

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS – 21 MAY 2014

Subject	Infection Prevention and Control (IPC) Update
Supporting TEG Member	Professor Hilary Chapman, Chief Nurse
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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 April 2014.
- 2) The performance against the local Clostridium difficile (*C.diff*) plan for April 2014.
- 3) The performance against the Trust Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia plan for April 2014.
- 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 April 2014.
- *C.diff* target performance is on trajectory against both the internal and Monitor *C.diff* plan.
- 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	21 May 2014	
Healthcare Governance Committee	19 May 2014	
Clinical Management Board	16 May 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 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 April 2014

There have been 0 Trust Attributable cases of MRSA bacteraemia recorded for the month of April.

It has been 80 days (up to 30 April 2014) since the last case of MRSA bacteraemia was attributed to the Trust.

The year to date performance is 0 cases of MRSA bacteraemia attributed to the Trust against the threshold of zero.

For 2014/15 the target for MRSA is zero.

2.3 MRSA Screening

March MRSA screening figures were 110%. April figures were not available at the time of writing this report.

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.

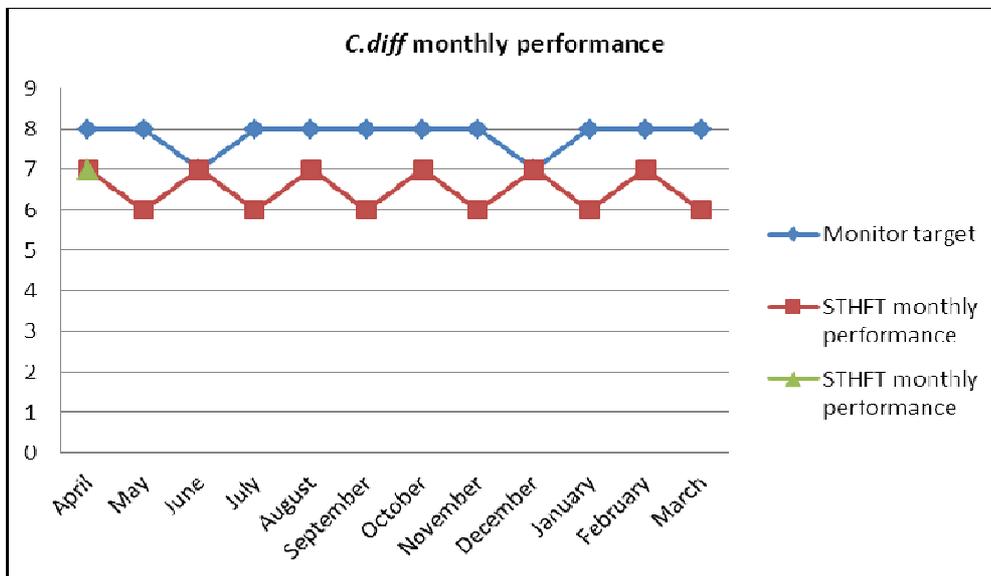
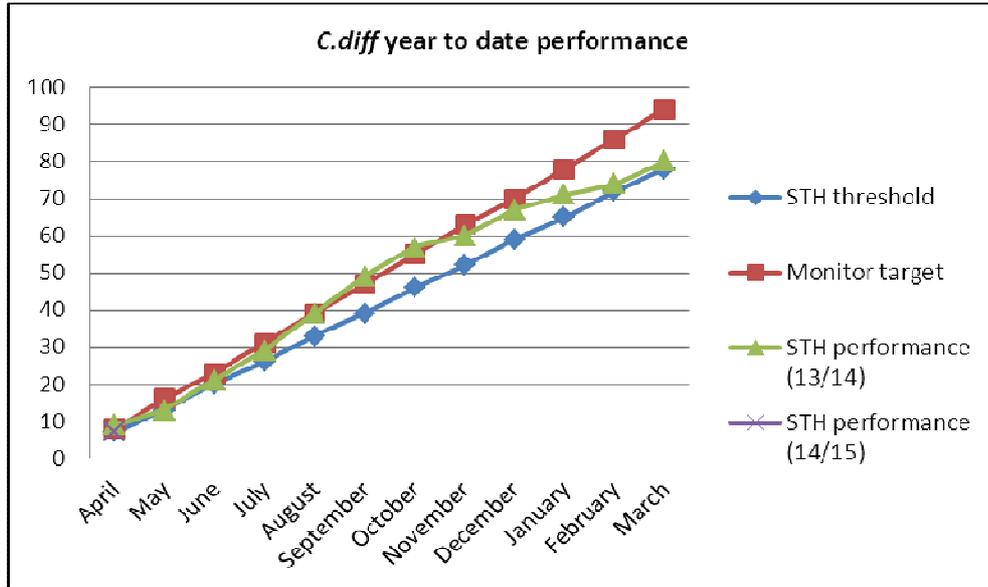
To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies how the IPC team will undertake MRSA screening compliance audits in each area each year.

