

**EXECUTIVE SUMMARY****REPORT TO THE BOARD OF DIRECTORS – 21 NOVEMBER 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 October 2012.
- 2) The performance against the local Clostridium difficile (C.diff) plan for 2012/2013 for October 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.

**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	21 November 2012	
Clinical Management Board	16 November 2012	
Healthcare Governance Committee	26 November 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 organisations as follows:

National (Department of Health): 1

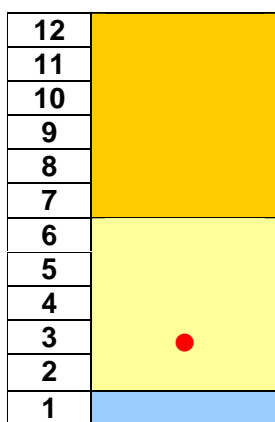
Monitor (de-minimus): 6

Contract (penalties apply): 12

### 2.2 MRSA performance for October 2012

There has been one case of MRSA bacteraemia for the month of October. A root cause analysis is being performed, to determine what lessons can be learnt from this case.

The year to date performance is 3 cases of MRSA.



2012/2013 Thresholds	
National (Department of Health): 1	
Monitor (de-minimus): 6	
Contract (penalties apply): 12	
Actual number of cases: 3	●

### 2.3 MRSA screening

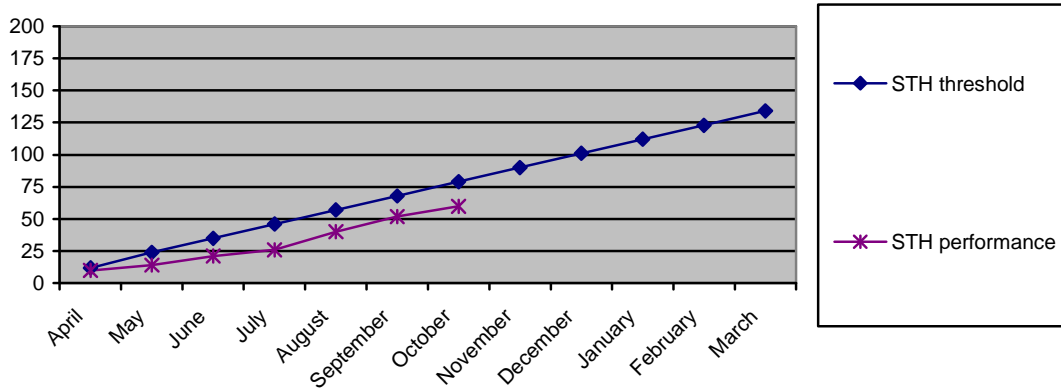
October MRSA screening figures were not available to include in this report.

## 3. 2012/2013 C.DIFF PERFORMANCE

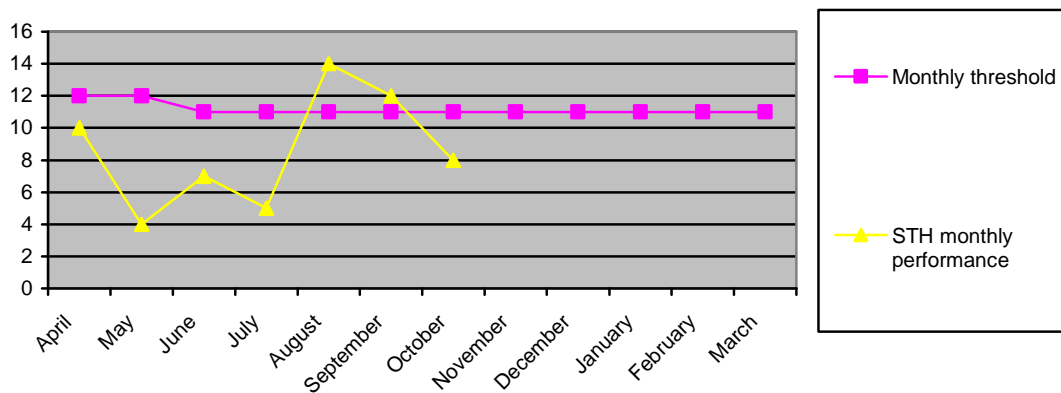
STHFT has recorded 8 positive samples for October. The year to date performance is 60 cases of C.diff against a contract year to date threshold of 79. The Department of Health, Monitor and Contract threshold for the year is 134.

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 September was year to date performance of 112 cases against a year to date threshold of 95 cases.

### C.diff year to date performance



### C.diff monthly performance



The year to date performance is 60 cases of C.diff against a contract threshold of 79.

