

## South East



# Mandatory Surveillance of Healthcare Associated Infections 4<sup>th</sup> Report October 2008 South East Region

## Acknowledgments

The authors would like to thank everyone involved in data collection in the Trusts

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# Introduction

Healthcare associated infections (HCAs) are infections that some patients may acquire during the course of receiving treatment in a hospital whether in the NHS or Independent sector. HCAs may also occur whilst under the care of community services such as in a Primary Care Trust hospital, nursing or residential care home or GP practice. A report by the Public Health Laboratory Service in 1999 revealed that the associated cost of HCAs to the NHS in England is estimated at £1 billion annually<sup>1</sup>.

The surveillance of meticillin resistant *Staphylococcus aureus* (MRSA) bacteraemias became mandatory for all acute NHS Trusts in England in April 2001 and the web-based HCAI Data Capture System<sup>2</sup> (HCAI DCS), formally known as the MRSA enhanced surveillance scheme (MESS), was introduced in October 2005. The system allows all acute NHS Trusts in England to report and collect individual patient data. English Strategic Health Authorities (SHAs) and PCTs, the Department of Health (DH) and the Health Protection Agency (HPA) have varying levels of access to the secure surveillance system.

In January 2001 the mandatory surveillance of *C. difficile* infections (CDI) commenced and the enhanced surveillance of CDI via the HCAI DCS was established in April 2007. The mandatory surveillance of Glycopeptide resistant enterococci (GRE) bloodstream infections began in October 2003 and surveillance of surgical site infections was implemented in April 2004.

All Trusts must enter cases of MRSA and CDI by the 15<sup>th</sup> of the following month, for example data for June must be entered by the 15<sup>th</sup> July at the latest. The Trust Chief Executive must also sign off the data for both cases of MRSA and CDI by the 15 of each month. The DH is investigating Trusts that sign off late or not at all. Additionally, Trusts are reminded that the quarterly blood culture data is reported using the

*Quarterly laboratory reporting* link on the *Case Search Criteria* page of the HCAI DCS.

Whilst the current focus is on reducing cases of MRSA bacteraemias and CDI, it is important to acknowledge that these organisms only comprise a fraction of the total HCAs that are detected in hospital or community settings. The most recent survey carried out by the Hospital Infection Society in 2006 estimates the prevalence of HCAs in acute hospitals in England to be 8.2%<sup>3</sup>. The most common infections were surgical site infections, gastro-intestinal infections, urinary tract infections, and pneumonia. MRSA was present in 1.3% of patients surveyed (0.2% of patients had an MRSA bacteraemia), while *Clostridium difficile* was seen in 2% of patients<sup>3</sup>.

More recently, acute NHS Trusts and PCTs have agreed locally specific targets for cases of CDI with their respective SHAs. Organisations must deliver a 30% reduction in cases of CDI nationally by 2011 compared to the 2007/08 figure. Annual numbers of MRSA bacteraemias must be maintained at less than half the number in 2003/04<sup>4</sup>.

It is important that healthcare workers remain vigilant and work with infection control teams to monitor cases and rates of HCAs in their hospitals. All staff should be aware of the latest developments in policies and guidance for surveillance and infection control precautions<sup>5</sup>. Trusts are reminded that they must report all cases of MRSA and CDI diagnosed within their laboratory. It is important to note that the published rates are not adjusted to allow for patient case-mix, total bed-occupancy or indeed the specialty of the Trust in question. However in this report we have stratified by Trust type to allow for some comparisons. Further information on each Trust is included in Appendix 1.

Early diagnosis and treatment of MRSA and CDI will help reduce the length of hospital stay and also decrease the number of outbreaks, readmissions, morbidity and mortality associated with HCAI. The latest published HCAI data is available through the HPA website and is published quarterly<sup>6</sup>.

This report presents data from the mandatory surveillance of MRSA, *Clostridium difficile* and glycopeptide-resistant enterococci (GRE) infection, for the year April 2007 to March 2008.

## Results from mandatory surveillance of MRSA bacteraemia

Enhanced surveillance involves collecting patient details for each case of MRSA bacteraemia such as NHS number, hospital number, date of birth and sex, as well as additional information regarding treatment history, previous healthcare interactions and patient location at the time the specimen was taken. Entering supplementary patient information in the risk factor pages in the HCAI DCS, will assist in the completion of root cause analysis, as highlighted by the National Patients Safety Agency<sup>7</sup>. The Department of Health routinely monitor this data when conducting visits to Trusts.

Positive blood cultures from the same patient within 14 days of the initial culture are considered to be part of the original episode and should not be reported. Reports for the same person more than 14 days apart should be reported as these are considered to be separate episodes<sup>8</sup>.

The existing laboratory reporting surveillance system known as CoSurv, is currently undergoing developments so that data will be electronically uploaded directly into the HCAI DCS. This will lessen data entry and reduce possibilities of data entry error.

### Points to note when interpreting the MRSA data

- These results are the product of surveillance of the incidence of MRSA blood stream infections only. The surveillance does not include any information on the incidence or prevalence of other MRSA infections, or of colonisation by MRSA.
- All the data in Fig 2–25 were extracted from the HCAI DCS on 24 April 2008 and are subject to change. Any amendments to the dataset since then may be incorporated in future publications.
- MRSA bacteraemias are reported by the Trust whose laboratory processes the specimen, which may not always reflect where the bacteraemia was acquired.
- The denominator, KH03, total overnight bed-occupancy data is available from DH Hospital Activity Statistics<sup>9</sup>. Rates were calculated using the KH03 for 2006/07.
- Every acute NHS Trust varies according to the size of the hospital(s), case mix and treatment specialties and therefore comparisons between trust types are not recommended. The Trusts are stratified into specialities.
- The percentage of MRSA cases entered in the HCAI DCS with at least *one* complete risk factor field is noted above each of the figures from 2- 25.

### Calculating MRSA rates:

$$\begin{array}{l} \text{Rate of MRSA} \\ \text{bacteraemia} \\ \text{(per 10, 000 bed-days)} \end{array} = \frac{\text{No. of MRSA bacteraemias} \times 10, 000}{\text{No. of occupied bed-days}}$$

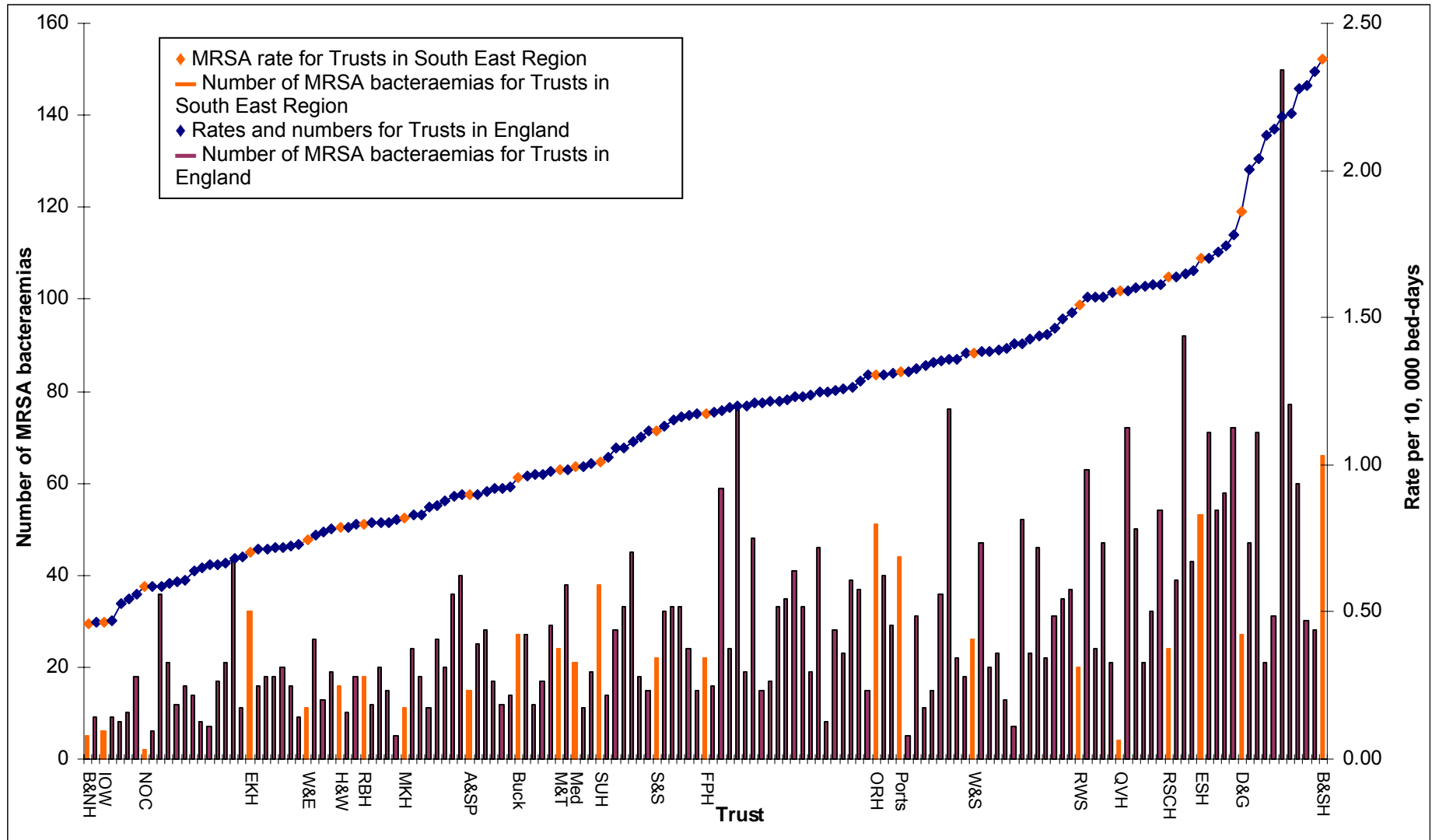


Fig 1 – Total number of MRSA bacteraemias and rate per 10,000 bed days by Trust in England, April 07 – March 2008, shown by ascending rate with South East Trusts labelled. For a list of trust abbreviations please see Appendix 1.

Data is provisional and maybe subject to change. Please email queries/comments to [HCAI@hpa.org.uk](mailto:HCAI@hpa.org.uk)

### National trends

Figure 1 shows the total number of MRSA bacteraemias and the rate per 10,000 for each of the 173 acute NHS Trusts in England in the year April 2007- March 2008. The acute Trusts in the South East Region are highlighted in orange. The numbers and rates of MRSA observed in the South East Region are comparable with the range reported by Trusts nationally. Trusts varied between rates of 0.00 MRSA bacteraemias per 1,000 to 2.29 while in the South East they ranged from 0.20 to 2.10. A median of 1.18 was seen both nationally and in the South East. It is important to note the difference in trends when comparing numbers against rates. Some Trusts have low numbers of bacteraemias but high rates; conversely others have high numbers but relatively lower rates thus reflecting the importance of looking at data in context using denominators.

### Small Acute Trusts

Figures 2 – 6 show the rate of MRSA and *S. aureus* bacteraemias in small acute trusts in the South East, by quarter from April 2007 to March 2008.

Three of the five small acute trusts showed a decrease in MRSA rates in Jan-Mar 2008 when compared to Apr-Jun 2007, ranging from a difference of 50% at Milton Keynes (Fig 4) to 84% at Dartford & Gravesham (Fig 2). Isle of Wight (Fig 3) and Royal West Sussex (Fig 5) reported an increase over the period Apr 07 – Mar 08.

The rate of total *S. aureus* increased among three Trusts when comparing Jan-Mar 2008 against Apr-Jun 2007 by 15% in Royal West Sussex, 30% at Milton Keynes, and 58% at Isle of Wight. Despite a decrease overall, Dartford & Gravesham saw a 61% rise in MSSA from 3.7 MSSA bacteraemias per 1,000 in Oct-Dec 2007 to 6.1 in Jan-Dec 2008.

### Dartford and Gravesham NHS Trust

67% of MRSA cases on the HCAI DCS had at least one risk factor entered.

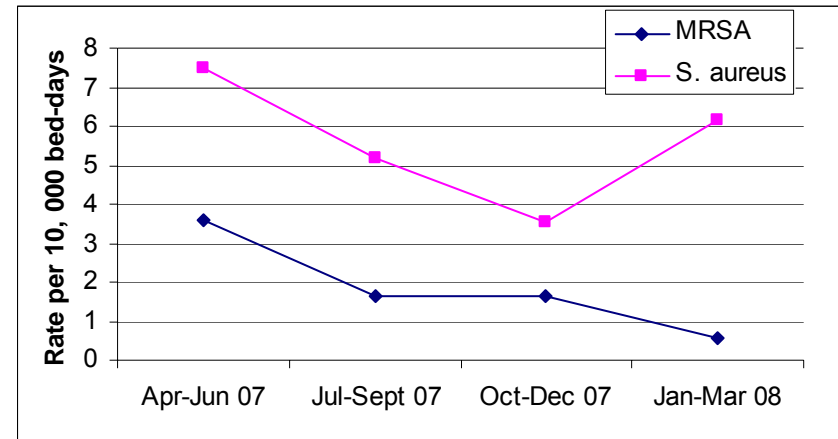


Fig 2 – MRSA and *S. aureus* rates per 10,000 bed-days for Dartford and Gravesham NHS Trust from Apr 07 – Mar 08.

### Isle of Wight NHS Trust

100% of MRSA cases on the HCAI DCS had at least one risk factor entered.

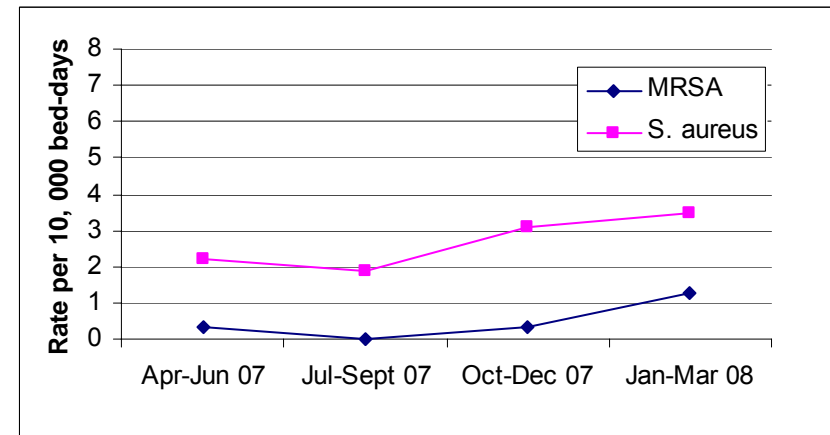


Fig 3 – MRSA and *S. aureus* rates per 10,000 bed-days for Isle of Wight NHS Trust from Apr 07 – Mar 08.

### Milton Keynes General NHS Trust

91% of MRSA cases on the HCAI DCS had at least one risk factor entered.

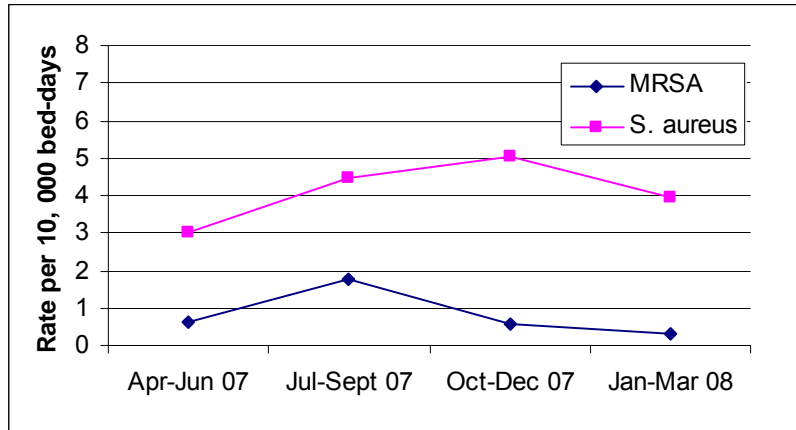


Fig 4 - MRSA and *S. aureus* rates per 10, 000 bed-days for Milton Keynes General NHS Trust from Apr 07 – Mar 08.

### Winchester and Eastleigh Healthcare NHS Trust

91% of MRSA cases on the HCAI DCS had at least one risk factor entered.

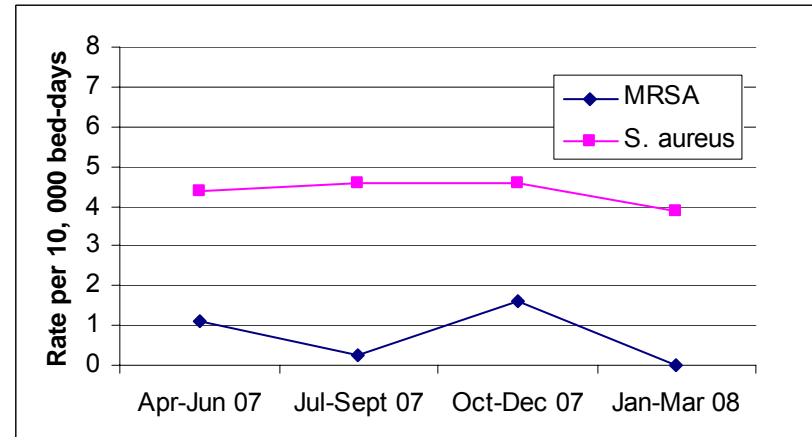


Fig 6 - MRSA and *S. aureus* rates per 10, 000 bed-days for Winchester and Eastleigh NHS Trust from Apr 07 – Mar 08.

