

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

B

REPORT TO THE BOARD OF DIRECTORS – 17 OCTOBER 2012

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 September 2012.
- 2) The performance against the local Clostridium difficile (C.diff) plan for 2012/2013 for September 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 2 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	17 October 2012	
Clinical Management Board	19 October 2012	
Healthcare Governance Committee	22 October 2012	

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 September 2012

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

The year to date performance is 2 cases of MRSA.



2012/2013 Thresholds	
National (Department of Health): 1	Light Blue
Monitor (de-minimus): 6	Light Yellow
Contract (penalties apply): 12	Orange
Actual number of cases: 2	Light Yellow (with red dot)

2.3 MRSA screening

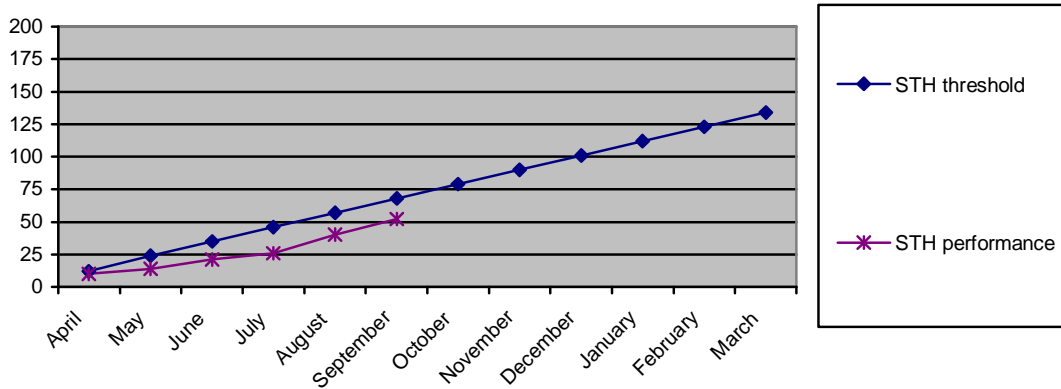
September MRSA screening figures were 119%.

3. 2012/2013 C.DIFF PERFORMANCE

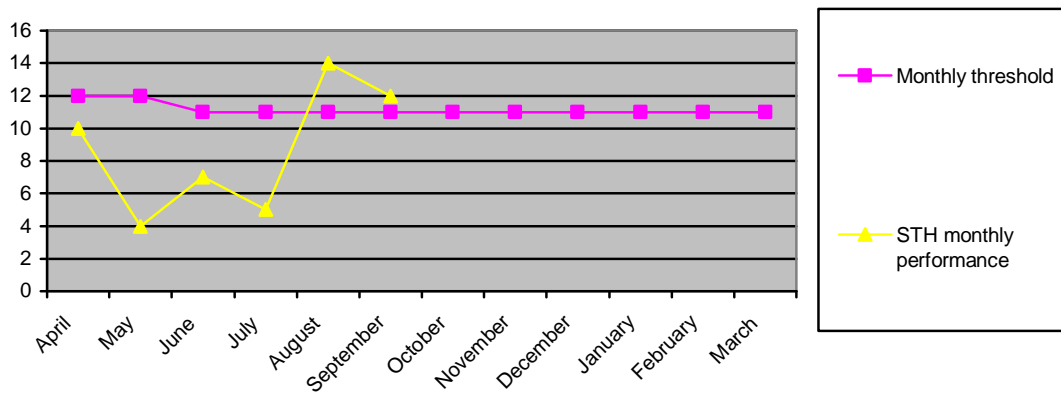
STHFT has recorded 12 positive samples for September. The year to date performance is 52 cases of C.diff against a contract year to date threshold of 68. The Department of Health, Monitor and Contract threshold for the year is 134.

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 August was year to date performance of 88 cases against a year to date threshold of 79.

C.diff year to date performance



C.diff monthly performance



The year to date performance is 52 cases of C.diff against a contract threshold of 68.

