

**EXECUTIVE SUMMARY****REPORT TO THE BOARD OF DIRECTORS – 20 NOVEMBER 2013**

|                              |   |
|------------------------------|---|
| <b>Subject</b>               | Infection Prevention and Control (IPC) Update |
| <b>Supporting TEG Member</b> | Professor Hilary Chapman, Chief Nurse         |
| <b>Author</b>                | Mr Chris Morley, Deputy Chief Nurse           |
| <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 October 2013.
- 2) The performance against the local Clostridium difficile (C.diff) plan for October 2013.
- 3) The performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for October 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 Trust attributable cases of MRSA bacteraemia during October 2013.
- 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>**

| <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 debate the contents of this report.

**APPROVAL PROCESS**

| <b>Meeting</b>                  | <b>Date</b>      | <b>Approved Y/N</b> |
|---------------------------------|------------------|---------------------|
| Board of Directors              | 20 November 2013 |                     |
| Healthcare Governance Committee | 25 November 2013 |                     |
| Clinical Management Board       | 15 November 2013 |                     |

<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 October 2013**

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

It has been 210 days (up to 31 October 2013) since the last case of MRSA bacteraemia was attributed to the Trust.

The full year performance is 1 case of MRSA.

### **2.3 MRSA Screening**

September MRSA screening figures were 119%. October MRSA Screening figures were 116%.

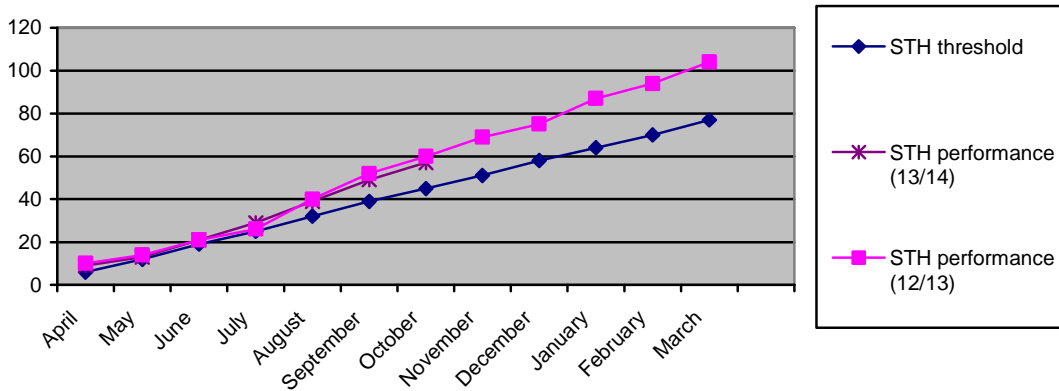
The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A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

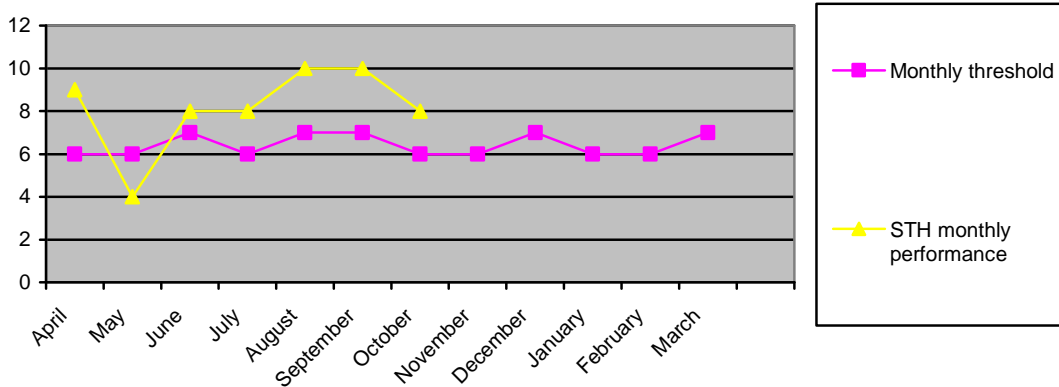
### 3. 2013/14 C.DIFF PERFORMANCE

STHFT has recorded 8 positive samples for October. The year to date performance is 57 cases of *C.diff* against a contract threshold of 45. 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

