

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS – 17 JULY 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 June 2013.
- 2) The performance against the local Clostridium difficile (C.diff) plan for June 2013.
- 3) The performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for June 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 cases of MRSA bacteraemia during June 2013.
- C.diff target performance is off trajectory against the C.diff plan.
- MSSA performance is off 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 note the contents of this report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	17 July 2013	
Healthcare Governance Committee	22 July 2013	
Clinical Management Board	26 July 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 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. There has been a change to how bacteraemia are classified as Trust or community acquired. Previously community acquired cases were bacteraemia that were identified on either day 0 or day 1 of the patient's stay. Any bacteraemia identified after that were considered to be Trust attributable. For 2013/14 each case 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 either day 0 or day 1, Sheffield Clinical Commissioning Group organise the PIR, for any case identified after that the Trust organise the PIR. This change does mean the Trust may be allocated cases that in previous years would not have been allocated to the Trust. Other Trusts in the Shelford Group have already found that they have had cases allocated to them that previously would not have been attributed to them and that this is now increasing the risk of them breaching the Monitor de-minimus level.

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.

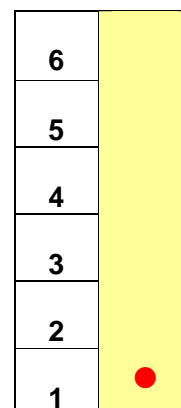
Monitor have retained a de-minimus level of 6 cases of MRSA bacteraemia. Any Foundation Trust recording more than 6 cases will be considered to be in breach of their terms of authorisation.

2.2 MRSA performance for June 2013

There have been 0 cases of MRSA bacteraemia recorded for the month of June. It has been 87 days (up to 30th June 2013) since the last case of MRSA bacteraemia was attributed to the Trust.

The full year performance is 1 case of MRSA.

2012/2013 Thresholds	
Monitor (de-minimus): 6	
Actual number of cases: 1	●
Days since the last Trust Attributable MRSA Bacteraemia (up to 30 th June 2013)	87



2.3 MRSA Screening

May MRSA screening figures were 122%. June MRSA screening figures were 120%.

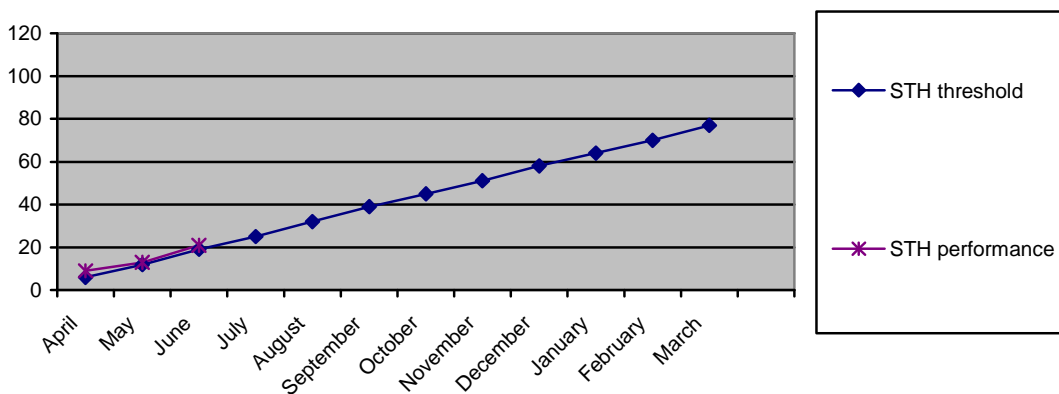
The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A figure of over 100% will 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.

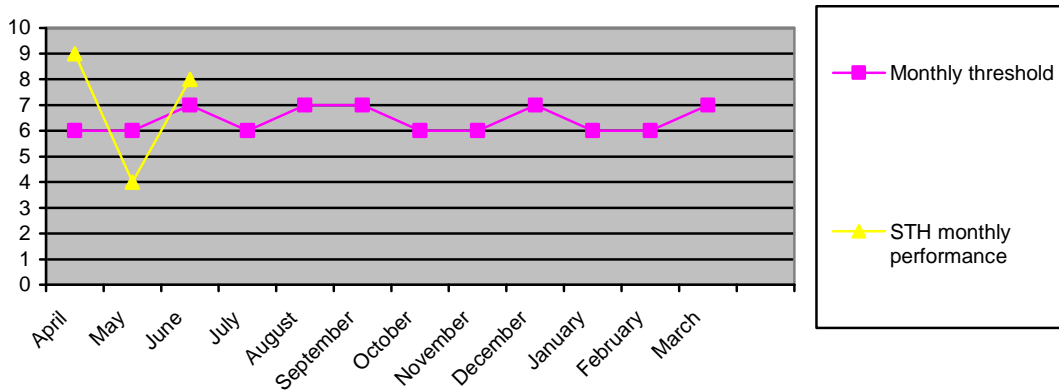
3. 2013/14 C.DIFF PERFORMANCE

STHFT has recorded 8 positive samples for June. The year to date performance is 21 cases of C.diff against a contract threshold of 19.

