



## Response to FOI005

### Request

I'm writing to you under the Freedom of Information Act 2000 to request the following information in electronic form:

1. **What emergency measures have been put in place in all psychiatric wards since the coronavirus crisis started.**

Since the start of coronavirus virus contingency plans have been developed and adapted in line with national guidance to include the following:

- Management: Addition of shadow on call managers to check on units at weekends,
- Regular senior management meetings to assess, plan and cascade info to teams/escalate issues
- Regular Front Line manager meetings to assess, plan and cascade info to teams/escalate issues
- Regular matron meetings to assess, plan and cascade Info to teams/escalate issues
- Daily Covid related discussion at Handovers
- Covid Information packs held on each ward with current updated advice / guidance
- Regular management reporting and review of staffing to support safe practice across units
- IPC / Interventions– PPE worn by staff in accordance with guidance
- Touchpoint Cleansing on all units on a regular time planned basis.
- PPE orders and stock management on a daily basis
- Review of Physical health of patients and increased testing – temps checked daily
- Contingency planning for patient cohort assessed as vulnerable if symptomatic
- Testing being introduced as per national guidance and Trust response for patients and staff
- Contingency planning for positive patient cases and isolation within unit /safe management of patient and others
- Response to review of clinical guidance – Resus / MHA etc
- Site management – Avoidance of all non-essential contact from those outside essential staff group to units
- Leave arrangements for patients reviewed and all non-essential leave on hold (discussed openly with patient group based on Govt. guidance)
- All visitors requested to place face to face contact on hold
- Tablets and phones accessible for patients to have contact with family/significant others
- Admissions and Discharges reviewed in terms of safety – some processes on hold
- Contingency planning for significant staff depletion and need to concentrate staff group / patients over reduced estate
- Plans were put in place to identify how we would manage our services based on 20%,40%, 60% and 80% staff absence. Contingency plans were developed around this. We identified a red amber green system to identify if we had to reduce the number of patients on wards which patients could most likely be discharged earlier if required with support from community teams.
- Plans were put in place to identify how we would manage our services based on 20%,40%, 60% and 80% staff absence. Contingency plans were developed around this. We also developed patient cohorting plans to safely treat patients who were COVID 19 positive and also prevent the virus

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spreading .The Trust Legal and Ethics group and the Trust Clinical Advisory group developed relevant guidance /policy to support clinical practice throughout the COVID period.

**2. How many inpatients have been discharged early from psychiatric wards since the coronavirus crisis started**

There have been no early discharges for inpatients in our psychiatric wards since the start of the coronavirus crisis, discharges remain focused on service user needs and the ability to discharge safely.

There have been some delays to planned discharges due to services (external to the Trust) inability to provide supported accommodation.

**3. Whether inpatients still have access to therapy, or whether sessions have been reduced**

Inpatient can access therapy, however some therapy sessions were reduced and put on hold, such as group interventions due to reduction of staffing levels and facilitating social distancing to create a safe working environment.

To combat the reduction of therapy sessions the following has been implemented:

- Group sessions were either restricted to a small group session or replaced with a 1:1 session to ensure therapeutic needs and psychological wellbeing were met and supported.
- Additional staff were recruited in a rapid recruitment campaign to support existing staff to increase activities
- Use of technology where relevant to facilitate therapy sessions.

In addition to this, while the Trusts GP service has been available throughout the timeframe, dentist, podiatry and optician have not been available.

**4. Whether inpatients are still granted leave or are permitted visitors; if not, what measures have been put in place to keep them connected.**

Initially visitors were restricted for Inpatient service users, however this has now changed, and inpatients are not permitted to have visitors in order to reduce the risk of infection.

All inpatient leave is reviewed, and risk assessed. Non-essential leave is put on hold and discussed openly with patients based on Government guidance.

To facilitate inpatients to stay connected with families/significant others additional resource were allocated such as tablets and phones for patients to use.