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ACTUALITY ON HOSPITAL ISOLATION WARD

DOCTOR: This is our isolation ward. As you can see, we've come up to one of the single rooms, and outside the room you can see there are a selection of aprons, non latex gloves …

URRY: On hospital wards around the country staff are under pressure to reduce the numbers of infections suffered by patients during their stay.

DOCTOR: On the door to the room we've got a yellow sign, and that sign makes you aware that you need to wear gloves and aprons.

URRY: MRSA has been a cause for concern since the 1980s, but now there's another deadly super bug on the rise, a more virulent type of stomach infection which has claimed hundreds of lives in the last two years.
The Government's already set tough targets for the reduction of MRSA, so why are Trusts still struggling to manage other outbreaks effectively, and enforce basic standards of hygiene and patient care?

BOURNE: The number of people being affected by hospital infections, whether dying or being made ill, is the equivalent of a jumbo jet a month crashing. Until everybody treats this as the number one priority, all the other targets are a waste of time, and patients are just losing more and more faith in a system that they have no option but to use.

URRY: Tonight we report on three cases which raise serious questions about infection control and patient safety, and we examine claims that the Government's target for reducing MRSA will not be met. File on 4 has also discovered that no-one even knows how many are dying from the latest superbug colonising our hospitals.

SIGNATURE TUNE

ACTUALITY WITH CANOE

GUERIN: Here it is. This is Michael's canoe, this is his sea kayak, a lovely big bright red canoe. We had many many many happy hours with our sea kayaking, yes.

URRY: Catherine Guerin, widowed eighteen months ago. Her husband, Michael, died unexpectedly in hospital at the age of 55 - particularly shocking because he was so active.

GUERIN: He was a marathon canoeist, he was into racing. He often did charity races from Devizes to Westminster, which is an annual event, it takes place every Easter, and it's 125 miles non-stop.

URRY: He must have been an extraordinarily fit man then.

GUERIN: He was very fit for his age, yes, he was really fit. He did his canoeing three or four times a week. He played badminton and squash, table tennis. Yes, he was pretty fit.

URRY: In April 2005 Michael Guerin went in to his local hospital, the Royal Devon and Exeter, for a routine operation. Although fit, he'd been found to have cancer of the prostate. According to his widow, Michael's consultant told him it was slow-growing and non-urgent, but that if he wished to enjoyed a cancer-free retirement with his wife and family, it would be best to have the gland removed sooner rather than later. So he chose to have surgery. Five weeks later he was dead, the victim of a fatal infection.

GUERIN: It's an absolutely horrendous condition for anyone to get. It's just not a case of people may catch pneumonia and slowly fade away. This is a severe bloating of the body, continuous diarrhoea. My husband was having diarrhoea literally all the time without pause. Horrendous bed sores. He put on over five stone in weight through fluid being retained, it was coming out of the pores of his skin, eyes swollen, lips swollen, he was on dialysis, a ventilator, all sorts of medical inputs.

URRY: Was that all as a result of that particular infection or were there other complicating factors?

GUERIN: I would say it was entirely due to this infection, that it created a series of events that put pressure on the heart, pressure on the lungs, so everything actually emanated from this infection, all these other major complications, all of them life threatening in their own way.

URRY: What Michael Guerin had caught was Clostridium Difficile, a bug which can cause anything from a mild tummy upset to death. It's said to have been around for millennia, but rather like MRSA, the use of modern antibiotics has helped it flourish. To make matters worse, a more virulent, hyper-toxic strain, known as type 027, has migrated from Canada and found its way onto hospital wards in the UK sometime in 2003. At the Royal Devon and Exeter it proved deadly, and according to the hospital's Director of Infection Control, Judy Potter, it hit hard.

POTTER: In addition to just the sheer increase in numbers of patients affected, we saw more severe symptoms. We saw more patients who were relapsing, having recovered. That's the main issue with it. It makes some people more ill

POTTER cont: with it than previous strains that we've encountered. We were having to create cohort bays of patients on several wards, so if you had five or six patients on one ward with Clostridium Difficile infection we were managing them in a bay together, because we didn't have enough side rooms.

URRY: How many people died?

POTTER: Thirteen. Thirteen died where Clostridium Difficile was named as a cause of death. There was only one of those thirteen where it was the only cause of death. We had another ten patients where it was listed as a condition that the patient died with rather than because of.

URRY: Do you think you could have done more? Twenty-three deaths sounds a lot.

