

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS – 18 SEPTEMBER 2013**

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 August 2013.
- 2) The performance against the local Clostridium difficile (C.diff) plan for August 2013.
- 3) The performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for August 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 August 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 debate the contents of this report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	18 September 2013	
Healthcare Governance Committee	23 September 2013	
Clinical Management Board	13 September 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. 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 have 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 August 2013

There have been 0 cases of MRSA bacteraemia recorded for the month of August. It has been 149 days (up to 31 August 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	
Actual number of cases: 1	●
Days since the last Trust Attributable MRSA Bacteraemia (up to 30 th June 2013)	149

6	
5	
4	
3	
2	
1	●

2.3 MRSA Screening

July MRSA screening figures were 119%. August MRSA Screening figures were not available at the time of writing this report.

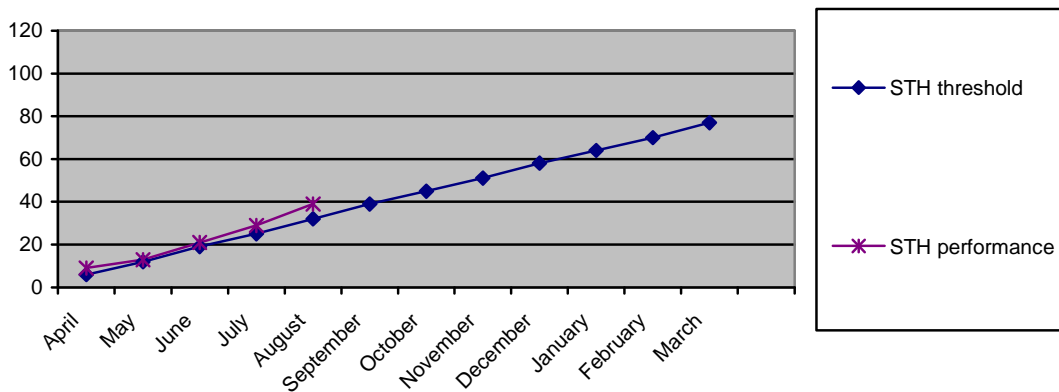
The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A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

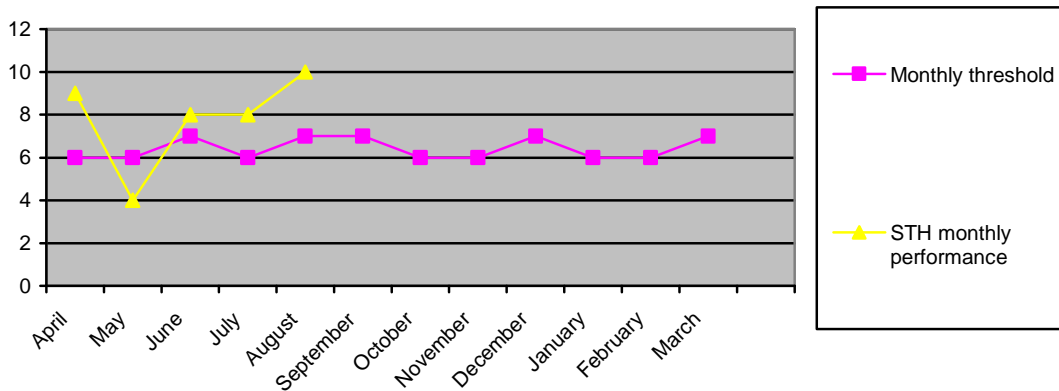
3. 2013/14 C.DIFF PERFORMANCE

STHFT has recorded 10 positive samples for August. The year to date performance is 39 cases of C.diff against a contract threshold of 32. 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



