

## **Quality Position Statement – Quality issues**

### **Purpose of Report**

The Trust remains in a pandemic Level 4 incident management and emergency planning. This is a briefing to advise the Trust Board of Directors and the public on some core quality and safety issues. This includes assurances on infection control, the safety standards in managing mixed sex accommodation in a pandemic situation and Quality and Safeguarding Committee summary.

### **Executive Summary**

- An assessment against NHS England recommended checklist of infection control measures and controls has been included and an assessment of the current performance. Our organisation has a strong history of solid infection control, low levels of outbreaks, strong performance in cleanliness standards in national independent audits. In our historical core service CQC reviews, there have been improvements in tidiness and on ward areas for cleanliness. This was rectified in 2020 inspections. However, overall our Trust sites and services have strong performance and outcomes in this area. In summary, the checklist demonstrates solid performance. Our clinical management of COVID-19 in our in-patient and community settings has not resulted in large scale outbreaks and our level of mortality associated with inpatient care is one of the lowest in the region.
- Mixed sex accommodation - the Department of Health requires all providers of NHS-funded care to confirm that they are compliant with the national definition “to eliminate mixed sex accommodation except where it is in the overall best interests of the patient or reflects the patient's choice”. Organisations that either do not make a declaration or declare that supporting note: mixed sex accommodation 1, they are not compliant will face penalties. Declarations must be clearly visible on the organisation's website. The declaration should be accompanied by a commitment to audit data quality and publish results. The consequences of non-compliance are fines for an organisation, but these penalties are the responsibility of the Department of Health and not the Care Quality Commission (CQC).
- Health regulators in the pandemic emergency require that all providers should be aware of the current guidance on the management of COVID-19 for healthcare and the standards. To achieve effective infection control through the cohorting of patients with, or suspected to have, COVID-19, the restrictions on mixed sex accommodation may be challenged. As long as the individual patients continue to be risk assessed (with any particular vulnerabilities or risks associated with being in a mixed gender environment taken into consideration) mixing the sex of patients in a cohorted ward should be considered a reasonable and proportionate response to the immediate risk presented by the infection.
- NHS England has announced that they will not be collecting data on any breaches of the eliminating mixed sex accommodation.

Due to the recent outbreak of COVID-19, Derbyshire Healthcare NHS Foundation

Trust has need to implement new ways of working and plans in place for possible outbreaks. The risk of COVID-19 is broken down into two separate areas:

1. Those who are needing to isolate because they are suspected or confirmed to have COVID-19
2. Those who need to shield as a result of being in a very high risk vulnerability group if they were to get COVID-19.

As a result, this provides a challenge within our current inpatient settings. For our older adult inpatient population, this is both a risk relating to a large number of the patients being within the 'Very High Risk Group' and so if a patient were to become positive of COVID-19, this provides a significant risk to the rest of the patients within that ward. To ensure that risk is reduced and managed in a safe way the Cubleys and Ward 1 have adopted a "POD" management system. This means that one area of the ward is utilised to manage positive cases of COVID-19, one is used to manage those who are suspected and one pod is used to manage those with no symptoms or a negative test result, ensuring that the risk of transference is minimal. This has shown a positive result as Ward 1 has moved from having several positive cases of COVID-19 to none and Cubley has moved from 6 positive cases to 4 and this continues to decline in numbers. In doing this, the Trust has needed to alter its approach to single sex areas or sections of a ward and new risk management plans have been put in place to manage this including sexual safety. As a result, at present where needed a POD or area of a ward has a mix of both male and female patients.

For the Acute inpatient areas, wards are being managed in the same way. However, plans are in place to manage very high risk patients and positive cases of COVID-19. Within these plans, there are options to move to a model where both male and females are nursed within the same area of a ward, however, never in a mixed sex dormitory. The Trust's Privacy and Dignity Policy has also been updated to highlight this possible change in practice and how this should be managed.

In our Trust, we are compliant with COVID-19 for healthcare and the standards. We have adapted our Trust policy on mixed sex adaptations and we are monitoring this and will report on these changes to offer full transparency on these changes. All National COVID-19 management guidelines published by Public Health England in this area are consistently reviewed to ensure compliance.

