

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS – 19 DECEMBER 2012**

Subject	Infection Prevention and Control (IPC) Update
Supporting TEG Member	Professor Hilary Chapman, Chief Nurse / Chief Operating Officer
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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 2012/2013 for November 2012.
- 2) The performance against the local Clostridium difficile (C.diff) plan for 2012/2013 for November 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	19 December 2012	
Clinical Management Board	21 December 2012	
Healthcare Governance Committee	17 December 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

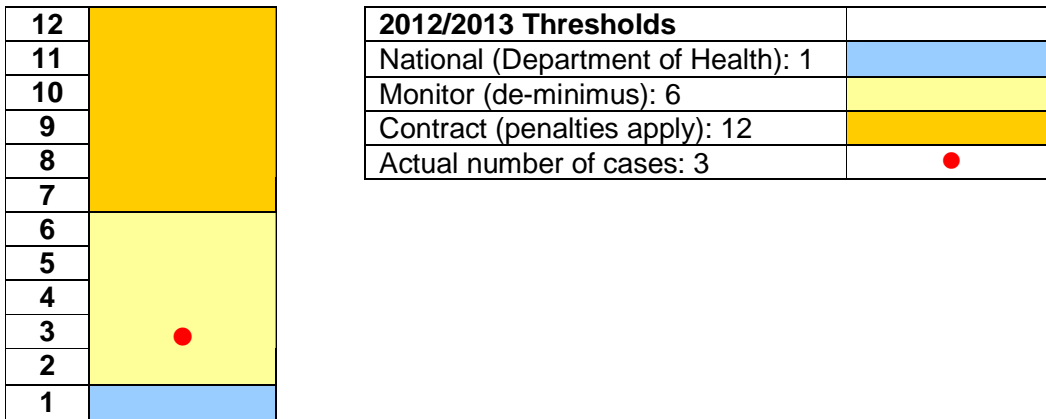
Bacteraemia are either classified as Trust attributable or community acquired. Community acquired cases are bacteraemia that are identified on either day 0 or day 1 of the patient’s stay. Any bacteraemia identified after that are considered to be Trust attributable. The Trust has been set different thresholds 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 November 2012

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

The year to date performance is 3 cases of MRSA.



2.3 MRSA screening

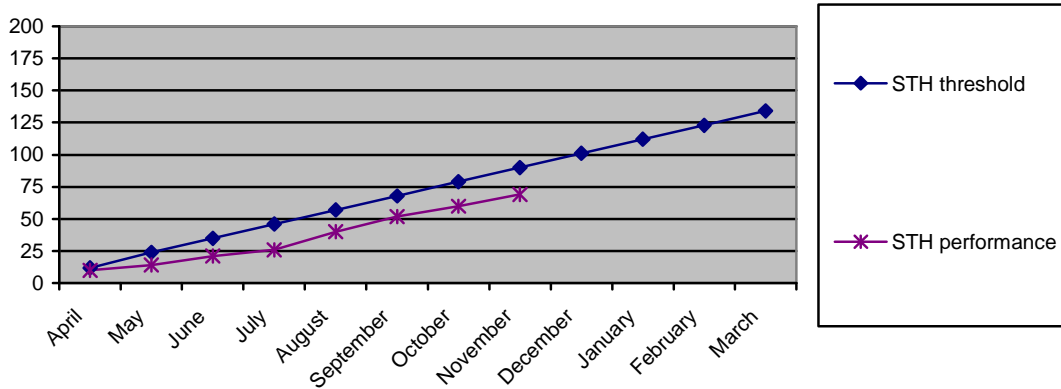
October MRSA screening figures were 123%. The November screening figures were not available at the time of this report.

3. 2012/2013 C.DIFF PERFORMANCE

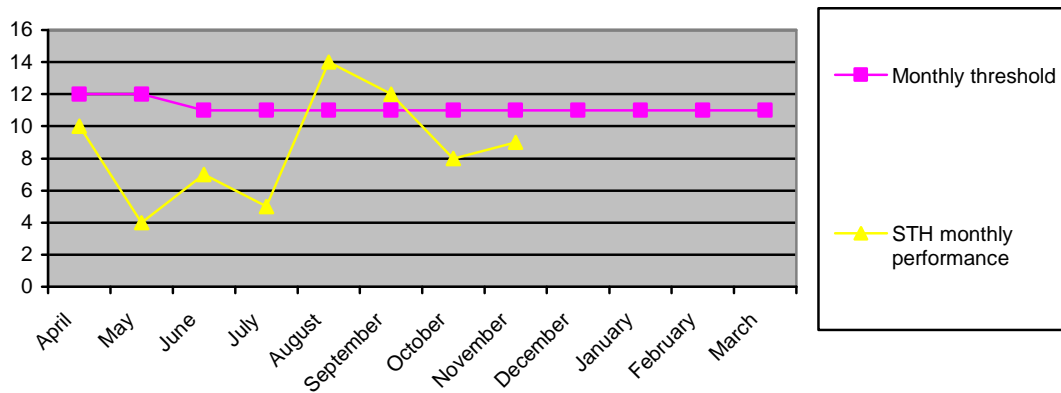
STHFT has recorded 9 positive samples for November. The year to date performance is 69 cases of C.diff against a contract year to date threshold of 90. The Department of Health, Monitor and Contract threshold for the year is 134.

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 October was year to date performance of 132 cases against a year to date threshold of 111 cases.

