

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS – 16 APRIL 2014**

Subject	Infection Prevention and Control (IPC) Update
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Status¹	N

PURPOSE OF THE REPORT

This paper provides the Board of Directors with:

- 1) The full year performance against the local Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia plan for 2013/14.
- 2) The full year performance against the local Clostridium difficile (*C.diff*) plan for 2013/14.
- 3) The full year performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for 2013/14.
- 4) The performance on E.Coli bacteraemia.
- 5) Strategic issues related to Infection Prevention and Control (IPC).

KEY POINTS

- The Trust has breached its MRSA bacteraemia Department of Health threshold for 2013/14.
- The Trust has breached its *C.diff* target threshold for 2013/14. Whilst we did not hit our trajectory, the 23% decrease was a significant improvement on last year's outturn of 104.
- The Trust achieved its MSSA target
- Strategic IPC issues.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors is asked to debate the contents of this report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	16 April 2014	
Healthcare Governance Committee	28 April 2014	
Clinical Management Board	25 April 2014	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
N = Note

² Against the three pillars (aims) of the STH Corporate Strategy 2008-2012

1. INTRODUCTION

This report provides the Board of Directors with information on the full year performance against the MRSA bacteraemia plan for 2013/14, the *C.diff* plan for 2013/14 and also the MSSA bacteraemia plan for 2013/14. Information is also included on the number of cases of E.Coli bacteraemia. In addition, attention is drawn to a number of key IPC issues.

2. 2013/14 MRSA PERFORMANCE

2.1 MRSA thresholds for 2013/14

Bacteraemia are either classified as Trust attributable or community acquired. Commencing in 2013/14 each case of MRSA bacteraemia has been subject to a Post Infection Review (PIR), the purpose of which is to determine the root cause and in doing so attribute responsibility to either the Trust, another provider organisation such as another hospital or for it to be considered health community acquired. The responsibility for conducting the PIR is determined by when the bacteraemia is identified; for any bacteraemia identified on day 0 or day 1, the patient's Clinical Commissioning Group organise the PIR, for any case identified after that the Trust organise the PIR. This approach will continue into 2014/15.

NHS England adopted a zero tolerance approach to MRSA bacteraemia for 2013/14 and as such the Trust national target was zero. Any cases attributed to the Trust saw the payment associated with that episode of care withheld. This approach continues into 2014/15.

Monitor did not retain MRSA bacteraemia as a target or indicator in the Risk Assessment Framework which replaced the Compliance Framework from the 1st October 2013 for NHS Foundation Trusts. Again, this has continued into 2014/15.

2.2 MRSA performance for March 2014

There have been 0 Trust Attributable cases of MRSA bacteraemia recorded for the month of March.

It has been 50 days (up to 31 March 2014) since the last case of MRSA bacteraemia was attributed to the Trust.

The full year performance is 4 cases of MRSA bacteraemia attributed to the Trust against the threshold of zero.

For 2014/15 the target for MRSA is again zero.

2.3 MRSA Screening

March MRSA screening figures were 113%.

The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A figure of over 100% may indicate that the volume of screens being undertaken is in line with all patients being screened for MRSA as per Trust policy.

To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies how the IPC team will undertake MRSA screening compliance audits in each area each year.

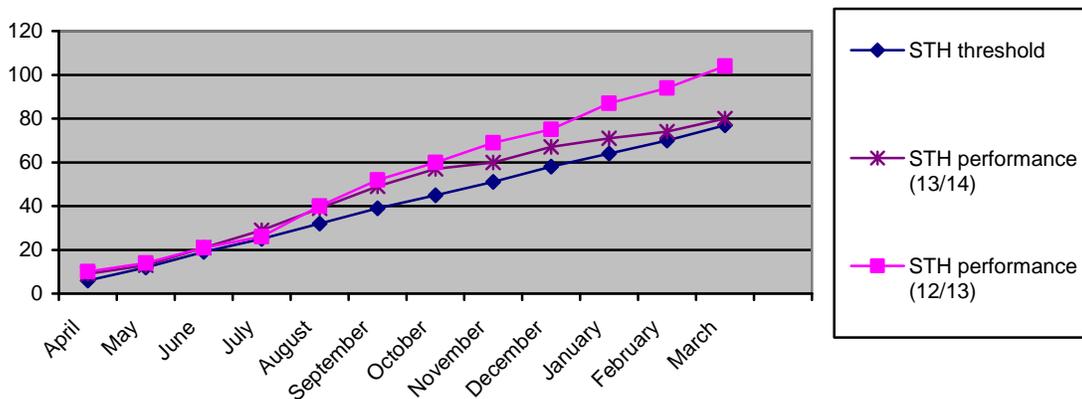
3. 2013/14 C.DIFF PERFORMANCE

STHFT has recorded 6 positive samples for March. The full year performance is 80 cases of *C.diff* against a contract threshold of 77. Whilst we did not hit our trajectory, the 23% decrease from last year's outturn of 104 was a significant achievement.