### The Royal West Sussex NHS Trust

80% of MRSA cases on the HCAI DCS had at least one risk factor entered.

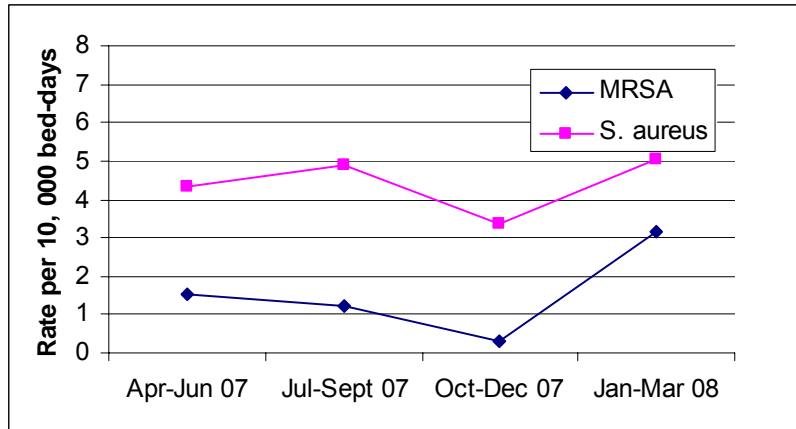


Fig 5 - MRSA and *S. aureus* rates per 10, 000 bed-days for The Royal West Sussex NHS Trust from Apr 07 – Mar 08.

Data is provisional and maybe subject to change. Please email queries/comments to [HCAI@hpa.org.uk](mailto:HCAI@hpa.org.uk)

### Medium Acute Trusts

Figures 7 – 15 show the rate of MRSA and *S. aureus* bacteraemias in small acute trusts in the South East, by quarter from April 2007 to March 2008.

Three of the nine medium acute trusts, (Frimley Park, Heatherwood & Wexham and Surrey & Sussex) show a decrease in their rates of MRSA by at least 75% by March 2008 when compared to the 2007 Apr-Jun quarter (Figs 10, 11, 14). The rates for Basingstoke and North Hampshire, Medway and Royal Surrey fluctuated but were comparable between April-June 2007 and Jan-March 2008 (Figs 8, 12, 13). Ashford and St Peters (Fig 7) and Worthing and Southlands (Fig 15) saw slight increases in their MRSA rates over this period.

The rate of *S. aureus* has remained fairly constant during 2007/08 in four medium acute Trusts (Basingstoke and North Hampshire, Heatherwood and Wexham Park, Medway and Royal Surrey County). Frimley Park is the only Trust in its speciality to have shown a decrease in the rate of *S. aureus*, quarter upon quarter (Fig 10).

Ashford and St Peters and Worthing and Southlands Trusts both show an increase in MRSA and *S. aureus*

### Ashford & St Peters Hospitals NHS Trust

100% of MRSA cases on the HCAI DCS had at least one risk factor entered.

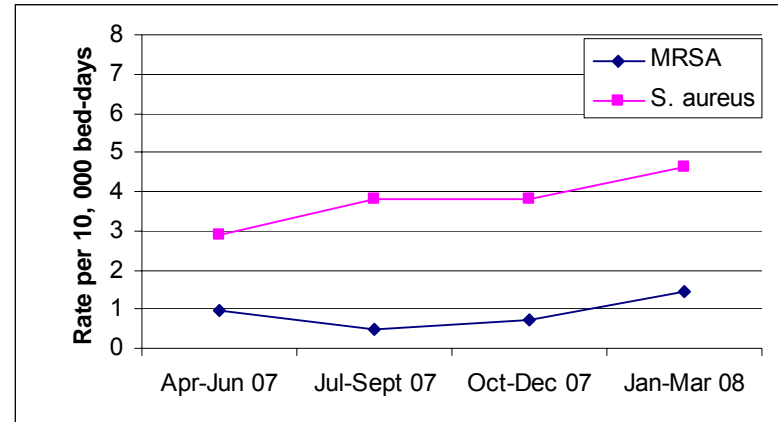


Fig 7 - MRSA and *S. aureus* rates per 10, 000 bed-days for Ashford and St Peters NHS Trust from Apr 07 – Mar 08.

### Basingstoke & North Hampshire Hospitals NHS Foundation Trust

80% of MRSA cases on the HCAI DCS had at least one risk factor entered.

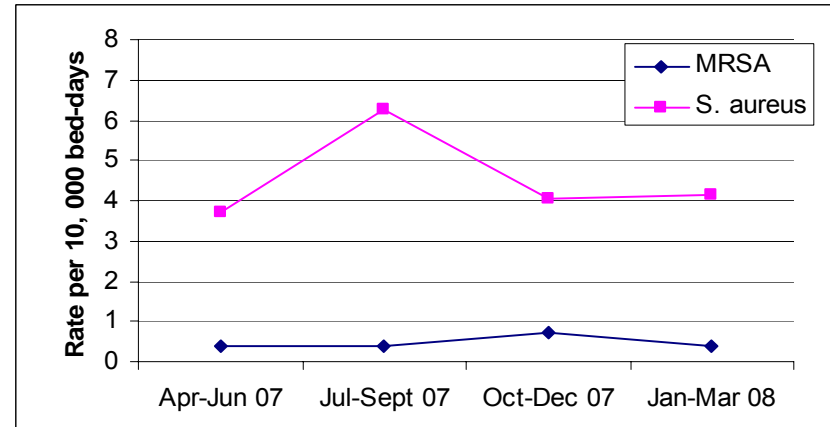


Fig 8 - MRSA and *S. aureus* rates per 10, 000 bed-days for Basingstoke & North Hampshire Hospitals NHS Foundation Trust from Apr07–Mar08.

### Buckinghamshire Hospitals NHS Trust

56% of MRSA cases on the HCAI DCS had at least one risk factor entered.

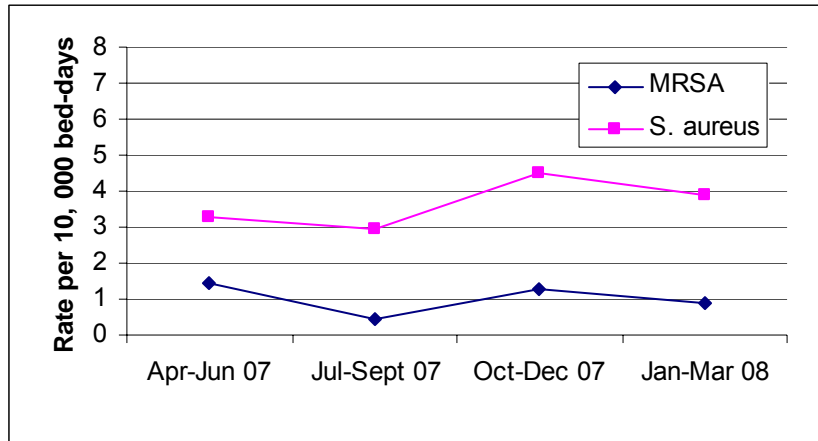


Fig 9 - MRSA and *S. aureus* rates per 10,000 bed-days for Buckinghamshire Hospitals NHS Trust from Apr 07 – Mar 08.

### Heatherwood and Wexham Park Hospitals NHS Trust

0% of MRSA cases on the HCAI DCS had at least one risk factor entered.

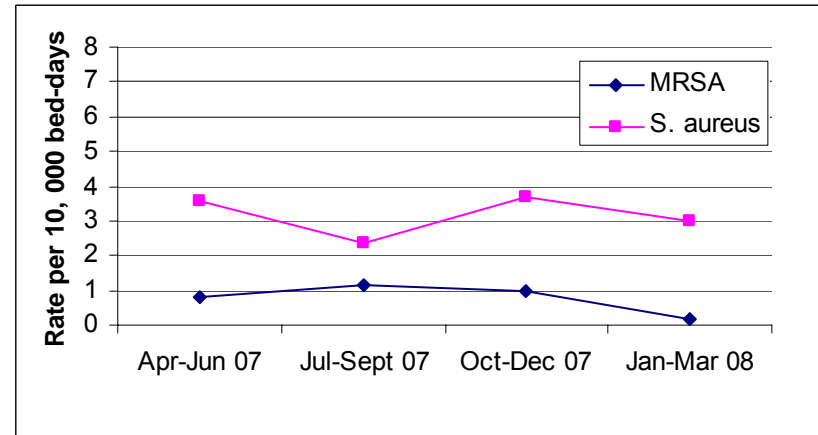


Fig 11 - MRSA and *S. aureus* rates per 10,000 bed-days for Heatherwood & Wexham Park Hospitals NHS Trust from Apr 07 – Mar 08.

### Frimley Park NHS Foundation Trust

91% of MRSA cases on the HCAI DCS had at least one risk factor entered.

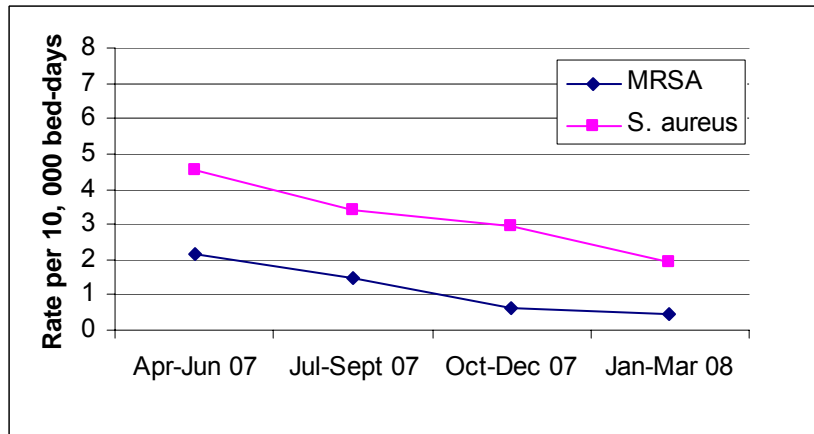


Fig 10 - MRSA and *S. aureus* rates per 10,000 bed-days for Frimley Park NHS Foundation Trust from Apr 07 – Mar 08.

### Medway NHS Trust

0% of MRSA cases on the HCAI DCS had at least one risk factor entered.

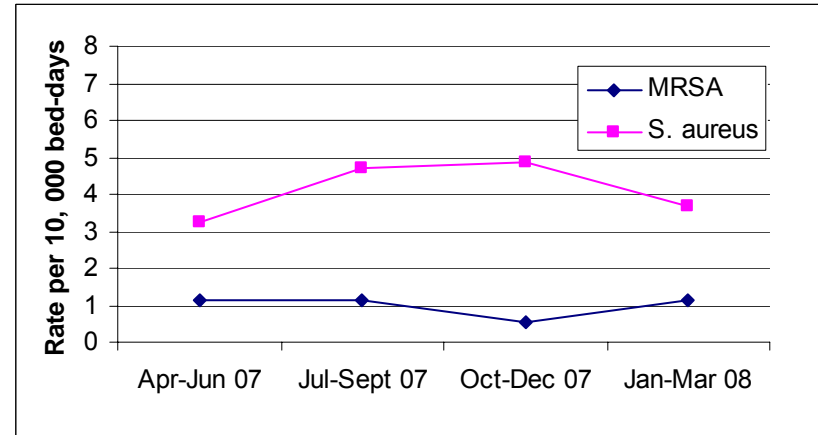


Fig 12 - MRSA and *S. aureus* rates per 10,000 bed-days for Medway NHS Trust from Apr 07 – Mar 08.

### Royal Surrey County Hospital NHS Trust

50% of MRSA cases on the HCAI DCS had at least one risk factor entered.

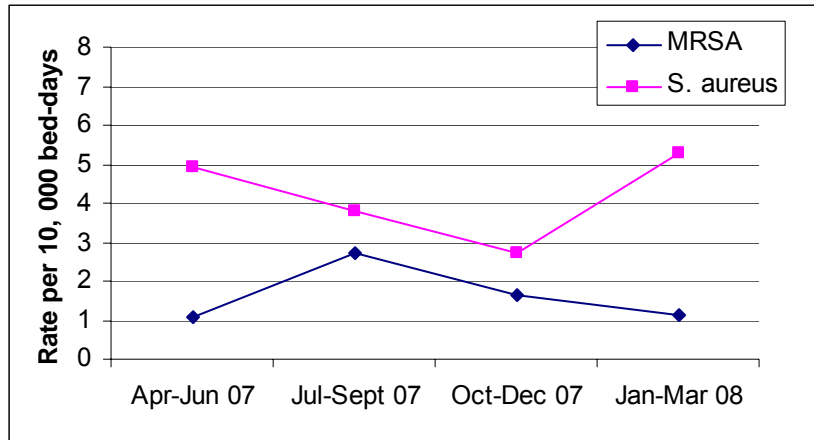


Fig 13 - MRSA and *S. aureus* rates per 10,000 bed-days for Royal Surrey County Hospital NHS Trust from Apr 07 – Mar 08.

### Worthing and Southlands Hospitals NHS Trust

93% of MRSA cases on the HCAI DCS had at least one risk factor entered.

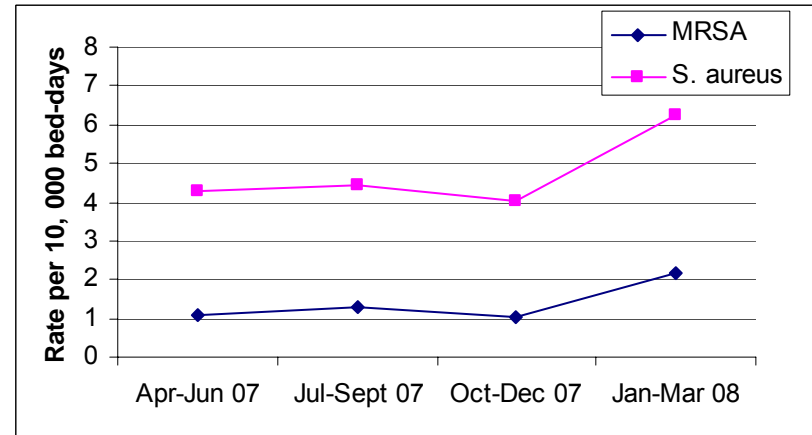


Fig 15 - MRSA and *S. aureus* rates per 10,000 bed-days for Worthing and Southlands Hospitals NHS Trust from Apr 07 – Mar 08.

### Surrey & Sussex Healthcare NHS Trust

95% of MRSA cases on the HCAI DCS had at least one risk factor entered.

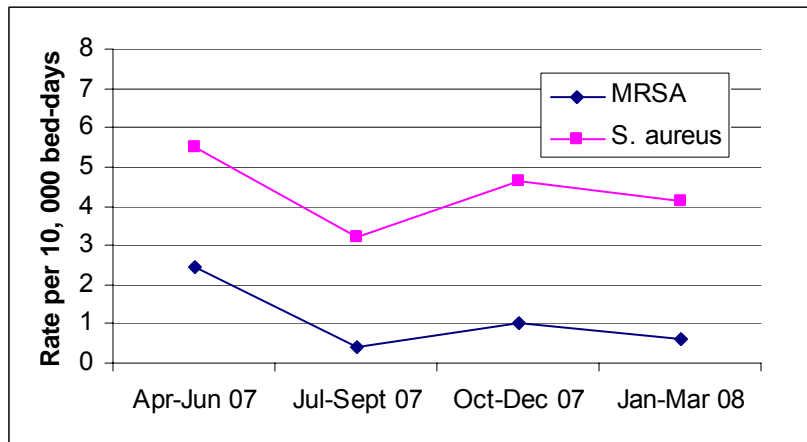


Fig 14 - MRSA and *S. aureus* rates per 10,000 bed-days for Surrey and Sussex Healthcare NHS Trust from Apr 07 – Mar 08.

Data is provisional and maybe subject to change. Please email queries/comments to [HCAI@hpa.org.uk](mailto:HCAI@hpa.org.uk)

### Large Acute Trusts

Figures 16 – 20 show the rate of MRSA and *S. aureus* bacteraemias in large acute trusts in the South East, by quarter from April 2007 to March 2008.

Almost all of the five large acute Trusts show a decrease in their respective MRSA rates by 40-65% for Jan-Mar 2008 when compared to Apr-Jun 2007. Only Maidstone & Tunbridge Wells (Fig 18) saw a slight increase in the MRSA rate, from 0.66 per 10,000 bed days in Apr-Jun 2007 to 0.83 per 10,000 bed days in Jan - March 2008, however has shown a downward trend since Oct-Dec 2007.

The overall *S. aureus* rate for all the large acute Trusts decreased by 13-50% when comparing rates for Jan-Mar 2008 against Apr-Jun 2007, with Portsmouth (Fig 19) showing the largest decrease from 7.46 to 3.65 per 10,000 bed-days respectively.

### East Kent Hospitals NHS Trust

25% of MRSA cases on the HCAI DCS had at least one risk factor entered.

