Derbyshire Healthcare
NHS Foundation Trust

Live engagement hour – Children's Services – 8 June 2020

Making the workplace safe for staff and service users

Is hot desking going to be discouraged?
Yes, hot desking will be discouraged.

If there are less desks and a rota system does this not mean that hot desking is inevitable?
This is exactly the thing that we need to avoid. We are going to have to work in different ways, which means home working is something we are going to be doing a lot more of going forward. This means that the entire support infrastructure that has been used to support staff in an office needs to be available to those working from home.

Will excess desks be removed? What about when COVID 19 is over?
We will be looking to make it clear which desks and chairs can and can't be used and where we can move them. Where storage allows, we will remove them. It is hard to discuss if and when COVID will be over because until we get a working vaccine and until we get COVID specific treatments that reduce the impact, we probably won't be able to say that COVID is over. It's likely that we will be discussing how we live with COVID going forward and how our services and the way we work is different. We all need to prepare ourselves for a different way of working long term.

What does the new guidance relating to face masks in hospital settings mean for us?
As we hold this session (8 June) we are still waiting for the written follow up from this guidance update. Once we receive this we will work through it as quickly as we can and provide more information. Please check the regular COVID-19 messages to all staff.

In terms of sorting rotas out for office, wouldn't that be better being arranged in teams so we know workload, where people sit etc.?
This is something for individual services to look at. We will be outlining through the Incident Management Team how buildings and offices should be used and then the clinical component of this will be done by the teams. We will be encouraging teams to start looking at how they best use the space they think they have.

Will community reception areas have screens where they currently do not?
We are going to be looking at 'sneeze screens' in receptions. Many receptions have them already but they could also be used quite effectively in consulting rooms.

We have 4 usable desks, 6 staff but only 3 in at any one time. No shared equipment other than double screens. Desks cleaned after and before working day. Is that allowed and COVID safe or not?
There are a few more things that we would need to have a look at such as how spaced out the desks are. This is a conversation that can happen at local level with the guidance.

We have spoken about offices and home working but in terms of clinical rooms for hands on treatment: previously we had 2-3 therapists with 2-3 families all at one time in a room due to this. Clearly this is not possible now. We rent clinical space this now at even more of a premium and we were short on rooms before COVID. Are there plans to investigate other possible venues within the trust or externally (we can only do so much by video consultation and we are a very inventive/ innovative team!)?
Yes we can consider this, as we will still need to see some children and young people face to face. However, we need to remember that partner organisations will all be spreading out too, so there may be quite a call on or demand for some locations.

Will we be able to use local Children's Centres again, especially for setting up clinics (appointment only)? This will be needed as more services get going again in NHS clinics e.g. Revive. It's important that line managers communicate and plan jointly with on the ground staff as services move forward.
We are looking around estates that we don't own. We've looked at the gradual step-up of having slots available to do child health clinics in a different way by appointment, rather than by turning up and queuing. We've got to go through the mechanics as these Children's Centres are quite old buildings. We just need to work through that in some depth – the same is true for buildings like Revive, which we know has huge footfall in those buildings. So we need to take it 'a step at a time' – but we're on it.

Face-to-face contacts have been going on all the time during COVID for births etc. by some of our health visitors - will we be providing people we visit with PPE also?
We will be looking at this further and in line with any future guidance and will keep you updated via Mark's regular updates.

What other larger room venues will we be able to use for i.e. parenting groups, if parents do not have access to IT equipment to participate in Attend anywhere/Microsoft teams? (Previously we used the conference room at the Centre for R&D)
We foresee that we will have to use external venues as we go forward. When you look at making rooms 'COVID safe', you cannot fit many people into a room. For example Conference Rooms A&B at Kingsway Hospital, where the Incident Management Team are based, fits 8 people at safe distance and following the guidelines. So it does mean we will need to use hotels with bigger rooms going forward for example. We could also try using local community halls where we can, so we are putting something back into the community.

Will we be implementing the restoration framework for community health services that was published on 3rd June? In terms of increasing face to face contacts.
Yes, we will be implementing the framework. These are national guidelines and we will be expected to declare our progress against this. We will need to increase face-to face contact across all of our services including Children's but we need to ensure that we can do this safely and we also need to think about the accommodation and where we can accommodate this contact safely. These two things really need to be thought out before we can start to describe the requirements of all the frameworks. We have been clear in our response that those staffing issues come first for us. We are currently working through the guidance as a divisional leadership team.

How do we deliver essential group work for those families where there are risks without the particular intervention e.g. DBT, NVR, particularly if families don't have the IT technology?
These are the sorts of groups of individuals that we are going to have to think about as we start to restore our services, probably more in the phase between July and the financial year at the end of March 2021, because there will be some services that we would really struggle to deliver through an IT-based approach. We need to make sure we have captured what those services are and that we are able to think about how we link that into the estates conversations. So in that instance we need really large rooms. We can do induction face-to-face in really larger rooms so we can do it, but we'll just need to think differently about that.

A lot of the guidance assumes that people using the services will understand that guidance. Will there be more bespoke consideration given for risks assessment for contacts with children and children with additional needs? We already know this cohort struggle to access traditional organises clinic settings.
For children in particular, and for children with additional needs, it is important for us to consider how we interpret the guidance. There is already some work in the pipeline about how we work with individual communities and how we share expectations around accessing healthcare with individual communities. Children and young people with all needs are part of that work. Hayley will contact a few key leads on the call to discuss this further.

Working from home

Are we expected to use Attend Anywhere when working from home as this has an impact on work life balance, addressing issues when having children at home and bringing more work in to our homes?
We understand that there is going to be a fine line between the positives of home working and how it impinges home lives. However, we also need to look at how we keep our staff colleagues and the people who use our services safe whilst we are responding to Covid 19. Part of how we do this is that staff colleagues who are working from home and who have a patient facing role should offer video consultations with their patients in the first instance unless the patient shows a strong preference to have a telephone consultation.

