Northern Lincolnshire and Goole NHS Foundation Trust

Nosocomial COVID-19 infection

January 2022

National guidance

- A healthcare associated infection of COVID-19 is probable or definite if the patient tests positive on day 8 or above after admission
- The Trust has applied Duty of Candour to those patients suffering ‘Moderate harm’ or above:
  - Patients who died
  - Patients who were admitted to Intensive Care
  - Patients who now attend a Long Covid clinic

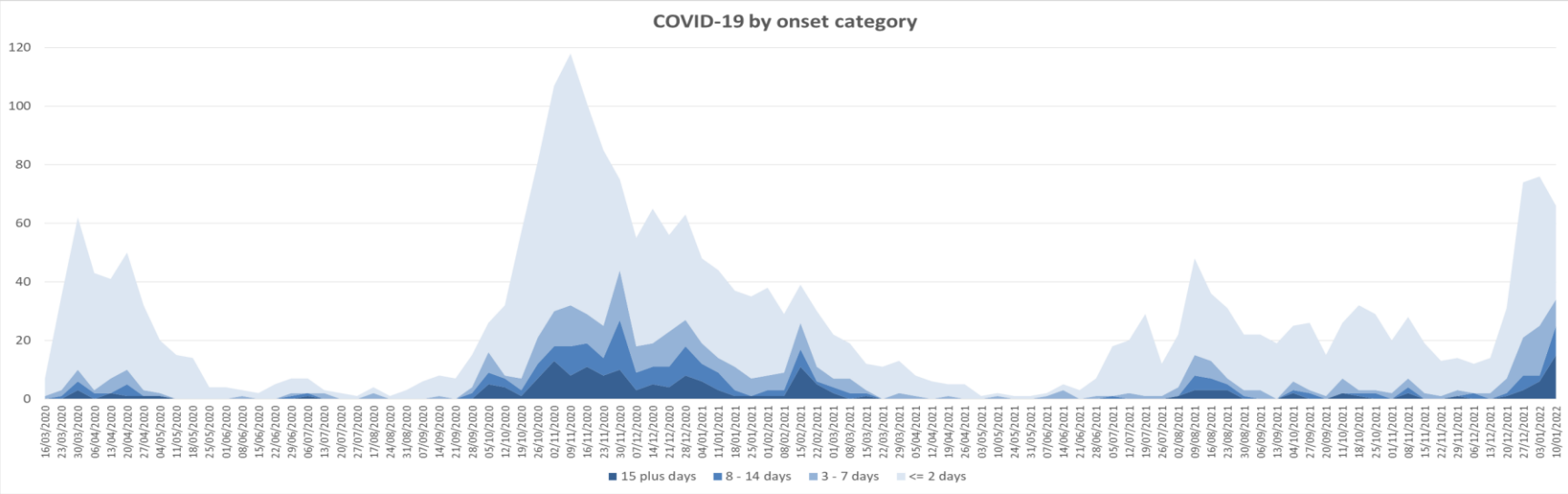
Figures for NLaG day 8+.

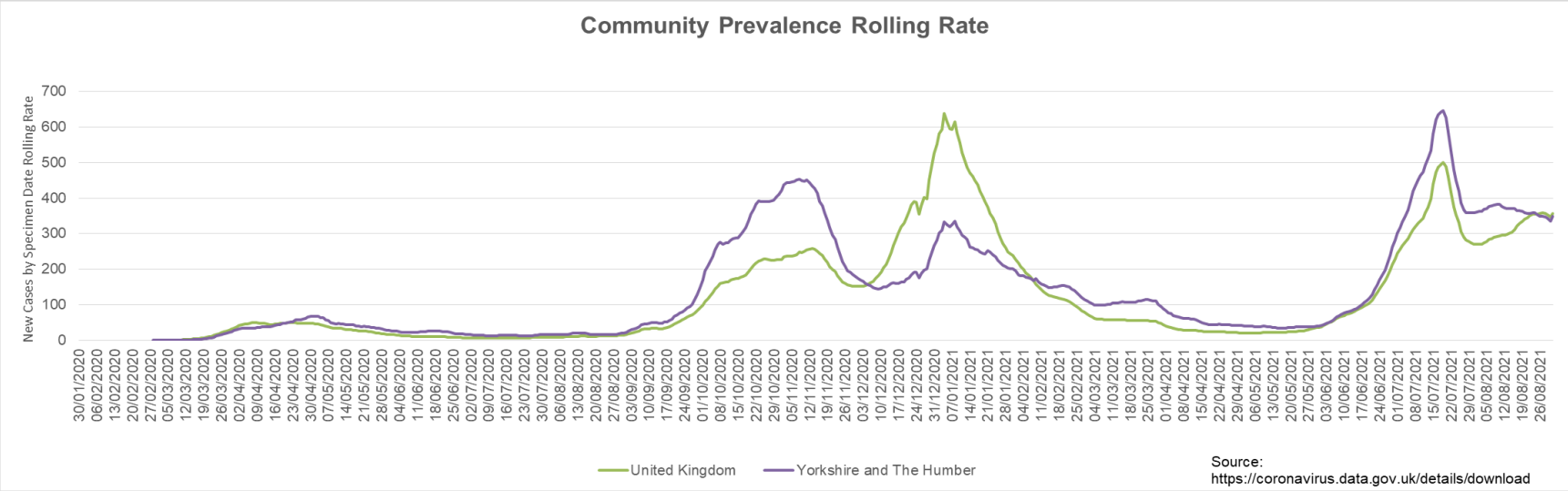
Year	Scunthorpe General Hospital	Diana Princess of Wales Hospital	Goole and District Hospital	Total
2020	120	82	15	**217**
2021	42	71	2	**115**
2022	12	14	8	**34**
Total	**174**	**167**	**25**	**366**

