

Our reference: /FOI D9476

20th December 2019

Joebloggs@email

Joe Bloggs

Dear Joe,

RE: FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST - REF: D9476

Please find our Trust's response in relation to your request for information under the Freedom of Information Act.

I will be very grateful, if you could provide me data from your trust to answer the following questions.

These queries follow the recent spate of ward closures and winter pressures on NHS hospitals published in news.

The information needed to cover from the FY 2016-17, 2017-18

1. How many beds and wards in the hospital?

Directorate	Financial Year	Number of wards	Number of beds
Manchester	2016/17	14	252
	2017/18	14	253

Directorate	Financial Year	Number of wards	Number of beds
Bolton	2016/17	3	48
	2017/18	3	48
Salford	2016/17	10	171
	2017/18	10	173
Trafford	2016/17	5	70
	2017/18	5	70

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Specialist Services			
Directorate	Financial Year	Number of wards	Number of beds
A&DD	2016/17	2	36
	2017/18	2	36
Junction 17	2016/17	4	48
	2017/18	5	56
Adult Forensic	2016/17	19	226
	2017/18	19	226

2. Number of ward closure days reported due to infection outbreak

It is important to note that MHSC ceased to provide care as a registered mental health trust in **January 2017**. The organisation has now been integrated with GMW into Greater Manchester Mental Health NHS Foundation Trust (GMMH).

Outbreaks /Ward Closures

MHSC 2016 – 2017

March 2016 Influenza ward closed 7 days

April 2016 Norovirus ward closed 5 days

GMW 2016 – 2017

October 2016 one report of Delamere **ward closure** in IPC meeting notes – ward closed 7 days

GMMH combined (GMW & MHSC) 2017 – 2018

March 2018 influenza **ward closed** 13 days

Feb 2018 influenza **ward closed** 9 days

November 2018 Scabies **ward closed** 6 days

3. Number of days, when the elective surgery was cancelled due to non-availability of bed.

As GMMH is a Mental Health Trust we do not carry out elective surgery.

4. Total number of health care acquired infections reported

(Please provide the information for 2, 3 and 4 in same format as previously reported to the regulatory body to avoid additional work for this FOI).

Healthcare-associated infections cover any infection contracted:

As a direct result of treatment in, or contact with, a health or social care setting as a result of healthcare delivered in the community outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

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The most well-known healthcare-associated infections, for which mandatory reporting is currently required, include those caused by meticillin-resistant *Staphylococcus aureus* (MRSA), meticillin-sensitive *Staphylococcus aureus* (MSSA), *Clostridium difficile* (C difficile) and *Escherichia coli* (E coli). Other gram-negative bacteria (including antibiotic-resistant bacteria) and norovirus can also cause healthcare-associated infections.

In 2016 – 2017 GMW

4 cases of MRSA **colonisation**. (does not necessarily mean they were acquired within GMW)

1 C Diff case **none bacteraemia** not GMMH attributed

In 2017 -2018 there were:

- 6 cases of MRSA **colonisation** reported – This does not necessarily mean they were GMW/GMMH HCAI. (Mental Health Trusts are not required to actively screen all admissions)
- There were no cases of C diff attributed to GMMH
- There were no cases of bacteraemia's reported
- One C diff **none bacteraemia** case was investigated but was declared **non attributable** to GMMH

The following queries may be answered by your trust infection control team:

5. *What is the trust status on implementation of scheme- GE3 Hand hygiene technology issued by NHS England in 2016?* <https://www.england.nhs.uk/wp-content/uploads/2016/03/ge3-hand-hygiene-tchnlgy.pdf>

The eligibility for this only applies to Acute Hospital Trusts.

6. *The published research has demonstrated significant reduction in HCAI on implementing such technology. If this CQUIN is not implemented yet, would the trust consider implementing this?*

NO

7. *What are the trust current budget/ capital expenditure in resource provision for?*

Due to the size and sophistication of the Trust it is not possible to specify the Trust's current budget/capital expenditure.

Hand hygiene training and audits

Hand hygiene training and audits are commissioned by the Trust.

Hand hygiene monitoring system, if any:

Hand hygiene is monitored 'locally' and overseen by the Trust's Infection Prevention and Control Committee.

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Supplies of hand wash/ hand rub solutions and other related equipment and managed service contracts per year.

Due to the nature, geographic spread and shared facilities in communities, we cannot provide a true reflection of the number and type of handwashing opportunities.

Total number of hand wash basins and hand rub points.

Due to the nature, geographic spread and shared facilities in communities, we cannot provide a true reflection of the number and type of handwashing opportunities.

I hope the information provided above is to your satisfaction. If you are unhappy with the way, the Trust has handled your request you may request an internal review.

If you require an internal review please write to Sarah McDonald, Head of IM&T Service Delivery, at the address above, who will arrange a review of your case.

If you are not happy with the outcome of the internal review you have the right to apply directly to the Information Commissioner: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

The FOI Team
Freedom of Information Department
Greater Manchester MH NHS Foundation Trust

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For any named personnel provided in this Freedom of Information response, they do not wish to receive direct marketing, to do so would contravene GDPR and the Data Protection Act 2018.

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