3.1 Surveillance

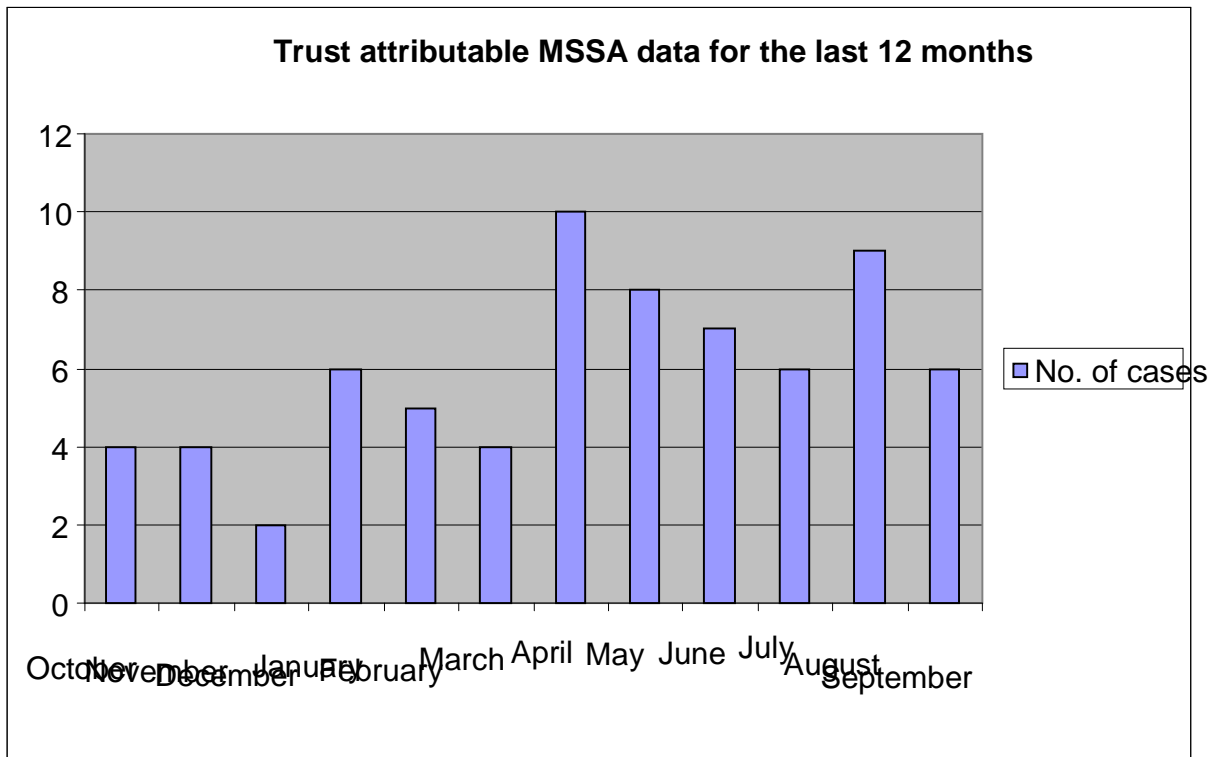
Wards Firth 2 and Vickers 4 at the Northern Campus and L2 at the Central Campus are currently under surveillance for C.diff, having had at least 2 episodes of C.diff within a 28 day period.

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 September, 6 Trust attributable cases of MSSA bacteraemia were recorded.

Performance on MSSA for the last 12 months is 71 cases; there have been 46 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 and would be an initial improvement on the current MSSA rate of 6 cases per month.

An action plan has been produced by the Infection Control Team to try to reduce the STHFT MSSA rate. The action plan focuses on key actions across the whole Trust particularly relating to improving the care of intravenous lines and making specific improvements in key directorates with higher rates of MSSA Bacteraemia such as Cardiothoracic.

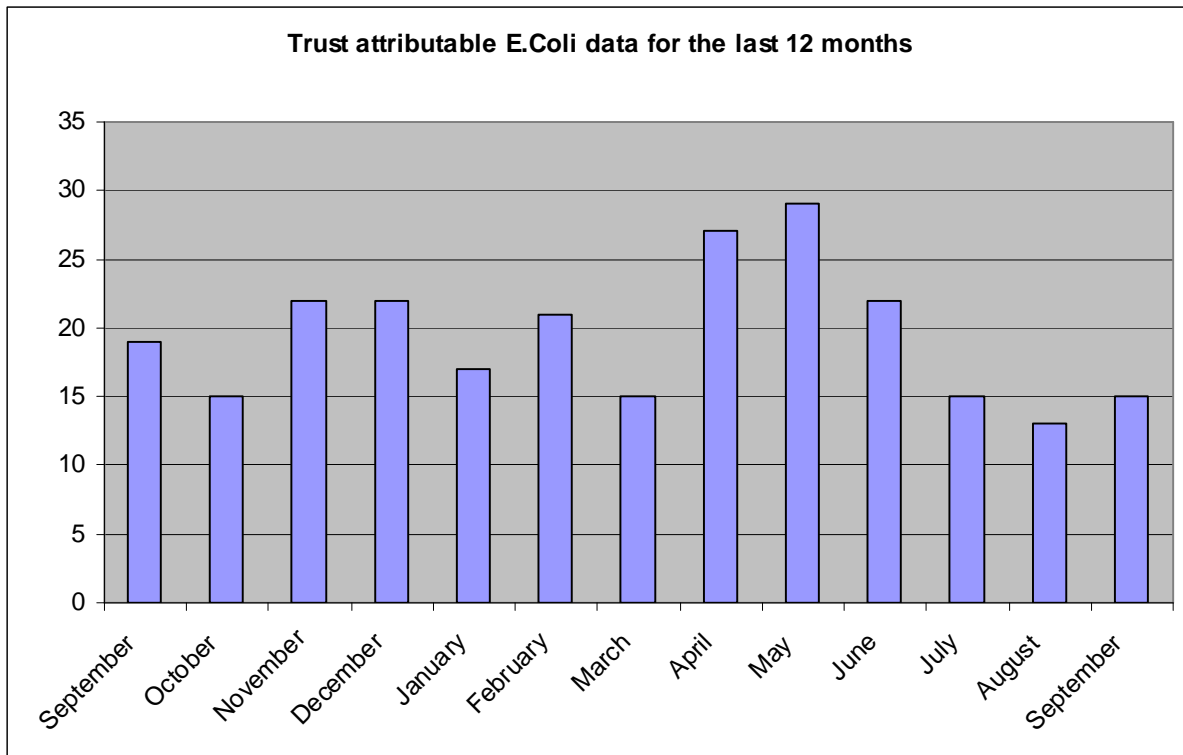


5. E.COLI

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 September, 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.

After 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 237 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

No further issues to report.

7. CONCLUSION

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