UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 JULY 2014

Title:	**REPORT ON INFECTION PREVENTION AND CONTROL UP TO 30 JUNE 2014**
Responsible Director:	Philip Norman, Executive Chief Nurse and Executive Director for Infection Prevention and Control
Contact:	Dr Beryl Oppenheim, Director of Infection Prevention and Control Ext 16523

Purpose:	To provide the Board of Directors with information relating to infection prevention and control issues (including the reportable cases of MRSA bacteraemia, MSSA bacteraemia and episodes of *Clostridium difficile* infection) up to 30 June 2014.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Strategic Aim 4 : Quality of Services
Key Issues Summary:	This paper sets out the position for the 2014/15 MRSA bacteraemia and *Clostridium difficile* infection trajectories and provides incidence of MSSA and *E. coli* bacteraemia within the Trust and supporting actions to ensure continued improved performance.
Recommendations:	The Board of Directors is asked to accept this report on infection prevention and control progress.

Approved: Philip Norman	**Date:** 14 July 2014

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REPORT ON INFECTION PREVENTION AND CONTROL UP TO 30 JUNE 2014

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction

This paper provides a report on performance against the 2014/15 objectives for meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* infection (CDI) up to 30 June 2014. It also provides updates on meticillin-sensitive *Staphylococcus aureus* (MSSA) and *Escherichia coli* (*E. coli*) bacteraemias, new multi-drug resistant gram negative isolates, facilities initiatives, and relevant infection prevention incidents.

2. Executive Summary

The annual objective for MRSA bacteraemia is 0 avoidable cases. There were no MRSA bacteraemias during June 2014.

The annual objective for CDI for 2014/15 is 67 cases, with cases judged as avoidable counting towards this objective for local penalties. Performance for June 2014 was 4 Trust apportioned post 48 hour cases, all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance, and three of which were assessed as unavoidable on local review.

All incidences of MSSA and *E. coli* bacteraemia continue to be reported in line with PHE mandatory reporting requirements.

3. Incidents of MRSA Bacteraemia

3.1 MRSA bacteraemias 2014/15

There were no cases of MRSA bacteraemia identified during June. Figure 1 shows the number of Trust apportioned cases of MRSA against the rolling annual trajectory (April 2008 – current). Monthly incidence of MRSA bacteraemias is shown in Table 1.

Figure 1: Number of Trust apportioned MRSA cases at UHBFT against a rolling annual trajectory (April 2008-current).