The Quality and Safeguarding Committee continues to meet and receive summaries of practice and safety concerns including quality metrics.

<b>Strategic Considerations</b>	
1) We will deliver <b>great care</b> by delivering compassionate, person-centred innovative and safe care	x
2) We will ensure that the Trust is a <b>great place to work</b> by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	
3) We will make the <b>best use of our money</b> by making financially wise decisions and will always strive for best value to make money go further	



## **Assurances**

This report provides assurance that the Trust is following recommendations outlined in the infection control, the safety standards in managing mixed sex accommodation in a pandemic situation

## **Governance or Legal Issues**

Health Act 2006. The Code of Practice relating to health care associated infections. The code may in particular make such provision as the Secretary of State considers appropriate for the purpose of safeguarding individuals (whether receiving health care or otherwise) from the risk, or any increased risk, of being exposed to health care associated infections or of being made susceptible, or more susceptible, to them;

The Care Quality Commission Regulations - this report provides assurance as follows:

- Outcome 4 (Regulation 9) Care and welfare of people who use services
- Outcome 16 (Regulation 10) Assessing and monitoring the quality of service provision

## **Public Sector Equality Duty and Equality Impact Risk Analysis**

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics, namely age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation) including risks and say how these risks are to be managed.

Below is a summary of the equality-related impacts of the report:

Mixed sex accommodation is a formal duty, although the COVID-19 management guidelines over rule this health standard. It has been reported to the Trust Board to ensure clarity and good governance of this significantly changed practice. There are risks associated with this changed practice and monitoring over sight is in place to mitigate this risk.

## **Recommendations**

The Board of Directors is requested to accept this focused Quality Position Statement of the Trust's approach and agree for the report to be published on the Trust's website as per national guidance.

**Report presented by:** Carolyn Green  
Director of Nursing and Patient Experience

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Director of Nursing and Patient Experience

## Quality Position Statement

### 1. Background

<b>Trust Board – Infection Control report April 2020</b>
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<b>Ten elements that all Boards should seek assurance on</b>	<b>Executive lead response</b>
<p>1. There are systems in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.</p>	<p>Risk assessments have been initiated and reviewed and are subject to repeat review as part of our standard operation and clinical practice.</p> <p>We review and monitor training and compliance for level 1 Infection control. Ad hoc audits for IPC compliance, hand washing etc and structured visits to our clinical areas through PLACE scheme and Head of Nursing rounds to look at cleaning, condition and upgrade requirements.</p> <p>The COVID-19 outbreak has included a revision of these risk assessments considering access to facilities, Universal Infection Prevention Control Measure Compliance and concordance with guidance changes. We have also risk assessed access to PPE (Personal Protective Equipment) and this has an impact upon compliance and adherence to IPC (Infection Prevention Control) and PPE guidance issued by PHE (Public Health England).</p> <p>Compliance with these matters has been overseen by the Physical Care and Infection Control Committee (PHCICC). This group has stood down during the outbreak. However the elements are being picked up through the IMT (Incident Management Team) and PPE / IPC Cell.</p>
<p>2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.</p>	<p>The Trust has an established mechanism for maintaining and monitoring cleaning standards. This is reviewed nationally through the PLACE scheme and locally through the PHCIC.</p> <p>In response to the COVID-19 outbreak, Estates and Facilities have extended the cleaning service provision for the rigour of cleaning and the frequency of cleaning. This has been ahead of guidance issued by PHE and the Estates team have employed additional staff through agency recruitment to increase the availability and standards of cleaning across all inpatient and community settings. They have also provided an on-call deep clean team available across our</p>