There is advice in the Clinical Video Conferencing policy about how to support your privacy whilst working from home. Wearing a headset or earphones on a video consultation could also help with this, as it would mean that only your words would be heard by members of your household.

Where you feel that there is an impact on your private life and work/life balance or where it is difficult to maintain the privacy and confidentiality of the consultation due to having other responsibilities in the home, please have a conversation with your line manager.

This is new territory for all of us and we need to understand the impact of working from home on people's lives and well-being. You have given us a lot of food for thought through your

comments about home working as part of our Lessons Learned questionnaire and will be working through these to understand your feedback.

Thank you for the updates from Mark daily it's been great, however can the text messages be removed from personal phones to ensure people can switch off during home lives and annual leave

We recently began sending our video messages to members of staff who work bank shifts. Some of the numbers we have listed for those are to a personal mobile number. If you would like to have your number taken off the list, please email dhcft.communications@nhs.net and we will arrange for this to happen

There are no background filters available on Attend Anywhere, it would be helpful if we had a similar format of filters as Microsoft teams - is it possible to put these on for privacy?

The transformation team have raised an enhancement request for Attend Anywhere to blur the background for the clinician. In the meantime there is advice in the Clinical Video Conferencing policy about how staff colleagues can ensure their background does not impact their privacy or provide personal information to the service user.

Training

I would like to ask about training Passports. Are we to continue accessing training via ESR still?

Yes – training is still through ESR. The vast majority of training we have now got is virtual training. We have recently done a review of the training requirements or what training on your passport can be extended automatically. There is some training we need to make sure is done every year and we will have to think about how we do that through e-learning.

We've got another review being finalised either this week or next which will then inform what we think it will be comfortable for colleagues to continue and what we might need to continue to pause, acknowledging the time and the commitment required to do this. It's an opportune time to do this review and making sure we have got it right so hopefully in the next couple of weeks we should be much clearer about what the expectations are for everybody. The vast majority of training will still need to be done online.

Is there money available to use external training rooms where face to face is the better option?

If we need to provide money, if that is deemed the best way to deliver services, then we are going to have to do that. It's important to recognise that there isn't a limitless pot because we are getting more and more financial scrutiny, and we can expect things to be tight as we move forward into the next financial year. However, we need to deliver our services and if that means providing external venues then we are going to do that.

As a new fairly new member of staff I have tried to complete my essential training and not all of this is on E-Learning, is this going to change so we can get essential completed?

Yes, this will be part of the training review which is mentioned above.

Childcare/schools

Will parents be supported to work from home over the school holidays and during school pick up and drop off times as the usual clubs and childcare arrangements are not available?
This is a really difficult one and we need to get into conversations now with managers either through the ongoing assessment process or, more likely, regular conversations with managers so that we can understand for how many people childcare is going to be an issue. We need to look at what the options are and how we can support colleagues in order to find the best solution for them. We won't be telling everyone with childcare difficulties to work from home, but we will be having conversations to support those with real challenges as best we can. This will be looked into on a case-by-case basis and we won't be making any blanket coverage decisions.

Following on from the question about supporting parents during school holidays, will parents also be supported for drop off and pick-ups? My daughter's school is now open, but only 9am till 3.30pm - no before and after school clubs until at least September.
There's something here about building in flexibility, which is really important as we are a 'people first' organisation. Whilst we cannot make blanket rules about letting people work from home, we can say that we do expect conversations to happen about flexibility because if we are going to operate in different ways then having people working different hours, thinking out of the box in terms of how we get that coverage is something we ought to be doing.

Tenders and commissioning

What is the plan moving forward regards the tender process?

Our expectation around the tendering process and the vital nature of the services being delivered and how they link in with our services hasn't changed at all. We should be delivering those services.

There are some legal things in terms of length of contract that we need to deal with, but actually, the aim nationally, even before COVID, was to try and avoid going through the tendering process and look at agreeing service models within an area.

This is something that is currently in conversation at the Children's STP group. The group are trying to collaborate a lot more and one of the priorities from a CAMHS point of view is the plan for children's mental health services. We are now picking up threads of this discussion with commissioners which started prior to COVID.

In relation to 0-19 services, we are now in year five of what is a five-year contract and there were meetings planned which had to be paused due to the COVID response. These meetings have gone back in the diary for the end of June. We have a strong relationship with our 0-19 commissioners and they are very pleased with how we have managed the COVID response and

how we have adapted in recent weeks. We should be able to update colleagues more towards the end of June / early July once the meetings have taken place as to what the timetable may look like, but we are in a very strong and positive position.

Across the complex health services, we have had some engagement with commissioners over the last six months about some of the service specs that we are working on across Therapy and Community Paediatrics and we intend to 'cross the Ts and dot the Is' on those pieces of work soon.

Across the Division there is different engagement with commissioners but nothing has changed in terms of the spirit in which we are entering into it.

New staff members

How will we accommodate new staff and students into the organisation and give direction to them when they are learning a new role, if most our contact with them is going to be virtual?

It is vital that we continue to recruit into our workforce and we need to find new ways of interviewing candidates and having conversations with them. We have recently been doing induction though Microsoft Teams and these have been fairly effective. It is possible that some aspects of recruitment such as induction may return to face to face if we are 'COVID secure'. However, things such as big team meetings in smaller rooms will not be possible, so we need to start looking at how we can increase virtual opportunities for teams to network. There may be ways for smaller groups to come together with social distancing in place, but we need to think more about how we go about this.