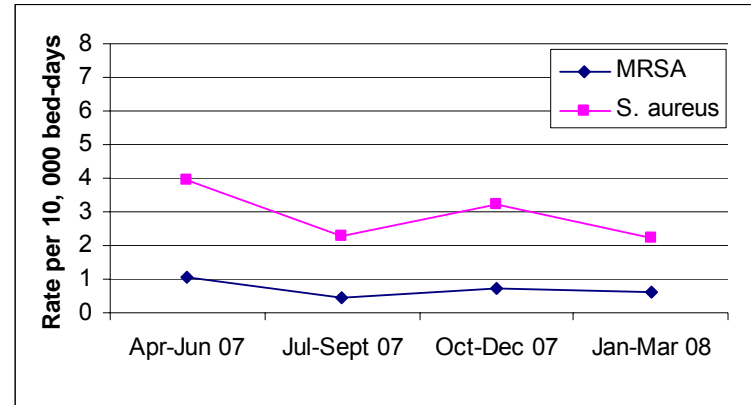


Fig 16 - MRSA and *S. aureus* rates per 10,000 bed-days for East Kent Hospitals NHS Trust from Apr 07 – Mar 08.

### East Sussex Hospitals NHS Trust

57% of MRSA cases on the HCAI DCS had at least one risk factor entered.

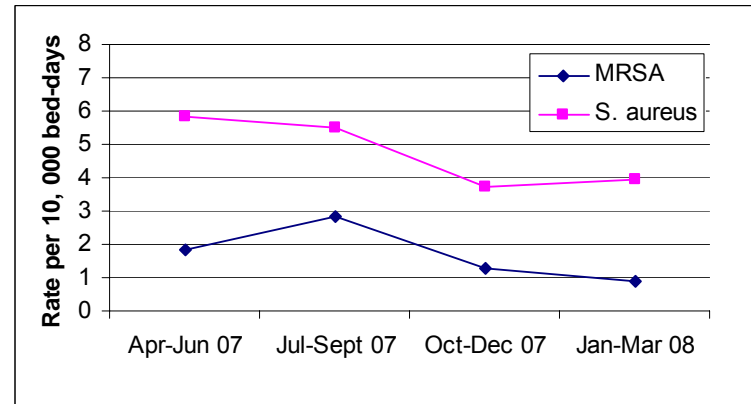


Fig 17 - MRSA and *S. aureus* rates per 10,000 bed-days for East Sussex Hospitals NHS Trust from Apr 07 – Mar 08.

### Maidstone and Tunbridge Wells NHS Trust

0% of MRSA cases on the HCAI DCS had at least one risk factor entered.

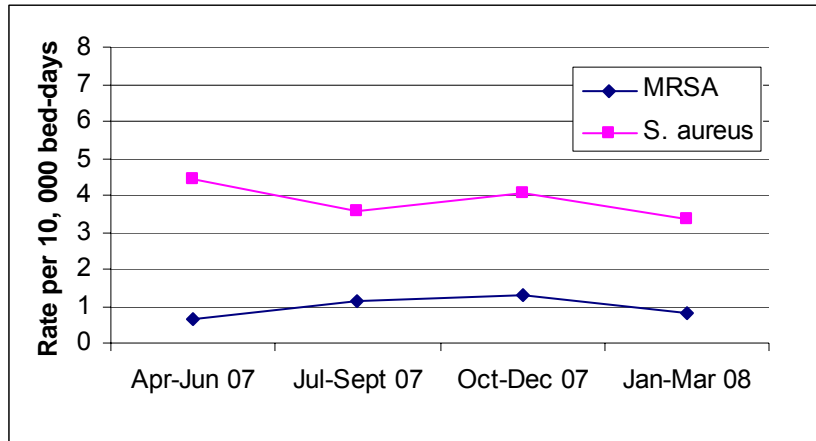


Fig 18 - MRSA and *S. aureus* rates per 10, 000 bed-days for Maidstone and Tunbridge Wells NHS Trust from Apr 07 – Mar 08.

### Royal Berkshire NHS Foundation Trust

100% of MRSA cases on the HCAI DCS had at least one risk factor entered.

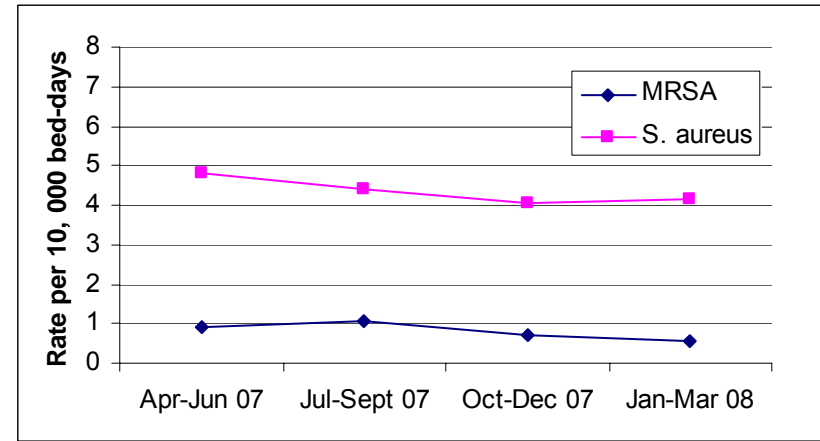


Fig 20 - MRSA and *S. aureus* rates per 10, 000 bed-days for Royal Berkshire NHS Foundation Trust from Apr 07 – Mar 08.

### Portsmouth Hospitals NHS Trust

77% of MRSA cases on the HCAI DCS had at least one risk factor entered.

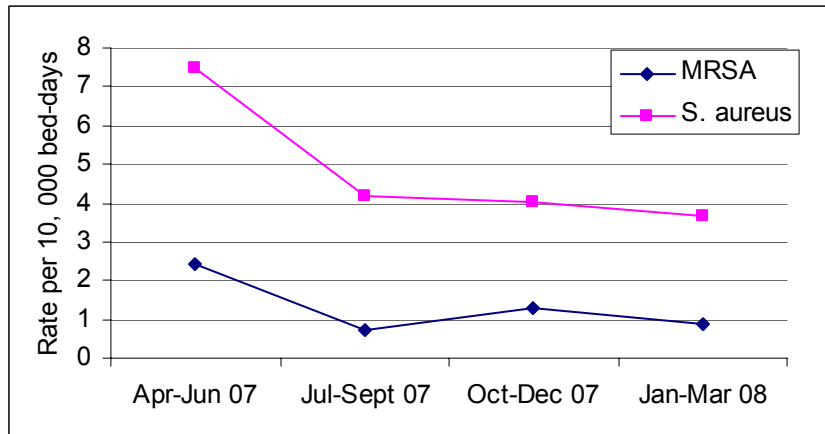


Fig 19 - MRSA and *S. aureus* rates per 10, 000 bed-days for Portsmouth Hospitals NHS Trust from Apr 07 – Mar 08.

### Acute Teaching Trusts

Figures 21 – 23 show the rate of MRSA and *S. aureus* bacteraemias in acute teaching trusts in the South East, by quarter from April 2007 to March 2008.

The MRSA rates for both Brighton and Sussex (Fig 21) and Southampton (Fig 23) followed similar trends over the year, with increases in Jul-Sept 2007 and Oct-Dec 2007 and decreasing in Jan-Mar 2008 to a rate comparable with that in April – June 2007. Oxford Radcliffe (Fig 22) showed a 63% increase in the rate when comparing Jan-Mar 08 to Apr-Jun 07.

The overall rate of *S. aureus* in both Brighton and Sussex and Oxford Radcliffe remained steady at approximately 5 per 10, 000 bed-days over the course of the year. After a slight increase during the Jul-Sept and Oct- Dec 2007 quarters, the *S. aureus* rate at Southampton in Jan-Mar 2008 was comparable with April-June 2007.

### Brighton and Sussex University Hospitals NHS Trust

8% of MRSA cases on the HCAI DCS had at least one risk factor entered.

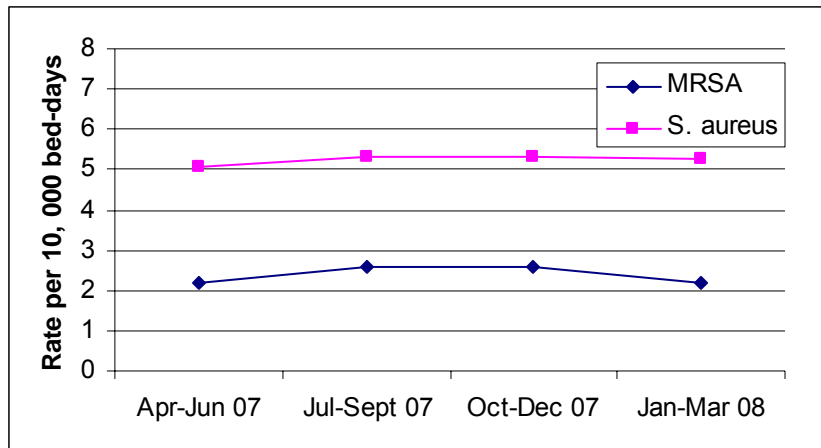


Fig 21 - MRSA and *S. aureus* rates per 10, 000 bed-days for Brighton and Sussex University Hospitals NHS Trust from Apr 07 – Mar 08.

### Oxford Radcliffe Hospitals NHS Trust

54% of MRSA cases on the HCAI DCS had at least one risk factor entered.

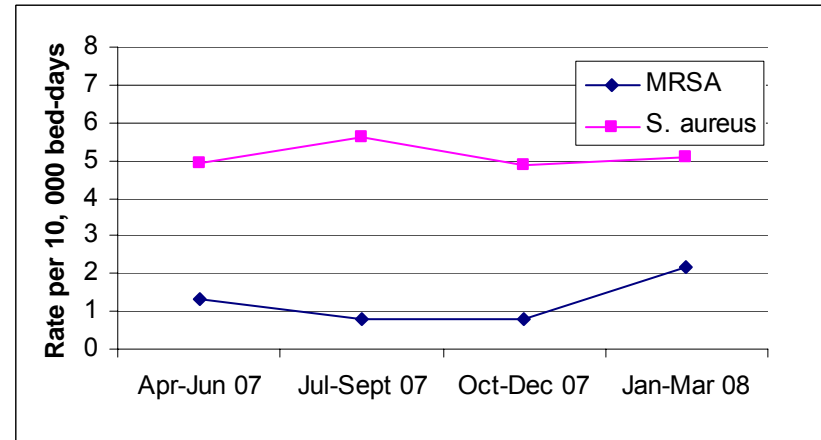


Fig 22 - MRSA and *S. aureus* rates per 10, 000 bed-days for Oxford Radcliffe Hospitals NHS Trust from Apr 07 – Mar 08.

### Southampton University Hospitals NHS Trust

97% of MRSA cases on the HCAI DCS had at least one risk factor entered.

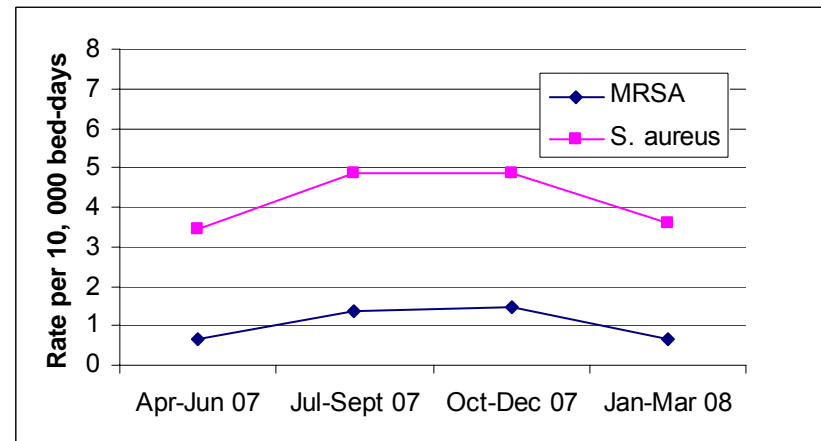


Fig 23 - MRSA and *S. aureus* rates per 10, 000 bed-days for Southampton University Hospitals NHS Trust from Apr 07 – Mar 08.

### Acute Specialist Trusts

Figures 24 – 25 show the rate of MRSA and *S. aureus* bacteraemias in acute specialist trusts in the South East, April 2007 to March 2008.

Please note that caution should be taken when interpreting Figures 24-25 as the numbers of MRSA bacteraemias reported in 2007/8 were too small to draw any conclusions. Nuffield Orthopaedic Centre and Queen Victoria Hospital reported 2 and 4 MRSA bacteraemias and 11 and 6 MSSA bacteraemias respectively.

#### Nuffield Orthopaedic Centre NHS Trust

100% of MRSA cases on the HCAI DCS had at least one risk factor entered.

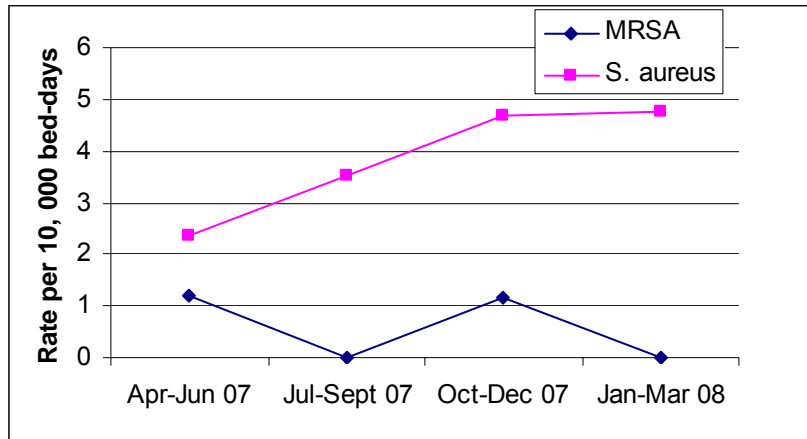


Fig 24 - MRSA and *S. aureus* rates per 10, 000 bed-days for Nuffield Orthopaedic Centre NHS Trust from Apr 07 – Mar 08.

#### Queen Victoria Hospital NHS Foundation Trust

67% of MRSA cases on the HCAI DCS had at least one risk factor entered.

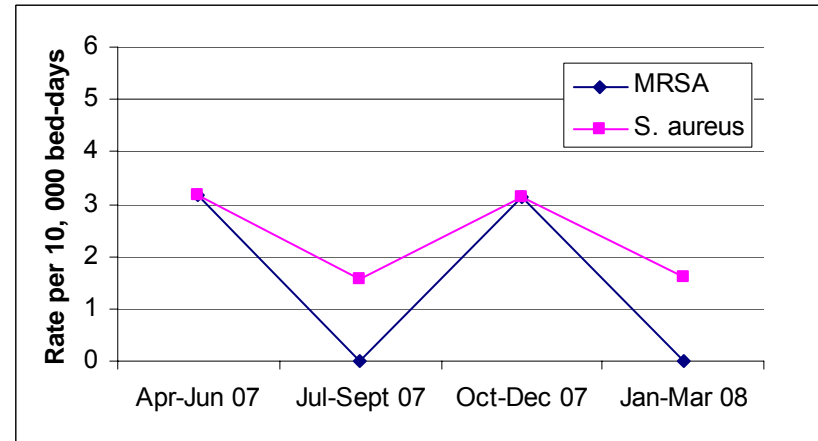


Fig 25 - MRSA and *S. aureus* rates per 10, 000 bed-days for Queen Victoria Hospital NHS Foundation Trust from Apr 07 – Mar 08.

## Results from the mandatory surveillance of *Clostridium difficile* infection (CDI)

Mandatory surveillance of *C. difficile* in patients aged 65 and over has been collected since January 2004. When the mandatory web-based enhanced surveillance system was introduced in April 2007 this surveillance was expanded to include all cases of *C. difficile* in patients aged 2 years and above. The DH requires that all Trusts enter cases for the previous month by the 15<sup>th</sup> of the following month. Therefore, cases from January must be entered by 15<sup>th</sup> February.

In January this year DH advised Trusts that the case definition of the '28-day rule' was to be used to report cases of CDI<sup>10</sup>. Positive results on the same patient more than 28 days apart should be reported as separate episodes.

Trusts are encouraged to enter additional risk factor information on CDI using the HCAI DCS as this will capture additional patient information including recent healthcare interactions, recent antibiotic usage and treatment specialty information which can be used to describe further the risk factors associated with CDI. Additional guidance on prescribing antibiotics was issued by DH last year<sup>11</sup>.

### Points to note when interpreting the CDI data

- Caution should be taken when interpreting trends in the data due to the changes in case definition announced in January 2008<sup>10</sup>.
- *C. difficile* is diagnosed in Trust laboratories from stool samples. These samples do not always come from within the acute Trust and may come from external sources such as GPs, PCT Hospitals and residential homes. Therefore it is important to note that not all cases diagnosed by a laboratory will have occurred in that Trust.

- The denominator used to calculate the rates of CDI per quarter for each Trust presented here are calculated using the number of cases in patients aged 65 and over and the estimated total bed-days for patients aged ≥ 65y in Jan-Dec 2006<sup>9</sup> for patients aged 65 and over.
- The denominator data used for the rates presented in Figure 24 (for all patients aged 2 or over) were calculated using HES data for April 2006 to March 2007. These rates are publicly available on the on the [HPA website](#).
- The Trusts are grouped according to specialty.
- Twenty two trusts received positive CDI specimens from GP surgeries. Of these, 14 reported an increase in the proportion of cases in Jan-Mar 08 when compared to April-Jun 07<sup>12</sup>. These increases could reflect a true increase of CDI in the community, alternatively it could be due to more specimens being tested in the community and therefore there is a higher ascertainment.

