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Request for Information Reference: 08.22.38

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Email only

23rd August 2022

Freedom of Information Act 2000 – Request for Information

Thank you for submitting a request for information which we received on 16th August 2022 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 the NHS winter plan and I am providing the following information in response to your specific questions:

1. What are your plans to reduce the sickness absence rate and fill the vacancies for doctors and nurses ahead of winter when admissions may increase?

The Trusts recruitment and workforce strategies have been deployed to ensure that substantive and temporary staffing solutions are maximised throughout the year. The Trust also uses our people-centric attendance management policy to ensure that staff health and wellbeing is managed effectively. Preventative health interventions and supportive management practices are used in all of the Trust's workforce practices, which aids in reducing the absence rate.

2. Do you have a plan in place to increase the number of general and acute beds available now, over the next six months and a longer-term plan to ensure sufficient beds?

The Trust's 2022/23 annual plan includes 32 general and acute beds to be operationalised in the second half of the year.

3. What plans does the trust have in place to tackle the current waiting list and clear the back logs?

The Trust is deploying a range of actions including utilisation of local Independent sector providers, increasing diagnostic capacity, development of Patient Initiated Follow Ups (PIFU) and offering increased advice & guidance to protect new referral capacity.

4. What is the long-term plan to ensure waiting lists remain low so that patients are reassured they will be treated quickly?

There are plans to open additional non-elective bed capacity to protect elective beds and sustain high levels of elective operating capacity and increase operating capacity in Bishop Auckland Hospital. The transition to PIFU and reduced follow up volumes of activity over the longer term will release capacity to see more new patients in a shorter time frame.

5. Please provide clear clinical and scientific evidence to support the decision to force NHS staff to wear masks in order to reduce the spread of respiratory viruses and the results of any impact assessment carried out at your trust that considered the impact on staff and their physical and mental health?

Type IIR Fluid Resistant Face Masks have been recommended for use by healthcare workers since early in the COVID19 pandemic. Their use is currently recommended in The IPC Manual for England that can be accessed [here](#) and a link to the literature review can be found [here](#).

6. Please provide evidence that the restriction on the number of visitors has reduced the spread of a respiratory virus and details of consultations carried out with patients to assess the impact on their wellbeing?

During the COVID-19 pandemic, universal masking in healthcare and increased physical distancing were introduced as additional IPC measures. In order to achieve the physical distancing element, restricting numbers of visitors was implemented. It was also vital to protect patients and visitors from transmitting the infection, particularly before the other protective measures, such as vaccinations and anti-viral treatments were introduced.

Now withdrawn UKHSA COVID 19 Guidance stated:

Recommendation that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care settings.

Recommendation that physical distancing should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed.

7. Why are staff and patients still being tested with PCR tests?

PCR testing is the most accurate microbiological diagnostic test to confirm the presence of any organism. This will continue to be used for COVID-19 diagnostics when deemed necessary by the attending physician. The trust utilises Point of Care testing on admission to Acute settings as a surveillance tool for covid-19 but currently requires a PCR to confirm positive Point of Care tests.

8. What is the plan to phase out PCR testing and to rely on actual clinical diagnosis on patients and staff with symptoms?

As above, PCR testing is part of the clinical diagnosis process. However, if the attending clinician diagnoses COVID-19 infection based on symptoms, the treatment pathway will be initiated. Much experience has been gained by our clinical staff over the past 2.5 years to enable this.

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

Corporate Records and Freedom of Information Facilitator