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SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS – 19 MARCH 2014

Subject	Infection Prevention and Control (IPC) Update
Supporting TEG Member	Professor Hilary Chapman, Chief Nurse
Author	Mr Chris Morley, Deputy Chief Nurse
Status[1]	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 February 2014.
2) The performance against the local Clostridium difficile (*C.diff)* plan for February 2014.
3) The performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for February 2014.
4) The performance on E.Coli bacteraemia.
5) Strategic issues related to Infection Prevention and Control (IPC).

KEY POINTS

- The Trust has had 1 Trust attributable cases of MRSA bacteraemia during February 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[2]

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 March 2014	
Healthcare Governance Committee	24 March 2014	
Clinical Management Board	21 March 2014	

[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 has 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 February 2014

There have been 2 cases of MRSA bacteraemia recorded for the month of February. Following the completion of PIRs, one case detected on admission has been attributed to the Clinical Commissioning Group (CCG).

The second case has been attributed to the Trust. The PIR found this to be a very difficult case; the patient has been known to have MRSA since 2003. The patient had received extended treatment abroad including in the Intensive Care Unit and was admitted to the Northern General Hospital last summer very unwell. On admission, the patient was colonised with MRSA; since then they have been barrier nursed and there have been multiple attempts to decolonise them. A Hickman Line was inserted appropriately recently and it is likely that this is the source of infection which led to the bacteraemia. The view of the Infection Control Team is whilst this bacteraemia should be attributed to STHFT, it was unavoidable.

The CCG accept that STHFT has taken every possible action to decolonise the patient and prevent the bacteraemia. Whilst they are obliged to apply the penalty for this MRSA, they have committed to have a contract discussion regarding this case and look at reinvestment opportunities.

It has been 19 days (up to 28 February 2014) since the last case of MRSA bacteraemia was attributed to the Trust.

The full year performance is 4 cases of MRSA bacteraemia attributed to the Trust.

2.3 MRSA Screening

February MRSA screening figures were 113%.

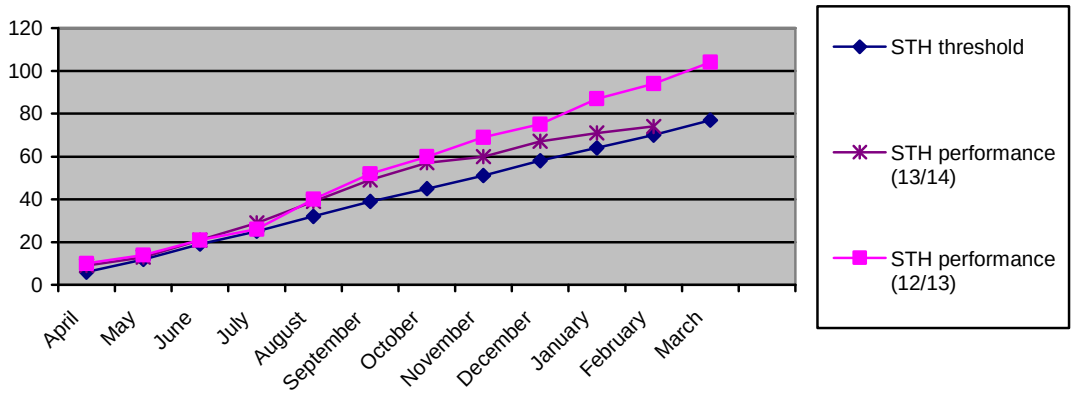
The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A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

