

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS MEETING – 19 NOVEMBER 2014**

Subject	Infection Prevention and Control (IPC) Update
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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 October 2014.
- 2) The performance against the local Clostridium difficile (*C.diff*) plan for October 2014.
- 3) The performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for October 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 case of MRSA bacteraemia during October 2014. The PIR process is currently determining the cause of this bacteraemia.
- *C.diff* target performance is off trajectory against both the internal and contract *C.diff* plan.
- Monitor are using the number of cases of *C.diff* with lapses in care to determine whether the Trust is meeting its governance requirement in respect of *C.diff*
- Discussions are beginning with NHS Sheffield Clinical Commissioning Group about the Contract Penalties and how they will be applied if the Trust breaches its contract target
- MSSA performance is off trajectory against the MSSA 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 debate the contents of this report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	19 November 2014	
Clinical Management Board	21 November 2014	
Healthcare Governance Committee	24 November 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 year to date performance against the MRSA bacteraemia plan for 2014/15, the *C.diff* plan for 2014/15 and also the MSSA bacteraemia plan for 2014/15. 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. 2014/15 MRSA PERFORMANCE

2.1 MRSA thresholds for 2014/15

Bacteraemia are either classified as Trust attributable or community acquired. Each case of MRSA bacteraemia is subject to a Post Infection Review (PIR). 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 (CCG) organise the PIR, for any case identified after that the Trust organise the PIR.

NHS England adopted a zero tolerance approach to MRSA bacteraemia from 2013/14 and as such the Trust national target remains zero. Any cases attributed to the Trust will be subject to a contractual penalty of £10k.

Monitor no longer use MRSA bacteraemia as an indicator.

2.2 MRSA performance for October 2014

There has been 1 case of MRSA bacteraemia recorded for the month of October. A PIR meeting has been held the outcome was that this case should be classified as "third party – intractable". This is because the most plausible cause of the bacteraemia was thought to be from the gastro-intestinal tract. The host CCG, NHS Barnsley, agree with this conclusion and the case will now be considered by an arbitrator at NHS England for them to either ratify or challenge this view. If this was agreed to be intractable then this case would not count as a Trust attributable case.

It has been 127 days (up to 31 October 2014) since the last case of MRSA bacteraemia was attributed to the Trust, with one case pending the outcome of a PIR.

The year to date performance is 1 case of MRSA bacteraemia attributed to the Trust (1 case pending the outcome of a PIR) against the threshold of zero.

For 2014/15 the target for MRSA is zero.

2.3 MRSA Screening

October MRSA screening figures were 112%.

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.