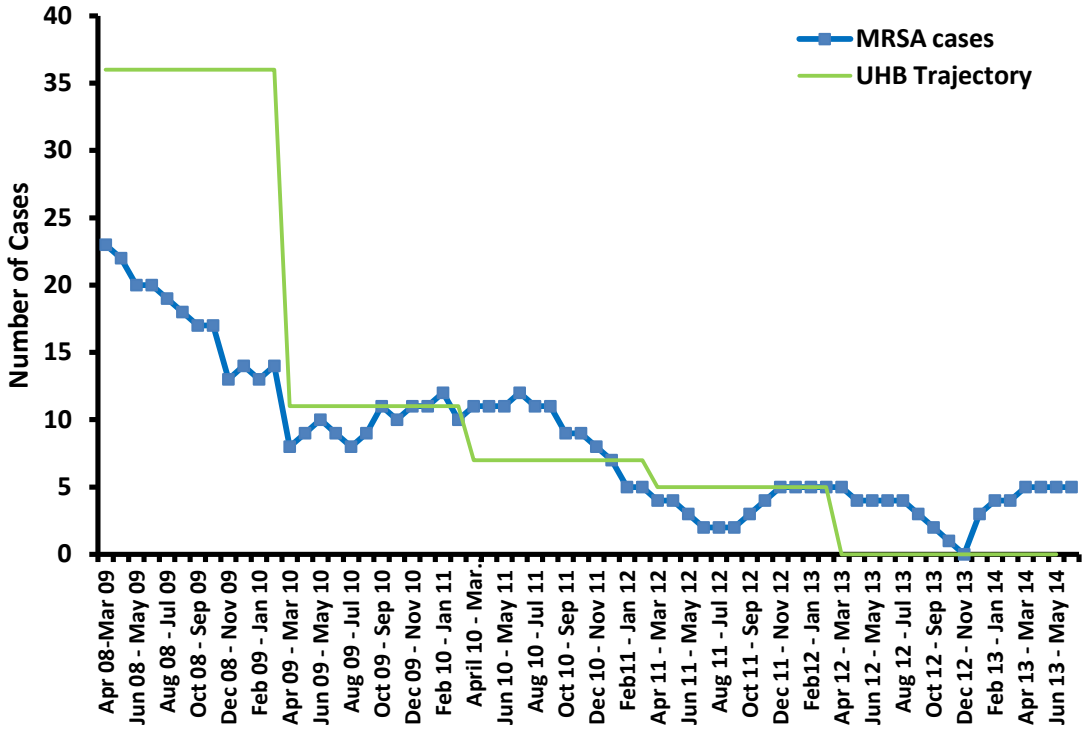

Table 1: Monthly number of MRSA bacteraemias at UHBFT up to 30 June 2014.

Month	Total bacteraemia	Time of bacteraemia acquisition?	
		Non Trust apportioned	Trust apportioned
April 2014	0	0	0
May 2014	1	1	0
June 2014	0	0	0
Total	**1**	**1**	**0**

Note: Objective for the financial year 2014/15 is zero avoidable cases.

3.2 Actions to improve performance for MRSA bacteraemia

The process for assignation and review of MRSA bacteraemias in 2014/15 will be the same as in 2013/14. Issues to be addressed as part of the learning from the recent cases include:

- Improving the clinical management and documentation of all invasive devices including central and peripheral cannulae, urinary catheters, nephrostomies and stents in accordance with Trust policies and procedures.
- Ensuring that all relevant staff are aware of patients' MRSA status and what the implications are.
- Ensuring the optimal management of all patients with MRSA colonisation and infection, including decolonisation treatment, prophylaxis during procedures, and treatment of infections.

4. Episodes of *C. difficile* Infection (CDI)

4.1 Current Figures

The annual CDI objective for 2014/15 is 67 cases. Performance for June 2014 was 9 reportable cases of which 4 were post 48 hours and attributable to the Trust. As for 2013/14 all cases are being reviewed jointly with commissioners against avoidability criteria, those deemed unavoidable being excluded from consideration of penalties. For June 1 case was avoidable and 3 deemed unavoidable. Figure 2 shows the number of Trust apportioned cases of CDI against the rolling annual trajectory (April 2008 – current). Monthly incidence of CDI to date is shown in Table 2.

Figure 2: Number of Trust apportioned cases of CDI at UHBFT against a rolling annual trajectory (April 2008-current).