3. 2014/15 C.DIFF PERFORMANCE

STHFT has recorded 7 positive samples for April. The year to date performance is 7 cases of *C.diff* against an internal threshold of 7.

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.



3.1 Surveillance

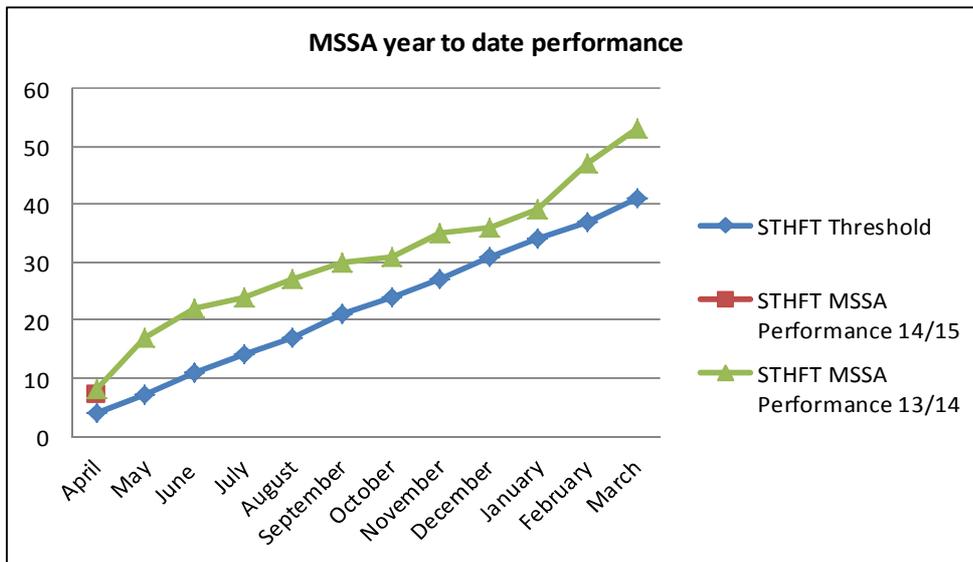
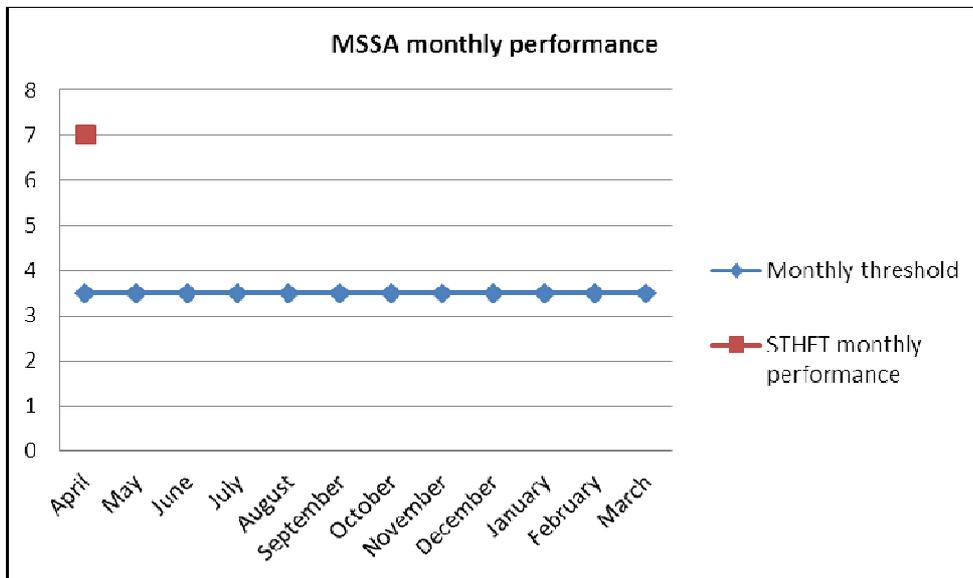
F2 at the Northern General Hospital is currently under surveillance for *C.diff* having had at least 2 episodes of *C.diff* within a 28 day period.