POTTER: It does, but I think you have to look at the co-morbidities of those patients. These were seriously ill patients with other conditions in the first instance.

URRY: But Michael Guerin wasn't. The canoeist was still fit and in his middle age and neither was he on a ward where the majority of patients were suffering. His widow, Catherine, accepts he didn't fit the profile of a high risk patient, but she says they should have been told the hospital was battling with an outbreak of C Diff, an organism difficult to contain. She feels particularly aggrieved because she works at the hospital as a biomedical scientist in the Department of Haematology, and says she would have understood the risks had they been explained to her.

GUERIN: The nature of the operation does carry a risk of catching an infection. When we asked what this risk was, we were told, well, it may just mean that you have to spend an extra seven, maybe ten days in hospital until the infection's cleared, and there certainly was no mention of the fatal infection, and nothing as drastic as C Diff.

URRY: Would it have made a difference to Michael and yourself about the decision to have surgery, had you been told at that point, well actually there is a problem with C Diff in the hospital?

GUERIN: It's maybe hard to answer that now with the knowledge I had, but I believe that we would have elected to have had it at another time. I'm only hesitating because at the end of the day it would have been Michael's decision. I certainly would have tried to influence him not to have gone in at that time. What I can answer is whether Michael would have chosen to go in. I don't believe he would have.

URRY: But the operation went ahead. Still unaware at that time about the C Diff problem, Catherine Guerin nevertheless became concerned about poor hygiene practices she says she witnessed while visiting her husband in the days following his surgery.

GUERIN: I had a level of concern. I know of two instances when I was present on ward rounds in a six-bedded bay, all surgical cases, when the doctors came in, examined my husband, looked at wounds and what-have-you and moved on to another five patients. And they examined the six patients and at no time did I witness them gelling or washing their hands between patients.

URRY: But given that the infection was known to be in the hospital, wouldn't you have expected doctors to take those precautions, because they knew they were either having an outbreak or they knew there was a problem?

GUERIN: Absolutely. And I mean, it's only with hindsight that I know there is a problem in the hospital. But surely the medical staff would know and, as I understand it, there had been at least a couple of cases on that same ward prior to Michael's admission, so it should really have been very much more in your face being seen to do it.

URRY: At the inquest into his death, the Coroner, Elizabeth Earland, also became concerned about the evidence she was hearing. In an unusual step, under Coroner's rules, on the 2nd October this year, she wrote to the Royal Devon and Exeter Foundation Trust.

READER IN STUDIO: It would appear that Clostridium Difficile infection was not considered to be a problem at the time of Mr Guerin's admission, although apparently it now is. I recommend that a comprehensive review is conducted into current adherence to hygiene protocols in the Trust.

URRY: The hospital's Director of Infection Control, Judy Potter, denies any fall in the hospital's standards.

POTTER: We have continuous monitoring of the environment by a monitoring officer against the national standards of cleanliness. Those results are validated on a quarterly basis by a team of people, which involves a matron, a patient, an infection control nurse, somebody from our Estates Department. So we've got very good standards of hygiene.

URRY: That was already in place, was it, before the outbreak?

POTTER: Yes, that was already in place.

URRY: Why, then, is the Coroner asking for an inquiry from the Trust, following a recent inquest?

POTTER: Because there was a younger patient who did not have the risk factors that you would have associated with somebody who gets Clostridium Difficile, who died as a result. And quite rightly an inquiry has been requested into that death.

URRY: But it's not just about the fact that the patient was younger, is it? The Coroner has got concern about hygiene practices at the hospital.

POTTER: We reassured the Coroner that everything that should have been in place was in place. When we opened our isolation ward to control the outbreak, we looked at our standards of hygiene across the Trust and there was nothing that we changed as a result of the outbreak. So no, we're very happy here that our standards of hygiene are good enough, were good enough and still are good enough.

URRY: The victim's widow is claiming of a different view, she's got a medical background herself.

POTTER: Can you stop there, because this is unreasonable.

URRY: Is it unreasonable?

POTTER: Can you turn it off?

URRY: Judy Potter refused to answer any further questions about Michael Guerin. The coroner recorded a verdict of death by misadventure. According to The Health Protection Agency, the organisation set up by the Government to protect communities from infectious disease, there were more than 51,000 cases last year - up by more than 17% on the previous year**.** That in itself is worrying, but we've discovered the figures don't give a true reflection of the scale and seriousness of the problem. For a start, those figures only relate to samples diagnosed by laboratory tests in hospitals of those with C Diff over the age of 65. According to the Government's Chief Medical Officer, Trusts are under an obligation to collect and publish infection data in their annual reports. But a recent survey by the campaigning group, the Patients Association, suggested that three-quarters of healthcare staff they asked revealed that wasn't being done. The Association's Vanessa Bourne said their survey guaranteed anonymity, so that those being questioned could be candid.