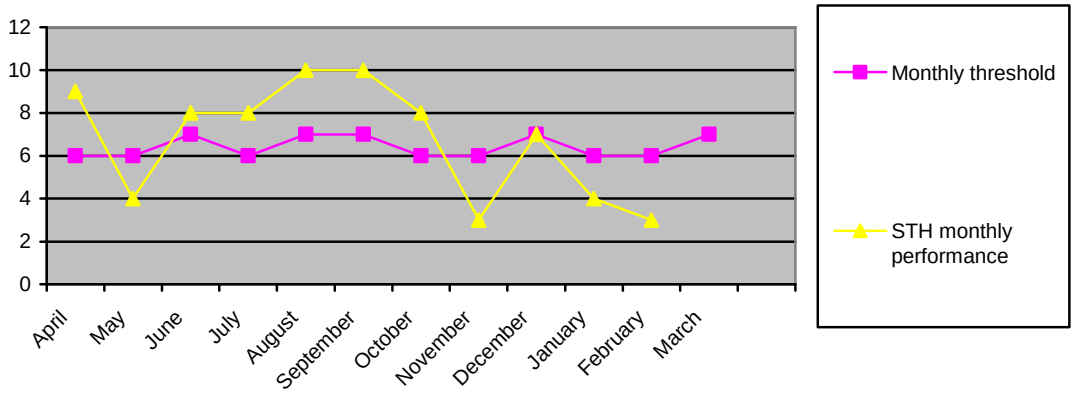
3. 2013/14 *C.DIFF* PERFORMANCE

STHFT has recorded 3 positive samples for February. The year to date performance is 74 cases of *C.diff* against a contract threshold of 70. 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

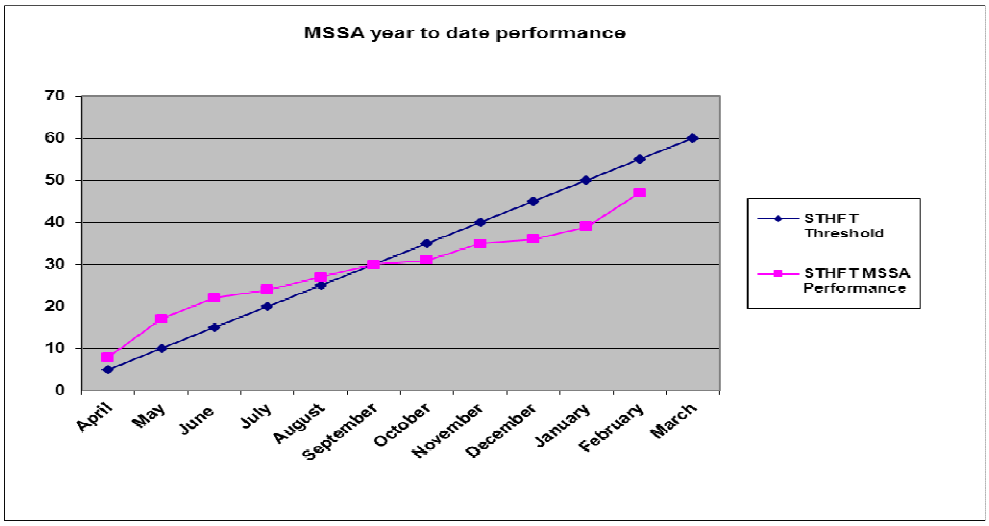
RH3 at the Northern General Hospital is currently under surveillance for *C.diff* having had at least 2 episodes of *C.diff* within a 28 day period.

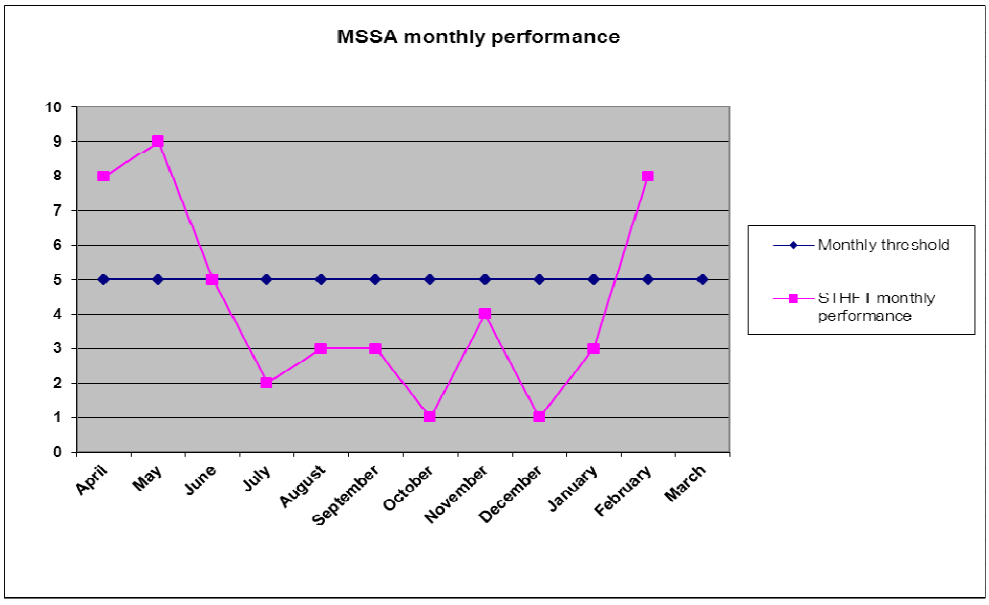
It is good practice to consider carefully any areas which experience more than 1 episode of *C.diff* within a 28 day period. The positive samples are tested to see if they are the same ribotype which may indicate that cross infection has taken place. A series of audits are undertaken by the IPC team 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 February, 8 Trust attributable cases of MSSA bacteraemia were recorded; this is worse than the monthly trajectory that the Trust has set itself.