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 April, 7 Trust attributable cases of MSSA bacteraemia were recorded; this is worse than the monthly trajectory that the Trust has set itself.

The year to date performance is 7 cases. 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.



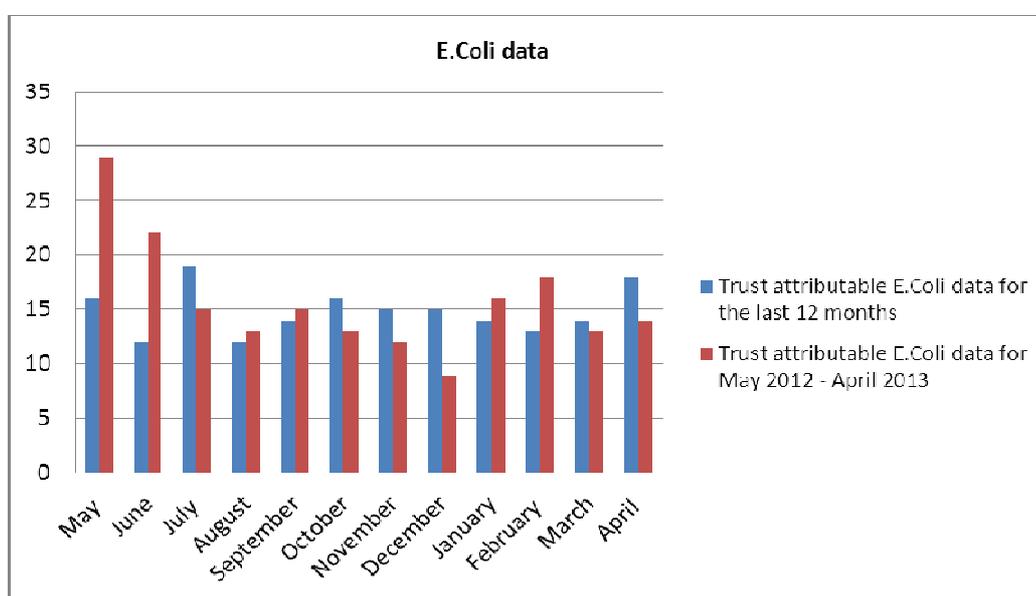
5. E.COLI

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 April, 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 (May 2013 – April 2014) the total Trust attributable cases of E.Coli bacteraemia stands at 178 cases.

For the previous 12 months (May 2012 – April 2013) the total Trust attributable cases of E.Coli bacteraemia stood at 189 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 minimal levels of norovirus during April which has had little impact on service delivery.

6.2 **Deep Cleaning**

After pausing for the winter period, the deep cleaning programme has restarted on the Northern Campus starting with the Robert Hadfield and Brearley wings.

7. CONCLUSION

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