

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS – 27 FEBRUARY 2013**

Subject	Infection Prevention and Control (IPC) Update
Supporting TEG Member	Professor Hilary Chapman, Chief Nurse / Chief Operating Officer
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Status¹	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 January 2012.
- 2) The performance against the local Clostridium difficile (C.diff) plan for 2012/2013 for January 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.

IMPLICATIONS²

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 note the contents of this report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	27 February 2013	
Clinical Management Board	15 February 2013	
Healthcare Governance Committee	25 February 2013	

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 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

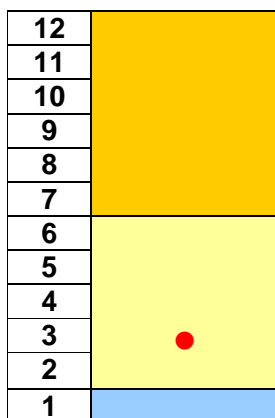
Monitor (de-minimus): 6

Contract (penalties apply): 12

2.2 MRSA performance for January 2012

There have been no cases of MRSA bacteraemia for the month of January.

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

December MRSA screening figures were 110%. January MRSA screening figures were 118%.

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% will 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 specify that:

The IPC Team will undertake MRSA screening compliance audits in each area each year. High risk areas, such as admission units and critical care units, are reviewed 3 times a year. Medium risk

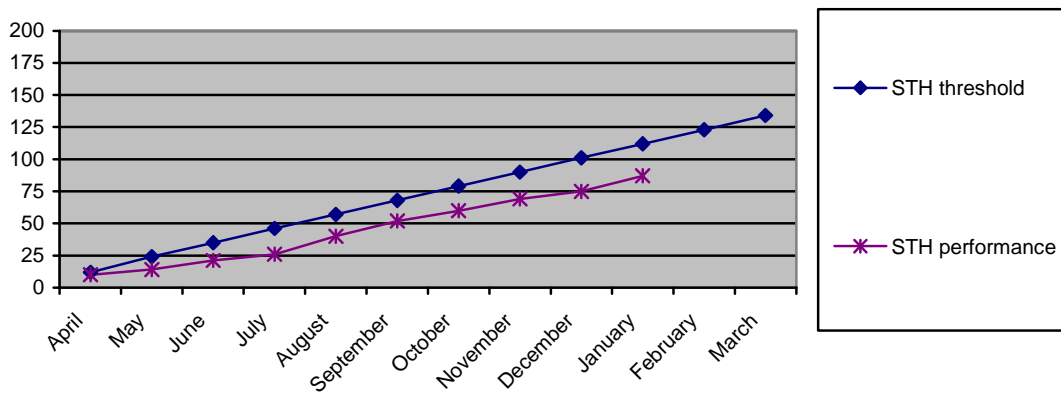
areas, such as wards that receive direct admissions, such as the renal unit, twice a year. Low risk areas, such as medical and surgical base wards, once a year. Where compliance is unsatisfactory, repeat audits are undertaken in the following weeks. The results of audits are distributed to the areas audited and reviewed monthly by the IPC Team meeting.

3. 2012/2013 C.DIFF PERFORMANCE

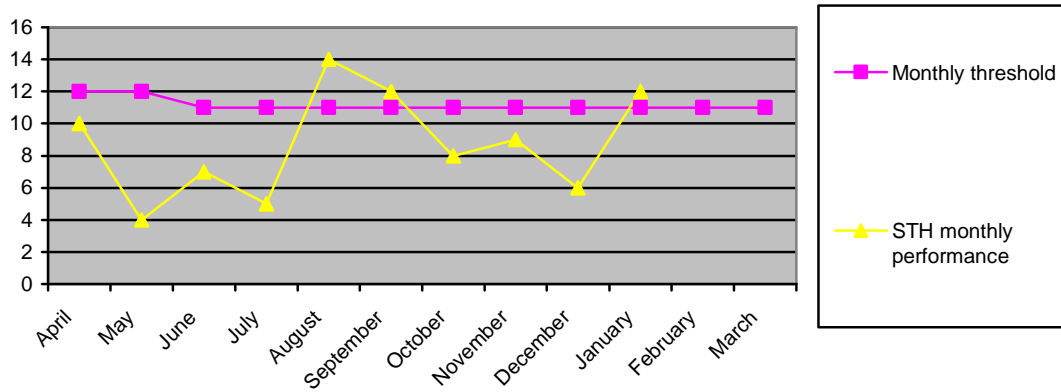
STHFT has recorded 12 positive samples for January. The year to date performance is 87 cases of C.diff against a contract year to date threshold of 112. The Department of Health, Monitor and Contract threshold for the year is 134.

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 December was year to date performance of 174 cases against a year to date threshold of 143 cases.