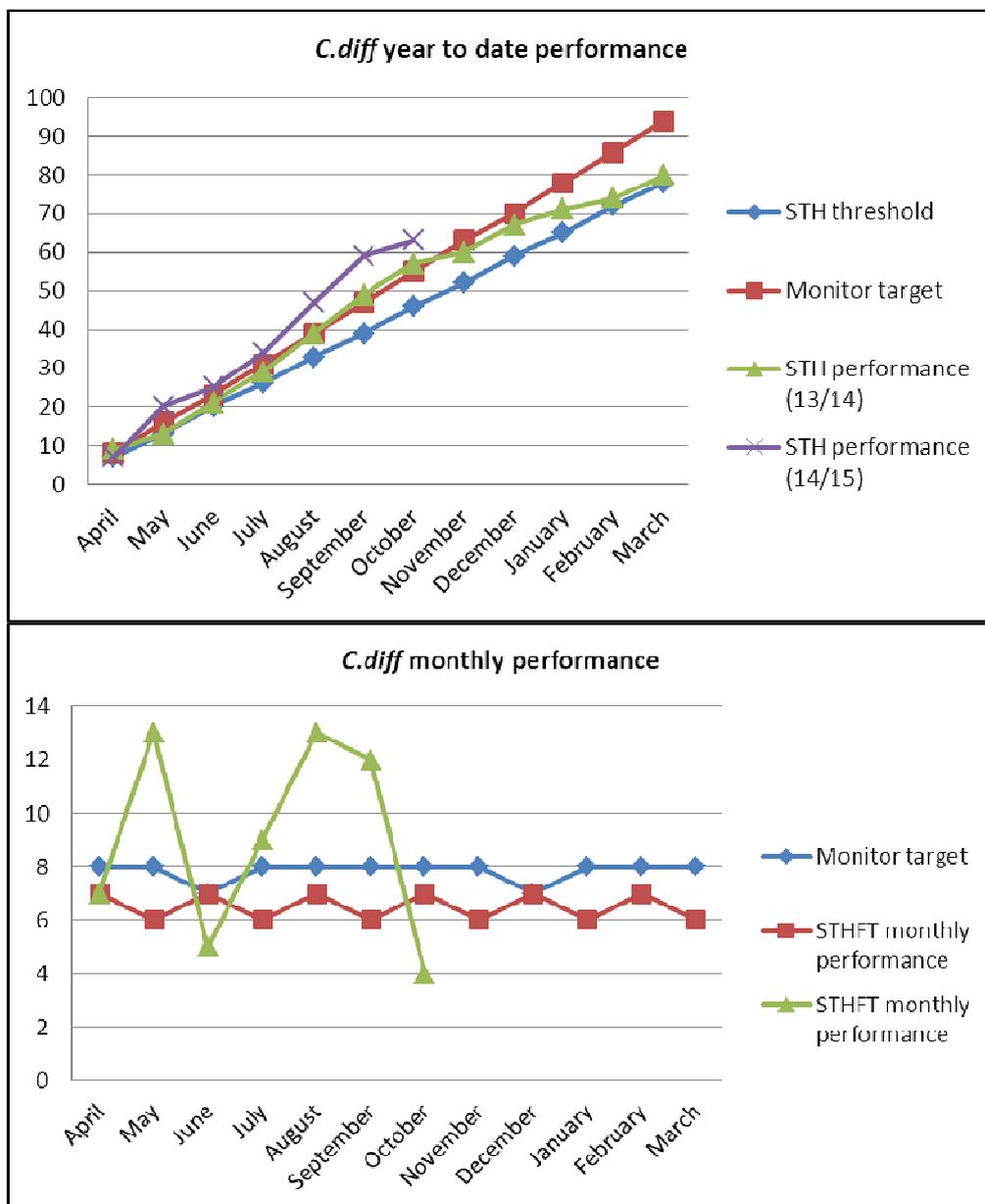
To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies how the IPC team will undertake MRSA screening compliance audits in each area each year.

3. 2014/15 C.DIFF PERFORMANCE

STHFT has recorded 4 positive samples for October. The year to date performance is 63 cases of *C.diff* against an internal threshold of 46 and a Monitor threshold of 55.

The Trust has been set a contract threshold of 94 cases, but to ensure that we aim to maintain a year on year improvement on the number of cases of *C.diff* attributable to the Trust an internal target of 78 has been set.

Monitor has retained *C.diff* as a target in the Risk Assessment Framework.



Discussions with Monitor have highlighted that although they continue to note the total number of cases attributable to the Trust; they are only considering those cases which were associated with a lapse in care against the target of 94.

The types of issues which would result in the infection being considered to be associated with a lapse in care could be any case where there was evidence of transmission of *C. difficile* in hospital such as via ribotyping of the infection indicating the same strain is involved, where there were breakdowns in cleaning or hand hygiene, or where there were problems identified with choice, duration, or documentation of antibiotic prescribing. It must be noted that none of these would indicate that the infection was definitely caused by the provider organisation, only that it cannot be stated that best practice was followed at all times.

The Infection Control Doctors (ICD) have considered which of the 25 cases of *C.difficile* attributed to the Trust in quarter 1 they believed to have been associated with lapses in care. Review of the root cause analyses from these cases led to the ICDs concluding that 8 cases were and 17 cases were not associated with lapses in care. These cases have subsequently been reviewed by NHS Sheffield Clinical Commissioning Group which agrees with these findings. The root cause analyses from quarter 2 are currently being reviewed by the ICDs prior to review by NHS Sheffield.

