

## SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

### EXECUTIVE SUMMARY

#### REPORT TO THE BOARD OF DIRECTORS – 19 FEBRUARY 2014

<b>Subject</b>	Infection Prevention and Control (IPC) Update
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<b>Status<sup>1</sup></b>	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 January 2014.
- 2) The performance against the local Clostridium difficile (*C.diff*) plan for January 2014.
- 3) The performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for January 2014.
- 4) The performance on E.Coli bacteraemia.
- 5) Strategic issues related to Infection Prevention and Control (IPC).

#### KEY POINTS

- The Trust has had 0 Trust attributable cases of MRSA bacteraemia during January 2014.
- *C.diff* target performance is off trajectory against the *C.diff* plan.
- MSSA performance is on trajectory against the MSSA plan.
- Strategic IPC issues.

#### IMPLICATIONS<sup>2</sup>

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	19 February 2014	
Healthcare Governance Committee	17 February 2014	
Clinical Management Board	21 February 2014	

<sup>1</sup> Status: A = Approval  
 A\* = Approval & Requiring Board Approval  
 N = Note

<sup>2</sup> 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 has not retained MRSA bacteraemia as a target or indicator in the Risk Assessment Framework which replaces the Compliance Framework from the 1<sup>st</sup> October 2013 for NHS Foundation Trusts.

### **2.2 MRSA performance for January 2014**

There have been 0 cases of MRSA bacteraemia recorded for the month of January.

It has been 65 days (up to 31 January 2014) since the last case of MRSA bacteraemia was attributed to the Trust.

The full year performance is 3 cases of MRSA bacteraemia attributed to the Trust.

### **2.3 MRSA Screening**

The January MRSA screening figures were 115%.

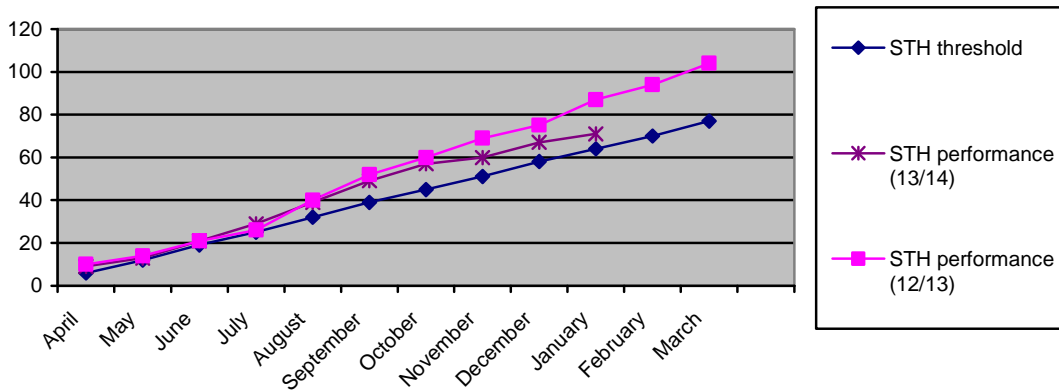
The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A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

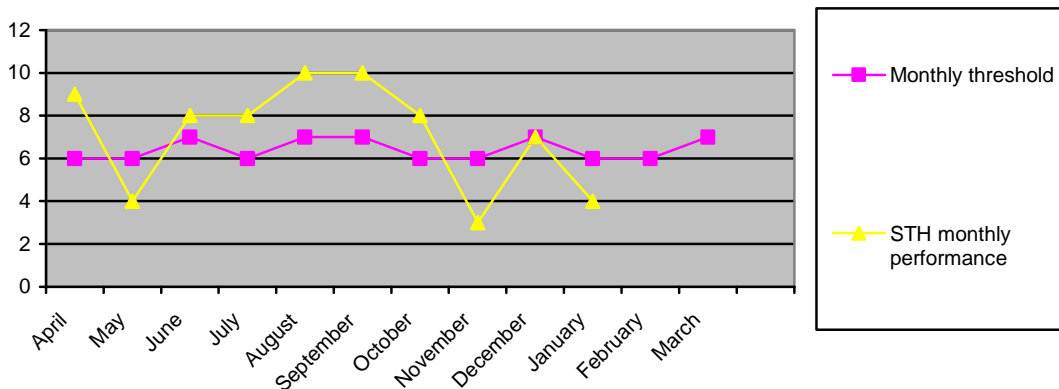
### 3. 2013/14 C.DIFF PERFORMANCE

STHFT has recorded 4 positive samples for January. The year to date performance is 71 cases of *C.diff* against a contract threshold of 64. Monitor has retained *C.diff* as a target in the Risk Assessment Framework which replaces the Compliance Framework from the 1<sup>st</sup> October 2013.

