NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 30 September 2020
Risks of relaxing social distancing for patients and limitations of mitigations

Trust Strategic Goals:

☒ **to deliver safe and high quality patient care as part of an integrated system**
☒ **to support an engaged, healthy and resilient workforce**
☒ **to ensure financial sustainability**

Recommendation

For information	☒	For approval	☒
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

1. Inform the Board of the risks associated with relaxing social distancing of patients in clinical environments
2. Inform the Board of limitations to the mitigations put in place for relaxing social distancing
3. Seek Board approval for the recommendations made in this paper.

Executive Summary – Key Points

- Rising admission numbers is putting pressure on bed capacity, with subsequent relaxation of social distancing on wards
- As the rate of infection rises the risk to staff and patients of overcrowding is likely to result in increased transmission of COVID-19
- This paper highlights the risks associated with relaxing social distancing and limitations of the available mitigations against relaxing social distancing on wards

Recommendation

The Board is asked to acknowledge the risks associated with relaxing social distancing and the limitations of the available mitigations; and to accept recommendations made in this paper

Author: Astrida Ndhlovu, Infection Prevention and Control Lead Nurse (York site)

Director Sponsor: Heather McNair, DIPC

Date: 21/09/2020

1. Introduction and Background

Social distancing is one of the recommended national measures to reduce social interaction between people and help to reduce the transmission of coronavirus (COVID-19).

Physical distancing of 2 metres is considered standard practice in all health and care settings based on the best available evidence as stipulated by national Infection Prevention and Control guidance. The hospital has maintained this standard by reducing the number of beds in each bay.

Rising admission numbers is putting pressure on bed capacity, with subsequent relaxation of the recommended social distancing on the wards in Scarborough.

In August 2020 a Quality Impact Assessment (QIA) document (appendix 1) was developed with risk mitigating factors for reducing social distancing which include:

- Avoiding the relaxation of social distancing on wards housing the most vulnerable patients (e.g .wards 31 and 33)
- Developing one way systems to avoid patients and staff crossing in corridors
- Having signage to indicate maximum room occupancy
- Allocating enough time between patients being discharged and new admissions
- Re-enforcing re-swabbing of patients at day 7 of admission
- PPE for staff and face covering for patients and visitors
- Encouraging hand hygiene and cough etiquette
- Increasing room ventilation where possible
- Restricting visiting to essential visits only

The QIA also offers instructions of how to maximize distancing between patients and puts the responsibility of suspending visiting at local level on the ward managers.

This paper outlines the risks associated with relaxing the 2 meter social distancing and highlights limitations of the mitigations put in place for relaxing social distancing.

Risks of reducing social distancing

Rates of COVID-19 have started to rise nationally. As the infection becomes more common in the community the risk of transmission to staff and patients being in overcrowded clinical areas will increase. If relaxing of social distancing is not well monitored this could result in transmission of COVID-19 to staff and patients.

	W/E 30/8/20			W/E 6/9/20			W/E 13/9/20		
	Rate per 100 000	Change in rate from last week	Difference from last week	Rate per 100 000	Change in rate from last week	Difference from last week	Rate per 100 000	Change in rate from last week	Difference from last week
York	7.2	+2.9	x1.67	12.9	+5.7	x1.79	28.6	+15.7	x2.21
N. Yorkshire	6.7	+1.3	x1.24	22.6	+15.9	x3.37	27.2	+4.6	x1.20
East Riding	4.1	-1.8	x0.69	9.1	+5	x2.22	17.4	+8.3	x1.91
Local Mean	6.0	+0.8	x1.15	14.9	+8.9	x2.48	24.4	+9.5	x1.64

Table 1

COVID-19 weekly incidence rate per 100,000 population over preceding 3 week period
Note: a rate above 20 per 100,000 is used by the government as a threshold for adding countries to the list requiring travelers to quarantine on entry to the UK

In summary, the data demonstrate:

1) The rate of infection is more than 25 per 100000 in both York and North Yorkshire. It has more than quadrupled in all three areas served by the trust since the end of August. A significant proportion of the cases have been in the area served by the trust, principally Selby and the east coast, north of Scarborough
2) Local mean* has more than quadrupled since the end of August 2020
3) Local mean* is greater than 20 per 100 000 population

This has the following implications for staff, patients and the trust.

1.1 Risk to staff

On wards staff will be at higher risk of acquiring COVID-19 because they have greater interactions with more patients.
It is worth noting that several staff members were hospitalised and one died during the first wave. Staff may take infection home to vulnerable family members.

1.2 Risk to patients

COVID-19 is an illness with a high morbidity and mortality. During the first wave there were deaths amongst those patients with hospital-acquired infection.

The NHSE/I defines a 'probable' healthcare associated infection (HCAI) of COVID-19 as having illness onset (or first positive specimen date) between 8 and 14 days after admission. A definite HCAI case has illness onset (or first positive specimen date) 15 or more days after admission. Probable and definite cases are required to be investigated for likely causes of infection.

Outbreaks of COVID can lead to disruption to clinical services through reduced manpower if a number of staff are affected and can affect patient flow due to closed wards.

