

EXECUTIVE SUMMARYREPORT TO THE BOARD OF DIRECTORS – 15 JANUARY 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 performance against the local Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia plan for December 2013.
- 2) The performance against the local Clostridium difficile (C.diff) plan for December 2013.
- 3) The performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for December 2013.
- 4) The performance on E.Coli bacteraemia.
- 5) Strategic issues related to Infection Prevention and Control (IPC).

KEY POINTS

- The Trust has had 0 Trust attributable cases of MRSA bacteraemia during December 2013.
- C.diff target performance is off trajectory against the C.diff plan.
- MSSA performance is on trajectory against the MSSA plan.
- 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	15 January 2014	
Healthcare Governance Committee	20 January 2014	
Clinical Management Board	17 January 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 current 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. For 2013/14 each case of MRSA bacteraemia will be 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.

The NHS England approach for 2013/14 is zero tolerance to MRSA bacteraemia; as such the Trust national target is zero. Any cases attributed to the Trust will see the payment associated with that episode of care withheld.

Monitor has not retained MRSA bacteraemia as a target or indicator in the Risk Assessment Framework which replaces the Compliance Framework from the 1st October 2013 for NHS Foundation Trusts.

2.2 MRSA performance for December 2014

There have been 0 cases of MRSA bacteraemia recorded for the month of December.

It has been 34 days (up to 31 December 2013) since the last case of MRSA bacteraemia was attributed to the Trust.

The full year performance is 3 cases of MRSA.

2.3 Post Infection Reviews

During November 2013, there were 2 patients where an MRSA bacteraemia was attributed to the Trust.

Patient 1

The patient concerned was on the Surgical Assessment Unit. Although the initial blood culture was positive for MRSA, the patient's clinical condition and subsequent re-testing highlighted that this blood culture had been contaminated.

It has been found on investigation that the staff member taking the blood culture had MRSA in their nose. The blood culture was contaminated by sub-optimal technique.

The staff member will be decolonised from MRSA. Their training record has been reviewed, they receive a clinical competence check each year at the bedside but there will be a specific assessment of technique and re-education following this incident.

Patient 2

The patient was admitted to Chesterman 3 for a surgical procedure. On admission, she was screened negative for MRSA. Post operatively, she initially did well but then developed shortness of breath, increased pain at the operation site and a pyrexia. Blood cultures taken at this time subsequently grew MRSA.

Despite extensive investigation, the source of acquisition is unclear. There was a patient in the same bay with MRSA in their sputum and this is a possible source. This patient was also screened as negative on admission.

Actions to be taken following this incident include further education for Advanced Nurse Practitioners on antibiotics and prescribing, improved intravenous cannula documentation and an audit of the significance of MSSA / MRSA drain positive swabs.

2.4 MRSA Screening

November MRSA Screening figures were 114%. December screening figures were not available at the time of writing this report.

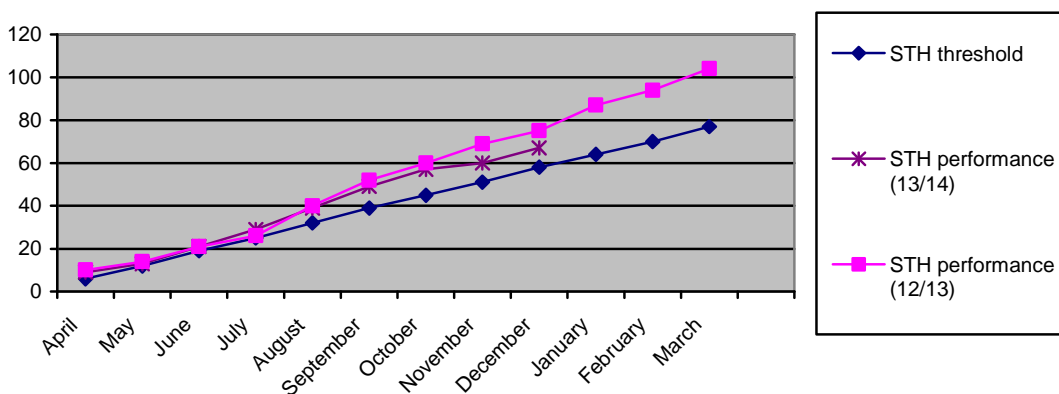
The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A 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.

