

FOI Request - COVID Information –Victoria Court (Part 1 of 2)

Please Read

The focus of this Freedom of Information request (FOI request) is:

- Victoria Court NHS Hospital in Gravelly in Hertfordshire
- The governing Trust – ‘HPFT Trust’

In my view, the governing Trust is best-placed to take receipt of this FOI request and arrange for the questions to be answered. This FOI request is split into two parts – parts 1 and 2. This document is Part 1. If time becomes an issue, this part should be tackled first.

Part 1 covers:

1. General
2. Testing
3. Access Control
4. Protective Barriers [PPE]

Part 2 covers:

5. Quarantining
6. Isolating

The questions in this FOI request are generally related to the institutions’ policy and practice during the pandemic and lockdown.

Some of the questions may require explanation and clarification. Where that is the case, I have included an ‘Explanatory Notes’ box at the bottom of the section. Please read the notes before attempting the questions in the section.

1. General

Please answer the following 4 questions and put the answers in the answer table.

Table of Questions	
For each of the following weeks (listed in the answer table below):	
Q1	What was the total number of residents who “tested positive” during the week?
Q2	What was the total number of residents who died due to COVID-19 during the week?
Q3	What was the total number of admittances into Victoria Court from an external hospital during the week?
Q4	How many different bank (agency) staff in the women’s wing during the week?

Answer Table					
Weeks		Answers			
No.	Week Ending	Q1	Q2	Q3	Q4
1	Sunday 08 Mar	Please see below	Please see below	leave blank	leave blank
2	Sunday 15 Mar			leave blank	leave blank
3	Sunday 22 Mar			leave blank	leave blank
4	Sunday 29 Mar			leave blank	leave blank
5	Sunday 05 Apr			0	Please see below
6	Sunday 12 Apr			0	Please see below
7	Sunday 19 Apr			leave blank	leave blank

Question 1

Due to the small number of service users at Victoria Court testing positive in a specific week we have applied Exemption Section 40(2)¹. 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.

However under S16 – Duty to provide advice and assistance I can confirm that 13 service users tested positive between Sunday 8 March and Sunday 19 April 2020.

Question 2

Due to the small number of service users at Victoria Court dying in a specific week we have applied Exemption Section 41². This is because we consider this duty of confidentiality to extend beyond death.

However under S16 – Duty to provide advice and assistance I can confirm that 9 service users tested positive between Sunday 8 March and Sunday 19 April 2020.

Question 4

In order for us to provide the breakdown of staff required would involve charges as this information has been achieved and we would have to retrieve the duty sheets from our off site storage provider. We are nearly at the 18 hour threshold and thereafter staff’s time to locate, retrieve and

¹ Section 40(2) - Personal Data has been applied. This is because by releasing this information could identify individual(s) and constitute a breach of the Data Protection Act (2018).

² S41 – Held In Confidence. This is because by releasing this information could identify individuals and constitute a breach of confidence.

extract the information would be charged at £25.00 per hour³. If this is something you wish to pursue, please do not hesitate to contact me.

Again, under Section 16 – Duty to provide advice and assistance we are happy to confirm that we had 14 Nurses and 18 HCA agency workers during the specified periods. Victoria Court staff completed the bank shifts so they would already have been on the ward. Please Note: this is not specific to just the women's wing.

³ Section 12 - Cost of compliance will exceed the appropriate limit if requested.

Explanatory Notes

Notes for questions (please read before answering question)

- Q1 - Assume that the “tested-positive” date is the date the resident first showed COVID symptoms rather than the date at which staff become aware that the test result is positive.
- Q2 - Assume that this refers to a person who has tested positive for the virus (before or after death) and whose cause of death was the virus. The total is the total for that week and not the total to-date. Count residents who died in the institution and after being transferred to an outside hospital.
- Q3 and Q4 – Only do the 2 weeks NOT “blacked-out”.
- Q3 - As well as completely new admittances, if possible please also include existing residents who have been re-admitted after a short spell away from Victoria Court in hospital or home.
- Q4 - Only consider bank staffs who are either nurses or 1-to-1 carers.

2. Testing

Please answer the following 2 questions and put the answers in the answer column provided.

Note – the questions has been restricted to a single week only. That has been done in order to limit the amount of effort needed to produce an answer.

Question		Answer Column
During the week = Mon 6th April to Sun 12th April (inclusive):		
Q1	What was the total number of different people who entered the Victoria Court building?	20 staff per day would be on shift. Therefore over a 7 day period 140 staff week entered Victoria Court.
Q2	Of these people, roughly what percentage had had a test in the 7 days before they first entered?	We do not record this information ⁴

Explanatory Notes

- Q1 - If the same person enters the building multiple times during the week, only count him or her once.
- Q2 - When answering this question, aim for a result which is accurate to within about $\pm 10\%$. A particular person may have entered the building multiple times during the week. The ‘7 days’ which forms part of the question wording refers to the 7 day period before the *first time* he or she entered the building.