C.diff monthly performance



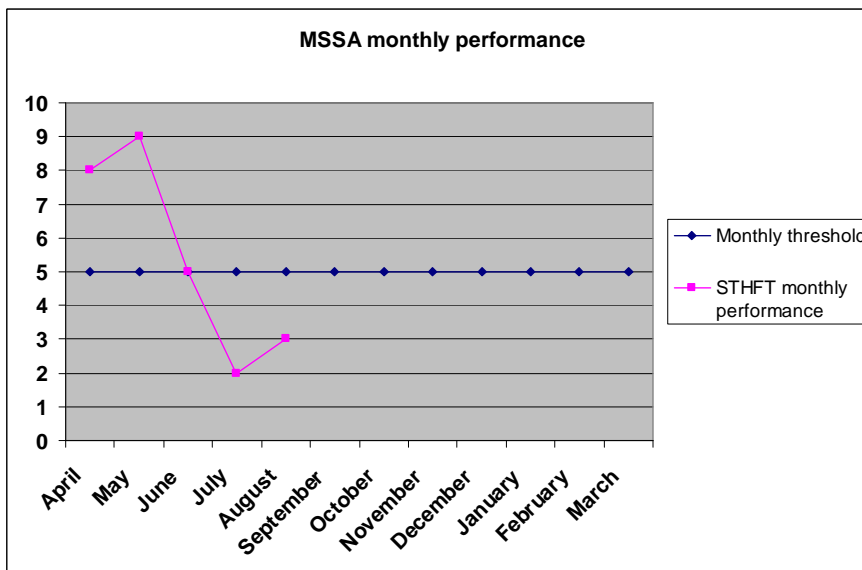
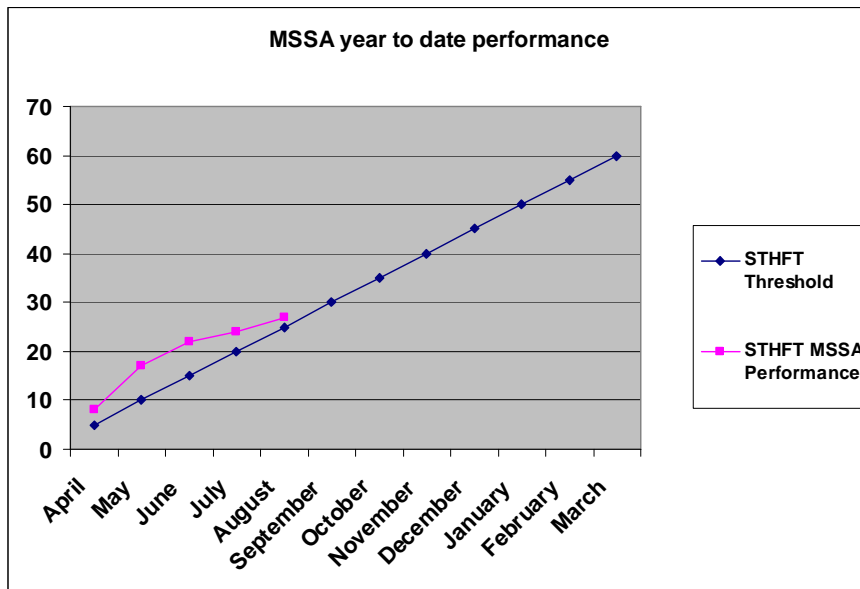
3.1 Surveillance

No wards are currently under surveillance for C.diff as none of the wards have 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 August, 3 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 27 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 25 or less for month 5.

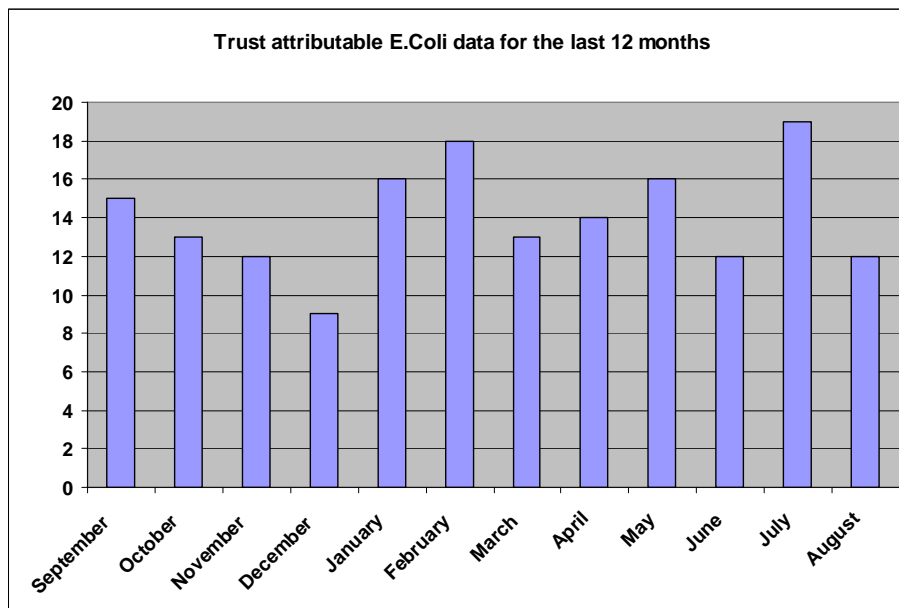


5. E.COLI

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 August, 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 169 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 **Quarterly Infection Prevention and Control feedback from Care Groups / departments to the Board of Directors 2013/2014**

As part of the Trust's Infection Control Programme, wards and departments have the opportunity to raise issues which they feel the Board of Directors should be aware of. The returns for quarter 1 identify that:

- Accreditation activity is ongoing with reports that NGH theatres and the labour ward have achieved accreditation and the Rotherham Renal Satellite Unit, the level 3 obstetric wards and the RHH operating theatres are working towards accreditation.
- In response to an increased incidence of C.diff on wards Q1 and Q2, the wards are now using Difficile-S for cleaning instead of Chlorclean.
- Critical Care at the NGH site have confirmed dates with the deep clean programme.

- The Water Quality Policy has been updated with regards to the prevention of pseudomonas colonisation and can be accessed via the intranet.

7. **CONCLUSION**

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