Hertfordshire Partnership University NHS Foundation Trust

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Our Ref: FOI/04902

Thank you for your request concerning treatment provided during Covid 19.

Your request has been considered and processed in accordance with the requirements of the Freedom of Information (FOI) Act 2000.

Between March 2020 and July 2021, the UK government implemented national and regional restrictions in an attempt to slow the spread of Covid-19. Please see a brief chronology below:

- **First UK-wide lockdown: March 2020- July 2020. On 23 March 2020, people were ordered to stay at home, and only leave for essential purposes and daily exercise. From May 2020, the laws were slowly relaxed.**
- **Between July 4 2020, and September 2020, most lockdown restrictions were lifted. Gatherings of up to thirty people were permitted.**
- **Local 'tier system' of restrictions introduced: Sep 2020- Nov 2020.**
- **Second national lockdown: 5 Nov 2020- 2 Dec 2020.**
- **Tiered system reintroduced: 2 Dec 2020.**
- **Third national lockdown: 6 Jan 2021 to March 2021.**
- **On 8 March 2021, England began a phased exit from lockdown.**

Please see attached a spreadsheet, for you to complete with the information that you hold.

Mental health service contacts

1) Contacts by consultation medium for adults

a) Please provide the total number of contacts you have had with adults accessing help for their mental health, in the community and in A &E, broken down by the consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "contacts by medium for adults"

b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

Please see tab 1 of completed spreadsheet.

Caveat 1: For Types of CMHT contact the teams grouped under 'any other specialist CMHT' are 'Early Intervention in Psychosis', 'Adult Eating Disorders', 'Enhanced Primary Care Mental Health Service', 'Community Perinatal', 'CAMHS Eating Disorders' & 'Early Memory Diagnosis and Support Service'.

Our Values
Welcoming Kind Positive Respectful Professional

2) **Contacts by consultation medium for children (under 18)**
   a) **Please provide the total number of contacts you have had with children accessing help for their mental health in the community and in A &E broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "contacts by medium for children".**
   b) **If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.**

   Please see tab 2.

3) **IAPT contacts by consultation medium for adults**
   a) **Please provide the number of contacts you have had with adults accessing Improving Access to Psychological Therapies (IAPT) services broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "IAPT by medium for adults".**
   b) **If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.**

   Please see tab 3.

   Caveat 2: IAPT contacts of Telemedicine & Video are requested separately but these are the same thing on PCMIS, so the Video section has been left blank.

4) **IAPT contacts by consultation medium for children (under 18)**
   a) **Please provide the number of contacts you have had with children (aged under 18) accessing Improving Access to Psychological Therapies (IAPT) services broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "IAPT by medium for children".**
   b) **If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.**

   Please see tab 4 and Caveat 2 above.

5) **Types of Community Mental Health Team contacts, by team and medium.**
   a) **Please provide the number of contacts you have had with patients supported by Community Mental Health Teams broken down by consultation medium and the team they were seen by. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "Types of CMHT contact".**

   Please see tab 5.

6) **Depot Injections given between Jan 2020 and June 2022**

   a) **Please provide the number of depot injections given to patients broken down by location. Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "Depot injections given".**
   b) **If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.**

   Please see tab 6. Due to the small numbers of depot injection given when broken down into ethnicity we have applied Exemption Section 40(2). This is because entries of 5 or

less are considered sufficiently small enough to be potentially identifiable data. On this basis, this information is exempt from the duty to publish.

7) Alternative arrangements

a) If a patient could not access a remote appointment, what was the Trust's offer to access care?

- For service users on clozapine treatment the trust continued to ensure essential tests could be completed and access to medication was in place.
- Service users who were already established on clozapine and were able to attend the clinic for blood testing were advised to continue to do so, taking advice from the clinic lead. Clinics and teams ensured clinics were Covid19 secure with staggered appointment system and adherence to social distancing advice. The clozapine clinic contacted service users to confirm appointments and check their current physical health and isolation status.
- For service users who had symptoms suggestive of COVID-19 infection, those who were in self-isolation or were shielding, staff visited them in their home ensuring PPE and IPC procedures were followed.
- Service users on depots/long-acting antipsychotic injections were supported to continue treatment using COVID-19 secure practices (PPE/social distancing/ventilation) with local guidance in place. Trust advice regarding depot administration was:
  - Phone service users prior to the appointment to check their current physical health and isolation status.
  - Close contact during the depot injection staff wore appropriate PPE and supported service users to not be alarmed by the changes.
  - If a service user was suspected or confirmed COVID-19, the depot was given at home by a member of staff wearing protective equipment. Consider if the depot could be safely delayed until after the isolation period.

b) If home visits or depot clinic were withdrawn for people needing depot injections, what were the alternative arrangements?

Please see the answer to 7a.