### Calculating rates of CDI:

Rate of CDI =  $\frac{\text{No. of cases of CDI} \times 1000}{\text{No. of occupied bed-days}}$   
(per 1000 bed-days)

### **National trends**

Figure 26 shows the total number and rate per 1000 bed-days of CDIs for patients aged ≥2y for each of the 173 acute NHS Trusts in England during the year April 07 – March 07. The acute Trusts in South East Region are highlighted in orange. The rates and total cases of CDI observed among Trusts in the South East Region vary across the full range reported by Trusts nationally. It is important to note the difference in trends when comparing numbers against rates. Some Trusts are shown to have low numbers of CDI but high rates, while others show high numbers relative to the rate, showing the importance of describing data using rates.

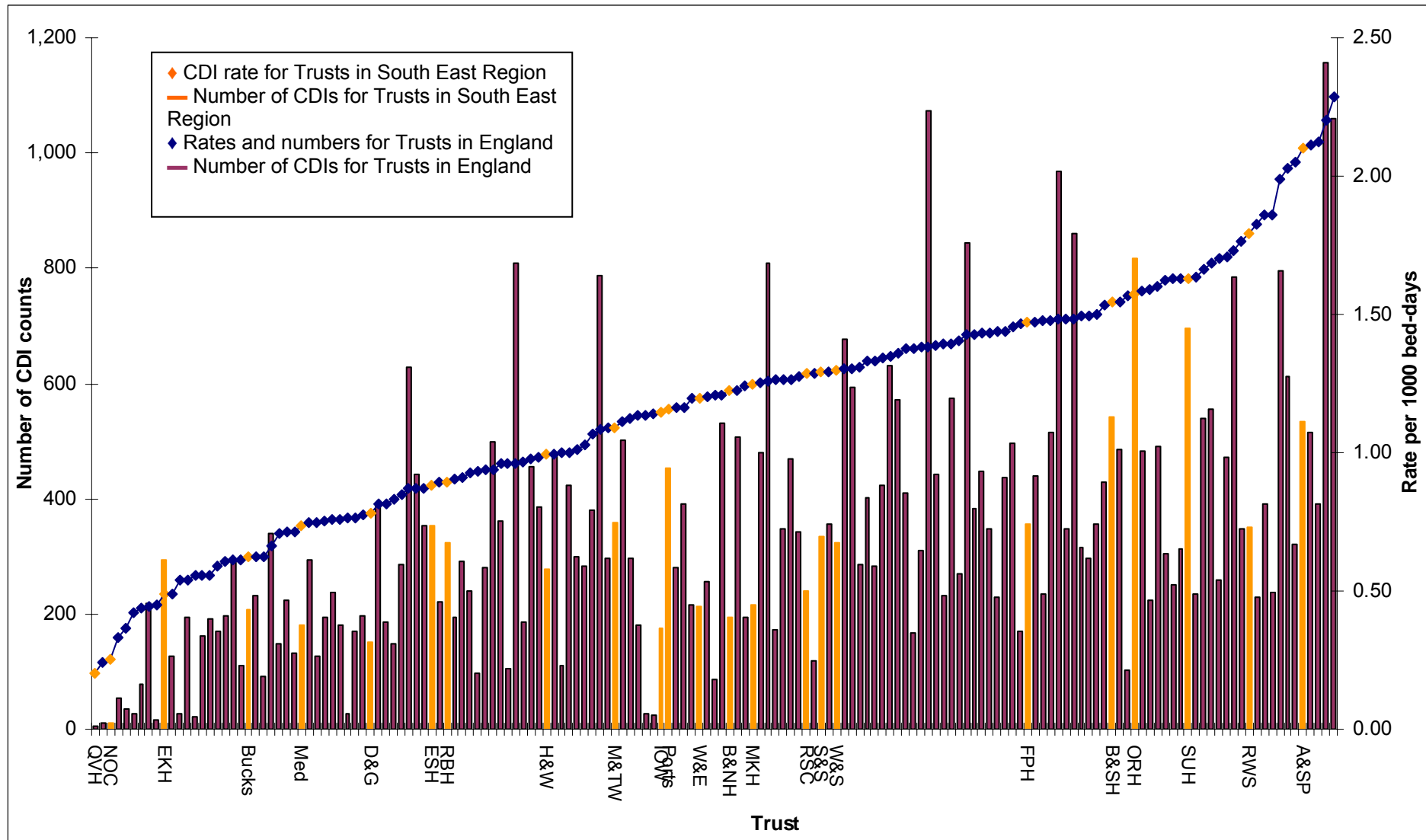


Fig 26 – Total number of CDIs and rates per 1000 bed-days for patients aged  $\geq 2y$  by Trust in England, April 07 – March 2008, shown by ascending rate with South East Trusts labelled. For a list of trust abbreviations please see Appendix 1.

Data is provisional and maybe subject to change. Please email queries/comments to [HCAI@hpa.org.uk](mailto:HCAI@hpa.org.uk)

## Small Acute Trusts

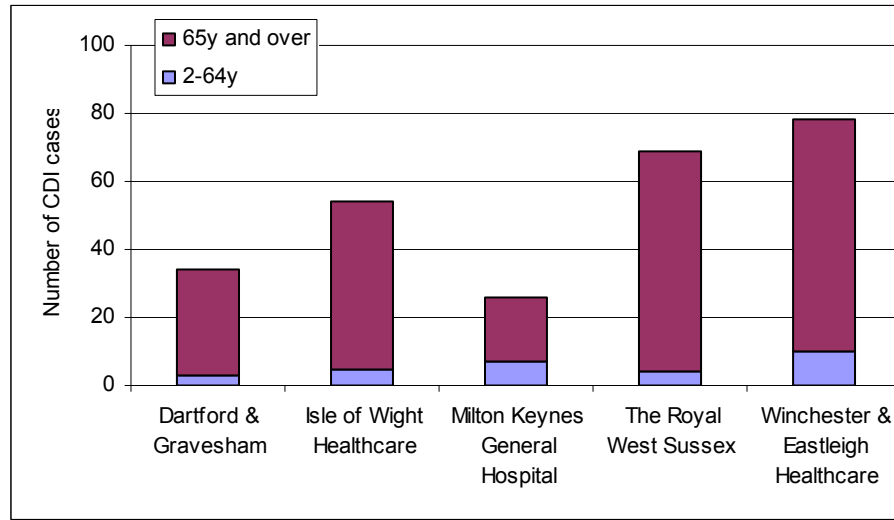


Fig 27 – The total number of CDI cases for patients aged 2-64yr and ≥ 65yr in Small Acute Trusts between Jan-Mar 08.

Figure 27 shows the number of CDI cases in each small acute Trust and the distribution of cases between the 2-64 years and 65 and over age groups. The number of CDI cases for patients aged 2-64y observed in all the small acute Trusts ranged from 3-10, with the proportion varying between 6% for The Royal West Sussex and 27% for Milton Keynes. Rates over time for each of the trusts are in the consecutive graphs and need to be taken into account when interpreting the data.

Figures 28-37 show the rates of CDI per 1000 bed-days for patients aged ≥ 65y by quarter in 2007/08, as well as the distribution of the where specimens were taken for the quarter Jan-Mar 08.

Milton Keynes (Fig. 32) and Royal West Sussex (Fig. 34) both showed a reduction in their CDI rates by 74% and 27% respectively when comparing Jan-Mar 08 against Apr-Jun 07. The CDI rate for Isle of Wight (Fig 30) increased by 60% over the same period.

The majority of samples for CDI testing come from the Acute Hospitals within each trust, ranging from 69% in The Royal West Sussex (Fig. 35) to 87% in Isle of Wight and Winchester and Eastleigh (Figs 31 and 37). Up to 31% of CDIs were diagnosed outside the acute Trust reflecting the location of the patient at the time the specimen was taken. Other sources include GPs (7% in Isle of Wight to 25% in The Royal West Sussex), PCT hospitals and residential/nursing homes. This may be an indication of variations in the catchment area served by the laboratories within acute trusts.

### Dartford and Gravesham NHS Trust

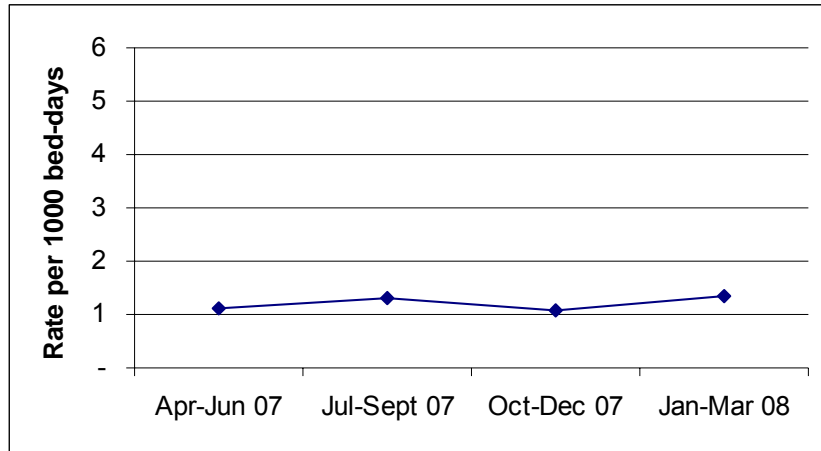


Fig 28 – Rates of CDI in patients aged ≥ 65y per 1000 bed-days for Dartford and Gravesham NHS Trust from Apr 07 – Mar 08.

### Isle of Wight NHS Trust

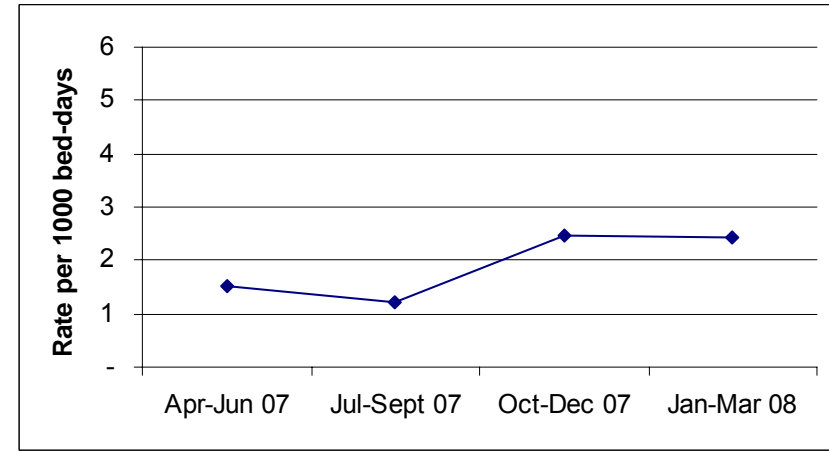


Fig 30 - Rates of CDI in patients aged ≥ 65y per 1000 bed-days for Isle of Wight NHS Trust from Apr 07 – Mar 08.

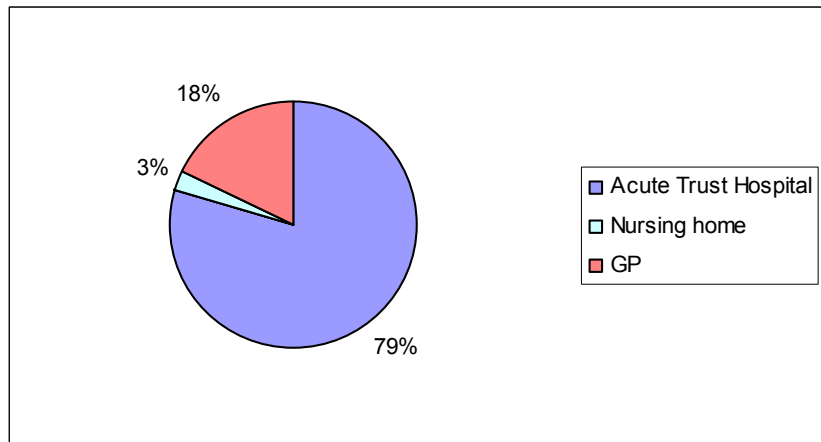


Fig 29 – Distribution of sample sources for CDI testing in Dartford and Gravesham NHS Trust from Jan-Mar 08.

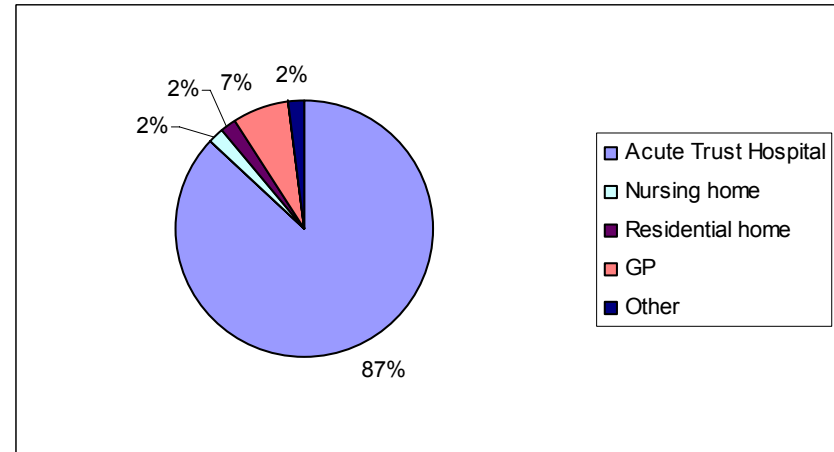


Fig 31 – Distribution of sample sources for CDI testing in Isle of Wight NHS Trust from Jan-Mar 08.

### Milton Keynes General NHS Trust

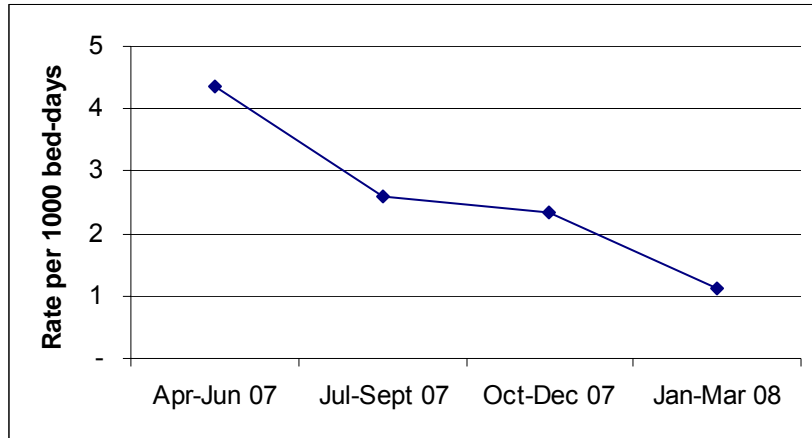


Fig 32 - Rates of CDI in patients aged ≥ 65y per 1000 bed-days for Milton Keynes General NHS Trust from Apr 07 – Mar 08.

### The Royal West Sussex NHS Trust

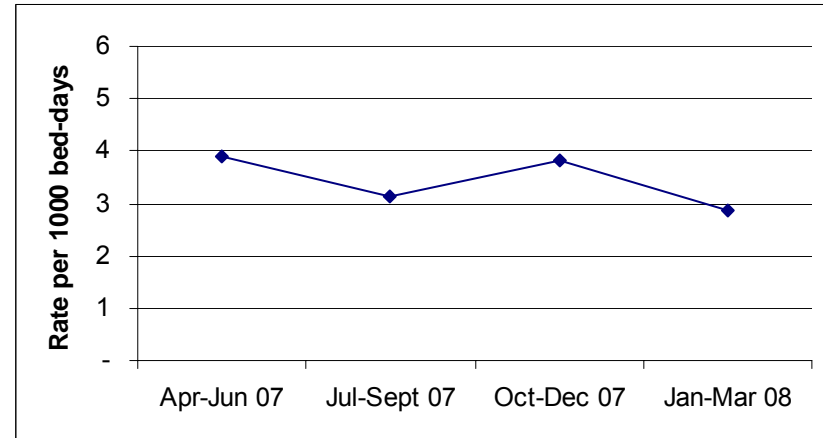


Fig 34 - Rates of CDI in patients aged ≥ 65y per 1000 bed-days for The Royal West Sussex NHS Trust from Apr 07 – Mar 08.

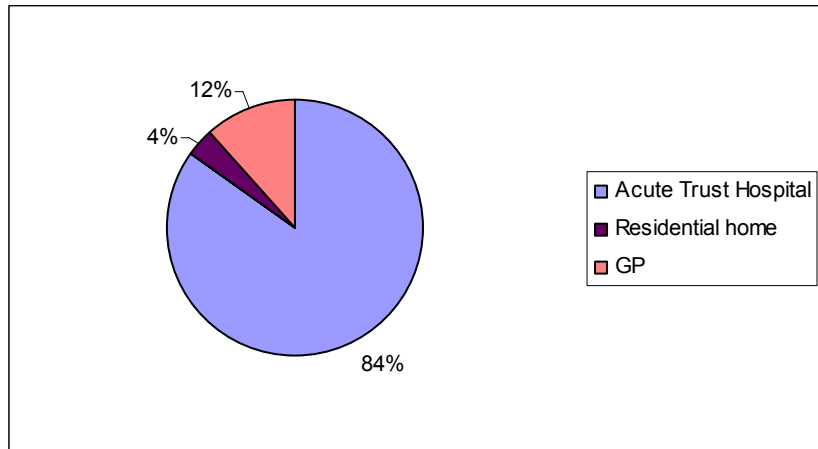


Fig 33 – Distribution of sample sources for CDI testing in Milton Keynes General NHS Trust from Jan-Mar 08.