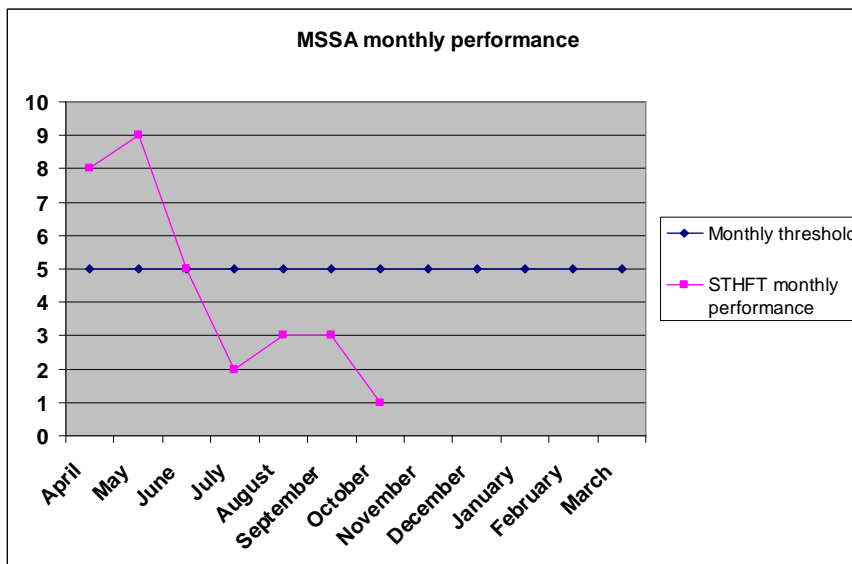
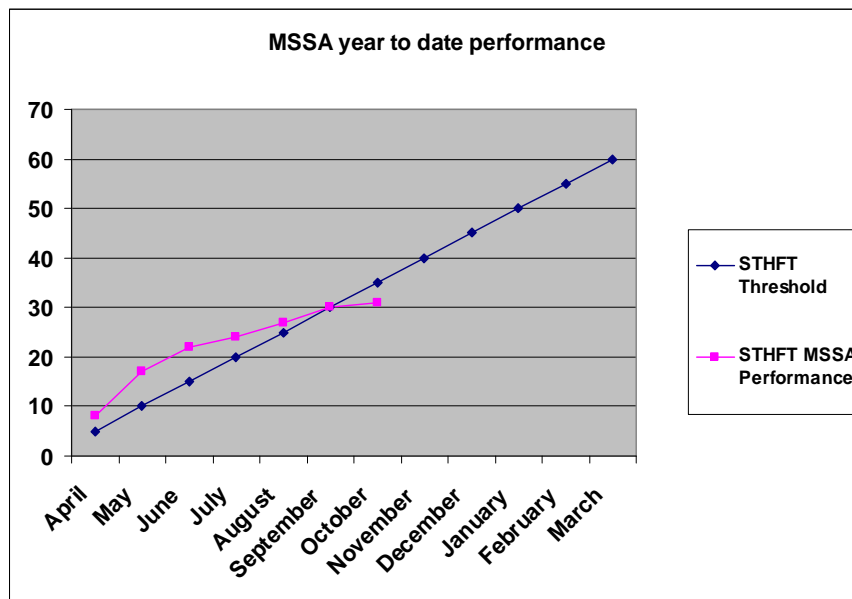
Firth 2 and Robert Hadfield 1 at the Northern General Hospital are currently under surveillance for *C.diff* having had at least 2 episodes of *C.diff* within a 28 day period.

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 October, 1 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 31 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 35 or less for month 7.