8) Inpatient Admissions and Discharge Numbers between January 2020 and June 2022

a) Please set out your admission and discharge numbers between March 2020 and June 2022. Please break these down by Formal, Informal and by ethnicity. Kindly complete the spreadsheet attached, on the tab called "Inpatient admission discharge 1". We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

Please see tab 7. Again due to the small numbers of Inpatient admissions and discharges when broken down into ethnicity we have applied Exemption Section 40(2). This is because entries of 5 or less are considered sufficiently small enough to be potentially identifiable data. On this basis, this information is exempt from the duty to publish.

b) Please set out your admission and discharge numbers between March 2020 and June 2022. Please break these down by Formal, Informal and by age group and gender. Kindly complete the spreadsheet attached, on the tab called "Inpatient admission discharge 2". We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead

Please see tab 8. Again due to the small numbers of Inpatient admissions and discharges when broken down into formal, informal, age groups and gender we have applied Exemption Section 40(2). This is because entries of 5 or less are considered sufficiently

small enough to be potentially identifiable data. On this basis, this information is exempt from the duty to publish.

Management of Covid in Psychiatric Wards between March 2020 and June 2022

9) Staffing levels

a) How many mental health staff were redeployed to covid wards or over to the general side between March 2020 and June 2022?

Our Mental Health staff were not required, although we had general nurses/dual trained nurses on standby to go to the Nightingale in London.

b) What proportion of shifts or what number were covered by agency staff? Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet on the tab called "other" in the row "Percentage of shifts covered by agency staff" and/or the row "Number of shifts covered by agency staff per month".

Please see tab 9

c) How much did your Trust spend on agency workers? Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet on the tab called "other" in the row "Amount spent on agency workers per month"

Please see tab 9

d) What were the reasons for any critical incidents reported between March 2020 and June 2022?

As a Mental Health and Specialist Learning Disability, we did not declare any critical incidents.

e) Did you shut any services in whole or in part or stop taking patients into a service or on a waiting list during lockdown. If yes, could you explain the reason that decision was taken.

The Early Memory Diagnosis and Support Service (EMDASS) was paused, to support the Inpatient and Community Teams.

We did not cease or reduce provision of any other service during Covid. We continued to receive and manage referrals, and deliver treatment as per contract

10) Managing Covid

a) Did you have any safeguards in place to seek to prevent isolation creating further deterioration in mental health, and if so, what were they?

- Local guidance aligned to national guidance was in place to continue therapeutic intervention alongside individualised risk assessments. COVID-19 Checklist for Isolation included review of the essential considerations in the care/support plan according to risk assessment and the Human Rights Act (1998) which included the following and fully involving the service user/resident (and/or advocate and family/carers as appropriate) in developing the care plan:

  a) How physical health care needs will be met (both for COVID-19 symptoms and pre-existing health conditions
  b) Access to fresh air and exercise
  c) Access to personal care facilities e.g. bath/shower, laundry, etc.
  d) How the individual's room will be cleaned
  e) Access to meaningful therapeutic and leisure activities
  f) Access to smoking/vaping/nicotine replacement therapy (where applicable)

g) Access to family and friends via the use of telecommunications, social media, etc.
h) Access to money and shopping for personal items
i) Access to advocacy services

- Covid19 testing informed risk assessments and as national testing guidance changed during the period (2020-2022) local guidance was updated appropriately.
- Risk assessments for individuals to support routines/behaviours i.e., identifying a space where the service user had access to a lounge/corridor which was separated by doors and not accessed by other service users.
- Cohort spaces if several service users had Covid19 to enable access to space outside for fresh air in designated gardens or communal spaces. This was aligned to national guidance.
- Changes to national guidance was reviewed regularly and local guidance updated accordingly during the period from 2020-2022. Core reference was from *PHE,- COVID-19: guidance for stepdown of infection control precautions within hospitals and discharging COVID-19 patients from hospital to home settings.*

b) When patients were in isolation for infection control purposes, where were they isolated? What access was there to bathroom and washing facilities?

- Service users in isolation within own room which in the majority of inpatient units have own ensuite facilities including toilet/wash hand basin and shower.
- Where ensuite facilities are not available the aim is to allocate a shower/bathroom for the service user in isolation to use or where there were several positive service users designated facilities identified as part of cohort measures. Discussed in outbreak meetings to ensure this was facilitated.

11) Visits to wards

a) Did you change your policy to restrict visits from friends and family to patients on the wards during this time (Between March 2020 and June 2022)?

- In line with national restrictions the trust had to review the visiting guidance (usually within the operational policy for each unit/service). Local guidance was updated a number of times between 2020 – 2022.
- Date 06-04-20 (letter to service users) Following an NHS England directive on 25 March, all visits family visits to our wards are paused until further notice, unless in exceptional circumstances. The only exceptional circumstances where one visitor – an immediate family member or carer – will be permitted to visit are listed below.
  - o The patient you wish to visit is receiving end-of-life care.
  - o You are a parent or appropriate adult visiting your child.