C.diff year to date performance



C.diff monthly performance



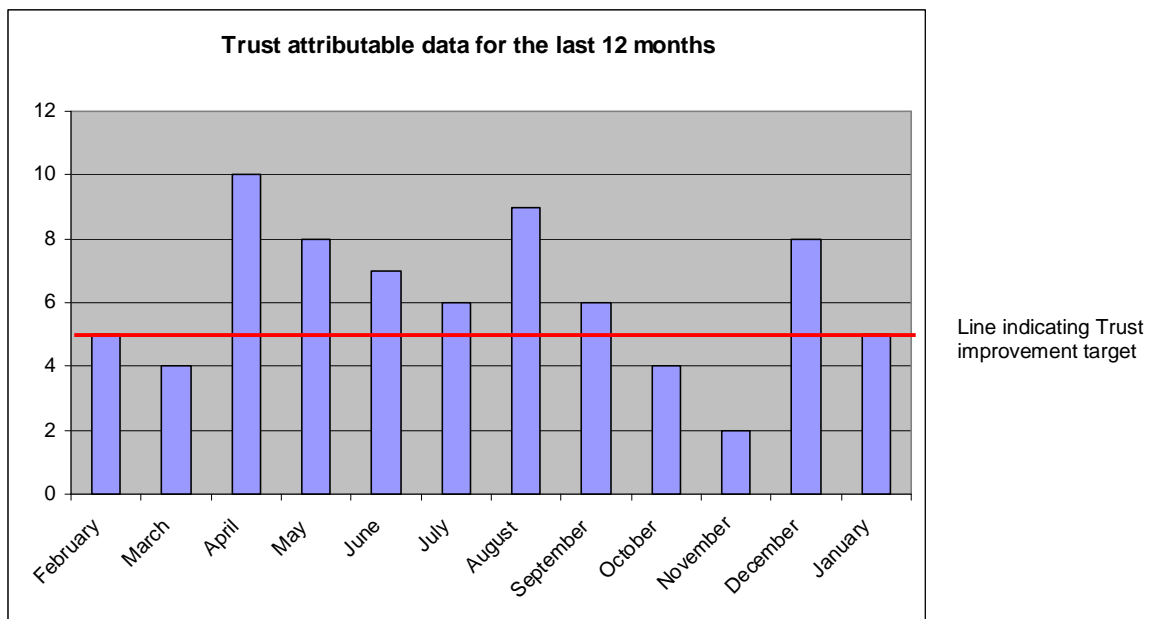
3.1 Surveillance

Wards Firth 2, Firth 8 and Brearley 3 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.

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 January, 5 Trust attributable cases of MSSA bacteraemia were recorded, this is the same as the monthly trajectory that the Trust has set itself.

Performance on MSSA for the last 12 months is 74 cases; there have been 65 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.

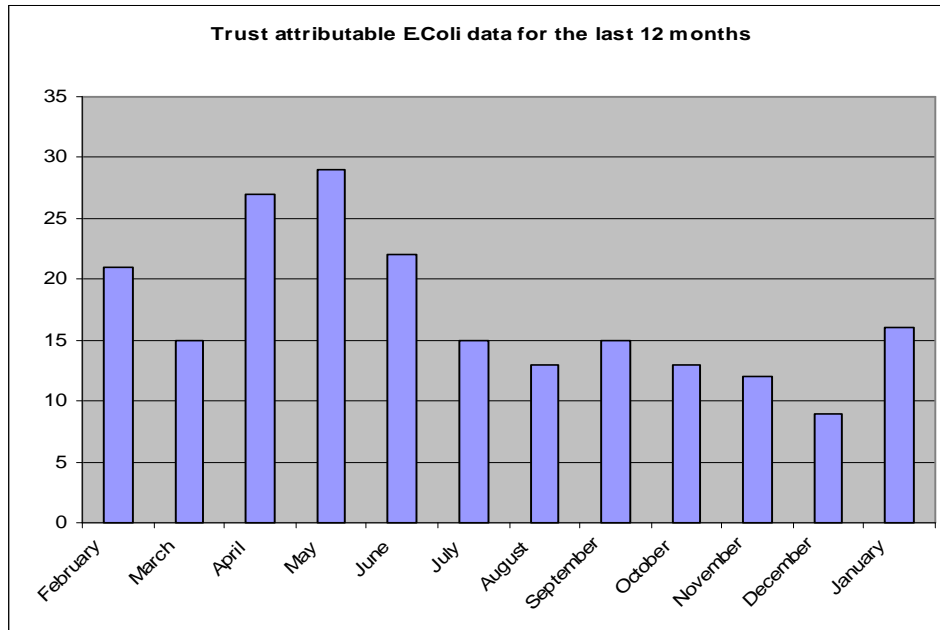


5. E.COLI

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 January, 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.

After 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 207 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 January 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.

6.2 Quarterly Infection Prevention and Control Feedback from groups / departments to the Board of Directors 2011/2012

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 Operating Services, Critical Care and Anaesthesia Directorate are making progress towards the accreditation of all operating theatres by March 2013. They have held an extra ordinary infection control meeting to maintain progress with this work.
- The Critical Care Directorate have highlighted that during the work to identify if any hand washing basin taps were colonised with pseudomonas, they were unclear about whether they could continue to use colonised sinks. The Infection Control Team and Estates have now agreed guidance about how this issue will be arranged in the future.
- Maternity Services confirm that Labour Ward is now re-accredited. They are continuing to work with estates and Microbiology to monitor whether the problems they had previously experienced with dust have been resolved.
- Maternity Services have also highlighted that Norfolk Ward has re-opened following essential maintenance work. Whirlow Ward should be re-accredited during February 2013.
- Maternity Services continue to use a mixture of e-learning and face to face teaching to deliver infection control updates.

- Ward G1/G2 feel the lack of a housekeeper has affected some of their audit results over the past year. This should now be resolved with a new housekeeper starting shortly.

7. **CONCLUSION**

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