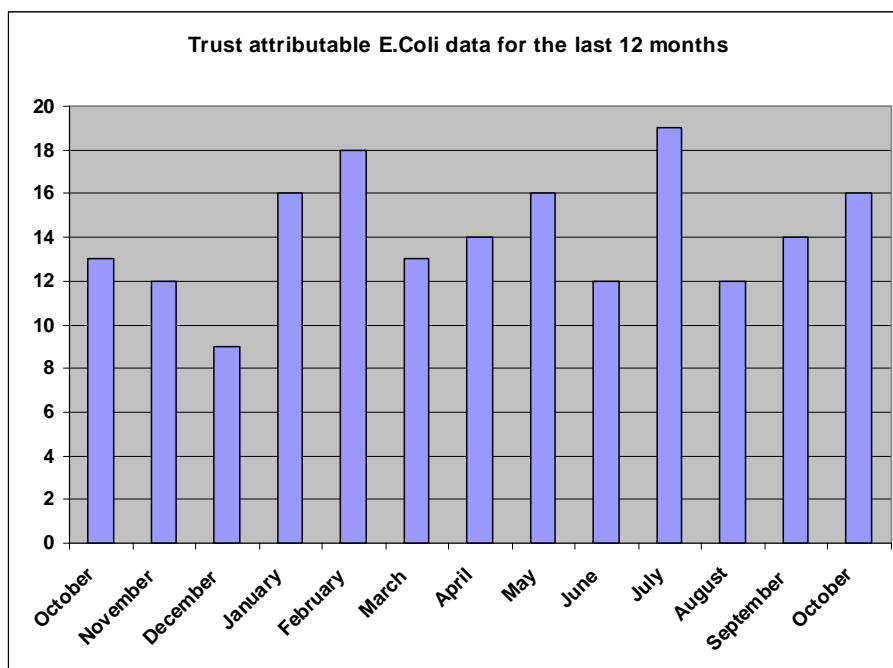


## 5. E.COLI

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 October, 16 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 184 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 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 2 identify that:

- The Renal Unit are directing satellite dialysis units at Rotherham and Sheffield (Heeley) to participate in the Infection Control Accreditation Scheme
- Firth 2 are to commence surveillance of stool samples on all patients admitted to the ward to screen for *C.difficile* as part of the Trust's *C.diff* action plan

- The Spinal Injuries Centre highlight that there has been a series of gram negative colonisations (7 cases over 12 months) which have been fully investigated through the Serious Incident process
- The wards at Weston Park Hospital remain on the refurbishment programme and have been prioritised for this work. However, the directorate are currently developing the bed model/requirement prior to this work going ahead
- The NGH Operating Services theatres can now report that they have achieved full accreditation
- The RHH Operating Services theatres are working towards achieving Re-accreditation. The RHH Operating Services are awaiting validation for accreditation of theatres 1-6, plus 14&15. Further work requires completing for the remaining theatres – the Deputy Nurse Director is liaising with the Infection Control team regarding this.
- Critical Care at the NGH site has now completed the deep clean programme for 2013/2014 and resolved the queries raised in the previous quarter regarding Water Quality and Pseudomonas
- The Obstetrics and Gynaecology Care Group (OGN) reports that mandatory training for infection control by e-learning continues to be problematic as previously reported, however nursing and midwifery staff receive training via an annual presentation.
- Clarity was requested by OGN regarding the need to cover resuscitaires, beds and cots with clear plastic to reduce the risk of dust contamination. The Infection Control team have confirmed that this needs to continue indefinitely
- Issues relating to Domestic Services cover for Labour Ward and the cleaning of labour ward beds are being discussed between staff from OGN and Hotel Services, to ensure there is sufficient cover to provide a clean environment
- Occupational Health have gained Infection Control Accreditation on both campuses
- Domestic Services highlight that there has been delays progressing the trial of hand hygiene projects which could potentially produce cost savings. The delay has been due to the need to ensure that the products to be trialled are considered to protect against the risk of dermatitis

## **7. CONCLUSION**

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