

Response from NHS Dartford, Gravesham & Swanley (DGS) CCG to the MRSA incidence at Dartford & Gravesham NHS Trust

20th May 2016

The aim of this report is to provide the Kent Health Overview and Scrutiny Committee (HOSC) with information relating to the incidence of Meticillin Resistant Staphylococcus aureus bacteraemias (MRSA (b)) and MRSA colonisations at Darent Valley Hospital (DVH) which is part of Dartford & Gravesham NHS Trust (DGT) and the response from DGS CCG.

This report is to give the Kent HOSC assurance of actions being taken to reduce the incidence and improve the patient safety and performance.

Incidence of MRSA bacteraemia (MRSA(b))

The Trust has reported 14 MRSA (b) cases between 1 April 2015 and 31 March 2016. The rate of MRSA (b) is 7.57/100,000 occupied bed days and meant that the Trust has the highest rate and number of MRSA (b) cases for all Trusts in England who submit data to the Public Health England (PHE) surveillance system.

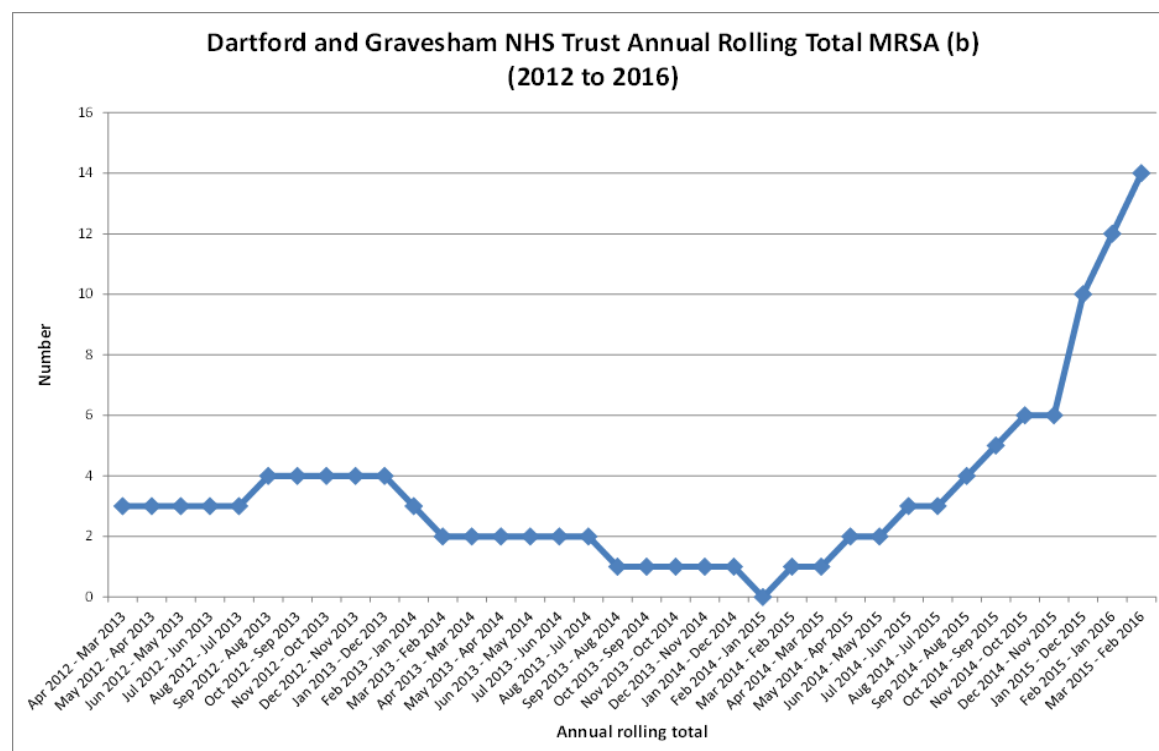


Fig.1

It can be seen in figure 1 above that the Trust has had the worst year of performance since April 2012 (source: TDA draft report following visit 8th March, presented at DGT Trust Board 31st March 2016).

History of Infection Prevention Concerns with the Trust – March 2015

Concern was raised with the Trust in March 2015 regarding their infection prevention processes and systems following outbreaks of *C. difficile* on Spruce ward the previous year and a peak of cases in the December of 2014. This prompted the CCG to undertake a table top external review of infection prevention systems and processes in May 2015. A summary of the Key recommendations from this visit and update on progress are as follows:

