

Executive Summary

In 2015/16 there were 14 MRSA bacteraemias at Dartford & Gravesham NHS Trust, 9 of which happened between 20 December 2015 and 25 February 2016. An external team of Infection Control Nurses visited the Trust and wrote a critical report with a number of recommendations.

Key Actions

The trust has changed its infection prevention and control team and has worked with outside agencies (TDA/NHSI and PHE) on infection prevention processes.

The Trust is part of the TDA/NHSI 90 day improvement workshop.

On 13 May 2016, NHS E, NHS I, the CQC, Public Health England, CCG and Healthwatch visited the Trust and found that the trust had appropriate plans and governance in place to turn the MRSA issues around. They were assured that the data confirmed that the incidence of infection was responding to the range of measures in place .

The trust has not had another MRSA bacteraemia since 25th February 2016.

Other reportable infections, such as Clostridium difficile, MSSA and E Coli all were within the limit / regional incidence.

New Infection Prevention & Control Team

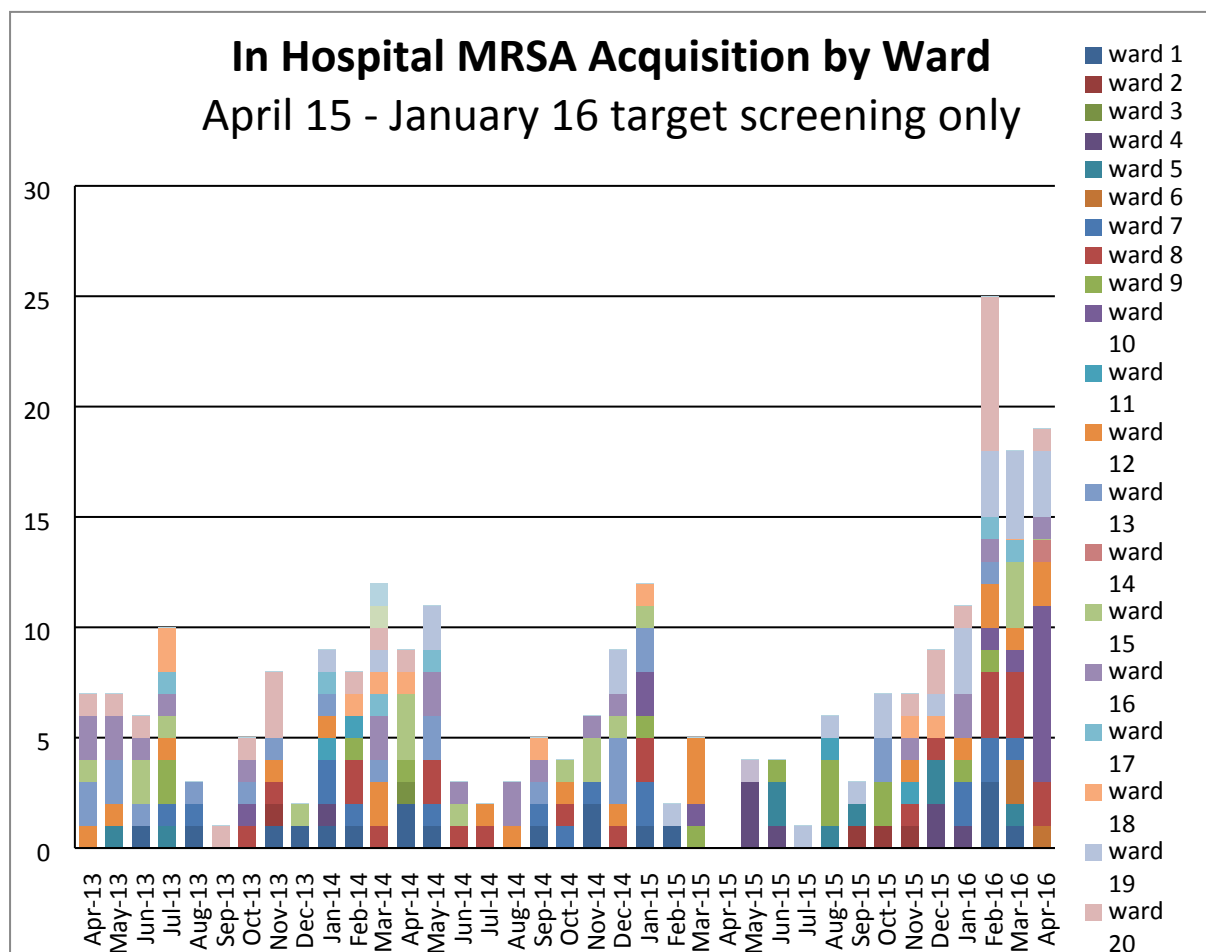
The previous infection control team all left during March 2016. A new interim IPC team, three experienced infection control nurses, have all started and made an immediate impact. New permanent staff have been appointed, the lead taking up her role on 31 May 2016. The interim IPC nurses' experience from other places offers an excellent 'fresh eyes' approach and several issues have been highlighted.