**C.diff year to date performance**



**C.diff monthly performance**



#### 3.1 Surveillance

MAU2 at the Northern General Hospital is currently under surveillance for *C.diff* having had at least 2 episodes of *C.diff* within a 28 day period.

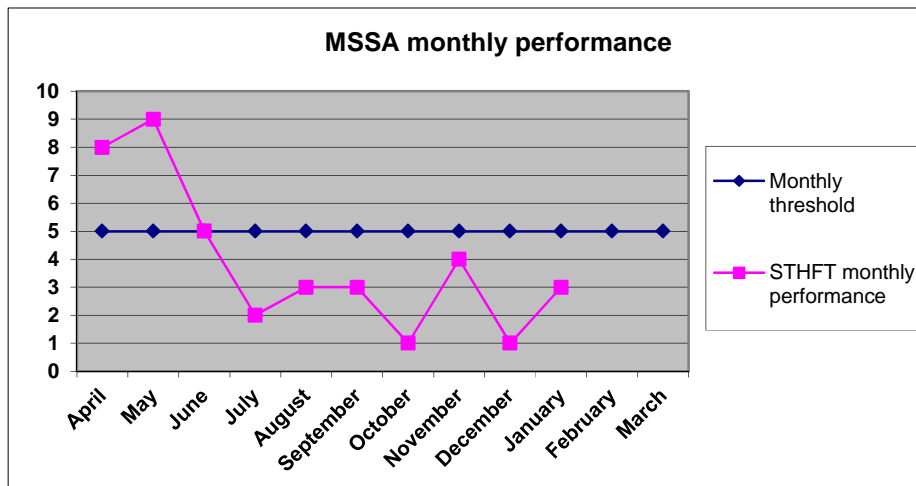
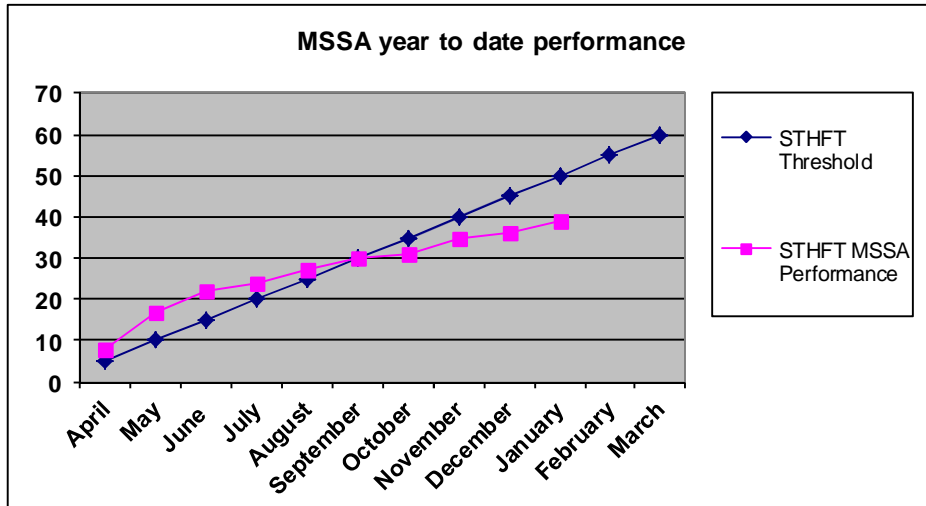
It is good practice to consider carefully any areas which experience more than 1 episode of *C.diff* within a 28 day period. The positive samples are tested to see if they are the same ribotype which may indicate that cross infection has taken place. A series of audits are undertaken by the IPC team to check performance on essential infection control standards such as commode cleanliness and hand hygiene regardless of whether the episodes of *C.diff* are thought to be linked or not.

