

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS – 16 JANUARY 2013

| | |
|------------------------------|---|
| Subject | Infection Prevention and Control (IPC) Update |
| Supporting TEG Member | Professor Hilary Chapman, Chief Nurse / Chief Operating Officer |
| Author | Mr Chris Morley, Deputy Chief Nurse |
| 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 2012/2013 for December 2012.
- 2) The performance against the local Clostridium difficile (C.diff) plan for 2012/2013 for December 2012.
- 3) The performance on Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia.
- 4) The performance on E.Coli bacteraemia.
- 5) Strategic issues related to Infection Prevention and Control (IPC).

KEY POINTS

- The Trust has had 3 MRSA bacteraemia (year to date) which means it has breached the Department of Health threshold for 2012/2013.
- C.diff performance remains below threshold against the C.diff 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 note the contents of this report.

APPROVAL PROCESS

| Meeting | Date | Approved Y/N |
|---------------------------------|-----------------|--------------|
| Board of Directors | 16 January 2013 | |
| Clinical Management Board | 18 January 2013 | |
| Healthcare Governance Committee | 21 January 2013 | |

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 2012/2013 and also the C.diff plan for 2012/2013. Information is also included on the number of cases of MSSA and E.Coli bacteraemia. In addition, attention is drawn to a number of key IPC issues.

2. 2012/2013 MRSA PERFORMANCE

2.1 MRSA thresholds for 2012/2013

Bacteraemia are either classified as Trust attributable or community acquired. Community acquired cases are bacteraemia that are identified on either day 0 or day 1 of the patient's stay. Any bacteraemia identified after that are considered to be Trust attributable. The Trust has been set different thresholds for MRSA by different organisations as follows:

National (Department of Health): 1

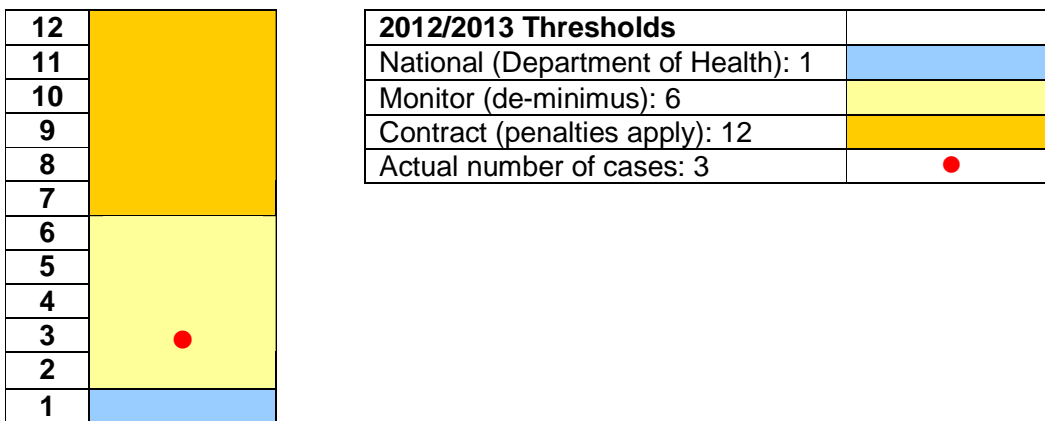
Monitor (de-minimus): 6

Contract (penalties apply): 12

2.2 MRSA performance for December 2012

There have been no cases of MRSA bacteraemia for the month of December.

The year to date performance is 3 cases of MRSA.



2.3 MRSA screening

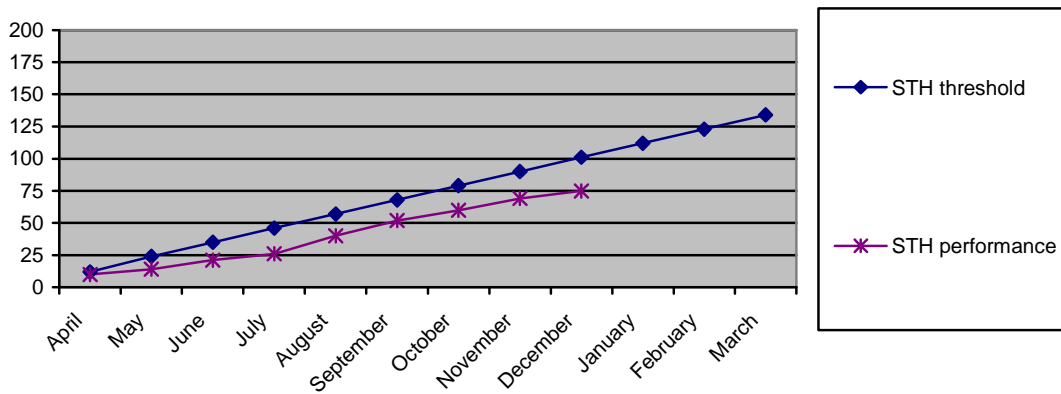
November MRSA screening figures were 118%. The December screening figures were not available at the time of this report.