BOURNE: We asked infection control nurses and directors of nursing, surgeons – anyone who was in the front line of infection control – what was really happening, and they told us, and it's a pretty patchy picture. Only 27% are collecting the data that they are required to collect on C Diff. It's a frightening statistic.

URRY: Do you know why three-quarters then didn't apparently – according to your survey – report what they were supposed to be reporting?

BOURNE: What we suspect is that these people are desperate for the help and support in the system that they're not getting at the moment, so they're telling us what they're not telling anybody else. They're telling us anonymously that

BOURNE cont: they're not doing what they're supposed to be doing. The speculation would be that they feel that they're going to get into trouble if they report the true figures.

URRY: Test results of each individual with C Diff in hospitals are recorded and sent to the Health Protection Agency, but according to the HPA's Professor Peter Boriello, many Trusts are not reporting outbreaks - those events for which alarm bells should ring. And, more fundamentally, no-one knows how many lives are lost to C Diff.
Do you know how many people have died from Clostridium Difficile?

BORIELLO: No we don't. It is a bit worrying and we do know that Clostridium Difficile causes deaths. The extent to which the individual died from the Clostridium Difficile infection or died with it and the extent to which it contributed to death but was not the sole cause of their death, that is not well collected. But we are looking at that. We believe it to be one of the current weaknesses in our system of collecting information.

URRY: One of the areas of concern that was raised was about Trusts not reporting outbreaks. What were your findings?

BORIELLO: Yes, there was an issue of Trusts not reporting outbreaks. The bottom line was that in many Trusts they weren't notifying other experts sufficiently quickly that maybe they've got a problem and some help could be useful.

URRY: That's quite serious really, isn't it? If they're not notifying people they've got a problem?

BORIELLO: Well, in many cases it could be serious, and in many cases it may not. There may be a whole range of reasons for that. Some of them might believe that they've got a large number of cases, but they're actually coping very well on their own, thank you very much, and they're following guidelines. Others may not be reporting out of ignorance and should have been, because they did need help. So yes, I'm not minimising the fact that better reporting would give better outcomes in many cases and it is important to do so. You must report, and in reporting you will get some help.

URRY: Nevertheless, the Government maintains the Health Service is moving in the right direction to tackle infection issues, including C Diff. Health Minister Andy Burnham puts that down to the measures his Department has introduced.

BURNHAM: The rates of C Difficile, it's true to say, have increased significantly in the last couple of years, but because of the measures that the Government has been putting in place to deal with infection control generally, I would argue that we're in a strong position to deal with it. But that's not to say there is any complacency in the system, and I think we do have to look extremely carefully at these particular places where there have been outbreaks, about what caused them and what we can do in the future to make sure that we learn the lessons from them.

URRY: Why aren't some Trusts reporting outbreaks?

BURNHAM: Well, I don't have evidence that they're not. If there is evidence that is out there that people are not reporting outbreaks, then clearly we would want to …

URRY: …. Findings and recommendations from a review of the epidemiology in a survey of Directors of Infection Prevention and Control in England by the Health Protection Agency, from July this year. They're saying some Trusts aren't reporting outbreaks.

BURNHAM: Before you interrupted I was going to go on to say that we have alerted the Health Protection Agency to claims that outbreaks aren't being reported and it is looking into those issues. Obviously at the right point they'll come back to ministers with their findings.

URRY: But do you know why Trusts aren't reporting outbreaks?

BURNHAM: These are claims being made. I mean, you'll remember that there were outbreaks at …

URRY: But it's not a claim, just to correct you on that, it's not a claim being made, it's from the Health Protection Agency, which spells it out.

BURNHAM: I have not had a case brought to me where a hospital deliberately did not report a serious outbreak of C Difficile. If it is, I would take a very serious view of that.

URRY: When those outbreaks happen, they can be devastating, especially if Trusts are ill-prepared to deal with them.

ACTUALITY OF TONY CHARLTON WITH PHOTOS

CHARLTON: Here are some photos of Florrie. She still looks the same as she did when, well, just before she went into hospital, poor soul. She was employed full time in the family fashion business. She loved it. She loved the company, she loved the activity, she loved being useful, she just loved life.