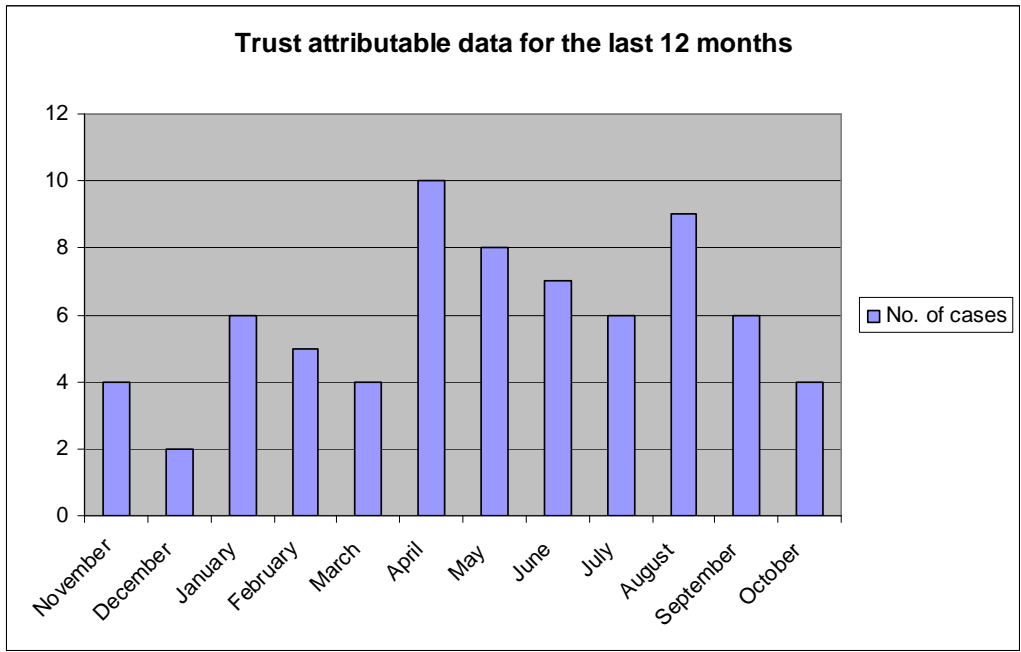
### **3.1 Surveillance**

Wards Firth 2, Vickers 4 and Osborne 4 at the Northern Campus 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 October, 4 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 71 cases; there have been 50 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.

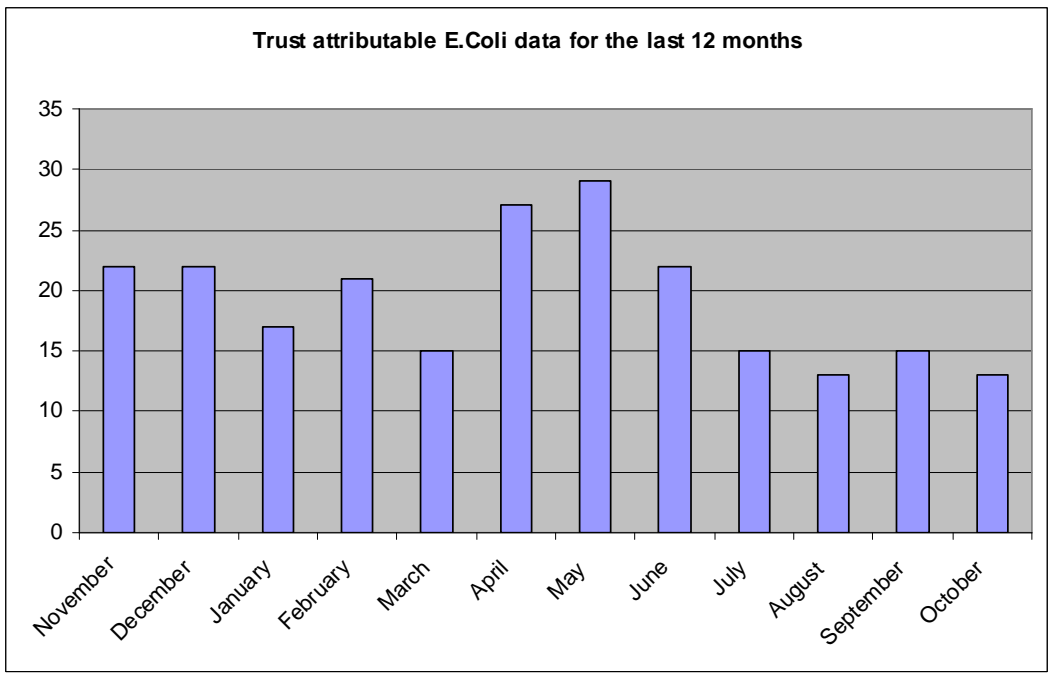


**5. E.COLI**

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 October, 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.

After 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 231 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 October 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.

## **7. CONCLUSION**

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