3. 2012/2013 C.DIFF PERFORMANCE

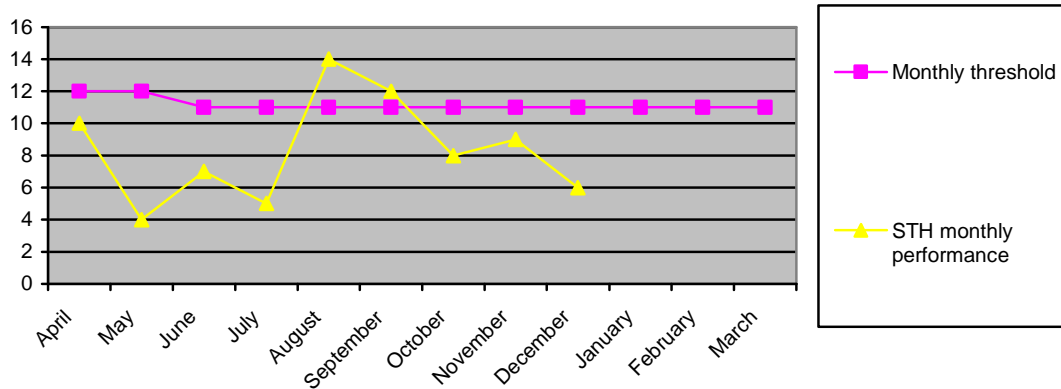
STHFT has recorded 6 positive samples for December. The year to date performance is 75 cases of C.diff against a contract year to date threshold of 101. The Department of Health, Monitor and Contract threshold for the year is 134.

The health community performance is always one month in arrears to allow for the allocation of cases in Sheffield residents treated in other hospitals. The position in November was year to date performance of 154 cases against a year to date threshold of 127 cases.

C.diff year to date performance



C.diff monthly performance



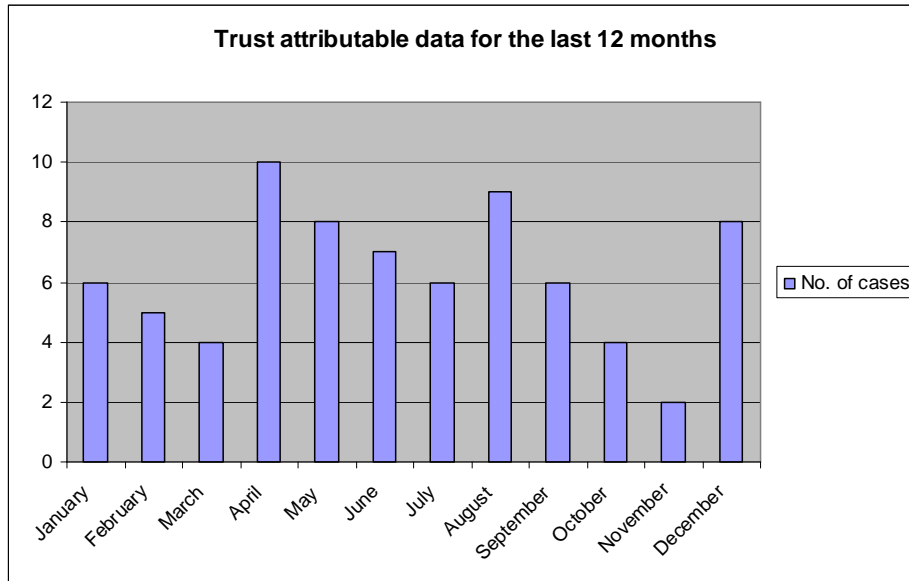
3.1 Surveillance

Firth 2 and Brearley 3 at the Northern Campus are currently under surveillance for C.diff, having had at least 2 episodes of C.diff within a 28 day period.