There were 34 cases of *C.diff* in quarter 2, and 8 cases of *C.diff* associated with lapses in care in quarter 1. Even if all the quarter 2 cases were associated with lapses in care the Trust would still be under the Monitor trajectory target of 47 by the end of quarter 2, as the maximum number of cases it would have recorded would be 42.

Discussions are beginning with NHS Sheffield Clinical Commissioning Group about the Contract Penalties and how they will be applied if the Trust breaches its contract target.

As the Trust is now above the contract and internal threshold, the Infection Control Operational Group has devised an action plan based on the Trust *C.diff* plan for 2014/15. Monthly review of the *C.diff* Action Plan commenced at the Healthcare Governance Committee in July 2014.

3.1 Surveillance

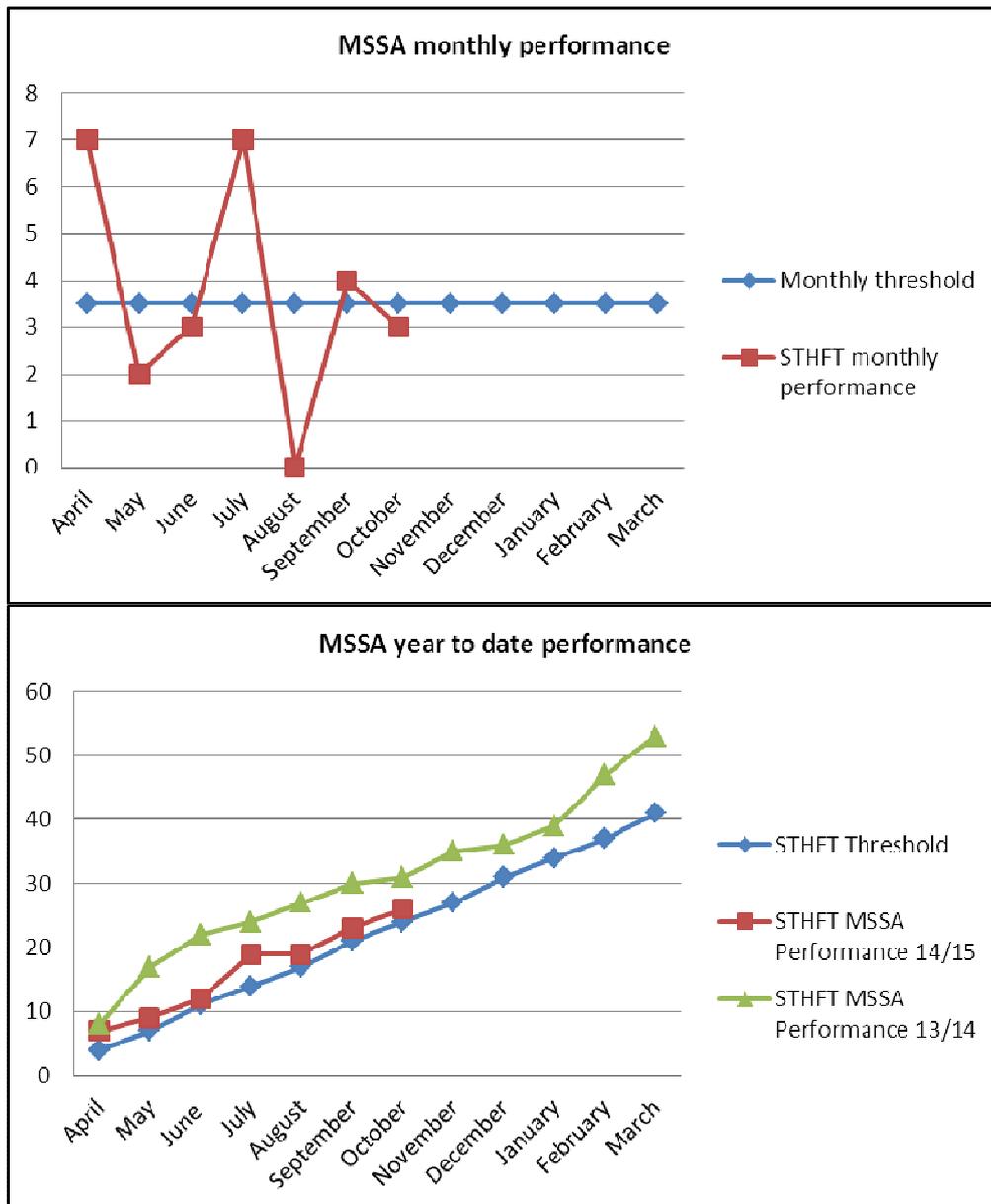
No clinical areas on either campus are currently under surveillance for *C.diff* having had at least 2 episodes of *C.diff* within a 28 day period.