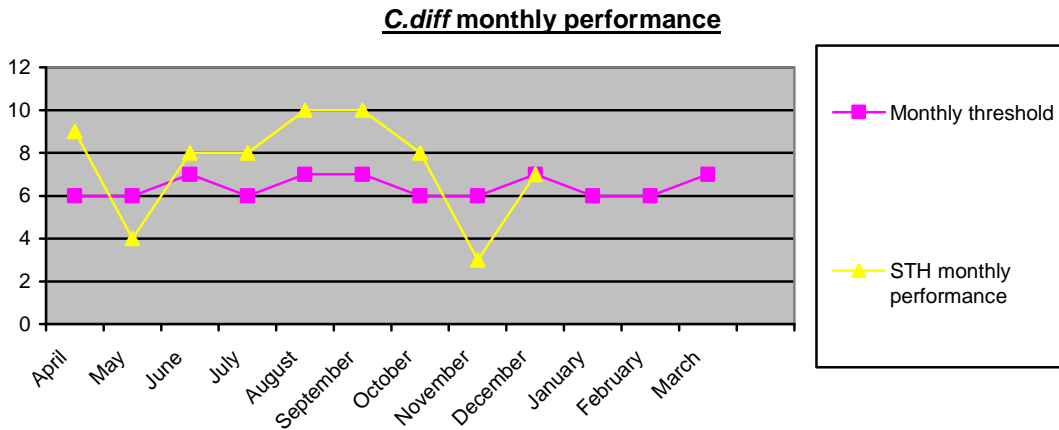
To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies how the IPC team will undertake MRSA screening compliance audits in each area each year.

3. 2013/14 C.DIFF PERFORMANCE

STHFT has recorded 7 positive samples for December. The year to date performance is 67 cases of *C.diff* against a contract threshold of 58. Monitor has retained *C.diff* as a target in the Risk Assessment Framework which replaces the Compliance Framework from the 1st October 2013.

C.diff year to date performance





3.1 Surveillance

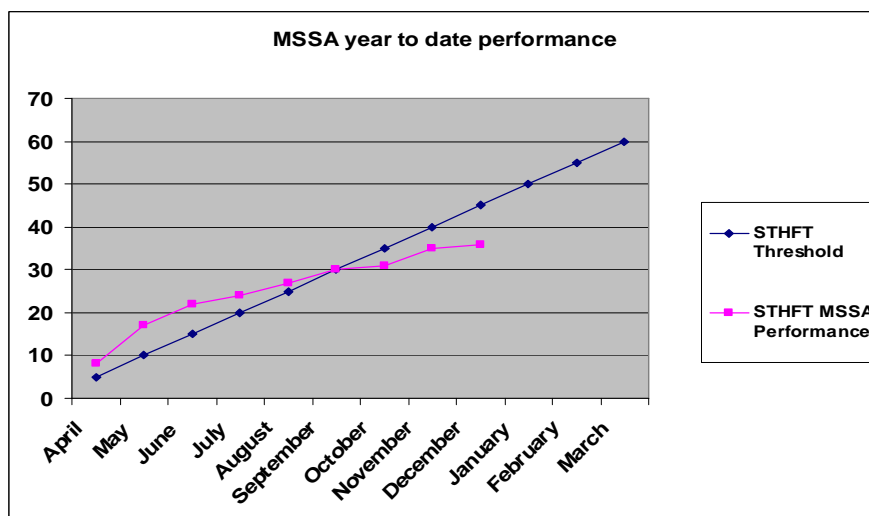
O2 Day Ward at the Royal Hallamshire Hospital is currently under surveillance for C.diff having had at least 2 episodes of C.diff within a 28 day period.