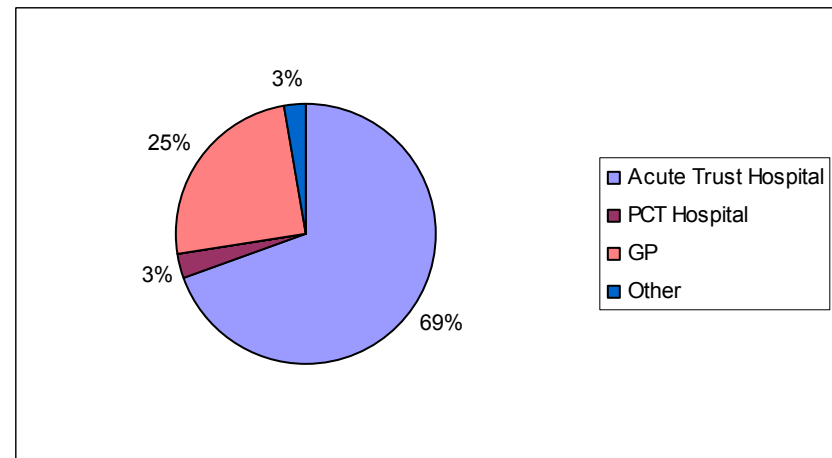


Fig 35 – Distribution of sample sources for CDI testing in The Royal West Sussex NHS Trust from Jan-Mar 08.

### Winchester and Eastleigh Healthcare NHS Trust

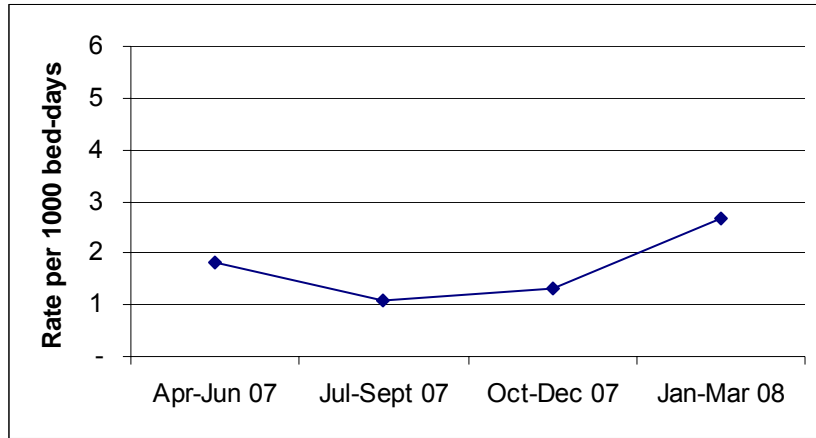


Fig 36 - Rates of CDI in patients aged ≥ 65y per 1000 bed-days for Winchester and Eastleigh Healthcare NHS Trust from Apr 07 – Mar 08.

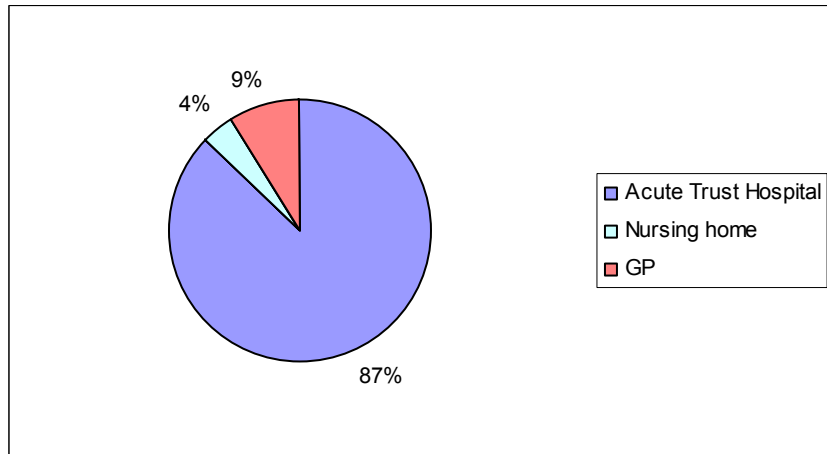


Fig 37 – Distribution of sample sources for CDI testing in Winchester and Eastleigh Healthcare NHS Trust from Jan-Mar 08.

## Medium Acute Trusts

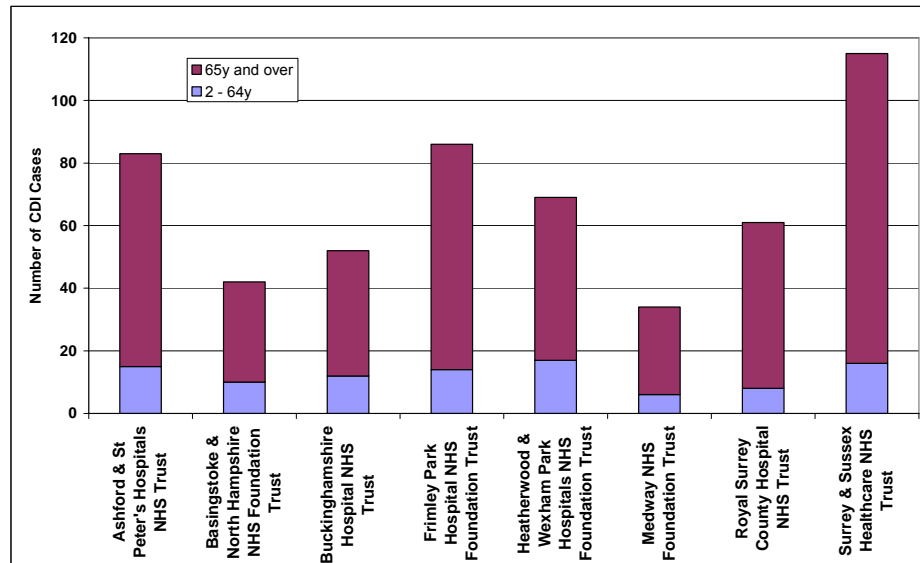


Fig 38 – The total number of CDI cases for patients aged 2-64yr and ≥ 65y in Medium Acute Trusts between Jan-Mar 08.

Figure 38 shows the number of CDI cases in each small acute Trust and the distribution of cases between the 2-64 years and 65 and over age groups.

The number of CDI cases for patients aged 2-64y observed in all the small acute Trusts ranged from 6-17, with the proportion varying between 10% for Worthing & Southlands and 25% for Heatherwood & Wexham Park. Rates over time for each of the trusts are in the consecutive graphs and need to be taken into account when interpreting the data.

Figures 39 – 56 show the rates of CDI per 1000 bed-days for patients aged ≥65 years in medium acute trusts, by quarter from April 2007 to

March 2008, as well as the distribution of where specimens were taken for the quarter Jan – Mar 2008.

The majority of medium acute trusts showed a reduction in CDI in patients ≥65yrs when comparing April-June 2007 with January-March 2008. Ashford & St Peter's (Fig. 39) showed the biggest reduction reducing rates by 63%.

Despite showing an increase in July – December 2007, Basingstoke & North Hampshire (Fig. 41) decreased in the January - March 2008 quarter to rates similar to those seen in April-June 2007. Additionally, Heatherwood & Wexham Park (Fig. 47) have remained fairly stable during this time period, at approximately 2.0 cases per 1000 bed-days. Surrey and Sussex (Fig. 53) and Worthing and Southlands (Fig. 55) saw an increase in CDI rates between April 2007 and March 2008.

The majority of samples for CDI testing come from the Acute Hospitals within each trust, ranging from 60% in Ashford & St Peter's (Fig. 40) to 85% in Medway (Fig. 49). This shows that up to 40% of CDIs were diagnosed outside the acute Trust reflecting the location of the patient at the time the specimen was taken. Other sources include GPs (12% in Medway to 25% in Basingstoke & North Hampshire (Fig. 42), PCT hospitals and residential/nursing homes.

### Ashford and St Peters Hospitals NHS Trust

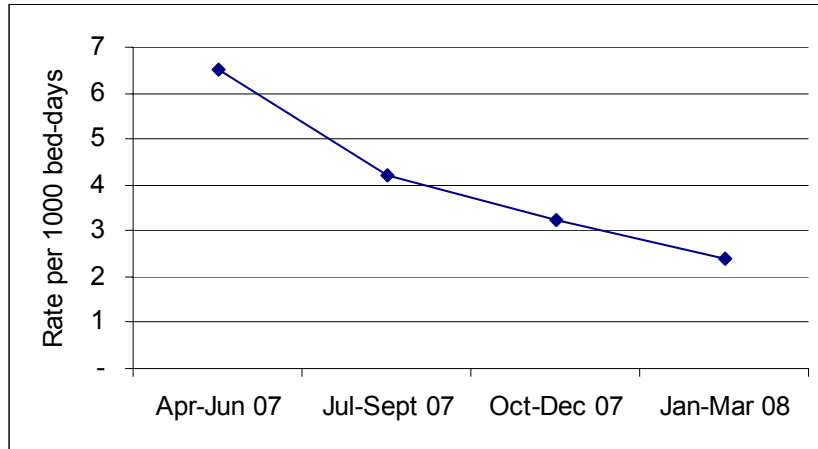


Fig 39 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Ashford and St Peters Hospitals NHS Trust from Apr 07 – Mar 08.

### Basingstoke & North Hampshire Hospitals NHS Foundation Trust

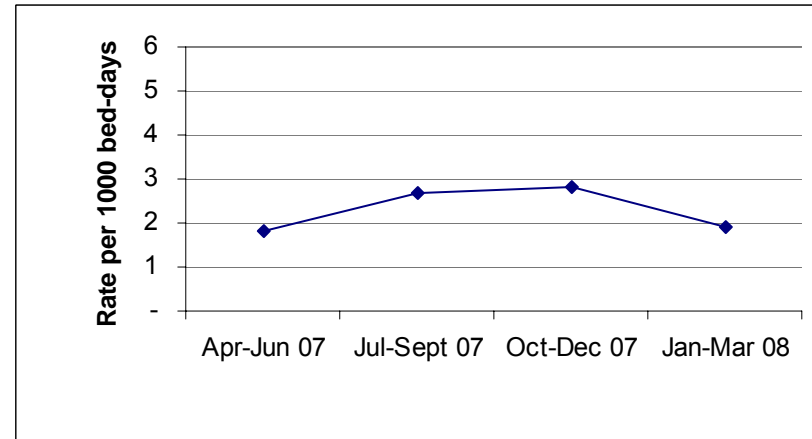


Fig 41 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Basingstoke & North Hampshire Hospitals NHS Foundation Trust from Apr07-Mar08.

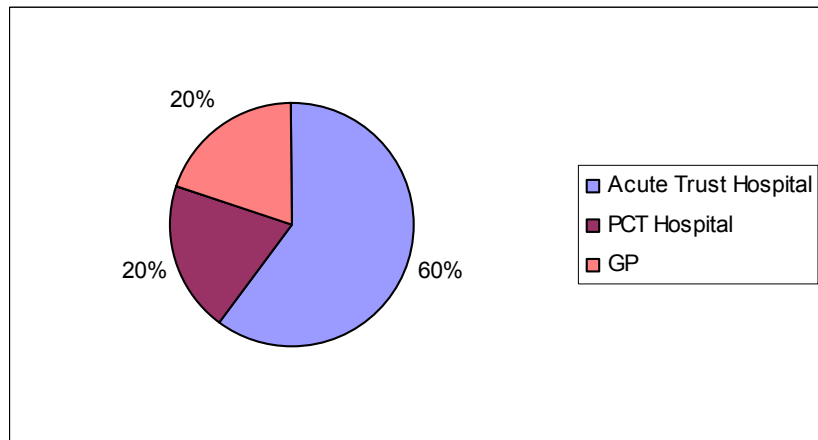


Fig 40 – Distribution of sample sources for CDI testing in Ashford and St Peters Hospitals NHS Trust from Jan-Mar 08.

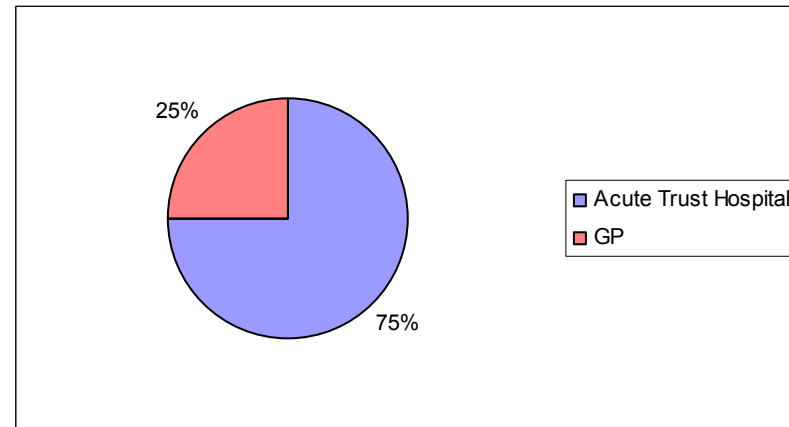


Fig 42 – Distribution of sample sources for CDI testing in Basingstoke and North Hampshire Hospitals NHS Foundation Trust from Jan-Mar 08.

### Buckinghamshire Hospitals NHS Trust

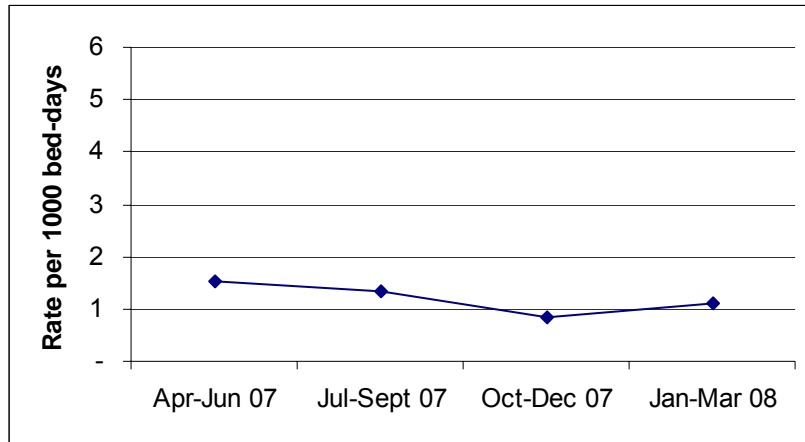


Fig 43 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Buckinghamshire Hospitals NHS Trust from Apr 07 – Mar 08.

### Frimley Park NHS Foundation Trust

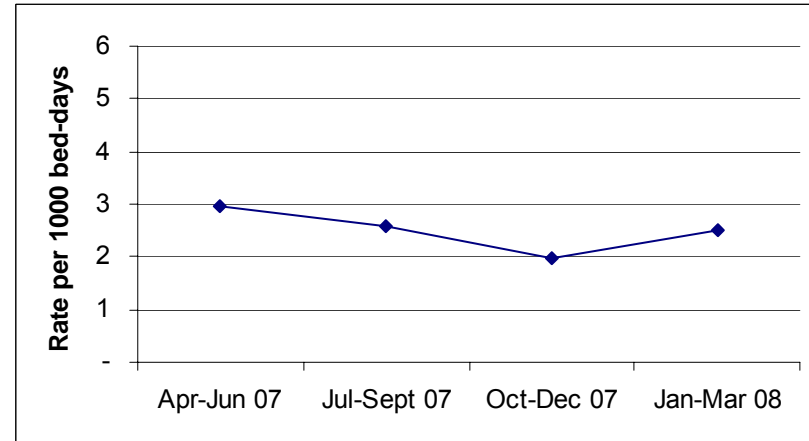


Fig 45 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Frimley Park NHS Foundation Trust from Apr 07 – Mar 08.

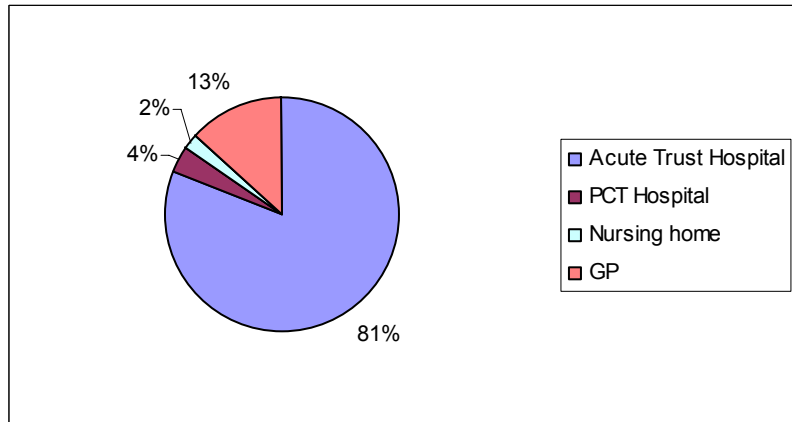


Fig 44 – Distribution of sample sources for CDI testing in Buckinghamshire Hospitals NHS Trust from Jan-Mar 08.

