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Request for Information Reference: 10.20.52

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Email only

15 February 2021

Freedom of Information Act 2000 – Request for Information

Thank you for submitting a request for information which we received on 26 October 2020 in relation to County Durham and Darlington NHS Foundation Trust (the Trust). Your request has been processed under the provisions of the Freedom of Information Act 2000 and I am now able to provide you with a response.

Your request was in relation to Trust Policies and Procedures in place during the time periods 11/9/2020 to 7/9/2020 and 24/9/2020 to 04/10/2020 and I am providing the following information in response to your specific questions:

- 1. Can I have a copy of Publications reference 001159 'Clinical guide for the management of palliative care in hospital during the coronavirus pandemic'? I would like to see a copy of your local Trust guidelines as reference is made to them in these, the national guidelines. I would like to see any local adjustments put in place?**

The publication you are referring to from the National Institute for Health and Care Excellence can be found through the following website: <https://www.nice.org.uk/covid-19/specialty-guides> under the palliative care section.

Please see Attachment 1 for the Trust's local guidance document

- 2. In the above document, reference is made to clinical guidelines that trigger the initiation of palliative care, I would like to see a copy of these also please?**

The NICE Clinical Knowledge Summary for 'palliative care' can be found through the following website:

<https://cks.nice.org.uk/topics/palliative-care-general-issues/background-information/definition/>

For clarity the Trust does not have a local Trust version of this guidance document.

3. A copy of the Health and Safety Risk Assessment for the ward pertaining to Covid-19 hygiene and infectious disease control measures and PPE for team and visitors for an infectious disease during this pandemic? Also a copy of the system of work resultant from the aforementioned assessment?

Individual wards are not required to have specific risk assessments as the infection control requirements extend to all clinical areas based on the activity undertaken.

The Trust has established systems of work which follow the national IPC guidance which can be viewed through the following link:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>.

In particular, the Trust has implemented a zoned approach in clinical areas to indicate which PPE should be worn:

COVID-19 Higher Risk Cohort Isolation Area - Red Zone:

This is a ward or department with COVID-19 patients (potential, suspected or positive) with a high risk of Aerosol Generating Procedures (AGP's) being performed in a cohort area (outside of an isolation room). There is to be a donning and doffing station to be situated within the ward or department door and PPE is to include:

- FFP3 Respirator (eye protection – to be risk assessed) to be worn at all times
- A gown for sessional use (carrying out of tasks i.e. ward round, tea round etc) if no patient contact is required
- If patient contact is required an apron and gloves are to be donned over the gown
- After patient contact the gown, apron and gloves are to be doffed and hand hygiene performed

COVID-19 Cohort Isolation Area – Amber Zone:

This is a ward or department where no AGP's being performed in a cohort area (outside of isolation room). There is to be a donning and doffing station to be situated within the ward or department door and PPE is to include:

- A Fluid Resistant surgical mask (eye protection – to be risk assessed) to be worn at all times
- For patient contact; apron and gloves to be worn, to be changed between patients

4. A schematic diagram of the design and layout of the ward for the time period specified?

The Trust believes that disclosing this information could be likely to prejudice the prevention or detection of a crime. Section 31 (1) (a) of the Act states that information is exempt if its disclosure under the Act would, or would be likely to, prejudice the

prevention or detection of crime. The Trust considers that if it was to disclose into the public domain the schematic diagrams of the wards, this could provide intelligence which could be used to facilitate the commission of an offence; in particular, by encouraging any terrorist or extremist element within society to plan and enact an untoward incident that may endanger users of the site including patients and visitors. The Trust has made this judgment taking account of the advice of its Security Management Team, and the threat / risk assessments which they hold. To illustrate, without specific detail, the type of real factors which inform their threat assessments, the proximity of the site to HM Prisons means that the Trust needs to be mindful of risks associated with any requirement to provide inpatient treatment to prisoners from those sites. More generally, the current threat level throughout the country is deemed as 'substantial' which means an attack remains likely.

The Trust has considered whether the public interest in preventing the prejudice outlined above exceeds the public interest in transparency and has concluded, given the potential impacts to patient, public and visitor safety, and to the public purse, that the public interest in preventing such prejudice carries the greater weight.

Should you have any specific follow up questions about the layout of our wards, we will consider whether we can answer them without risking prejudice to the prevention of crime. Please let us know of any such questions.