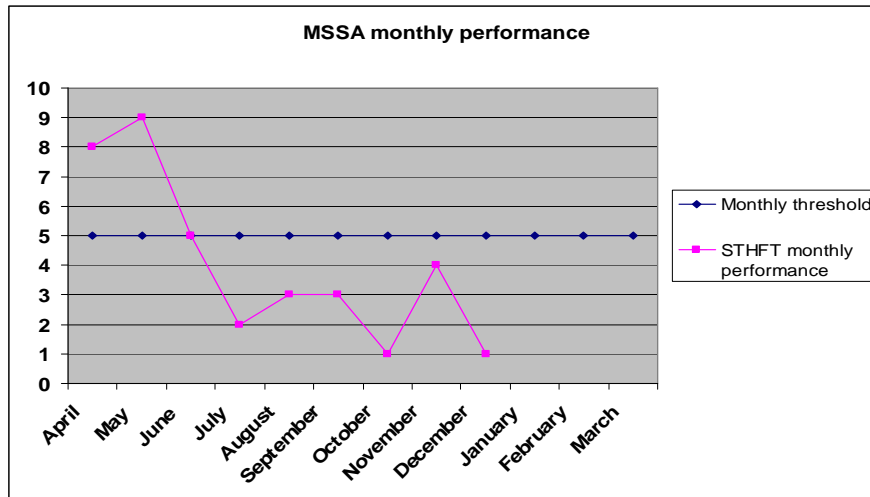
It is good practice to consider carefully any areas which experience more than 1 episode of C.diff within a 28 day period. The positive samples are tested to see if they are the same ribotype which may indicate that cross infection has taken place. A series of audits are undertaken by the IPC team to 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 December, 1 Trust attributable cases of MSSA bacteraemia were recorded; this is better than the monthly trajectory that the Trust has set itself.

MSSA performance for the year to date is 36 cases. There is no threshold set for MSSA bacteraemia in 2013/14 however, alongside the MSSA improvement plan; the Trust has 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. This would be a target of 60 or less for the full year or 45 or less for month 9.



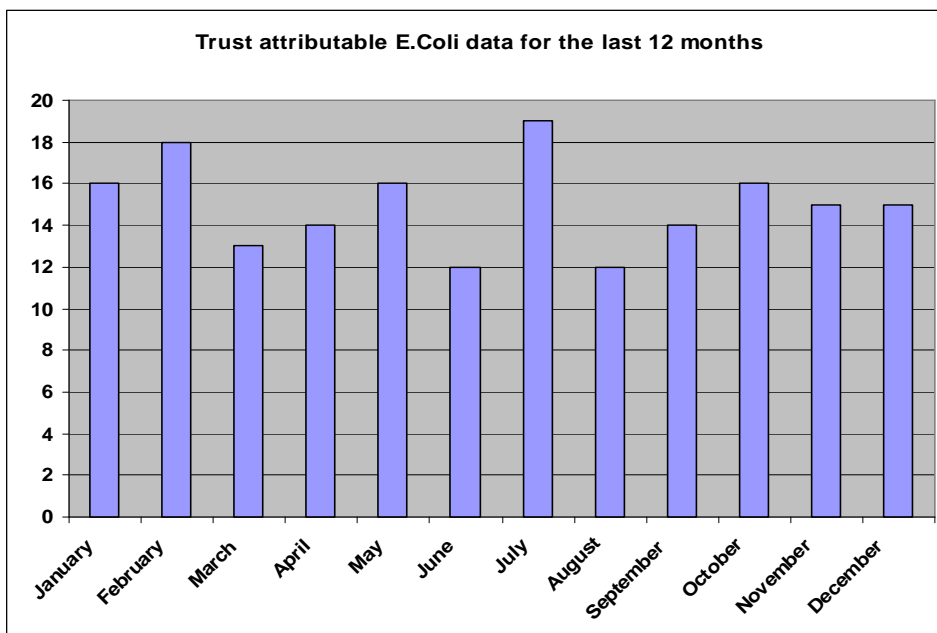


5. E.COLI

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 December, 15 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 189 cases.



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 low levels of norovirus during December which has had a slight impact on service delivery with up to 2 wards affected at a time.

7. CONCLUSION

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