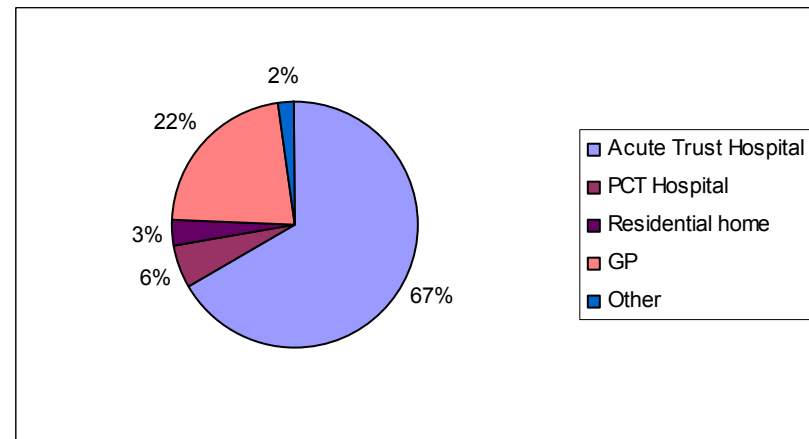


Fig 46 – Distribution of sample sources for CDI testing in Frimley Park NHS Foundation Trust from Jan-Mar 08.

### Heatherwood and Wexham Park Hospital NHS Trust

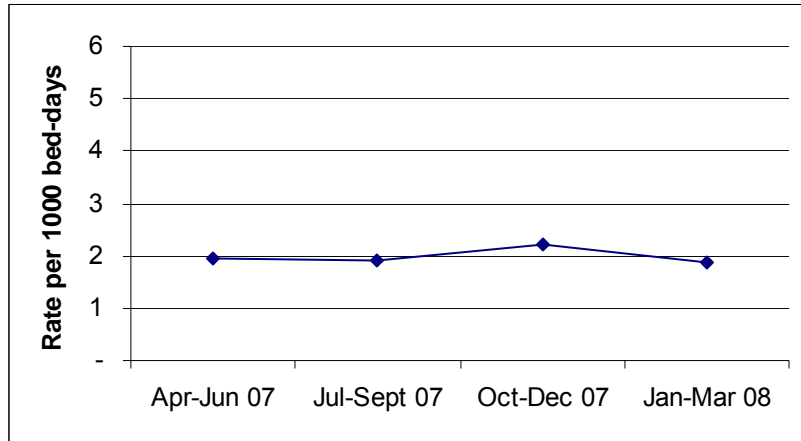


Fig 47 - Rates of CDI in patients aged ≥ 65y per 1000 bed-days for Heatherwood and Wexham Park Hospital NHS Trust from Apr 07 – Mar 08.

### Medway NHS Trust

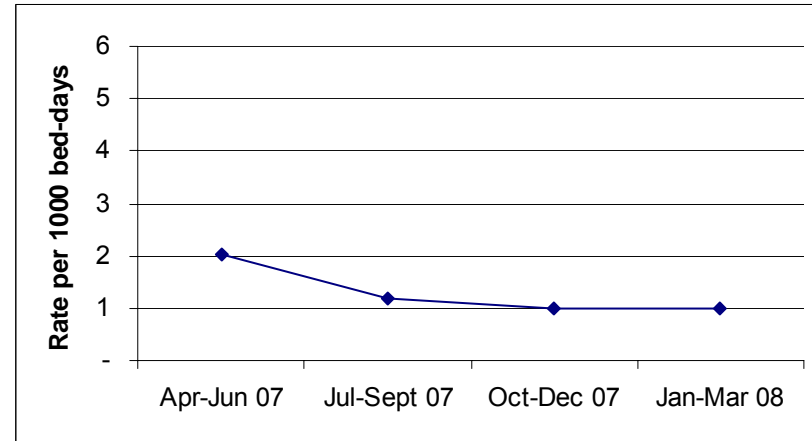


Fig 49 - Rates of CDI in patients aged ≥ 65y per 1000 bed-days for Medway NHS Trust from Apr 07 – Mar 08.

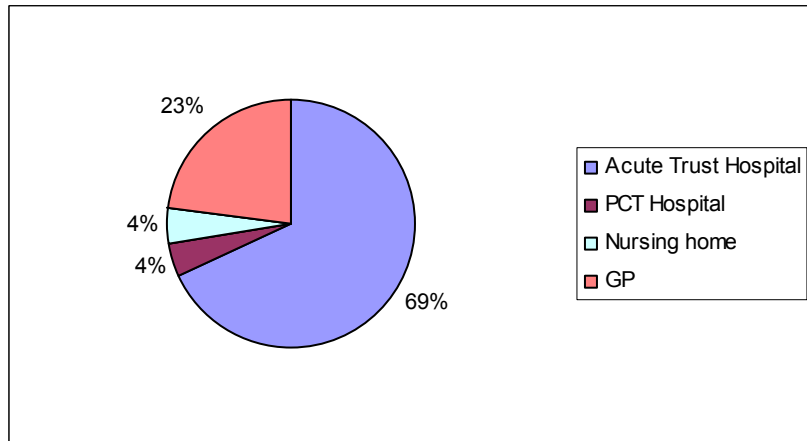


Fig 48 – Distribution of sample sources for CDI testing in Heatherwood and Wexham Park Hospitals NHS Trust from Jan-Mar 08.

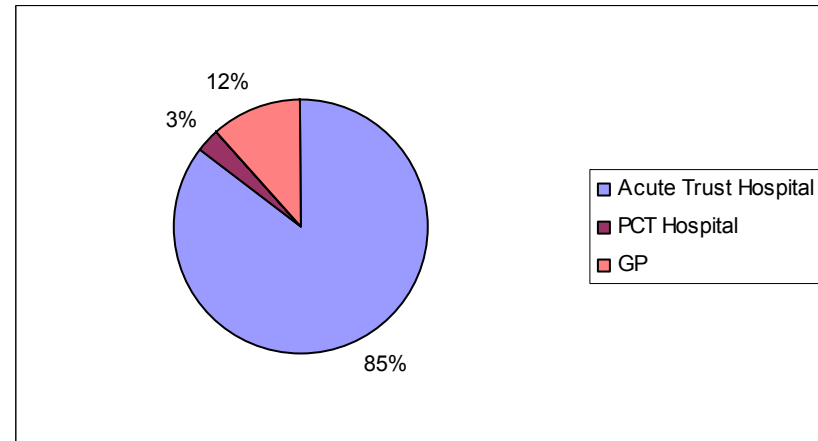


Fig 50 – Distribution of sample sources for CDI testing in Medway NHS Trust from Jan-Mar 08.

### Royal Surrey County Hospital NHS Trust

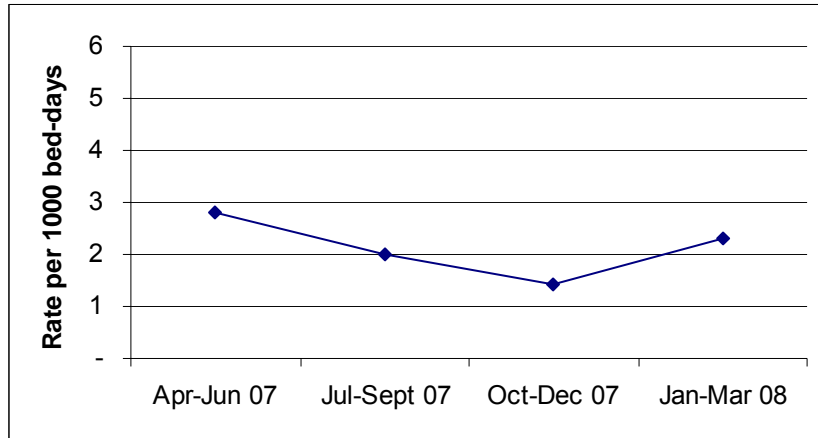


Fig 51 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Royal Surrey County Hospitals NHS Trust from Apr 07 – Mar 08.

### Surrey and Sussex Healthcare NHS Trust

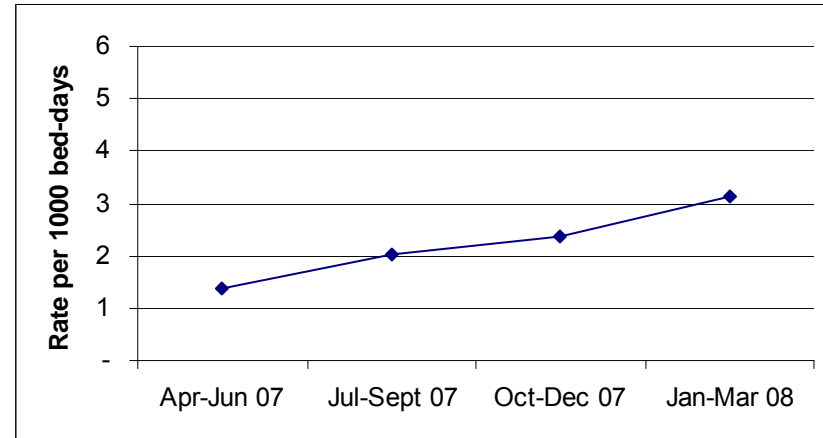


Fig 53 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Surrey and Sussex Healthcare NHS Trust from Apr 07 – Mar 08.

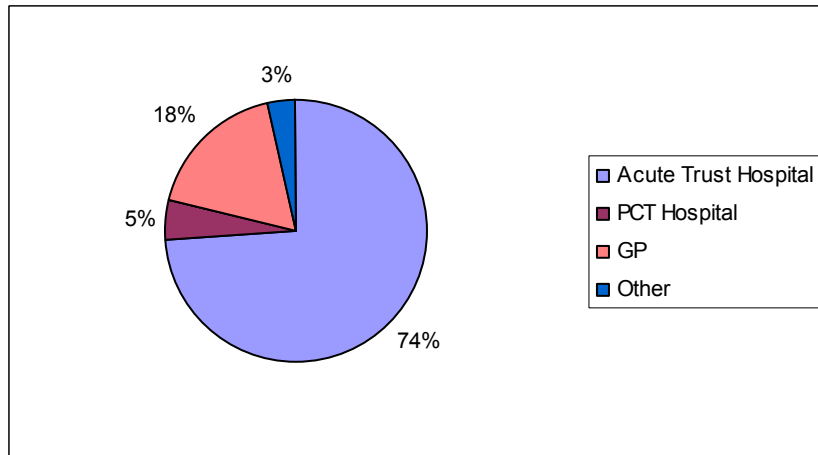


Fig 52 – Distribution of sample sources for CDI testing in Royal Surrey County Hospital NHS Trust from Jan-Mar 08.

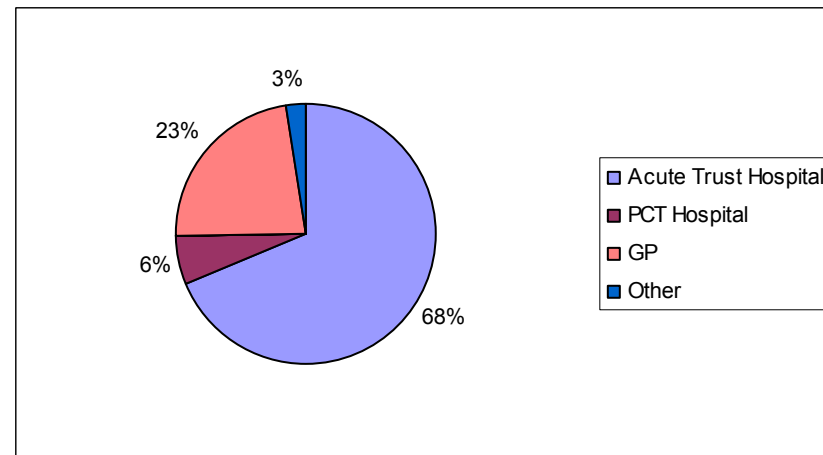


Fig 54 – Distribution of sample sources for CDI testing in Surrey and Sussex Healthcare NHS Trust from Jan-Mar 08.

### Worthing and Southlands Hospitals NHS Trust

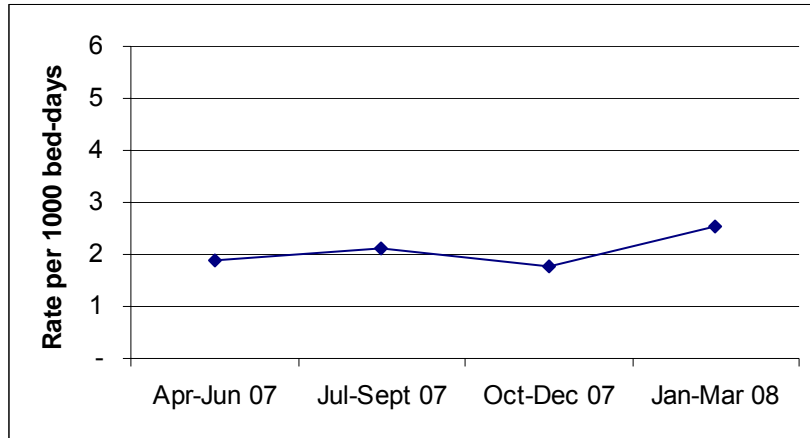


Fig 55 - Rates of CDI in patients aged ≥ 65y per 1000 bed-days for Worthing and Southlands Hospitals NHS Trust from Apr 07 – Mar 08.

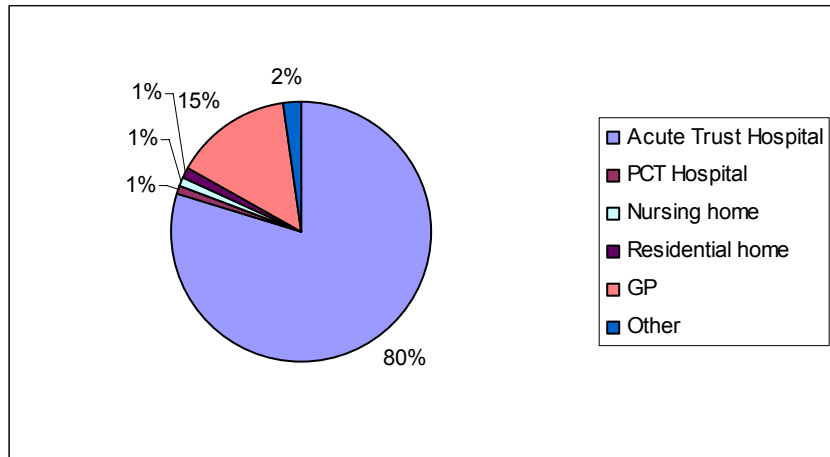


Fig 56 – Distribution of sample sources for CDI testing in Worthing and Southlands Hospitals NHS Trust from Jan-Mar 08 .

## Large Acute Trusts

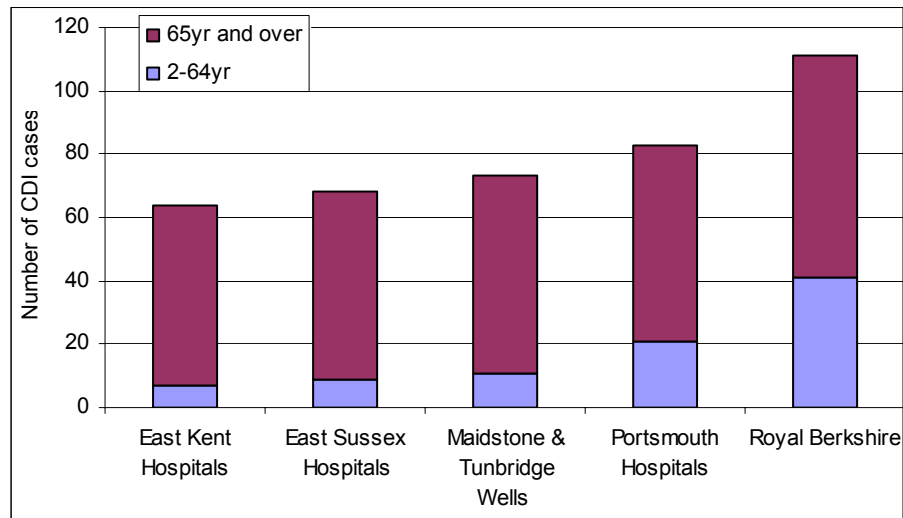


Fig 57 – The total number of CDI cases for patients aged 2-64yr and ≥ 65y in Large Acute Trusts between Jan-Mar 08.

Figure 57 shows the number of CDI cases in each small acute Trust and the distribution of cases between the 2-64 years and 65 and over age groups.

The number of CDI cases for patients aged 2-64y observed in all the small acute Trusts ranged from 7-41, with the proportion varying between 11% for East Kent and 37% for Royal Berkshire. Rates over time for each of the trusts are in the consecutive graphs and need to be taken into account when interpreting the data.

Figures 58 – 67 show the rates of CDI per 1000 bed-days for patients aged ≥65 years in large acute trusts, by quarter from April 2007 to March 2008, as well as the distribution of where specimens were taken for the quarter Jan – Mar 2008.

All but two of the large acute trusts reported decreases of 10-40% in rates of CDI for those aged ≥ 65y when comparing Jan-Mar 2008 to Apr-Jun 2007. Royal Berkshire (Fig. 66) observed an increase of 16%, from 1.90 in Apr-Jun 2007 to 2.21 per 1000 bed-days by March 2008. In East Sussex (Fig. 60), the rate increased during July – Dec 2007 before decreasing again in Jan – Mar 2008.

The majority of samples for CDI testing come from the Acute Hospitals within each trust, ranging from 52% in Royal Berkshire (Fig. 66) to 87% in Portsmouth (Fig. 64). This shows that up to 48% of CDIs were diagnosed outside the acute Trust reflecting the location of the patient at the time the specimen was taken. Other sources include GPs (11% in Portsmouth to 43% in Royal Berkshire), PCT hospitals and residential/nursing homes.