4. MSSA

The Trust continues to return data on the number of cases of MSSA bacteraemia to the Health Protection Agency. Cases are labelled as either Trust attributable or community acquired. For December, 8 Trust attributable cases of MSSA bacteraemia were recorded, this is over the monthly trajectory that the Trust has set itself.

Performance on MSSA for the last 12 months is 75 cases; there have been 60 cases reported since April 2012. There is no threshold set for MSSA bacteraemia in 2012/2013. However, alongside the MSSA improvement plan, the Trust has set itself an initial 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.

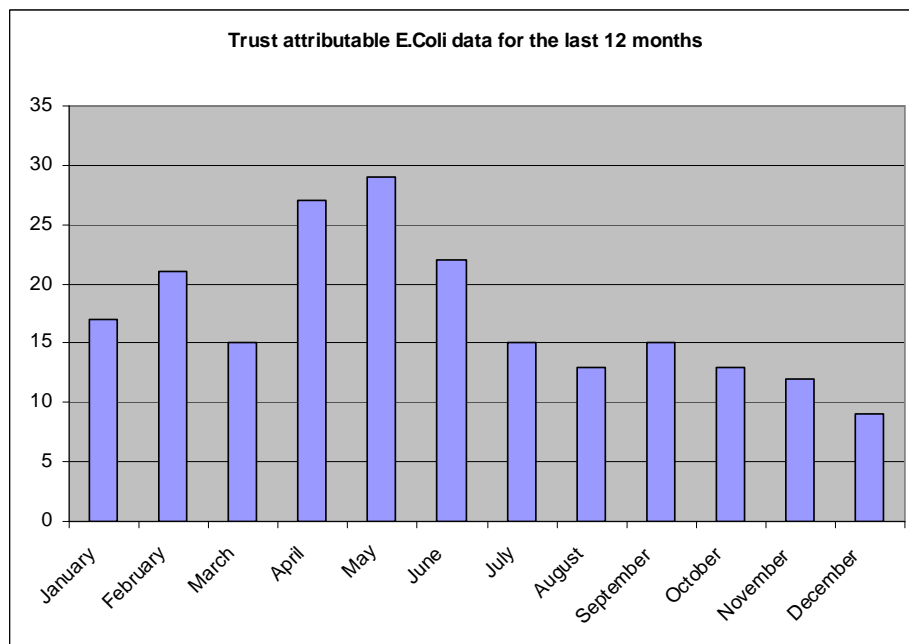


5. E.COLI

The Trust commenced returning data on the number of cases of E.Coli bacteraemia to the Health Protection Agency in June 2011. Cases are labelled as either Trust attributable or community acquired. For December, 9 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.

After 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 208 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 high levels of norovirus during November which has had some impact on service delivery with up to 10 wards affected at a time and it has seen a number of patients presenting to A&E with symptoms of diarrhoea and vomiting, indicating that the virus is active in the community.

6.2 Infection Control Targets for 2012/2013

The NHS Commissioning Board has published its planning guidance for 2013/2014 "Everyone Counts: Planning for Patients 2013/2014". The guidance and associated documents provide information about next year's infection control targets.

MRSA

The guidance states that there will be a zero tolerance approach to MRSA bacteraemia. It is expected that all cases will involve a Post Infection Review to identify why an infection occurred and how future cases of infection can be avoided. This approach is similar to the Root Cause Analysis which takes place now but may also include other organisations or individuals such as GPs and other hospitals. The final report may be considered by Commissioners. The standard contract indicates that where a MRSA bacteraemia occurs as part of an inpatient episode, the Trust will not be paid for the episode of care.

C.diff

The Trust have been set a target for C.diff of 77 cases or less for 2013/2014. The target has been set using a baseline measured between October 2011 and September 2012. For STHFT, this was 105 cases and the Trust have been asked to reduce this by a further 27%.

This will be a challenging target requiring 6 or less cases per month. This year we have only achieved this level of performance in 3 out of 9 months. To try to ensure this is achieved, deep cleaning at the NGH site will need to be consistently delivered in all areas but particularly in areas of high throughput such as Medical or Surgical Assessment Units.

MSSA and E.Coli

There is no mention of any targets for either of these organisms.

7. CONCLUSION

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