URRY: Tony Charlton lost his mother-in-law to C Diff earlier this year. Florrie Field had developed eyesight problems, but was recovering from a successful operation for glaucoma when she developed symptoms. At first she rallied and was sent home.

CHARLTON: The treatments that were being given were not successful. She couldn't eat, didn't want to eat. There was one week where she collapsed in the hallway. She was very weak, we had to help her back to bed. My wife cleaned her up and she seemed to recover a bit, but she was still very weak, and there was a Friday evening when she collapsed again and I knew that there was no alternative but to get the emergency services. But the ambulance crew that came out and the attention that she got in A&E when she was admitted to Tunbridge Wells were superb. It only went downhill when she went to the ward.

URRY: At the Kent and Sussex Hospital in Tunbridge Wells, Florrie, who'd been diagnosed with C Diff by her GP, wasn't put on an isolation ward on arrival. Tony Charlton is a former supermarket manager who, because of his job,

URRY cont: understands what good hygiene practice is, and he became concerned about the standards of care.

CHARLTON: The standard of hygiene was, just frankly, poor. It is very difficult in the Tunbridge Wells Hospital, and in Maidstone actually, to isolate patients, because the hospital wasn't built in that way. But it is possible to treat C Diff properly in an open ward, but it does require care and it does require a good standard of nursing.

URRY: And when you say there were poor standards of hygiene on the ward, what do you mean?

CHARLTON: In theory, with C Diff, you have what is called barrier nursing. That is, that anybody going to a patient with C Diff has to wear an apron, has to wear a mask and has to wash their hands before and after going to that bed. What was happening is that the nurses – or some nurses, to be fair – seemed to think that the aprons and mask were for their protection, not the patients' protection, which of course is not true, it's a mutual protection. And they were going from patient to patient without changing the aprons, without taking the masks off.

URRY: C Diff can cause severe diarrhoea, which also spreads infection if proper controls aren't fully observed. But according to Tony Charlton, Florrie couldn't even get a bedpan.

CHARLTON: There was one particular time when Florrie had asked for the bedpan and she was actually told to actually do it in the bed and they would clear it up later. This was because they were serving food at the time. She was actually left for an hour and a half in that state and she had to eat her dinner sitting in that mess. I think that's absolutely appalling. It has appalling implications for her, for her pride, for her health but for infection control too. And it's not uncommon. This was done with other patients and it has been reported several times.

URRY: And was she incontinent then? Could that not have been avoided?

CHARLTON: You wouldn't say she was incontinent because she knew when it was going to happen, so it's not correct to say that she was incontinent. It just requires some attention to detail. I just cannot believe that patients would be treated in that way. It's so offhand, it is so uncaring.

URRY: Your wife was taking in cleaning products, wasn't she?

CHARLTON: Yes she was. She actually cleaned down the bed area, all the equipment. She cleaned as much as she could while she was there, and tried to help Florrie eating and clearing stuff away and just helping her generally, doing really a nursing job.

URRY: Tony Charlton says he's written to the Maidstone and Tunbridge Wells NHS Trust about his concerns, and whilst he's been given an apology, he says he's had no satisfactory explanation**.** However, its Chief Executive, Rose Gibb, accepts the actions of her staff were wrong.

GIBB: The key issue with respect to the example you've just given is that attitude and philosophy, and at the end of the day, irrespective, irrespective of whether or not we've got an infection control issue, any member of staff who would tell any patient to simply soil the bed before they would get a bedpan or a commode is unacceptable. And that's quite a discrete issue from an outbreak of an infection like Clostridium and the pressure that puts staff under.

URRY: The family worry that that smacks of lack of management at ward level, as well as the loss of human dignity, that nobody is on top of what admittedly were very very busy nurses at the time, making sure that they were following fundamental procedure.

GIBB: And in part we agree with that, because at the end of the day if your local management isn't clear, isn't strong, isn't reinforcing those local standards and ensuring that staff are complying with it, then you end up with poor quality of care.

URRY: But it must be obvious to nurses, it would be obvious to you or I, wouldn't it, that if somebody needs a bedpan, they have to get it, particularly when they're suffering from a stomach infection.

GIBB: Which is why I can't make excuses. We've taken that very seriously, we haven't just seen it and isolated it to infection. We've said no, under no circumstances, on any occasion is this allowed to happen.