C.diff year to date performance



C.diff monthly performance



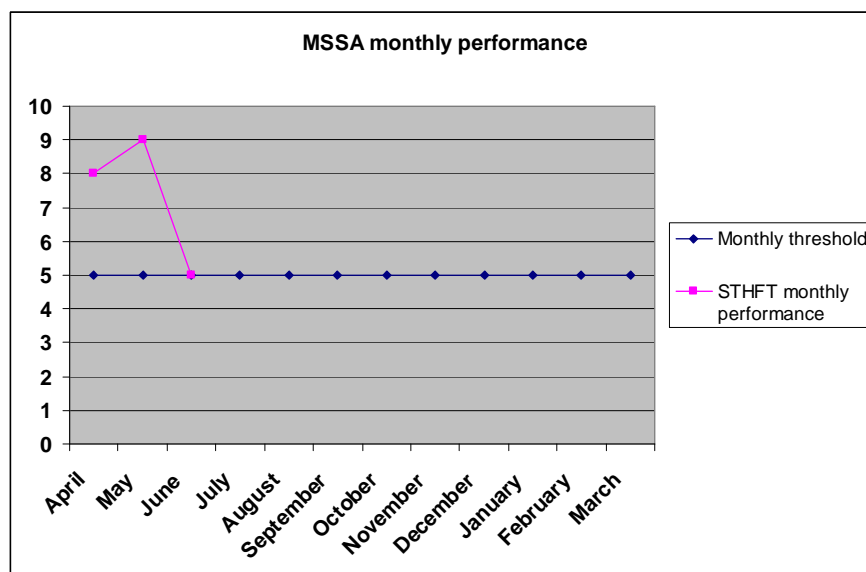
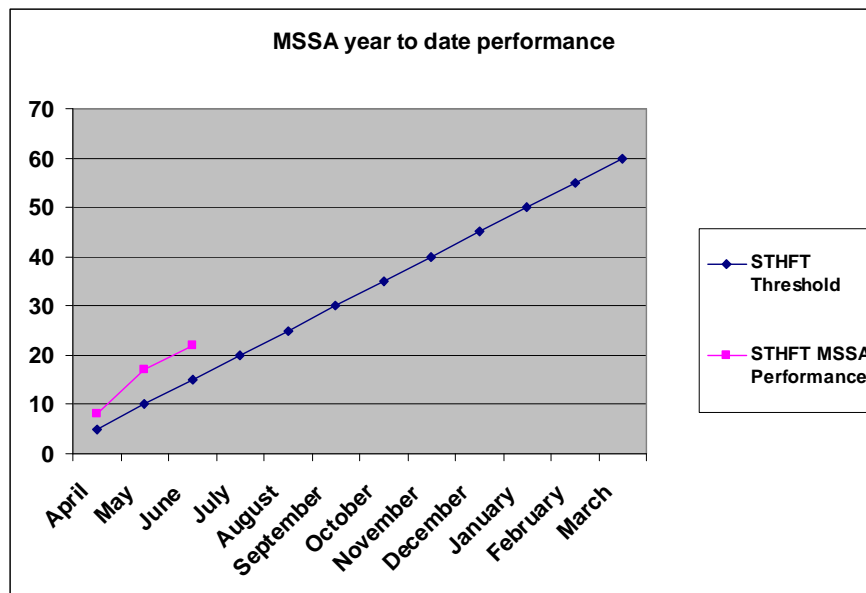
3.1 Surveillance

Osborn 2 and Renal Unit F Floor on the Northern General 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 Public Health England. Cases are labelled as either Trust attributable or community acquired. For June, 5 Trust attributable cases of MSSA bacteraemia were recorded; this is in line with the monthly trajectory that the Trust has set itself.

MSSA performance for the year to date is 22 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.

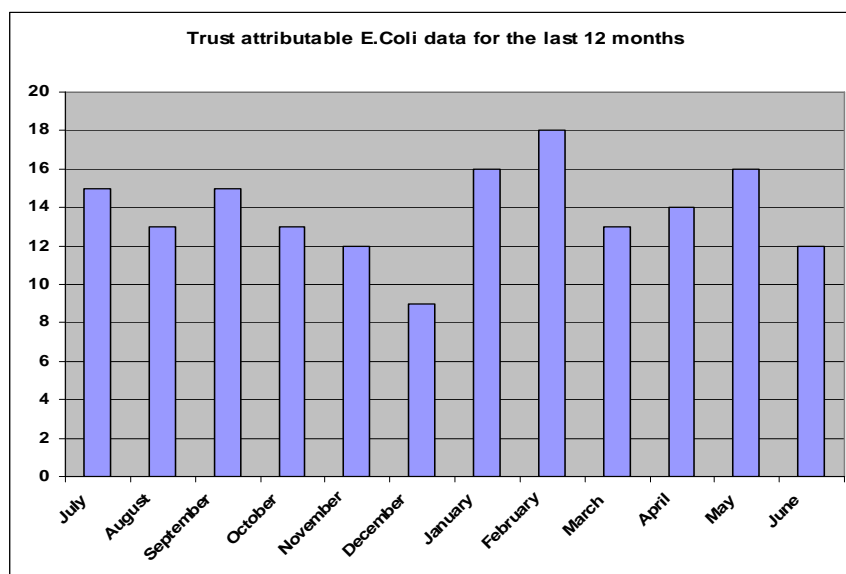


5. E.COLI

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 June, 12 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 166 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 minimal levels of norovirus during June which has had little impact on service delivery.

7. CONCLUSION

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