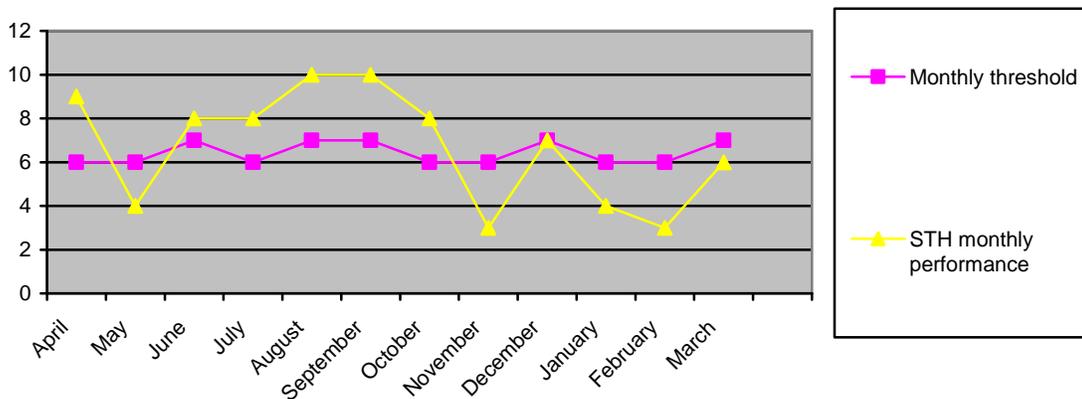
The Trust has been set a contract threshold of 94 cases, but to ensure that we aim to maintain a year on year improvement on the number of cases of *C.diff* attributable to the Trust an internal target of 78 has been set.

Monitor has retained *C.diff* as a target in the Risk Assessment Framework which replaced the Compliance Framework from the 1st October 2013.

C.diff year to date performance



C.diff monthly performance



3.1 Surveillance

Robert Hadfield 5 at the Northern General Hospital is currently under surveillance for *C.diff* having had at least 2 episodes of *C.diff* within a 28 day period.

It is good practice to consider carefully any areas which experience more than 1 episode of *C.diff* within a 28 day period. The positive samples are tested to see if they are the same ribotype which may indicate that cross infection has taken place. A series of audits are undertaken by the IPC team

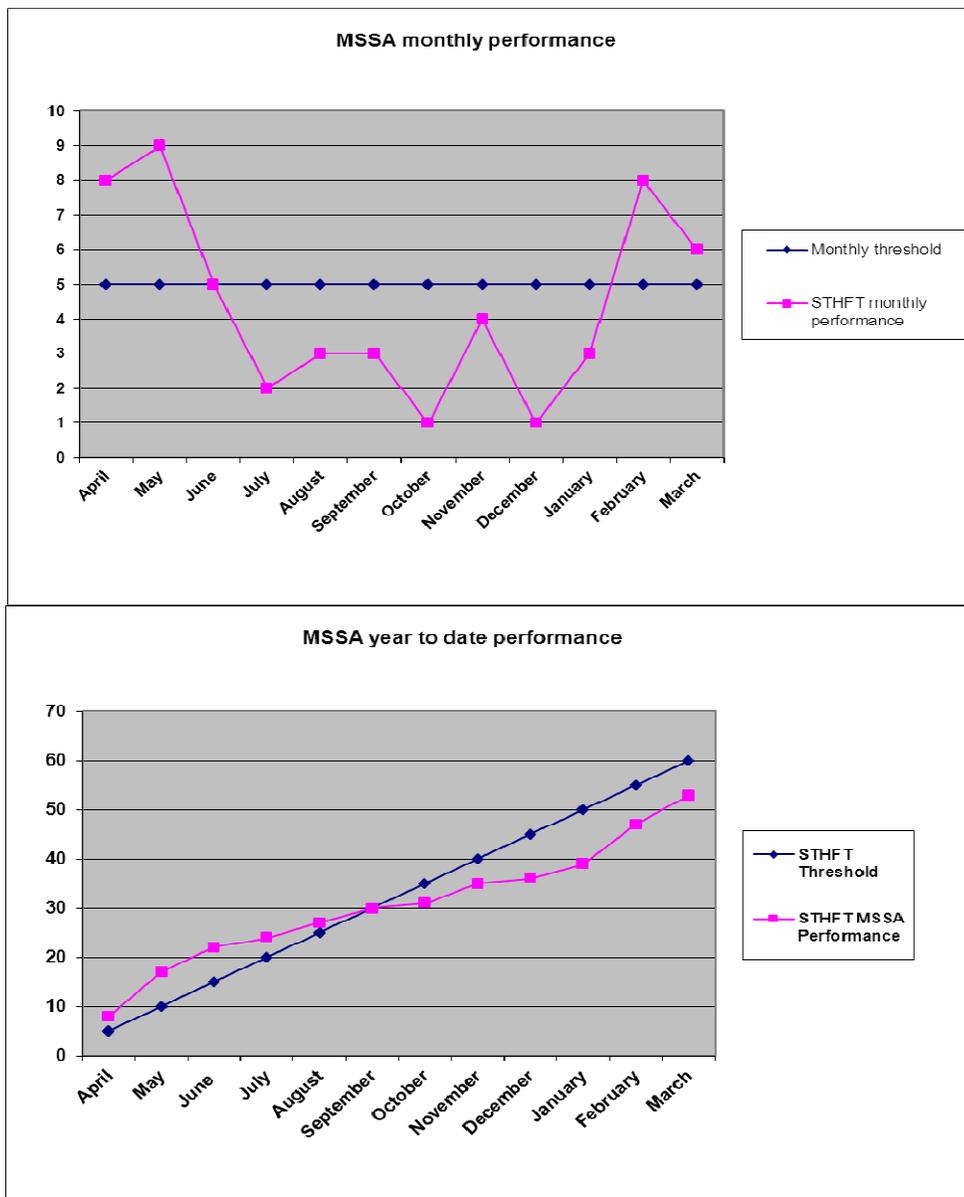
to check performance on essential infection control standards such as commode cleanliness and hand hygiene regardless of whether the episodes of *C.diff* are thought to be linked or not.