### East Kent Hospitals NHS Trust

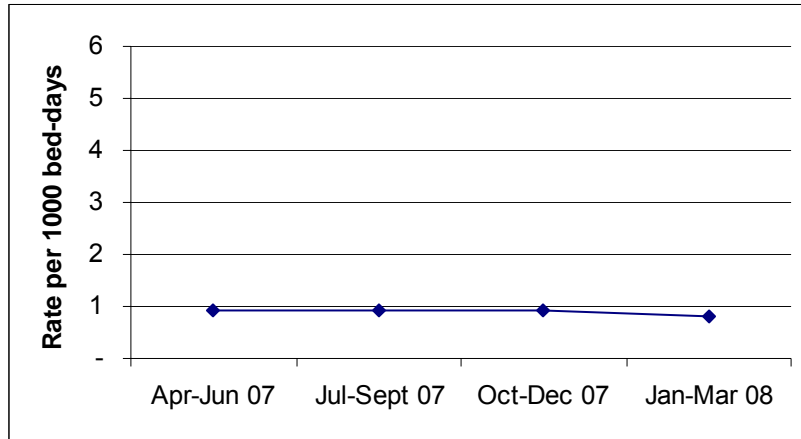


Fig 58 - Rates of CDI in patients aged  $\geq 65y$  per 1000 bed-days for East Kent Hospitals NHS Trust from Apr 07 – Mar 08.

### East Sussex Hospitals NHS Trust

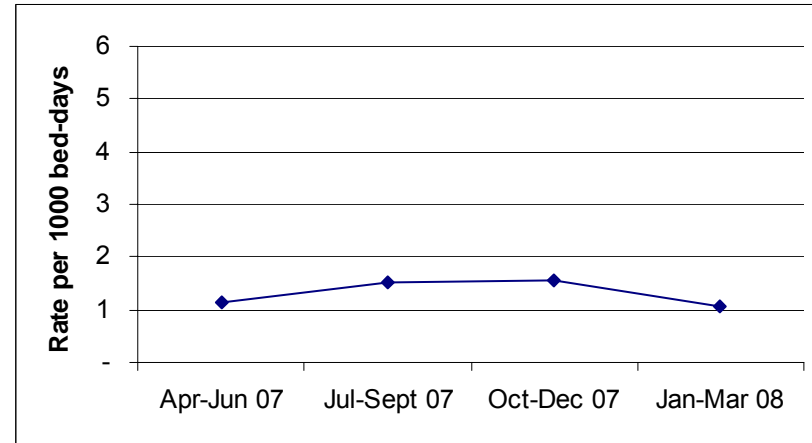


Fig 60 - Rates of CDI in patients aged  $\geq 65y$  per 1000 bed-days for East Sussex Hospitals NHS Trust from Apr 07 – Mar 08.

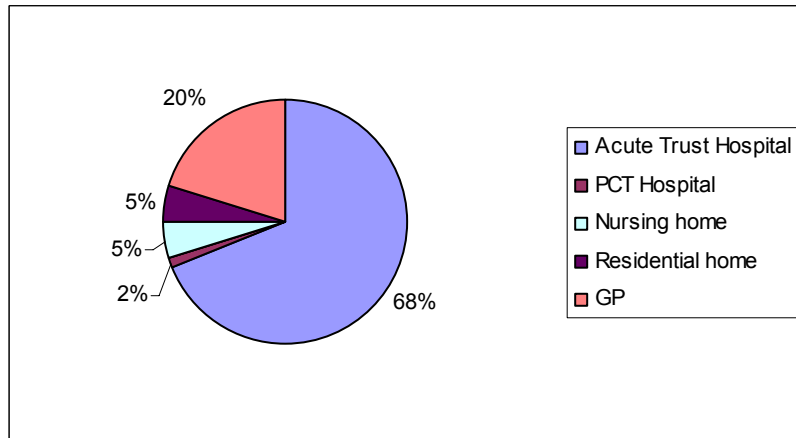


Fig 59 – Distribution of sample sources for CDI testing in East Kent Hospitals NHS Trust from Jan-Mar 08.

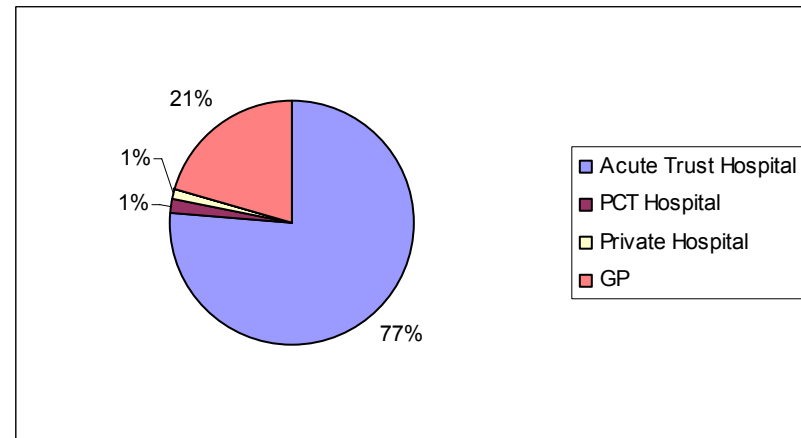


Fig 61 – Distribution of sample sources for CDI testing in East Sussex Hospitals NHS Trust from Jan-Mar 08.

### Maidstone and Tunbridge Wells NHS Trust

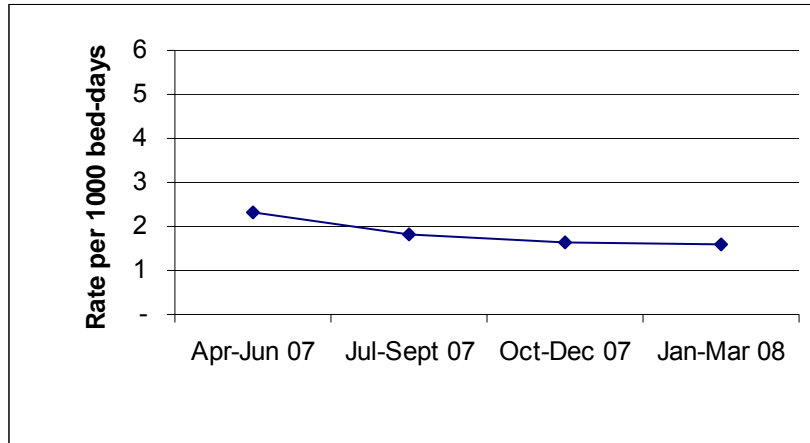


Fig 62 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Maidstone and Tunbridge Wells NHS Trust from Apr 07 – Mar 08.

### Portsmouth Hospitals NHS Trust

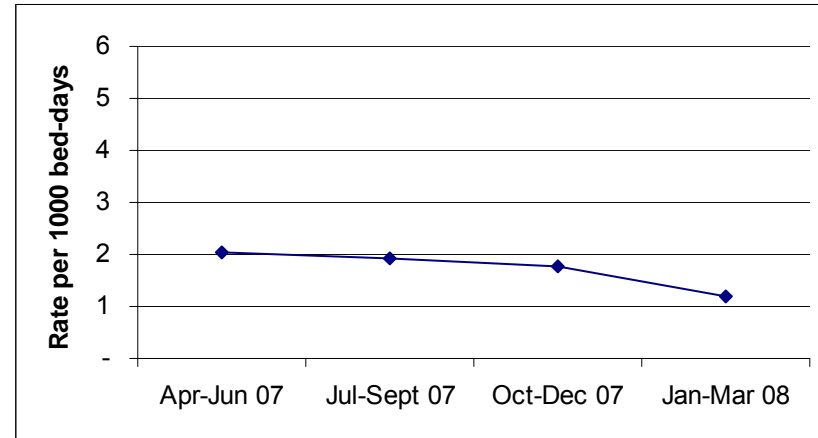


Fig 64 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Portsmouth Hospitals NHS Trust from Apr 07 – Mar 08.

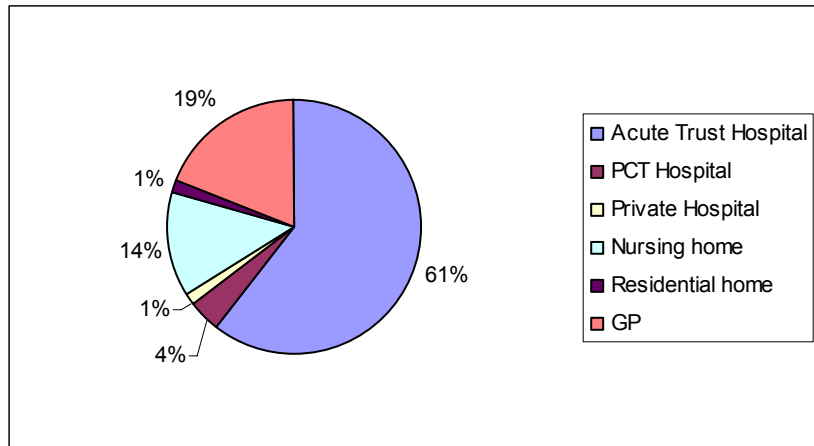


Fig 63 – Distribution of sample sources for CDI testing in Maidstone and Tunbridge Wells NHS Trust from Jan-Mar 08.

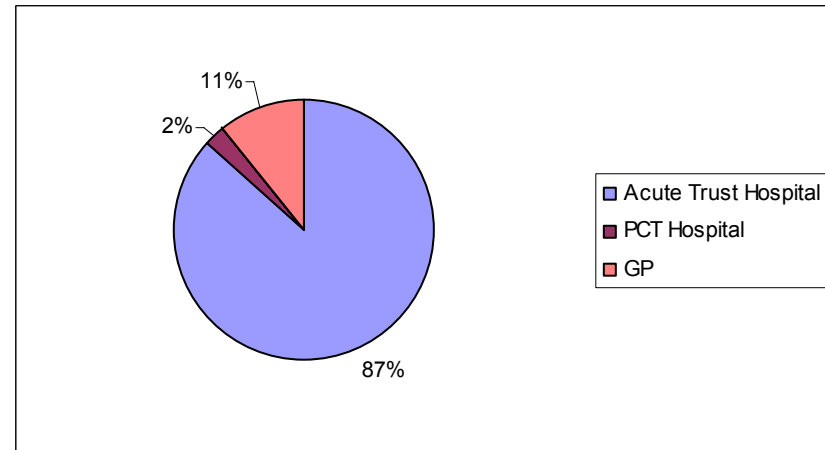


Fig 65 – Distribution of sample sources for CDI testing in Portsmouth Hospitals NHS Trust from Jan-Mar 08.

### Royal Berkshire NHS Foundation Trust

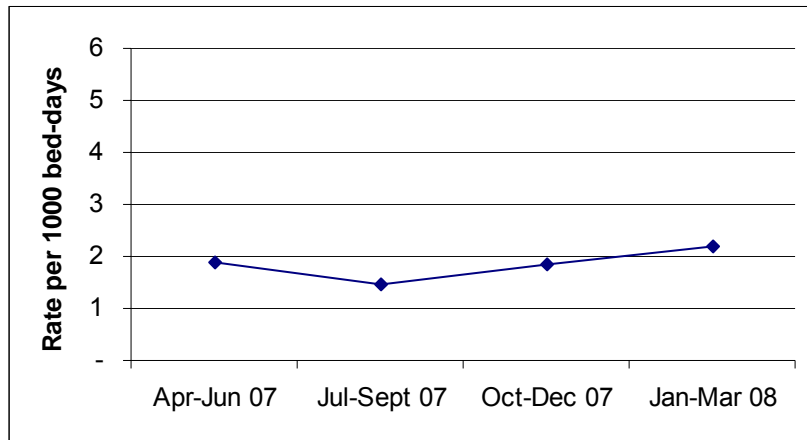


Fig 66 - Rates of CDI in patients aged  $\geq 65y$  per 1000 bed-days for Royal Berkshire NHS Foundation Trust from Apr 07 – Mar 08.

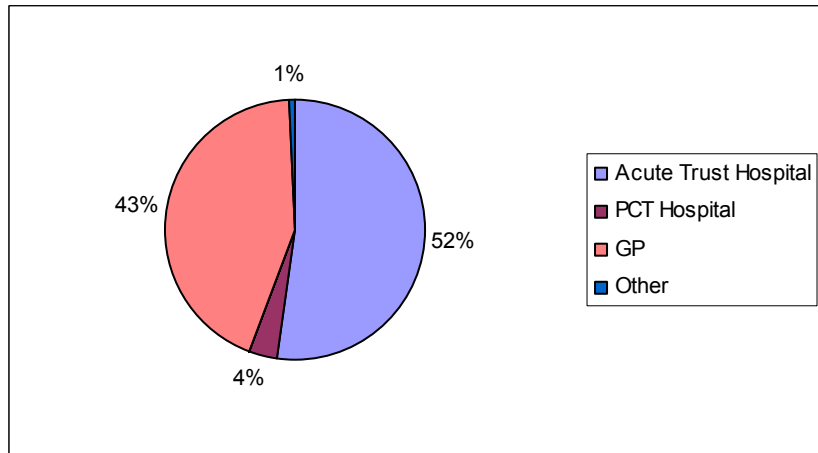


Fig 67 – Distribution of sample sources for CDI testing in Royal Berkshire NHS Foundation Trust from Jan-Mar 08.

## Acute Teaching Trusts

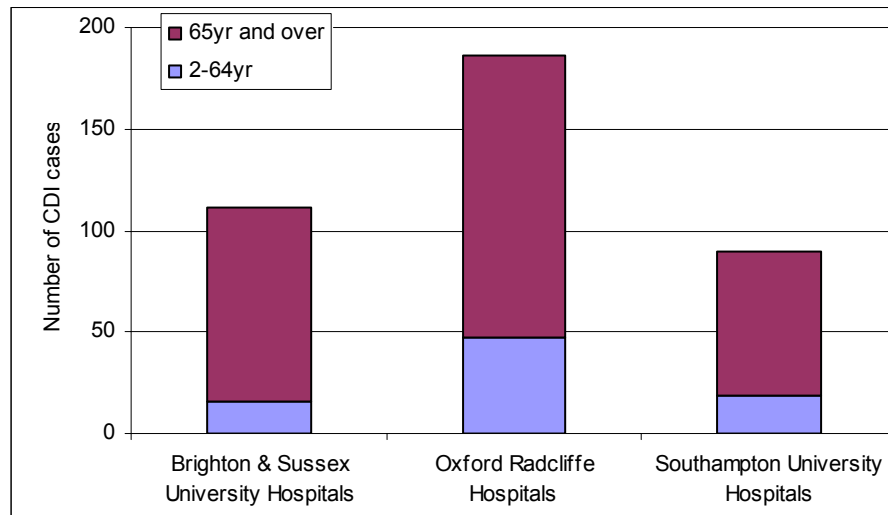


Fig 68 – The total number of CDI cases for patients aged 2-64yr and ≥ 65y in Acute Teaching Trusts between Jan-Mar 08.

Figure 68 shows the number of CDI cases in each small acute Trust and the distribution of cases between the 2-64 years and 65 and over age groups.

The number of CDI cases for patients aged 2-64y observed in all the small acute Trusts ranged from 16-47, with the proportion varying between 14% for Brighton & Sussex and 25% for Oxford. Rates over time for each of the trusts are in the consecutive graphs and need to be taken into account when interpreting the data.

Figures 69 – 74 show the rates of CDI per 1000 bed-days for patients aged ≥65 years in acute teaching trusts, by quarter from April 2007 to March 2008, as well as the distribution of where specimens were taken for the quarter Jan – Mar 2008.

All three acute teaching trusts have shown a 30-60% decrease in rates of CDI when comparing Jan-Mar 2008 to Apr-Jun 2007 (Fig. 69, 71, 73).

The majority of samples for CDI testing come from the Acute Hospitals within each trust, ranging from 72% in Oxford Radcliffe (Fig. 72) to 79% in Southampton University (Fig. 74). This shows that up to 28% of CDIs were diagnosed outside the acute Trust reflecting the location of the patient at the time the specimen was taken. Other sources include GPs (12% in Brighton & Sussex (Fig. 70) to 19% in Oxford Radcliffe), PCT hospitals and residential/nursing homes.

### Brighton and Sussex University Hospitals NHS Trust

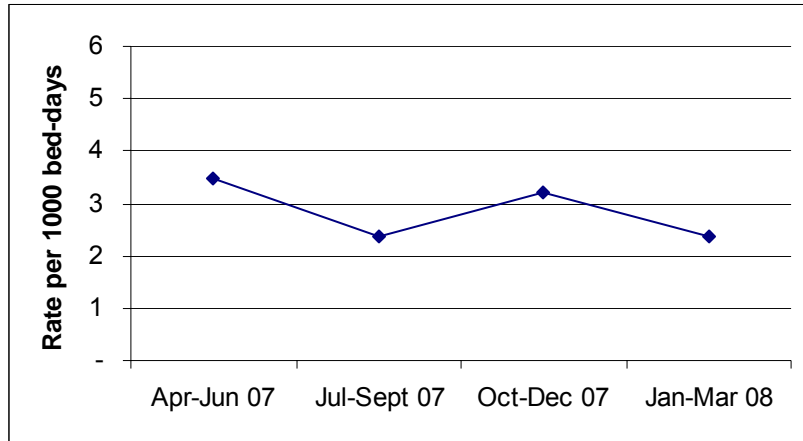


Fig 69 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Brighton and Sussex University Hospitals NHS Trust from Apr 07 – Mar 08.