Of these:

- 104 patients subsequently died in hospital
- 6 patients were admitted to ITU
- We are currently undertaking further work to cross reference how many now attend Long Covid clinics

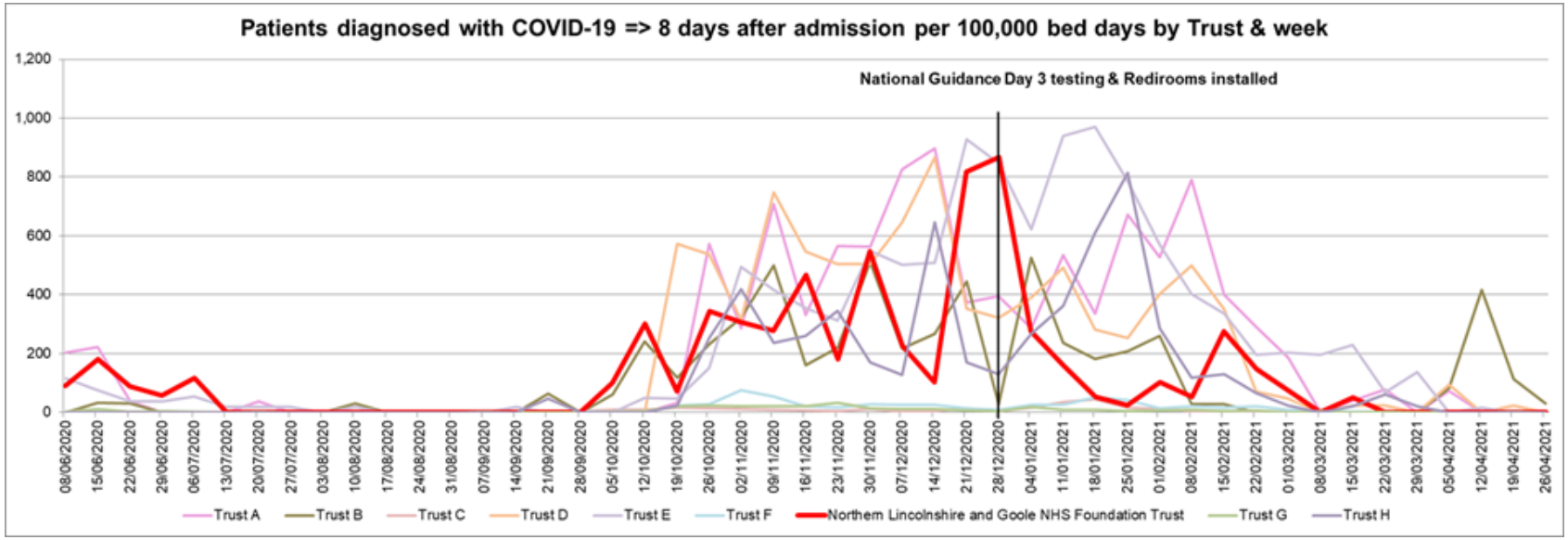
COVID-19 cases detected





Source:
https://coronavirus.data.gov.uk/details/download

Comparison with other trusts



- In March 2021 The Guardian reported from an FOI to all trusts (although not all responded) that more than 40,000 patients in England caught Covid during a stay in hospital between 1 August 2020 and 21 March 2021
- SAGE estimates 25% of COVID infections were probably nosocomial
- Data from another FOI request by The Daily Telegraph (which, again, not all trusts answered) was reported in November. It showed more than 11,500 patient deaths were likely due to hospital acquired COVID-19 between 1 March 2020 and mid-June 2021
- The Trust was shortlisted for a Health Service Journal award category re managing COVID-19

Issues the Trust faced

- Initially no onsite rapid COVID testing facility
- Turnaround time of testing – for patients and staff - in the early weeks of the pandemic and machine failures.
- An aged estate with few isolation facilities
- Poor infrastructure such as ventilation, communal space, oxygen limitations
- Mode of transmission – debate.
- Staff sickness – reflection of community prevalence and tiredness of staff.

Trust response to minimise infection

- 30 Redirooms, pop up isolation PODS
- Cubiscreens, plastic curtains providing a visible barrier between patients
- HEPA air scrubbers, to filter the air
- COVID risk assessments for each room and vulnerability ones for staff
- Early use of FFP3 / reusable respirators
- Implement national guidance on social distancing, visiting and wearing on masks/face coverings
- Outbreak meetings.
- Daily strategic oversight meeting initially.

Learning during the pandemic

- Outbreaks subject to a Situation, Background, Assessment and Recommendation (SBAR) review
- The main reason for possible spread noted was patients detected COVID positive later in their admission journey e.g. day 3 + which would invariably increase the risk of cross infection to other patients if not isolated
- Also undertook a mini review of some patient deaths which found:
  - Possible staff to patient transmission (Before lateral flow testing became available for asymptomatic staff)
  - Admission swab was negative which may have exposed other patients in bay / ward, especially pertinent when no day 3 swab was recommended.
  - Aerosol generating procedure – helping to disseminate the virus in presumed negative patient in a bay.
  - Delay in detecting positive cases due to swab turnaround time or failure to swab on time - increasing exposure to susceptible patients.
  - Poor estate (new builds incorporate ventilation).

Questions and discussion