The areas of focused attention are around

- MRSA screening and MRSA acquisition (acquisition is when MRSA colonises the skin in a previously MRSA negative person without causing infection). Since universal screening has started again on 25 January 2016, the Trust has had a higher number of MRSA acquisitions than before, however this number is gradually decreasing.
- Aseptic non-touch technique (ANTT) to improve any invasive devices insertion and care
- Cleaning – work is being done with our contractors Carillion to enhance the process
- Mattresses – to improve the checking management process for mattresses.

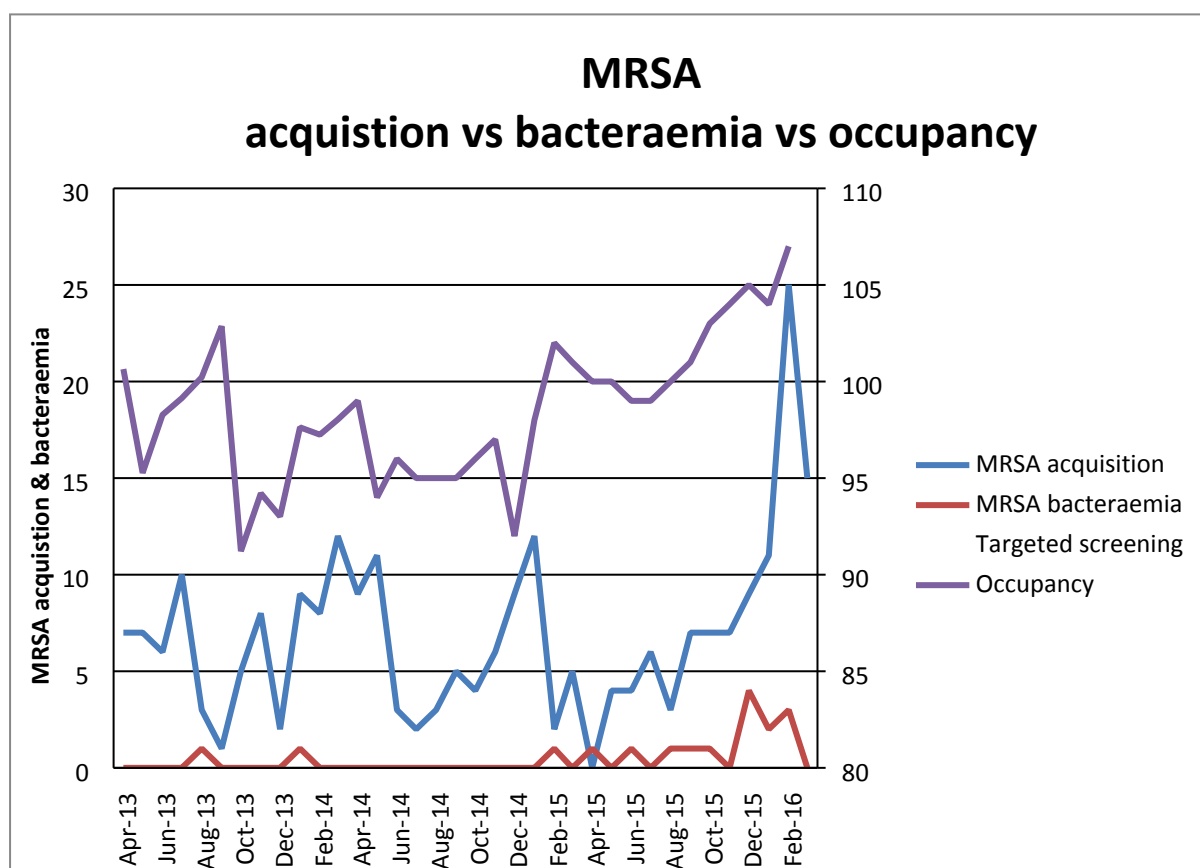
The Task force meets 2 weekly and after agreeing the ANTT policy, is now working through the action plan developed after the TDA visit in March. It is a very detailed action plan, developed with the support of TDA's infection control lead. It is a live document and is regularly presented to the Trust's Infection Control Committee and the Trust's Quality and Safety Committee.