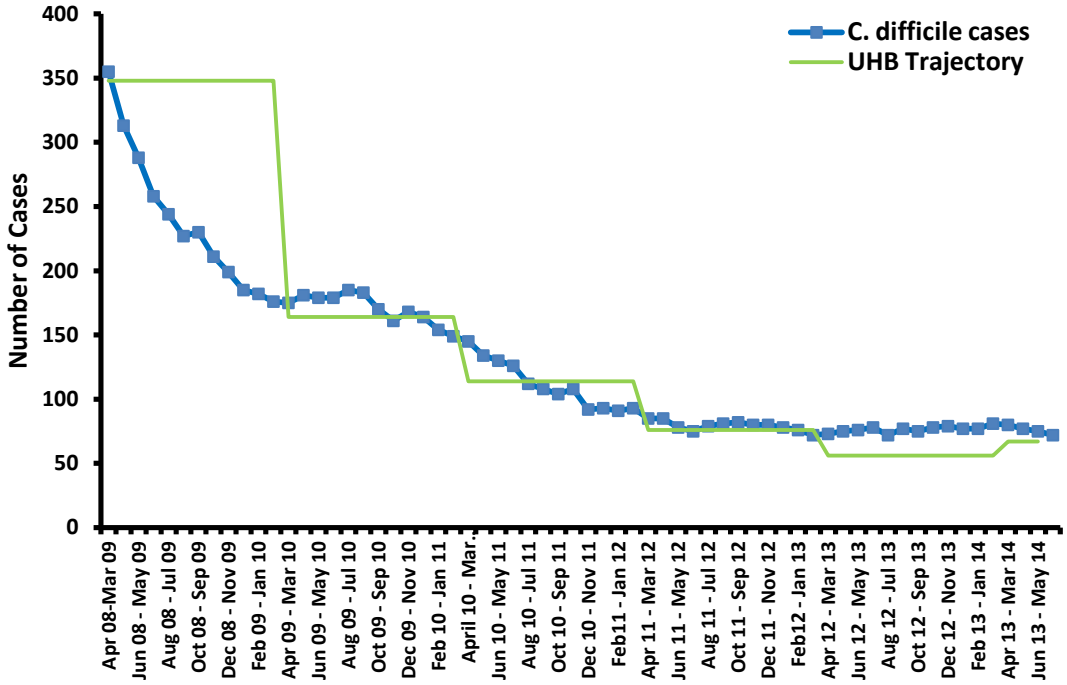

Table 2: Monthly number of CDI cases at UHBFT up to 30 June 2014.

Month	Total number of CDI	Objective (Trust apportioned) Monthly/ (annual)	Time of CDI acquisition		Commissioners reviewed unavoidable cases	Commissioners reviewed avoidable cases
			Pre	Post 48 hours (Trust apportioned)		
April 2014	8	5.8	2	6	6	0
May 2014	11	5.8	5	6	4	2
June 2014	9	5.8	5	4	3	1
Total	**28**	**17 (67)**	**12**	**16**	**13**	**3**

4.2 Actions to improve performance for CDI 2014/15

We now need to carefully review lessons learnt from our review process to improve performance in this financial year. Particular immediate actions to focus on include:

- Reinvigorating the antimicrobial stewardship programme which includes: ensuring that antibiotic prescribing is in line with Trust guidelines; mandating the requirement for a written indication for every antibiotic prescription; and ensuring and documenting an early review of the continuing appropriateness of each prescription.
- Ensuring that systems are in place to minimise any chances of transmission of infection either from cases or carriers of *C difficile*.
- Continuation of the rapid reviews by the Infection Prevention & Control team of any area reporting two or more cases of CDI.

4.3 Facilities Update

- The environmental monitoring of clinical areas through the monitoring audits continues to exceed the 95% compliance requirements.
- The Patient Led Assessment of the Care Environment (PLACE) provisional results have been received and our scores have all improved from last year. Cleanliness scores were 96.95% in 2013 and have increased to 98.77% for 2014. These will be published against national scores in August 2014.

5. Other Alert Organisms

5.1 Multiple drug resistant gram negative bacteria

During July no carbapenemase producing Enterobacteriaceae (CPE) or other carbapenemase producing gram negatives were isolated.

5.2 Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia

Reporting of MSSA bacteraemia has been mandatory since 1 June 2011. Performance for June 2014 was 4 cases, 1 of which was Trust apportioned.

5.3 *E. coli* bacteraemia

From 1 June 2011, reporting of *E. coli* bacteraemia has been mandatory. *E. coli* is part of the normal bacterial flora carried by all individuals. It is the commonest cause of clinically significant bloodstream infection. *E. coli* bacteraemia represents a heterogeneous group of infections. Performance for June 2014 was 8 Trust apportioned and 23 non-Trust apportioned cases.

6. Outbreaks of Diarrhoea and Vomiting

There were no outbreaks of diarrhoea and/or vomiting in June 2014.

7. Serious Incidents Requiring Investigation (SIRI) related to Infection Prevention & Control

There have been no MRSA deaths reported on Part 1 or 2 of the death certificate for June 2014. However there has been one CDI death reported on Part 2 of the death certificate for June 2014.

We are investigating a probable transmission of tuberculosis from a patient to a healthcare worker. An incident meeting has been held and actions identified are being undertaken.

8. Recommendations

The Board of Directors is asked to accept this report on infection prevention and control progress.

Mr Philip Norman
Executive Chief Nurse and Executive Director for
Infection Prevention and Control

14 July 2014