It is currently closed to all and has been since March.

A. Where we are 'lodging' in other people buildings we are unable to control this, reviewing our estates strategy will help. We have spoken about the need to convert non clinical space into clinical space to enable us to deal with services like this. There may well be need for space for clinical interventions and hopefully we can provide this by doing things differently in places like Kingsway. A detailed assessment across the division is being carried out around risk assessment and access, and we seeking clarity on access to some buildings.

Q. Just wanted to raise that with the SystmOne implementation, there are areas such as the risk assessments that are planning on being all ages - how do you feel this meets the specific needs of young people? Particularly as our yps have previously been involved in co-completing their risk assessment / safety assessment with clinicians, which has allowed better collaboration and put them and their needs first.

A. The difference between a risk screen and then a plan that is generated from that screen and whilst the screen may be a broader document the plan that would be generated was much more children specific. It is being discussed at the appropriate forum. Hayley will go away and find out further details on this. The CAMHS LIG have been linked with the OneEPR implementation team to seek to bring a final agreement.

Q. Do you envisage that clinical staff e.g. Health Visitors will be able to do work from home flexibly e.g. writing up records, when able for the foreseeable future?

A. It will be a blended approach, not one size fits all, and it will depend on teams, roles and what people can do. It will also depend on preference, some staff struggle with home being home and work being work so we need to take all these things into account. Rotas are being worked up to allow people the time to come into base whether that be clinical, administrative or support to access office supplies or to see families. The rotas will work as bubbles with times able to be booked to come in to do specific tasks. Individual conversations are needed to ensure each other's personal circumstances are understood.

Q. Please can you clarify - should we be working at home or in the office? There is talk of rotas being devised for office working to bring people back, yet it keeps being mentioned about working at home when you can.

A. Home working is still the expectation if possible. Each team is working up local plans to allow access to buildings. It's an important balance to allow the service to be able to function and to be able to support staff.

Q. I would like to know how the trust plans to keep staff safe, moving forward with regards to office space, due to hot desking. I know of 4 colleagues who had positive antibodies who share desks in a small space. Working from home can lead to isolation as colleagues don't have others support. This is challenging when dealing with safeguarding on a daily basis.

A. Hot desking is not something that we want to be promoting, what we are trying to do where there are minimal desks is to have some sort of buddying arrangement so you know who is going to be using that desk. In some buildings a desk will only be used by 2 or 3 people so there is an element of infection prevention and control and cleanliness, still not absolutely risk free but away from any desk that can be used for anybody to sit and dock a laptop at. It is balance between giving staff the opportunity to come into buildings and bearing in mind the need to keep numbers down, giving people space to space out. Enhanced cleaning measures will be introduced and expectations for all to keep it as safe as possible for each other.

Q. Can I check on the apparent Trust U-turn on carrying over annual leave? Staff did not take annual leave for the 3/4 months as directed and we are now being told we cannot carry over leave or be paid for this, leaving us a 1/4 of the year less to take this annual leave which will impact on staff and service users. Some of us feel we have been let down by the Trust not following the government guidelines on carrying over leave.

A. The government guidelines on annual leave are being followed. The position is, as agreed some time ago, if a member of staff is unable to take all of their annual leave in this year then the statutory part of our annual leave which is 20 days can be carried over to the following year, 2021 – 2022. From a wellbeing point of view staff are now being encouraged to take annual leave and have time away from work as and when they can. Practicalities of everyone storing annual leave and taking it next year would not be operationally possible.

Q. Is there any update with regards to the Trust guidance around home visiting and what is considered safe for both staff and families? Is it a safer option to be offering clinical appointments where the environment is clinically safer? Currently some Health Visitor staff are visiting but it appears to differ from team to team.

A. Going to a home visit is what we would deem as an unknown situation where the COVID element is not known. This is taking place and obviously we assess individuals before a home visit takes place but possibly offering an appointment where the environment is safer and has been made as COVID secure as possible is a consideration if that is easily accessible for the individual that is coming to that appointment. Equally if people feel comfortable in terms of assessing the home environment and comfortable going wearing the relevant PPE equipment that would be fine as well. Needs to be taken on a case-by-case basis. We have the ability to have booked appointments in clinic settings, and will look to increase this. However, there will still be a need for some home visiting.

Q. In view of this longer term planning, clients in certain parts of the city do not have access to clinics like Coleman. Inequality of access should not be impacting on our clients in 0-19 service. Could other possible venues be looked at?

A. We have shifted what used to be a child health clinic into an appointment only basis at certain locations that we felt were easy to manage from an environment point of view. Coleman Health Centre was an easier prospect in that point in time rather than some of the peripheral clinics we were using. Clinic based assessments in a COVID secure environment is very much part of our thinking and we are looking at this. We can't access some locations as yet but will keep liaising with landlords.

Q. Is there guidance around telephone calls and Attend Anywhere?

A. John Sykes has a view that it is about individual understanding with the patient concerned and what works best. There have been some changes to make Attend Anywhere free which is a great help to patients. Various temporary guidance has been issued including what our suggestions would be. We can re-issue the guidance that has been previously circulated.

Q. Can school nurses go in to schools and carry out drop in sessions where we are unable to check pupils are well before we see them?

A. We need to liaise with individual schools to see. There will not be a blanket approach as each school has a different view of who they wish to enter their premises.