4. MSSA

The Trust continues to return data on the number of cases of MSSA bacteraemia to Public Health England. Cases are labelled as either Trust attributable or community acquired. For March, 6 Trust attributable cases of MSSA bacteraemia were recorded; this is worse than the monthly trajectory of 5 cases that the Trust has set itself.

MSSA performance for the full year is 53 cases. There is no threshold set for MSSA bacteraemia in 2013/14 however, alongside the MSSA improvement plan; the Trust set itself a target of having 5 or less cases per month as this would be an initial improvement on the current average MSSA rate of 6 cases per month. The Trust achieved this target by having less than 60 cases for the full year.

The Trust has set itself a target of having 42 cases or less for 2014/15.

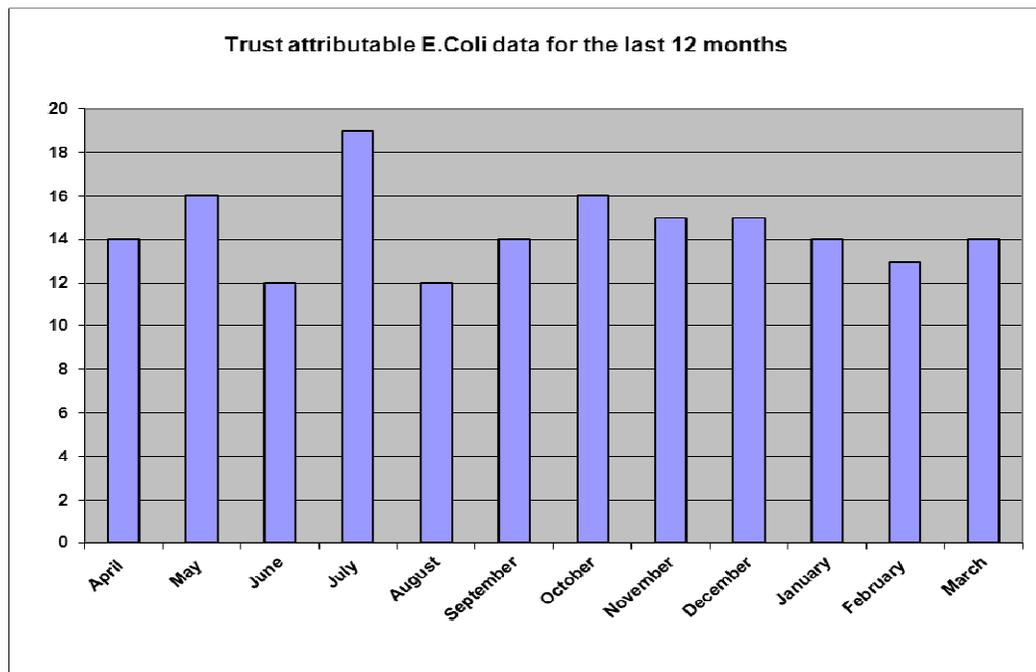


5. E.COLI

The Trust commenced returning data on the number of cases of E.Coli bacteraemia to Public Health England in June 2011. Cases are labelled as either Trust attributable or community acquired. For March, 14 Trust attributable cases of E.Coli bacteraemia were recorded.

Currently, it is not expected that the Trust will be set a reduction target for E.Coli bacteraemia as E.Coli bacteraemia is often not directly associated with healthcare.

For the last 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 174 cases, this is 28 cases less than the 202 recorded for 2012/13.



There are currently no national benchmarks available to allow the Trust to compare its performance with that of other Trusts.

6. INFECTION PREVENTION AND CONTROL

6.1 **Norovirus**

The Trust has experienced minimal levels of norovirus during March which has had little impact on service delivery.

7. CONCLUSION

The Board of Directors is asked to note the contents of this report.