Environmental cleaning is one of the measures recommended for the safe management of COVID-19. Environmental cleaning becomes challenging in an over-crowded environment and where there is an increased footfall making the risk of transmission higher. Difficulty cleaning the environment due to over-crowding may increase the risk of transmission of other HCAI, not just COVID-19. The trust had a very high rate of *Clostridium difficile* infections last financial year and is now above trajectory again this year.

1.3 Risks to the organisation

Staff shortages will lead to problems running services. Probable and definite hospital-acquired cases will attract scrutiny from the health protection team, NHSE/I and the CCGs. All cases of occupationally-acquired COVID-19 are RIDDOR reportable and will involve the HSE. There is a risk of reputational damage.

Following the Secretary of State for Health's announcement on 5 June 2020, by 15 June 2020 all hospitals were required to ensure that measures were in place so that all settings were, where practicable, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. Relaxing social distancing means that the trust is falling short of this national requirement.

1.4 Limitations of mitigations of social distancing in the QIA

The QIA scores for wards in York indicate that the risk of COVID-19 is higher when social distancing is relaxed and that the mitigations are not sufficient to lower the scores.

Social distancing has been relaxed on the Scarborough site for at least a month. There has been a case of possible hospital acquired COVID-19 where a patient and the index case spent a night next to each other in beds that were only 1.3m apart.

Some of the measures listed in the QIA as mitigations for relaxing social distancing as are follows. All have limitations, as described below.

Developing one way systems to avoid patients and staff crossing in corridors
Most of the wards do not have one way systems in place and it is challenging to achieve this with the narrow ward corridors.

Having signage to indicate maximum room occupancy
Room occupancy for a bay can be variable depending on how many beds have been added in to relax social distancing and the number of staff caring for patients in that bay. The signage is therefore not a reliable mitigation.

Re-enforcing re-swabbing of patients at day 7 of admission
The current 7 day swabbing compliance average for the trust is 50%. Increased bed occupancy may not be a favorable outcome for improved screening.
The test has 80% sensitivity, meaning that it will pick up 4 out of 5 positive cases. This leaves undiagnosed cases in bays where patients cannot socially distance.

Encourage IPC precautions-PPE for staff and face covering for relatives, hand hygiene and cough etiquette

The extended use of face masks does not remove the need for other key bundles of measures to reduce the risk of transmission of SARS-CoV-2, including social/physical distancing. Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient.It is not pleasant for patients to wear a mask when they are ill in hospital and therefore compliance is variable.

Improving room ventilation
Air handling units have been fitted in to side rooms and bays on COVID-19 wards to improve ventilation. However, most non-COVID wards have no specialist ventilation. Windows can be opened during periods of good weather but in winter this will be challenging.

Since 11/09/2020 5 members of staff have tested positive of which 6 other staff members have been advised to self-isolate because they were not wearing appropriate PPE. From COVID-19 positive patients 3 staff members have been advised to self-isolate because they were not wearing appropriate PPE. Total staff who are off due to COVID-19 since 11/9/2020 is 14.

Restricting visiting to essential visits only
This is appropriate when a bay is already ‘overcrowded’ for the purposes of maintaining 2 meter social distancing but it increases loneliness and distress for patients in hospital.

2. Recommendations

It is worth noting that with COVID-19 incidence rising in the community, now is not an appropriate time to be relaxing social distancing, but it is acknowledged that the risk has to be balanced against patient flow.

The Board should also seek assurance that the mitigations are in place to reduce the risk of COVID-19 transmission on wards where social distancing is not possible.

The IPC team proposes the following:

It is important that implementation of the mitigations is monitored and audited. A mechanism for doing that should be put in place and results reviewed at Bronze and fed back to the IPC team. Any problems should be escalated through Silver.

At Scarborough visiting has been restricted to essential visits only in light of the relaxation of social distancing. This should be maintained until the additional beds are removed. It is recommended that the same is adopted in York on all wards where extra beds are put back.

The use of the extra beds needs to be kept under review with every effort made to remove them as soon as possible.

It is difficult to put numerical indicators of when to consider reverting back to strict social distancing on the wards. The risk associated with using local surveillance data is that they are heavily reliant on the accuracy of Pillar 2 data. That service is now working beyond its current capacity and is heavily restricting access to the swabbing sites, especially in areas perceived to have a low prevalence. This, paradoxically, has the effect of putting

downward pressure on case numbers in those areas whilst driving up numbers in the high prevalence areas. As a result PHE are already warning that local prevalence data is becoming increasingly unreliable.

Having reached a local mean of over 24.4 in 10000 of the population for York, North Yorkshire and East Riding should be a sounding amber warning based on the threshold of 20 in 100,000 used by the government to add a country to the list requiring returning travelers to quarantine for fourteen days.

The IPC team advises that the Board acknowledges the risks of inadvertent transmission of COVID-19 to staff or patients as a result of relaxing social distancing.

Appendix 1-QIA for Care Group 1

CG1 QIA for increase in beds.xlsx