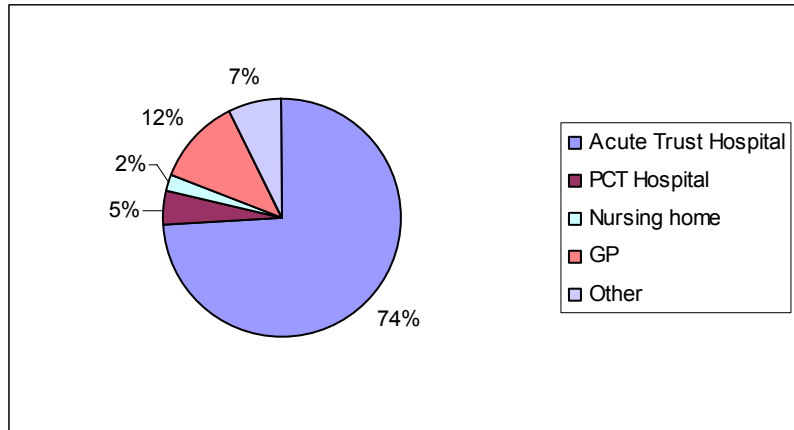


Fig 70 – Distribution of sample sources for CDI testing in Brighton and Sussex University Hospitals NHS Trust from Jan-Mar 08.

### Oxford Radcliffe Hospitals NHS Trust

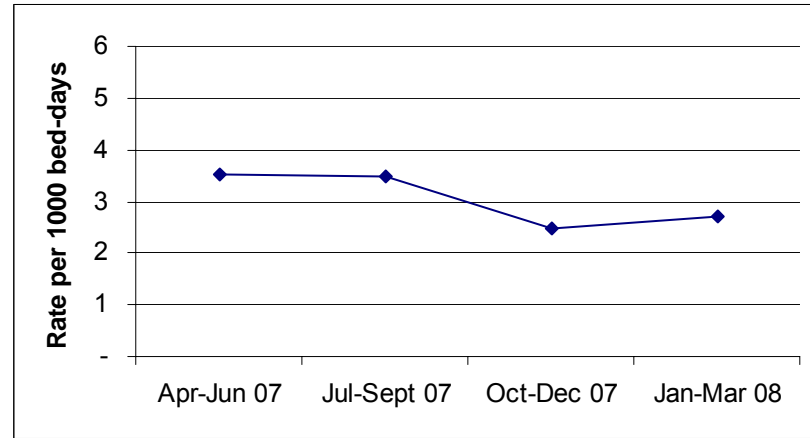


Fig 71 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Oxford Radcliffe Hospitals NHS Trust from Apr 07 – Mar 08.

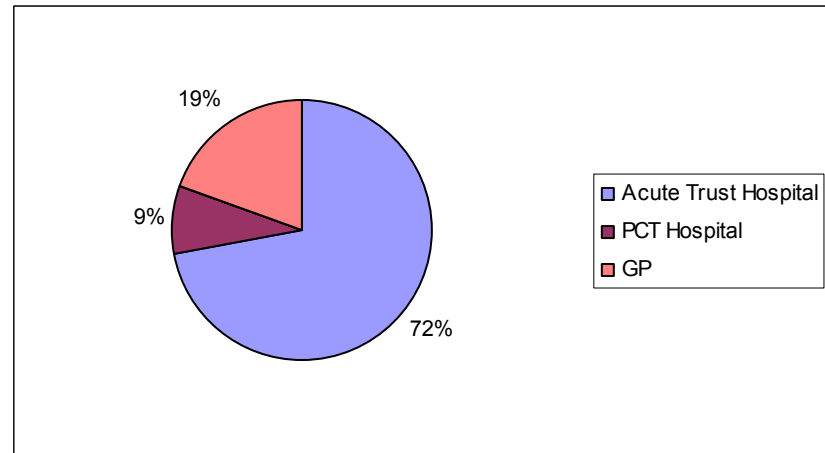


Fig 72 – Distribution of sample sources for CDI testing in Oxford Radcliffe Hospitals NHS Trust from Jan-Mar 08.

### Southampton University Hospitals NHS Trust

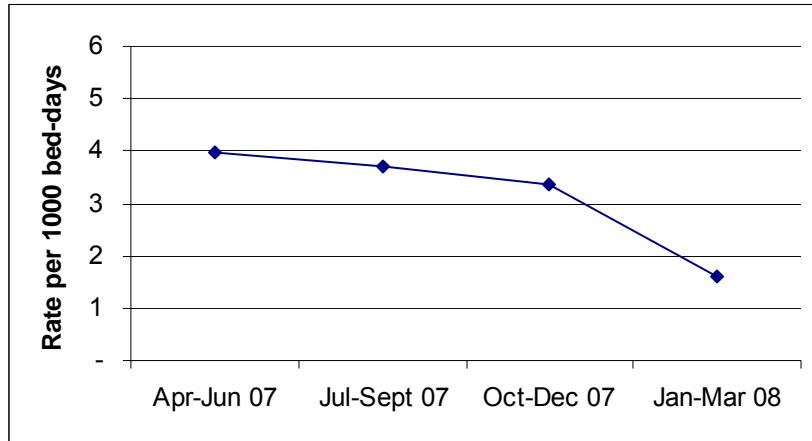


Fig 73 - Rates of CDI in patients aged  $\geq 65y$  per 1000 bed-days for Southampton University Hospital NHS Trust from Apr 07 – Mar 08.

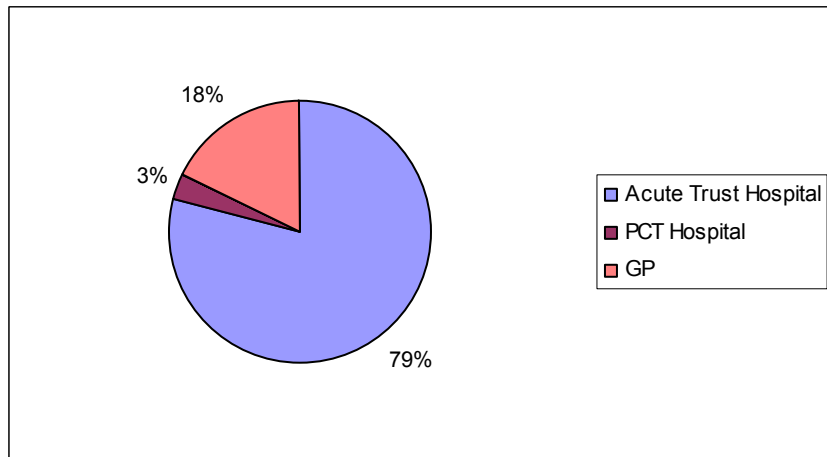


Fig 74 – Distribution of sample sources for CDI testing in Southampton University Hospital NHS Trust from Jan-Mar 08.

## Acute Specialist Trusts

Figures 75 and 76 show the rates of CDI per 1000 bed-days for patients aged  $\geq 65$  years in acute specialist Trusts, by quarter from April 2007 to March 2008.

Please note that overall rates of CDI in acute specialist trusts are low, and so the y-axis scale used in these graphs differs to those used for other specialties. In the year April 2007 – March 2008 there were a total of five CDI cases reported by Nuffield Orthopaedic in patients aged  $\geq 65$  years and three cases reported by Queen Victoria in the same age group, therefore no conclusions can be drawn from the quarterly rates shown in Figures 75 and 76.

Because Nuffield only reported a single case (in the 2-64 age group) and Queen Victoria reported no cases in the quarter Jan-Mar 2008 analysis showing the proportion of cases in patients aged 2-64 compared to those aged 65 or over could not be presented here.

All the specimens for CDI reported by both acute specialist trusts were processed by the acute trust hospitals. Therefore the pie charts of sample sources are not included

## Nuffield Orthopaedic Centre NHS Trust

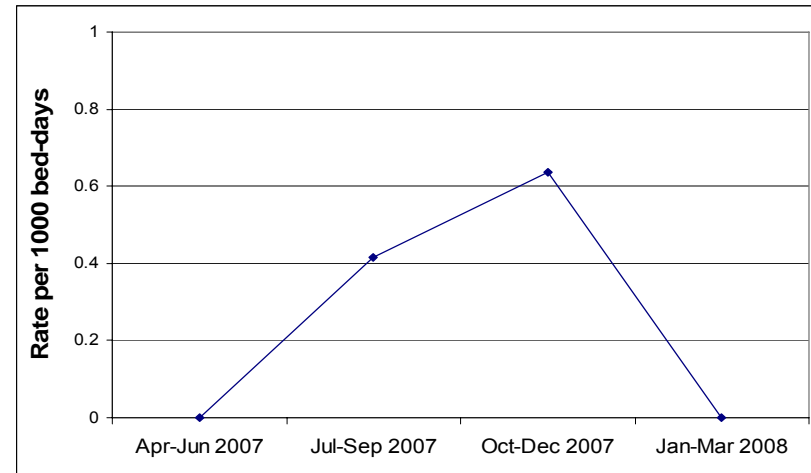


Fig 75 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Nuffield Orthopaedic Centre NHS Trust from Apr 07 – Mar 08.

## Queen Victoria Hospital NHS Foundation Trust

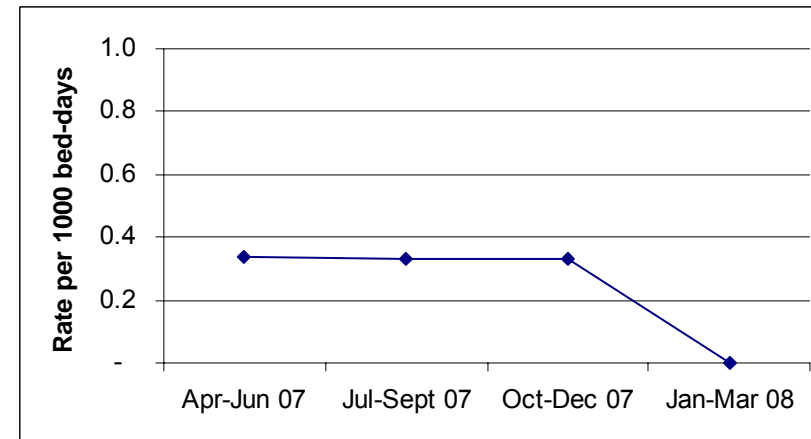


Fig 76 - Rates of CDI in patients aged  $\geq 65$ y per 1000 bed-days for Queen Victoria Hospital NHS Foundation Trust from Apr 07 – Mar 08.

## Results from the mandatory surveillance of Glycopeptide-Resistant Enterococci (GRE) bacteraemia

Surveillance of GRE was implemented in September 2003. The latest results are available on the HPA website<sup>13</sup>.

Cases of GRE bacteraemias are reported quarterly using the *Quarterly laboratory reporting* link on the *Case Search Criteria* page of the HCAI DCS<sup>2</sup>.

### Points to note when interpreting the GRE data

These results are the product of surveillance of the incidence of GRE blood stream infections only. The surveillance does not include any information on the incidence or prevalence of other GRE infections, or of colonisation by GRE.

Despite the apparent attribution of GRE bacteraemia cases to a particular trust, there may have been prior transfer of patients from another acute or primary care trust. Patients are frequently treated and cared for in a number of settings where appropriate. These data are absolute numbers only, do not cover the full history of each case and cannot begin to establish the root cause of each infection.

Each acute trust is unique, and therefore comparisons between numbers and rates of infection between trusts may lead to inaccurate conclusions regarding infection control policy and implementation. The specialty mix, average patient age, type of facilities, and size of a trust all impact on the rate of HCAI.

Relatively low numbers of GRE bacteraemia may make interpretation of the quarter on quarter data difficult.

Table 1 shows the number of GRE bacteraemias reported by the 24 acute Trusts in the South East Region, by quarter from Apr 07 – Mar 08

Data is provisional and maybe subject to change. Please email queries/comments to [HCAI@hpa.org.uk](mailto:HCAI@hpa.org.uk)

Trust	Reporting Quarter April 2007 – March 2008				
	Apr-Jun 07	Jul-Sept 07	Oct-Dec 07	Jan-Mar 08	Total
Ashford & St Peters Hospital Trust	1	4	3	1	9
Basingstoke & North Hampshire Hospital NHS Foundation Trust	0	0	0	0	0
Brighton & Sussex University Hospital NHS Trust	2	8	7	3	20
Buckinghamshire Hospital NHS Trust	0	0	0	0	0
Dartford & Gravesham NHS Trust	0	1	1	0	2
East Kent Hospital NHS Trust	3	2	3	3	11
East Sussex Hospital Trust	1	0	1	1	3
Frimley Park Hospital NHS Trust	0	1	0	0	1
Heatherwood & Wexham Park NHS Trust	5	1	2	1	9
Isle of Wight Healthcare NHS Trust	0	0	0	0	0
Maidstone & Tunbridge Wells NHS Trust	1	3	1	2	7
Medway NHS Trust	2	4	0	0	6
Milton Keynes General Hospital NHS Trust	1	0	0	0	1
Nuffield Orthopaedic NHS Trust	0	0	0	0	0
Oxford Radcliffe Hospitals NHS Trust	6	5	4	6	21
Portsmouth Hospitals NHS Trust	3	2	2	0	7
Queen Victoria Hospital NHS Trust	1	0	0	0	1
Royal Berkshire Hospitals NHS Trust	1	1	1	0	3
Royal Surrey County Hospital NHS Trust	1	0	1	0	2
Southampton University Hospitals NHS Trust	3	1	1	6	11
Surrey & Sussex Healthcare NHS Trust	0	0	1	0	1
The Royal West Sussex NHS Trust	0	2	1	0	3
Winchester & Eastleigh Healthcare NHS Trust	0	0	0	0	0
Worthing & Southlands Hospitals NHS Trust	1	1	1	0	3
<b>Total</b>	<b>32</b>	<b>35</b>	<b>30</b>	<b>23</b>	<b>121</b>

Table 1. Total number of GRE cases by acute NHS Trust in the South East Region, from Apr 2007 - Mar 2008.

## **Results from the mandatory surveillance of Surgical Site Infections (SSIs)**

The Surgical Site Infections Service was established in 1997. The scheme encourages hospitals (both NHS and private) to use

surveillance to improve the quality of patient care by enabling them to collect and analyse SSI data using standardised methods.

The latest published data are available through the HPA website<sup>14</sup>

We are continually reviewing the format of our reports in order that they may assist in monitoring and reducing HCAs. If you have any comments please email [HCAI@hpa.org.uk](mailto:HCAI@hpa.org.uk)

## Appendix 1 – Abbreviations of Trust names

These are used in figures 1 and 26

Trust	Abbreviation
Ashford & St Peter's Hospitals NHS Trust	A&SP
Basingstoke and North Hampshire NHS Foundation Trust	B&NH
Brighton and Sussex University Hospitals NHS Trust	BSUH
Buckinghamshire Hospitals NHS Trust	Bucks
Dartford and Gravesham NHS Trust	D&G
East Kent Hospitals University NHS Trust	EKH
East Sussex Hospitals NHS Trust	ESH
Frimley Park Hospital NHS Foundation Trust	FPH
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	H&WP
Isle of Wight NHS PCT	IOW
Maidstone and Tunbridge Wells NHS Trust	M&TW
Medway NHS Foundation Trust	Med
Milton Keynes Hospital NHS Foundation Trust	MKH
Nuffield Orthopaedic Centre NHS Trust	NOC
Oxford Radcliffe Hospitals NHS Trust	ORH
Portsmouth Hospitals NHS Trust	Ports
Queen Victoria Hospital NHS Foundation Trust	QVH
Royal Berkshire NHS Foundation Trust	RBH
Royal Surrey County Hospital NHS Trust	RSCH
Southampton University Hospitals NHS Trust	SUH
Surrey and Sussex Healthcare NHS Trust	S&S
The Royal West Sussex NHS Trust	RWS
Winchester and Eastleigh Healthcare NHS Trust	W&E
Worthing and Southlands Hospitals NHS Trust	W&S

## Appendix 2 – NHS Choices - Information on the Acute Trusts within the South East Region

NHS Choices is a website which has been developed to allow people to make choices about their health and the hospitals they wish to attend. Every acute NHS Trust in the UK has an information page which provides basic contact information, the treatments they provide and patient feedback.

Ashford & St Peter's Hospitals NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RTK>

Basingstoke and North Hampshire NHS Foundation Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RN5>

Brighton and Sussex University Hospitals NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RXH>

Buckinghamshire Hospitals NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RXQ>

Dartford and Gravesham NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RN7>

East Kent Hospitals University NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RN7>

East Sussex Hospitals NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RXC>

Frimley Park Hospital NHS Foundation Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RDU>

Heatherwood and Wexham Park Hospitals NHS Foundation Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RDU>

Isle of Wight NHS PCT

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=5QT>

Maidstone and Tunbridge Wells NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RWF>

Medway NHS Foundation Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RPA>

Milton Keynes Hospital NHS Foundation Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RD8>

Nuffield Orthopaedic Centre NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RBF>

Oxford Radcliffe Hospitals NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RTH>

Portsmouth Hospitals NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RHU>

Queen Victoria Hospital NHS Foundation Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RPC>

Royal Berkshire NHS Foundation Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RHW>

Royal Surrey County Hospital NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RA2>

Southampton University Hospitals NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RHM>

Surrey and Sussex Healthcare NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RTP>

The Royal West Sussex NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RPR>

Winchester and Eastleigh Healthcare NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RN1>

Worthing and Southlands Hospitals NHS Trust

<http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=RPL>

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