

**EXECUTIVE SUMMARY****REPORT TO THE BOARD OF DIRECTORS – 20 JUNE 2012**

<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 2012/2013 for May 2012.
- 2) The performance against the local Clostridium difficile (C.diff) plan for 2012/2013 for May 2012.
- 3) The performance on Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia.
- 4) The full year performance on E.Coli bacteraemia.
- 5) Strategic issues related to Infection Prevention and Control (IPC).

**KEY POINTS**

- The Trust has had 2 MRSA bacteraemia which means we have breached the Department of Health threshold for 2012/2013.
- C.diff performance remains on trajectory against the C.diff plan.
- Strategic IPC issues.

**IMPLICATIONS<sup>2</sup>**

<b>AIM OF THE STHFT CORPORATE STRATEGY 2012-2017</b>		<b>TICK AS APPROPRIATE</b>
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**

<b>Meeting</b>	<b>Date</b>	<b>Approved Y/N</b>
Board of Directors	20 June 2012	
CMB	15 June 2012	
HGC	25 June 2012	

<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 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 organisation as follows:

National (Department of Health): 1

Monitor (de-minimus): 6

Contract (penalties apply): 12

### 2.2 MRSA Performance for May 2012

1 case of MRSA bacteraemia was recorded during the month of May 2012. A root cause analysis is being performed, but of concern this bacteraemia occurred in the same ward as the one in April. A number of measures have been put in place to ensure that there is a high standard of Infection Prevention and Control practice on the ward. This is being overseen by the Infection Control Team. While the number of cases detected within the Trust remains at 6 or less, Monitor will not take any regulatory action.

The year to date performance is 2 cases of MRSA.



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

### 2.3 MRSA Screening

April MRSA screening figures were 120%.

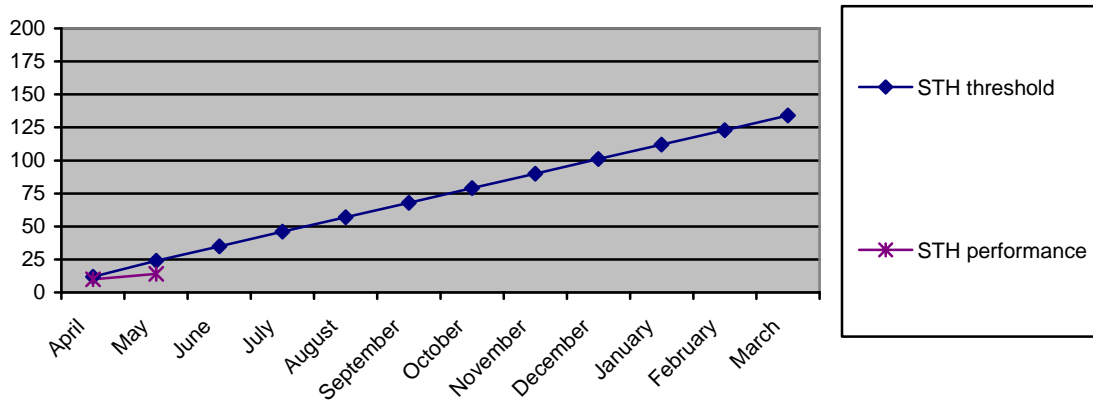
## 3. 2012/2013 C.DIFF PERFORMANCE

STHFT has recorded 4 positive samples. This is the lowest number reported since the Trust started collecting data on C.diff.

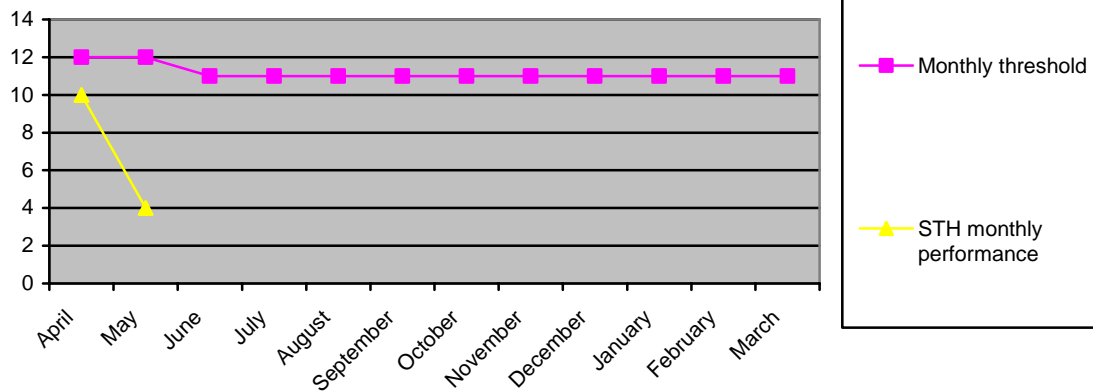
The year to date performance is 14 cases of C.diff against a national target of 134.

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 April was year to date performance of 18 cases against a year to date target of 15.