  If you have a special request regarding visiting a family member, please speak to the Team Leader or the Nurse in Charge of the shift.

- **Visiting guidance – May 2021** We continued to facilitate visiting in our inpatient settings in a COVID-secure way, adhering to national and Trust guidance. Decisions on limiting visits, in line with current Government restrictions, were made on an individual basis and based upon active risk assessment. For example, limiting visits onto a ward if there are COVID positive service users on the ward, letting visits happen in gardens or other outside spaces where the clinical risk assessment allows for this.
- If possible, arranging a visiting space off the ward, limiting the time of visits, introducing a booking system for all visits, staggering visiting times, establishing non-contact rules and reminding service users around social distancing. The room to be used for visits were COVID-19 secure (with consideration of maximum persons in room). Where possible, windows should be kept open to allow ventilation.

- Changed Dec 2021 - We are asking all visitors to undertake a lateral flow test on the day prior to visiting an inpatient service to allow us to protect our vulnerable service users for COVID-19 infection.

  The number of visitors may be limited to one close family contact or somebody important to the service user.

- Local guidance continued to be updated following receipt of national NHS England **Publications approval reference: C1606** Living with COVID-19 - Visiting healthcare inpatient settings: principles. 8 March 2022, Version 4. –
  - Anyone showing symptoms of Covid-19, or they feel unwell should not visit;
  - Due to changes in accessing LFD tests by the government we were not able to ask for testing before visiting (free access to LFD tests finished on 31st MARCH)
  - Visits can take place on the ward and each SU can have 2 visitors at a time and should be facilitated for at least an hour or longer.
  - Visits should still be managed with bookings
  - Visitors are to continue to wear fluid resistant surgical masks (FRSM) during visits to inpatient areas including when entering and moving through the healthcare setting.
  - Compassionate considerations in place to support end of life.

b) Did any policies or rules for visits vary for different age groups and groups of patients?

Visiting plans were individually risk assessed (as above).

c) If visits were restricted, did you put on additional methods for patients to keep in touch with friends and family such as extra phones for the wards or setting up video calls?

- Various modes of access were used to ensure connections with family/friends continued. Maintaining contact was encouraged if face to face visit cannot take place and other options for keeping in contact were offered and provided in these circumstances (telephone, Facetime for example). This is particularly important for those service users who are self-isolating on the ward/unit.
- Garden visits were also in place based on individual risk assessment.

d) If yes, what date(s) did you provide extra facilities?

Throughout the period 2020 - 2022

12) Access to outdoors

a) Did you have any policies on access to outdoors/ fresh air for patients?

b) Did these policies change during lock down, and if so please specify dates that any fresh air policies changed.

- Majority of inpatient sites have access to outdoor spaces that are self-contained, so access continued. We also have a space around the hospital grounds that enabled staff to support service users to have access supported by social distancing.
- In LTS patients also able to access secure outdoor areas
- Ground Leave can be in any designated areas of the grounds; any leisure or recreation facilities within the defined grounds of each unit.
- Ground Leave for HPFT units are defined as all patient accessible areas within the unit and any garden area within the perimeter fence.
- S17 leave policy v7 (dec 2020) Ward staff should ensure that every service user is advised of ways in which they can obtain exercise if they wish. This can be facilitated by utilising the hospital grounds, ward gyms, ward gardens or outside areas/courtyard areas within the ward location. Ground leave will, as usual, be dependent upon individualised risk assessments and care plans.

13) S17 Leave

a) Did you have any updated policies and procedures on s17 leave during this time? For example, was s17 leave routinely cancelled?

- Yes, guidance was updated in line with national restrictions (2020), and the focus was on case-by-case review against the local Tier restrictions in operation at the time.
- Service users were informed of the national guidance / restrictions / requirements in place at the time of their leave, for example, needing to wear a FRSM in public.
- Section 17 leave considered on an individual case by case basis and granted following normal leave risk assessment by the Responsible Clinician and a further leave risk assessment at the time the leave is due to be taken, in line with the S17 leave policy.
- Teams use their clinical discretion in consultation with patients / carers when permitting leave.
- Added to the S17 leave policy was appendix 6 Guidance in relation to Patient Leave including S17 Leave (MHA) during COVID-19 outbreak 22nd December 2020

Should you require further clarification, please do not hesitate to contact me.

Please find enclosed an information sheet regarding copyright protection and the Trust's complaints procedure in the event that you are not satisfied with the response.

Yours sincerely

Sue Smith

Sue Smith
Information Rights Officer

Enc: Copyright Protection and Complaints Procedure Information Leaflet.

If you would like to complete a short survey in relation to your Freedom of Information request please scan the QR code below or click here.