### 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 January, 3 Trust

attributable cases of MSSA bacteraemia were recorded; this is better than the monthly trajectory that the Trust has set itself.

MSSA performance for the year to date is 39 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 50 or less for month 10.

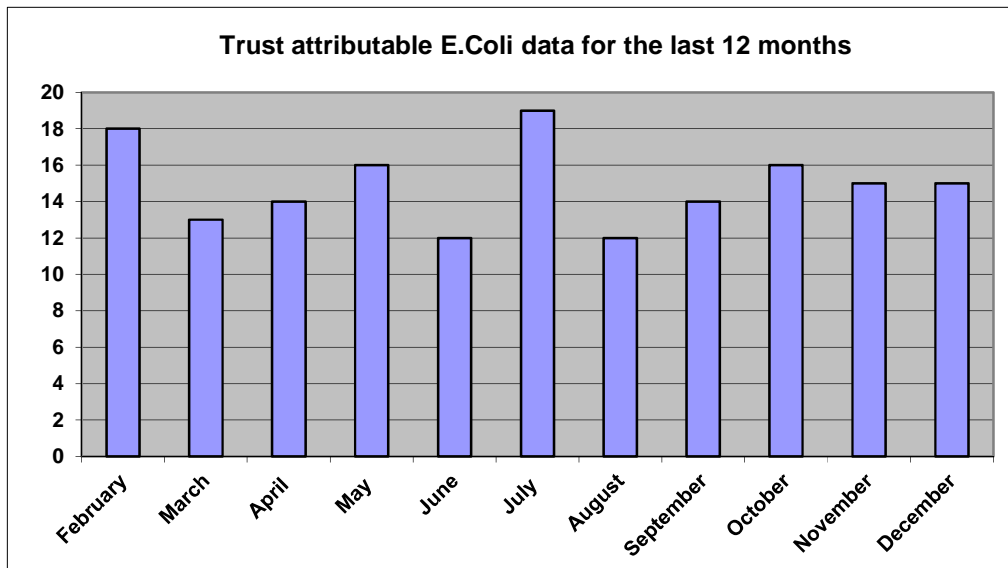


## 5. E.COLI

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 January, 14 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 178 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 January which has had a significant impact on service delivery with up to 10 wards affected at a time.

### **6.2 Quarterly Infection Prevention and Control feedback from Groups / Departments to the Board of Directors**

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 3 identify that:

- The Renal Directorate is working closely with Fresenius, provider of services at the Sheffield Haemodialysis Satellite Unit, to review the cleaning schedules and contract for the unit to ensure improved standards of cleanliness on the unit.
- The Cardiac Directorate highlighted that in conjunction with the Infection Control Team they had investigated an MRSA bacteraemia. The cause of the bacteraemia was not established but there were no identified lapses of practice by the clinical team which have been addressed.
- The Vascular Directorate raise an issue regarding refresher training for medical staff. They highlight that this is to be undertaken as part of mandatory training. This was done and signed off in job planning for the 2012/13 year but due to difficulties providing this and access to the content on ESR, it has been decided that this needs to be done for 2013/14 and 2014/15 together and will be reviewed as part of the next job plan round.
- The Specialised Cancer Directorate has raised issues about the need for the Weston Park wards and other areas to be refurbished. They are currently undertaking an option appraisal about the configuration of services at Weston Park and once this is completed, the plans for refurbishment can be considered.

- The Operating Service, Critical Care and Anaesthesia Directorate highlight that they are continuing to work towards Infection Control Accreditation for operating theatres at the Royal Hallamshire Hospital. In addition, they are reinforcing the importance of theatre etiquette with all professional groups. This will include reinstating a 'red line' indicating where personnel must be changed into theatre scrubs prior to entering the theatre area.
- Surgical Services highlight that the Theatre Admission Unit at the Northern General Hospital is now open to inpatients and therefore will require additional audits to conform to an inpatient area. The Infection Prevention and Control Team will support them with this.
- The Obstetric Directorate highlight that there has been an improvement in the provision of domestic services cover but they will continue to meet with the Domestic Services to ensure that the arrangements are meeting the needs of the department.

## 7. **CONCLUSION**

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