⁴ Section 1(1) Any person making a request for information to a public authority is entitled (a) to be informed in writing by the public authority whether it holds information of the description specified in the request, and (b) if that is the case, to have that information communicated to him.

3. Protective Barriers [PPE]

This section is about Personal Protective Equipment (PPE) – such as masks, gloves, and aprons. It is about the availability and use of PPE within the institution.

The state-of-play within the institution on PPE will have changed with passing time. Therefore, the only realistic approach to asking questions on PPE is to ask for the state-of-play at a particular moment in time. The chosen moment for the questions which follow is: Sunday the 12th April 2020. That date more-or-less coincides with the apex of the pandemic in the UK.

Please answer the following 3 questions

Question		Answer Column
At the following point in time, what percentage of Victoria Court employees had: Sunday 12th April 2020		State-of play-on: Sun 12th April 2020
Q1	A disposable mask which had been provided by Victoria Court and was available to use?	100%
Q2	A disposable pair of gloves which had been provided by Victoria Court and were available to use?	100%
Q3	A disposable apron which had been provided by Victoria Court and was available to use?	100%

Explanatory Notes
<p>Note Q1, Q2, and Q3 - When answering this question:</p> <ul style="list-style-type: none"> – Aim for a result which is accurate to within about $\pm 10\%$. – Only include Victoria Court employees who can have direct person-to-person contact with residents (i.e. nurses and 1-to-1 care assistants). – Only include employees who had PPE supplied by Victoria Court (i.e. exclude anyone who had PPE but provided it themselves)

4. Access Control

Please answer the following questions and put the answers in the answer column provided.

Physical ‘Access Control’ is the practice of restricting the total number of people permitted to enter a particular area. For any institution dealing with elderly residents, the area in-question can be:

- The building itself (the outer boundary)
- A wing (a middle boundary)
- The proximity space of the individual (the inner boundary for that person) (typically a 2m distance)

The Access Control is applied to the entrance to an area to stop unauthorised people from entering. During a pandemic, the general principle which institutions must follow is: to allow in the absolute minimum number.

The state of the Institution’s Access Control (the degree to which it is in-place) will have changed with passing time. Therefore, the only realistic approach to asking questions on PPE is to ask for the state-of-play at a particular moment in time. The chosen moment for the questions which follow is: Sunday the 12th April 2020. That date more-or-less coincides with the apex of the pandemic in the UK. The questions below are about the so-called *middle boundary* and *inner boundary*. An earlier section in this document – Section 1 Questions 3 and 4 – asks about the *outer boundary*.

4.1 The Middle Boundaries (the building’s two wings)

Question		Answer Column
What was the state-of-affairs on 12 April 2020 (or thereabouts)?		State-of play-on: Sun 12th April 2020
Q1	Were <u>any of the following types</u> of employee still entering either physical wing as part of their job? In other words, was it happening at that time (Y/N)? [employee types = administrators, managers and social workers]	Yes and No. Administrators and Manager entered the building as part of their job. Social Workers did not enter the building.
Q2	Did any member of staff (nurse or 1-to-1 carer) enter <u>both</u> physical wings during the <u>same</u> shift? In other words was it happening at that time (Y/N)?	No. Staff were allocated to a specific wing for their shift.
Q3	Was any resident moved from one wing to another during the week leading up to said 12 April 2020? In other words was it happening at that time (Y/N)?	Yes. In line with Trust Policy. There was a Cohort Area on the Male Wing where service users presenting with

		<p>symptoms were isolated to separate bedrooms and nursed on an individual basis.</p> <p>Please see below an extract definition of Cohort Area and Isolation. This is further explained in the Trust's "Recorded Guidelines When Cohorting Service Users on Inpatient Wards", which is in line with NHS England guidance.</p> <p>Definition of a cohort area - An area in which Service Users (cohort) with the same infection status (confirmed or suspected) are grouped.</p> <p>Definition of Isolation – Nursing an individual alone or in an appropriate cohorted area.</p>
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4.2 The Inner Boundary (2m distance around each resident)

The best way to ascertain the state-of-affairs in the institution in respect of physical access control at the resident level is to consider a particular patient. For the purposes of this FOI request, the most appropriate resident to consider is – [REDACTED]

Question		Answer Column
During the week Mon 6th April → Sun 12th April (a 7 Day period):		During week ending Sun 12th April
Q4	What was the total number of different staff tending resident [REDACTED]? In answering the question consider only nurses and 1-to-1 carers.	We do not record this information ³ .

		Information is not recording on an individual service user basis.
Q5	What was the total number of different bank/agency staff tending resident [REDACTED]? In answering the question consider only nurses and 1-to-1 carers.	We do not record this information ³
Q6	Was anything in-place to stop another resident breaching [REDACTED] 2m proximity boundary? If so, please describe what these measures were.	We do not record this information ³