MRSA acquisition was chosen as the improvement target for the TDA 90 day improvement workshop. Acquisitions were reviewed over the last 3 years and each new acquisition is now investigated. PHE helps by providing an epidemiological toolkit to understand these acquisitions better.



Infection rates - occupancy

It is well known that occupancy rates and infection rates are linked and that infection rates rise with an occupancy over 85%. The Trust has had occupancy rates well in excess of 85% for the last 3 years. Since April 2013 the trust was below 95% occupancy in only 5 months and almost consistently above a 100% since April 2015, with a peak of 107% in February 2016.



Targeted screening was introduced following PHE advice; in January 2016 the Trust reverted back to universal screening/

Infection Control Committee

While the MRSA issues are being actively addressed, the ICC will be held monthly instead of quarterly. A Non Executive Director is in attendance to give further assurance to the Board that the issues are addressed properly and in a timely manner.

As always, the ICC is open to commissioners and PHE representation.

Other workstreams

There are weekly IPC team meetings attended by the Medical Director, the IPC nurses, the antimicrobial pharmacists and the microbiologists.

There are daily MRSA huddles at 8.30 every morning to coordinate the work from day to day and hold all the various work streams together.

CCG Recovery Action Plan

In February the Trust agreed a recovery action plan with the CCG and this was completed and submitted. The CCG Performance and Quality Committee on 3 May 2016 agreed that the Action Plan had been completed satisfactorily.

90 day TDA improvement work

The TDA/NHSI set up a 90 day improvement process for several trusts who had breached their infection limits, mainly C difficile. The Trust attended the first TDA improvement workshop in Manchester and the Trust's presentation on improving antimicrobial stewardship was well received. The improvement task for the Trust is to reduce MRSA acquisition.

The second meeting in London probed the improvement plans submitted, a further meeting will be held on 8 July.

CQC visit

The CQC announced a visit and came to DVH on 15 April 2016. It was not an 'inspection', but they visited wards. The verbal feedback was positive, saying that they clearly saw that we were tackling the issues. They desisted from an enforcement notice as they were satisfied that appropriate actions were being taken.

Quality Surveillance Group 13 May 2016

NHS E, NHS I, the CQC, PHE, CCG and Healthwatch visited the Trust and found that the trust had appropriate plans and governance in place to address the MRSA issues.

It was agreed that the TDA/NHSI infection control lead would take the lead in feedback for all regulators to avoid double or triple reporting of the same items.

Further assistance

Beyond the assistance already received, the Trust has requested help in reducing occupancy levels. In particular, we have asked for help in reducing the number of patients delayed in hospital and we have requested financial flexibility to redevelop some of our floor plans to increase clinical capacity.

In summary

During 9 weeks December 2015 to February 2016 there were 9 MRSA bacteraemias; the trust has taken this very seriously and has put multiple processes in place to improve the handling of infection prevention and control at the trust.

A meeting with all regulators on 13 May recognised this work and decided that the trust has the process and governance in place to deal with the issue in an appropriate way.

Annette Schreiner, May 2016

Dartford and Gravesham NHS Trust the TDA/NHSI infection control