**C.diff year to date performance**



**C.diff monthly performance**



The year to date performance is 14 cases of C.diff against a contract target of 24.

### 3.1 Surveillance

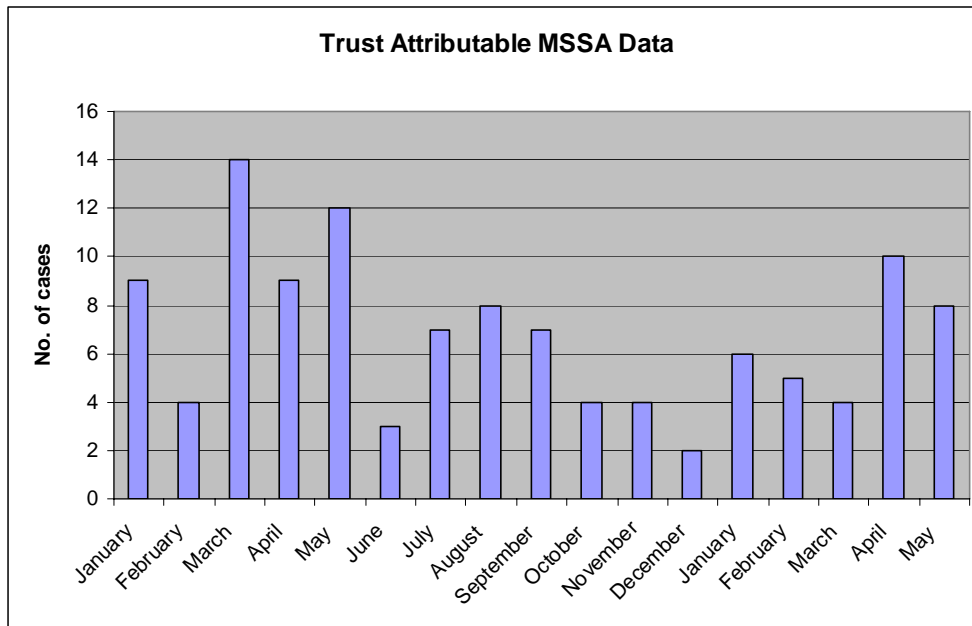
There are no wards currently under surveillance for C.diff.

### 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 May, 8 Trust attributable cases of MSSA bacteraemia were recorded.

Performance on MSSA for the last 12 months is 68 cases. Although there is no threshold set for MSSA bacteraemia in 2012/2013, work will continue within the Trust to try to reduce the number of cases of MSSA bacteraemia.

There are currently no national benchmarks available to allow the Trust to compare its performance with that of other Trusts.

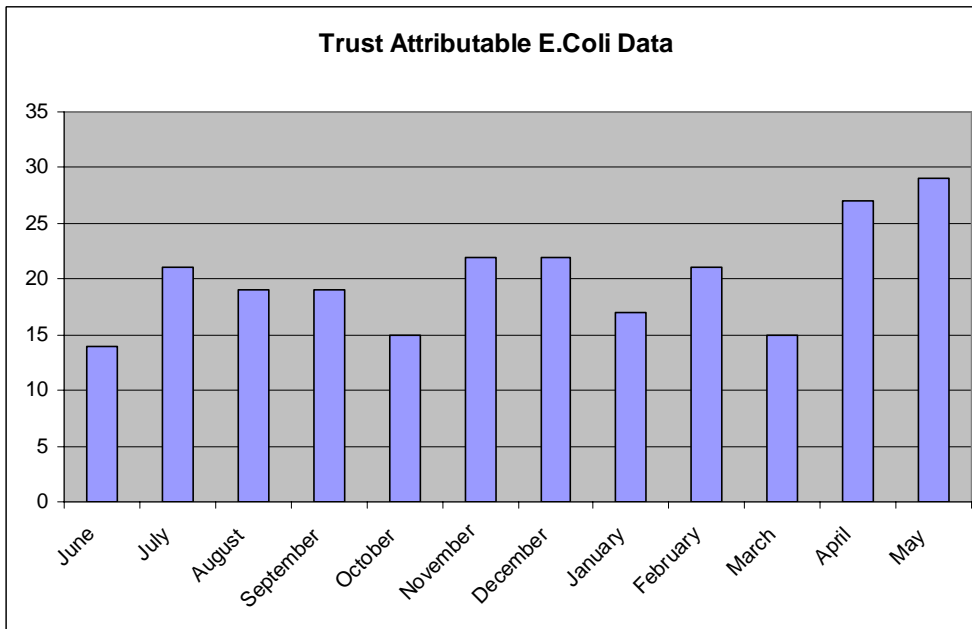


**5. E.COLI**

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 May, 29 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 stands at 241 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 NHS Sheffield - MRSA Reporting**

Weekly reporting of bacteraemia and root cause analysis continues.

### **6.2 Norovirus**

The Trust has continued to experience some disruption caused by outbreaks of norovirus during May. By the end of the month there were very few cases being reported.

## **7. CONCLUSION**

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