C.diff year to date performance



C.diff monthly performance



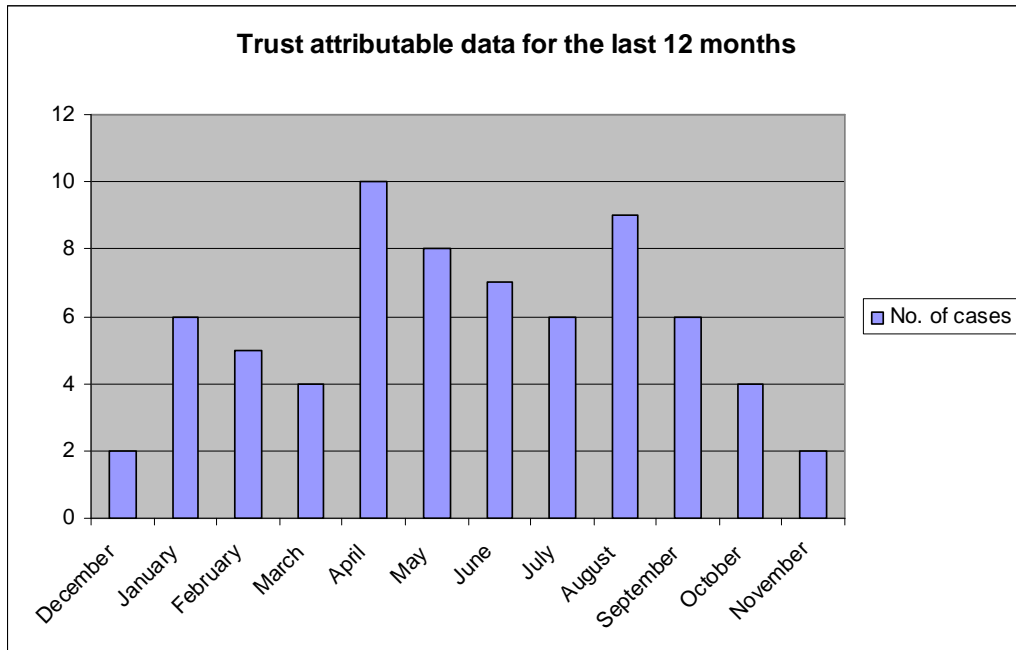
3.1 Surveillance

Ward Robert Hadfield 5 at the Northern Campus and O Floor Day Ward 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 November, 2 Trust attributable cases of MSSA bacteraemia were recorded, this is under the monthly trajectory that the Trust has set itself.

Performance on MSSA for the last 12 months is 69 cases; there have been 52 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.

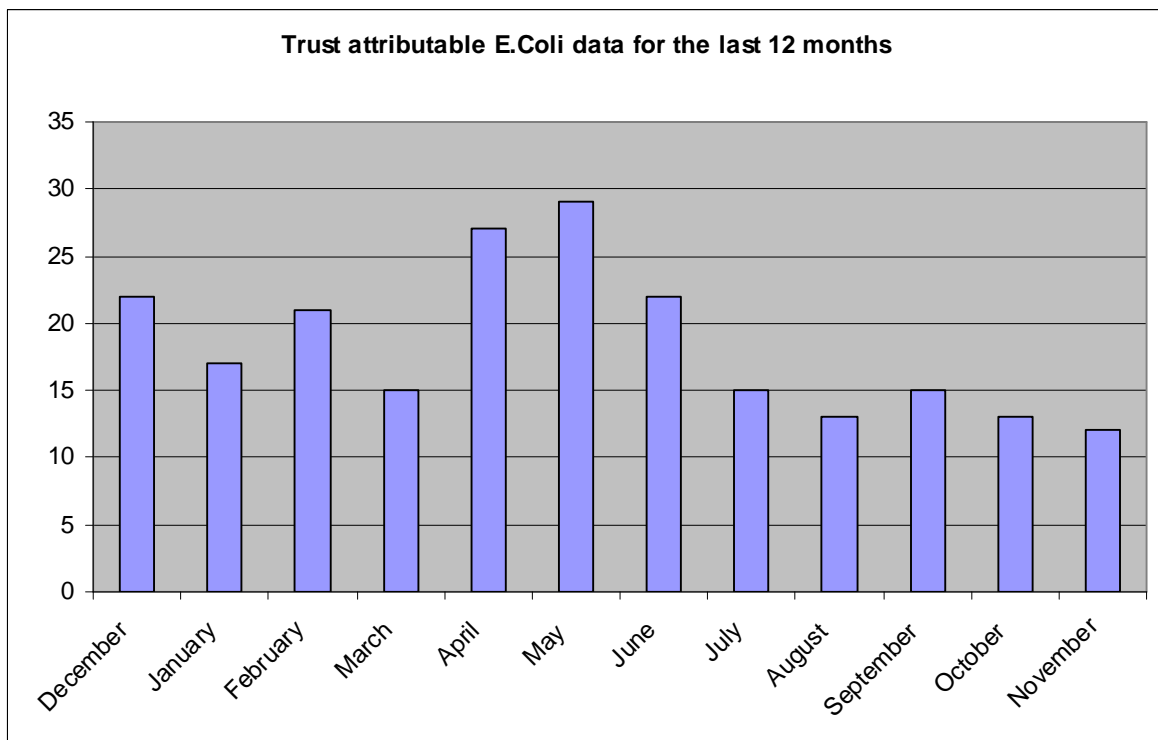


5. E.COLI

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 November, 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.

After 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 221 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 moderate levels of norovirus during November which has had some impact on service delivery with up to 5 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 Quarterly Infection Prevention and Control Feedback from groups / departments to the Board of Directors 2012/2013

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 2 identify that:

- Labour ward completed a large maintenance programme which had disrupted their work on infection control accreditation. They are working with Infection Control Team over the next 3 months to gain re-accreditation.

7. CONCLUSION

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