5. I would like confirmation, that on 11/9/2020, the rotas for nursing team, support workers, cleaners and any other forms of auxiliary existed for Covid-19 and non Covid-19 patients independently and that there was no overlap in team members to ensure good hygiene control and no form of infection risk? Did these team members use different rest facilities and nursing stations and did not come into physical contact at any time during their shift?

Rotas for both clinical and facilities staff on 11/9/2020 show the staff as being static and working on an assigned specific ward and that they would not move or work across different wards during the shift.

The correct donning and doffing procedures would be followed by all staff when entering and leaving the ward. There could be a requirement for a patient to be transferred between wards which may require a clinical member of the team to accompany the move. This would be carried out using the correct PPE at all times.

Staff may take their breaks at the restaurant and would again follow the correct donning and doffing procedures for PPE and would follow the social distancing and hand hygiene controls which are in place across all Trust sites. Should the clinical staff choose to take their breaks on the ward, there are control measures in place for those rest areas as well.

6. I would like to see your SOP for calling an 'on-call' doctor at night

The Trust has no guidance or Standard Operating Procedure (SOP) on when an on-call doctor can or should be called at night. This is entirely a matter of clinical and professional judgement and is neither constrained nor dictated by written rules, or guidance.

7. I would like to see your local clinical protocols/ guidelines for when different methods of oxygen delivery are instituted?

Please see the attached documents:

7a – the Supplementary Oxygen protocol – please note that the life of this document had been extended for 12 months and its review date is April 2021.

7b – Clinical Guide for the Optimal Use of Oxygen Therapy during the Covid-19 Pandemic - this Oxygen ranges in our electronic and Prescribing Medicines Administration (ePMA) added for Covid-19 patients in line with NICE guidance.

8. Can the Trust please confirm that as of 11/09/2020 until 17/09/2020 that there were no Covid-19 patients on the AMU Ward at UHND? Was this correct for the entire Respiratory Ward or just the named patient's side of the Ward? How many Covid-19 cases were on each ward within the hospital? Please provide proof that there were no Covid-19 cases anywhere on the ward during the time period specified?

You clarified the Wards you wished for this information for as AMU, Ward 1 and Ward 6 at UHND. The Trust can confirm that during the time period specified, there were at times between one and three Covid-19 positive patients occupying beds on the wards in question.

Please note, regards to exact numbers of patients the Trust has withheld this information, as to disclose this information would breach one of the data protection principles contained in the Data Protection Act 2018 (which supplements the EU General Data Protection Regulation (GDPR) which came into effect in May 2018) in that it would render it possible to identify the individuals. We do not believe that it would be fair to the individuals for their identities to be made public. We therefore believe that the exemption contained within section 40 of the Act is engaged.

The Trust has assessed the risk that the identities of the individual patients could be inferred, and judges that possibility to be real. It is has therefore taken the decision to withhold this information under Section 40 of the Freedom of Information Act. The Trust is relying, in part, on the absolute exemption available under Section 40(3) (a) (i), where information would be shared in contravention of the principles in the Data Protection Act and the qualified exemption in Section (40) (3) (a) (ii), where the numbers published could allow the identify of individual patients to be inferred causing damage or distress to themselves or their families. The Trust has weighed the public interest in preventing that distress with the public interest in transparency and has concluded that the former interest carries greater weight, in particular because it is not necessary to disclose specific numbers relating to individuals for the

reader to understand the approach taken by the Trust in preventing the transfer of Covid-19 from patient to patient.

9. I would like clarification for your procedures for control of disease transmission, during Covid-19, on a respiratory ward whilst waiting for Covid-19 test results and copies of any documentation?

The Trust does not move patients to wards until we have confirmed their Covid-19 status in the admissions units.

In line with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log on the Trust's website. However please be assured that we anonymise all responses prior to adding them to the disclosure log.

I hope that this response has provided you with the information you had requested. If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me by telephone or in writing. If however, you are dissatisfied with the way in which your request has been handled and would like an internal review, you will need to contact me in writing at the above address or via cdda-tr.cddftfoi@nhs.

If you remain dissatisfied with our response following an internal review you have the right to appeal to The Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. More information is available on their website; www.ico.gov.uk.

Yours sincerely

Joanna Tyrrell
Freedom of Information Officer