- The amount of time from microbiologists that was available for infection control was not in accordance with the recommendations of the Royal College of Pathologists. **NEW
ADDITIONAL CONSULTANT MICROBIOLOGIST RECRUITED – AWAIT START DATE**
- Be clear who is responsible for blood culture technique training and ensure this is included as part of junior doctor induction. **CARRIED FORWARD TO CURRENT PLAN**
- Antibiotic defined daily dose (DDD) data to be reported at ward/department level as this will then help the Trust to focus on the key areas for improvement. **COMPLETED**
- Develop and implement an Antimicrobial prescribing policy as this document is how the Trust outlines how they will measure compliance and it identifies everyone's key role in compliance with the policy. **COMPLETED**
- The agenda for the Infection Prevention and Control Committee (IPCC) needs to include feedback of hand hygiene and saving lives audits. This could be included as part of the reporting template from the directorates. **CARRIED FORWARD TO CURRENT PLAN**
- The RCA process does not include a timeline of events leading up to the incident. This can greatly help with the understanding of an incident and the investigation processes. **CARRIED FORWARD TO CURRENT PLAN**
- Themes and trends identified from the RCA process to be included in the monthly Director of Infection Prevention and Control report in order to give some context and narrative to the data graphs that are reported. **CARRIED FORWARD TO CURRENT PLAN**
- Hand hygiene audit results do not break down the stages of the 5 moments of hand hygiene in order to then enable the Trust to have focused actions on the worst elements which are pulling the aggregated scores down. In doing this, it will help to focus on the key elements to target and give the evidence as to why they are being targeted. **CARRIED FORWARD TO CURRENT PLAN**
- All Infection Prevention and Control policies need to be up to date and current in order to be compliant with the Code of practice on the prevention and control of infections and related guidance 2015. **CARRIED FORWARD TO CURRENT PLAN**
- There is no National recommendation to have a Non-Executive Director on the Trust IPCC but this may be something you wish to consider **COMPLETED**

It can be noted that a number of the recommended actions are carried forward to the current improvement plan. Throughout 2015 the Trust struggled with a consistent infection prevention team due to periods of sick leave and accrued annual leave. Progress with the action plan was monitored through the North Kent CCGs Healthcare Associated Infection Assurance (HCAI) panel and attendance from the Trust at these meetings was variable throughout 2015.

CCG Contract Performance Notice – January 2016

In January, the CCG issued the Trust a Contract Performance Notice indicating that we would be putting them under a Remedial Action Plan (RAP) using contractual levers with regards to their MRSA performance. This was considered in November but not implemented as the Trust at this time had gone two months without reporting any new cases and it was felt the improvement plan may be starting to reap improvements. The Trust then experienced 4 cases in December, hence the implementation of the RAP.

At this time, the Trust indicated that the current matron for infection prevention was to be retiring in March 2016. This was further compounded by the remaining 2 members of the infection prevention nursing team leaving the Trust within the same week in March (1 left after a period of prolonged sick leave; the other left for family reasons).

It was agreed at the Quality Assurance meeting with the Trust 3rd May that they had completed the actions required in the RAP and it was agreed that the RAP could be closed.

There is currently an interim infection prevention team in place comprising a senior nurse on secondment from Eastbourne NHS trust, an interim infection prevention specialist nurse employed on private contract and an infection prevention nurse seconded from DGS CCG quality & safety team for a 3-6 month period. The substantive lead nurse commences 31st May and will recruit to a new team once in post.

Re-instating of All Admission MRSA Screening

In January 2013, the DoH published a report 'The National One Week Prevalence Audit of MRSA Screening' and part of the aims of this study was to assess the cost effectiveness of the all admission screening protocols that had been implemented in Trusts, as opposed to targeted screening of high risk patients. The Trust changed the MRSA screening policy to screen high risk patients on admission but to reduce the all admission screening.

As a result of the rise in incidence in MRSA (b) cases, the Trust reinstated all admission screening from 25th January 2016.

This has meant there have been a large number of MRSA colonised patients identified due to the length of time with the absence of screening. There have also been clusters of MRSA identified on a number of wards and the Trust are holding fortnightly meetings to manage these clusters.

All have been reported as Serious Incidents (SIs) and are being investigated accordingly and will be presented to the North Kent CCGs SI closure group to gain assurance of the implementation of any learning identified as a result.

Trust Development Authority (TDA) Visit – March 2016

The rise in cases of MRSA(b) prompted a visit from the NHS Improvement (NHSI) (formerly the Trust Development Authority (TDA) and an external team visited 8th March.

The aim of the visit was to test the Trust's assurance and to support the Trust to make improvements regarding patient safety and arrest the current upward trend in MRSA (b) cases.

An improvement plan has been developed, incorporating the findings and recommendations from the NHSI visit. NHSI are the co-ordinating organisation for monitoring progress against the improvement plan with regular updates shared with both the CCG and the CQC.

Support offered to the Trust from the CCG to date:

A band 7 infection prevention specialist nurse working within the Quality & safety team I the CCG has been seconded to the Trust on a 0.5 whole time equivalent for 3-6 months to help stabilise the infection prevention team and bring consistency and continuity.

DGS CCG Governing Body Lay Member for public and patient engagement and the Governing Body Independent Nurse both visited the Trust in February to learn and offer support and guidance and plans are being made for them to revisit imminently.

There are weekly update calls in place between the Trust, NHSI and the CCG which also offer support and guidance.

Next Steps and ongoing actions:

Monthly verbal updates on progress against the improvement plan to the North Kent HCAI Assurance panel meetings

The CCG will also gain verbal progress against the plan at the bi-monthly quality assurance meetings held with the Trust.

A re-visit has been arranged for the end of June and the CCG will be represented on this. This will be jointly with NHSI and the CQC.

The infection prevention specialist nurse seconded from DGS CCG will remain in post until the substantive team has been recruited and for a period of hand-over.

Weekly telephone updates and progress reports between the CCG, NHSI and the Trust will continue to have an update of the situation and key actions implemented.