Ten elements that all Boards should seek assurance on	Executive lead response
	<p>services.</p> <p>Special consideration has been given to the management of Estates to ensure that clinical and staff changing environments are clean, in good repair and condition (upgraded showers at Hartington) and that personal safety and security is at the forefront of decisions to revise provision, particularly where same sex accommodation breaches have been considered.</p>
<p>3. Ensure appropriate anti-microbial use to optimise patient outcomes and to reduce the risk of adverse events and anti-microbial resistance.</p>	<p>The Trust has very low anti-microbial use. However, we are a committed partner and attend the regional Clinical Reference Group to support and learn from local and national practice and guidance changes. We submit reports to the Clinical Commissioning Group on a quarterly basis outlining our use of anti-microbial and our stewardship and audit work in accordance with national guidelines.</p>
<p>4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing / medical care in a timely fashion.</p>	<p>The IPC team will provide or source bespoke advice for practitioners and clients as required. The team are members of the Infection Prevention Society and receive regular national updates from PHE and NHSE through the IPC forums which have links, information and posters which have been peer reviewed by other clinicians and Trusts. This allows information to be updated and refreshed from contemporaneous and reliable sources.</p>
<p>5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.</p>	<p>The Trust has implemented a more clinically robust assessment tool for identifying the aspects of someone's physical health presentation that would give concern to indicators of risk such as familial factors, pre-diabetes screening, increasing frailty scores, pain management issues and oral hygiene and sexual health and well-being indicators.</p> <p>In addition Trust clinicians complete national indicator tools such as MUST and Waterlow scores, body mapping for skin deterioration as well as medication assessments and cross reference with General Practice notes via the summary care record. Newly admitted patients are swabbed for MRSA and monitored using Early Warning Scores to highlight infection markers. This monitoring can be increased at any point during an admission to reflect the concerns of their clinical team.</p> <p>Early detection of infection is crucial as this</p>

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	<p>limits the impact and improves the outcomes. The Trust has made significant headway with improving the monitoring and early detection of SEPSIS and has been part of the regional group to deliver improved outcomes for Derbyshire residents.</p> <p>Testing for all new admissions, cohort management plans including barrier nursing are in place and there has been good compliance with isolation.</p>
<p>6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.</p>	<p>The Trust induction programme has key information about infection prevention and control. Hand hygiene, use of PPE and observing restrictions in place if an infection control outbreak is highlighted are all covered. In all ward readiness of new starters and 3<sup>rd</sup> year students, programmes supply this information and this is repeated in local induction.</p>
<p>7. Provide or secure adequate isolation facilities.</p>	<p>The Trust has facilities to be able to nurse a limited number of individuals in isolation with access to independent bathroom and toilet facilities across its estates. The Acute provision has less available spaces and this is an area for consideration as we revise cohorting and isolation management plans as part of the pandemic response. Next stage plans are in design, should our single room bed stock and isolation plans require further additions due to demand.</p>
<p>8. Secure adequate access to laboratory support as appropriate.</p>	<p>The Trust has access to microbiology and virology services through the Service level Agreements with University Hospital derby and Burton (UDHB) and Chesterfield Royal Hospital (CRH). This provides a sample, results and analysis service to Trust Clinicians. There are on-going discussions about improving the access to results which are held in a different clinical system to reduce transcription error potential and improve visibility. As all patients in testing increases, we continue to be in negotiation on testing requirements.</p>
<p>9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.</p>	<p>The Trust has a number of policies related to Infection Control, Prescription of Medicines and Use and Management of Estates and Facilities.</p> <p>The policies are reviewed tri-annually or in the event of a significant national directive. The oversight for the review of the documents and</p>

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	<p>underpinning audits to confirm adherence to policy sits with the Physical care and Infection Prevention Control Committee. Some Police have joint oversight with the Health and Safety Committee and both committees report to the Trust Quality &amp; Safeguarding Committee and provide bi-annual updates in order to provide assurance to a Board reporting Committee for assurance. A summary of the annual work is also included in the annual Quality &amp; Safeguarding Committee report.</p>
<p>10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection</p>	<p>The Trust employs occupational health services through a partner provider. The Health and safety Team and IPC team will also seek advice or respond to requests for review of Trust operating standards based upon their guidance.</p> <p>New guidance for at risk staff was issued on 29 April 2020. The Trust has already proactively implemented this guidance at the initial stages of incident management.</p> <p>There are policies in place to make sure the Trust has oversight and understanding of infections impacting upon staff wellbeing through the People and Culture Committee and the Staff Forum. The Trust works with teams to ensure they have understanding and access to suitable work wear and personal protective equipment, are aware of up to date policies and guidance and respond to queries and concerns through communications policy updates and meeting and review. This is under pinned by clinical audits.</p>