Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

Direct Line: 01623 672232
Our Ref: 454
E-mail: sfh-tr.foi.requests@nhs.net

King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Tel: 01623 622515
Join today: www.sfh-tr.nhs.uk

26th September 2025

[redacted]

Dear Sir/Madam

Freedom of Information Act (FOI) 2000 - Request for Information Reference:
Coagulase-Negative Staphylococci Data in ICU

I am writing in response to your request for information under the FOI 2000.

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below. Please accept our sincere apologies for the delay.

FOI Request / Question	Question Response	Is there an exemption?	Exemption	Exemption Details
1. Number of blood cultures taken from patients in intensive care units in your Trust that grew coagulase-negative staphylococci (including coagulase-negative staphylococci that were identified to species level) from January 2023 to December 2024.	BC ITU CNS 09/24 to 12/24 = 6 isolates (Enterprise) 01/23 to 09/24 = 56 isolates (WinPath 5) Total = 62 CNS (Jan 23 to Dec 24)			
2. Please confirm whether in your Trust antimicrobial susceptibility testing data is routinely available for all coagulase-negative staphylococcal blood culture isolates or only for those deemed to be a cause of infection.	Not routinely performed on CNS unless deemed significant			
3. If antimicrobial susceptibility testing data is available for all coagulase-negative staphylococcal blood culture isolates, please indicate how far back in time and for what time period is the antimicrobial susceptibility testing data available.	Sensitivity testing is not routinely performed on Coagulase negative Staphylococci unless requested by a Consultant Microbiologist. Stored isolates are available to be retested if required. Sensitivity patterns are available on the LIMS system from 2008.			

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	Adagio zone diameters are available from 2016. Microscan MIC values are available from 2019.			
4. Please confirm the antimicrobial susceptibility testing method used in your Trust, e.g. disc diffusion, Vitek 2, and whether EUCAST or CLSI interpretative criteria are used.	Sensitivities are performed by disc diffusion and microbroth dilution. EUCAST guidelines are followed for interpretation using both methods.			
5. Please confirm whether coagulase-negative staphylococcal blood culture isolates in your Trust are routinely retained in the laboratory, e.g. on beads or on slopes.	All isolates from a blood culture (including CNS) are stored on beads at -80C.			
6. If yes to Q5, indicate how far back & for what time period coagulase-negative staphylococcal blood culture isolates are available. Please indicate if only select isolates are available e.g., those considered to be a cause of bloodstream infection.	Isolates from a blood cultures are stored for 1 year once they have been isolated.			
7. Does your Trust use whole-body skin bacterial decontamination for all or selected patients?	Yes – The Trust use whole body decontamination on high risk groups.			

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8. With respect to whole-body skin decontamination, please confirm to which hospital patient groups this is administered, e.g. all admissions, only high-impact acute specialities, only MRSA-positive patient. provide the relevant Trust policy/guideline.	The following categories are patients who are considered as being at high-risk (note that this is NOT an exhaustive list): • Patients who are social or healthcare staff (due to their exposure to MRSA positive patients) • Other health related staff may also warrant assessment for screening for example veterinary personnel, who have been found to have a relatively high (18%) carriage rate (Loeffler et al 2005) • Patients with a previous history of MRSA • Transfers from hospitals outside the Trust including diagnostic procedures and abroad • Previous hospital stay (longer than 48 hours) within previous 12 months (UK or abroad) • Patients admitted from Nursing or Residential Homes • Patients admitted to the Intensive Critical Care Unit • Babies admitted to the Neonatal Intensive Care Unit • All haematology patients • Patients undergoing an orthopaedic procedure • Patients having vascular surgery • Patients with central lines (note: 3M Tegaderm CHG dressing to be used) • Patients with chest drains • Chronic wounds including all diabetic foot ulcers			

	• Patients with indwelling devices e.g. Urinary/suprapubic catheters and nephrostomy/urostomy site etc			

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I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: https://ico.org.uk/your-data-matters/official-information/.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the Open Government Licence (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.