MSSA performance for the year to date is 47 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 55 or less for month 11.



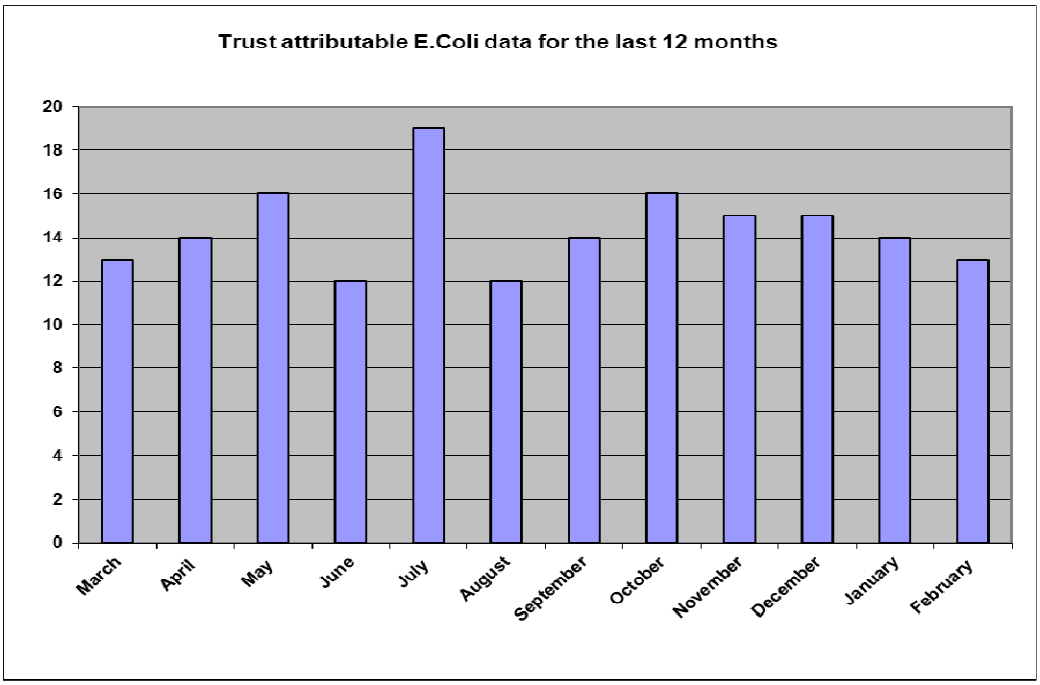


5. E.COLI

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 February, 13 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 173 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 had initially experienced high levels of Norovirus during February which had had a significant impact on service delivery with up to 10 wards affected at that time, however as the month progressed, the number of outbreaks reduced as did the impact on service delivery.

6.2 Infection Control Targets for 2014/15

The Trust has been set its target for *C.diff* during 2014/15. NHS England has changed its approach for setting these targets which now take account of both the type and size of Trust and the relative performance of Trusts against the national average for similar Trusts. As a result, STHFT has been set a target of 94. This is the figure Monitor will use to assess the Trust for the Risk Assessment Framework. As it is highly likely that the Trust will have had less than 94 cases during 2013/14, an

internal target will be set, ensuring that we aim to maintain a year on year improvement on the number of cases of *C.diff* attributable to the Trust.

No national targets have been set for either MSSA or E.Coli bacteraemia. The zero tolerance approach continues for MRSA bacteraemia.

7. CONCLUSION

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