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, 3 Trust attributable cases of MSSA bacteraemia were recorded; this is better than the monthly trajectory that the Trust has set itself.

The year to date performance is 26 cases against an internal threshold of 25. There is no threshold set for MSSA bacteraemia in 2014/15 however, alongside the MSSA improvement plan; the Trust set itself a target of having 42 or less cases for 2014/15.



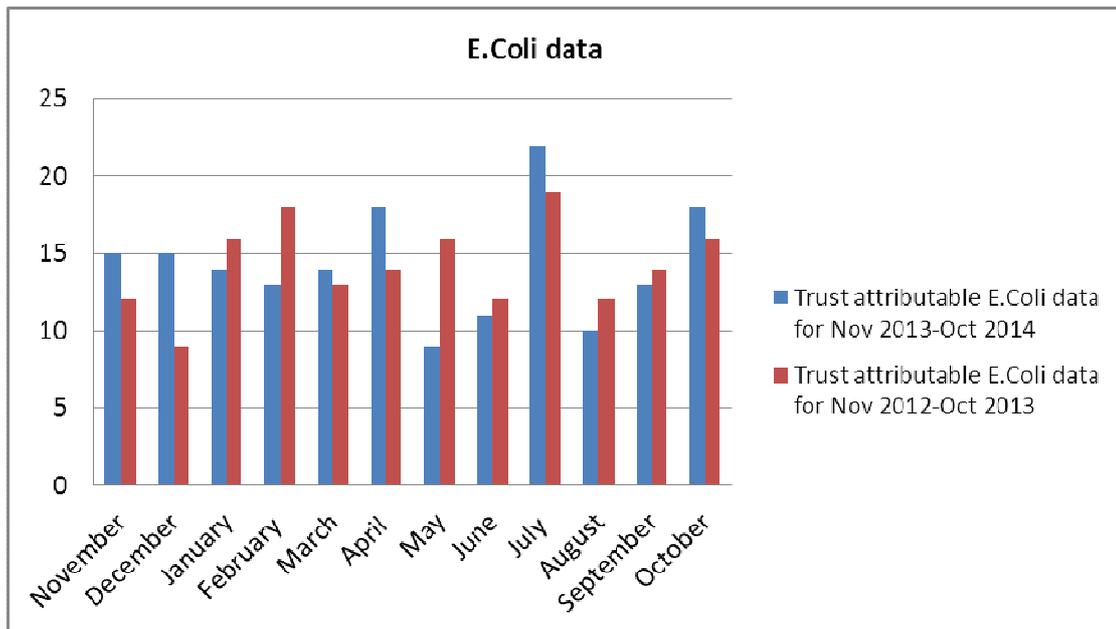
5. E.COLI

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, 18 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 (November 2013 – October 2014) the total Trust attributable cases of E.Coli bacteraemia stands at 172 cases.

For the previous 12 months (November 2012 – October 2013) the total Trust attributable cases of E.Coli bacteraemia stood at 171 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 fewer cases of Norovirus during October than in September which has resulted in minimal disruption to service delivery.

6.2 **Quarterly Infection Prevention and Control feedback from Groups / Departments to the Board of Directors**

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 identified the following new issue:

- The Respiratory Directorate have highlighted that work is currently underway to refurbish the side rooms on Brearley 2 to enable the management of Cystic Fibrosis patients with Cepacia and Mycobacterium Abcessus, who need to be cared for on a different ward to the Cystic Fibrosis Ward.

7. **CONCLUSION**

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