ACTUALITY ON ISOLATION WARD

NURSE ON PHONE: We've had a result and there's a lady in the bed who is a confirmed C Diff. We haven't got a side room available at the moment. What would you advise us to do?

URRY: On the isolation ward at Maidstone Hospital now, everyone's told to be very careful and follow rigorous good hygiene practice. In fact, keeping these places free of microbes is a very tall order. Procedures have to be followed all of the time - one slip up and disease can be spread. The spores shed by this bug are easy to catch and tough to eradicate.

WOMAN: … make sure that you are carrying out isolation precautions in the bay, so make sure that you have gloves and aprons available at the foot of the patient's bed …

URRY: But when an outbreaks happens, its not just the staff who must take effective precautions. Management also need to be prepared, and that's where this Trust got it wrong. File on 4 has obtained copies of an internal report on the outbreaks here, drawn up for the management board. Some of the failings are stark. Where, for example, was the planning? - a question I put to Chief Executive Rose Gibb. Did you have an infection control plan?

GIBB: Yes, we had a plan from the very early days of the outbreak, which was followed and monitored.

URRY: See, your paperwork says you didn't. You weren't working to an infection control plan.

GIBB: Well, we were working to our internal infection control plan – ie, we had an action plan, we knew what we were doing. If we now look at what's expected with an infection control plan, then it wouldn't be of the quality that we now know we would expect to have.

URRY: So you had a plan but it wasn't any good?

GIBB: We had a plan, it was not as rigorous as that plan could have been and should have been.

URRY: It was out of date.

GIBB: I think fundamentally it was in date, but it didn't have sufficient actions on it.

URRY: It says on your document it was out of date.

GIBB: But it was out of date because it didn't have sufficient actions on it.

URRY: And the policy for the management of communicable diseases was apparently not fit for purpose.

GIBB: Looking at it from our perspective and looking at all the new guidance and looking at what we were expecting to do at that point in time, that would be our view. We don't believe it was fit for purpose.

URRY: People are going to be worried that this is all after the event. If you've got a whole policy for communicable diseases that's not fit for purpose, that doesn't speak very highly about attitudes to patient safety, does it?

GIBB: We have reviewed this through the outbreak to say why, what's going on, why can't we get on top of this as quickly as we normally we do? And considering the scale of the issues we faced, the view that we took was that that policy was not fit for purpose in terms of facing issues like an 027 strain.

URRY: Do you think your job's on the line?

GIBB: No, I don't.

URRY: At Stoke Mandeville Hospital, where 38 died in serious outbreaks of C Diff, which first struck in 2003, there were changes at the top following a highly critical report by the Healthcare Commission. The Commission is now to investigate the Maidstone and Tunbridge Wells Trust, where 36 lost their lives. For Judy Potter, who chairs the Infection Control Nurses Association, these failings show that too little priority is given …. For Judy Potter, who chairs the Infection Control Nurses Association, these failings show that too little priority is given to the issue by too many Trusts.

POTTER: I am worried, because clearly we have experience from Stoke Mandeville and my own Trust about the problems that are caused by the 027 strain in terms of the impact on individuals, but also the impact on how Trusts function with these huge numbers of cases occurring. And what worries me is that other Trusts don't seem to be hearing that message as clearly as it has been made through the Healthcare Commission report into Stoke Mandeville. And as chairman of the Infection Control Nurses Association, what I hear from our members is that they are still having difficulty making Trust boards respond promptly to their concerns about increases in Clostridium Difficile infection.

URRY: Why, when it's such an important part of patient safety?

POTTER: I think there's still this difficulty between meeting financial targets and waiting list targets versus patient safety.

URRY: Too many targets?

POTTER: Too many targets that can conflict with each other. That's the difficulty, which was the message from the Healthcare Commission report into Stoke Mandeville.

URRY: And that concluded that senior managers rejected the advice of their own infection experts, concentrating instead on Government targets for such things as waiting times, at the expense of patient safety. The Healthcare Commission found that:

READER IN STUDIO: The Trust's drive to meet the target for A&E, which requires all patients to have a maximum wait of four hours, led to some patients with infections being admitted or moved out of A&E within the target time into open wards rather than isolation facilities. The movement of patients was a contributory factor in the outbreaks.

URRY: For Dr Mark Enright, a research scientist at Imperial College in London, who specialises in the study of hospital-acquired infections, that's not surprising. He argues that Government targets, which mean more people getting treated more quickly, drives up bed occupancy, and that leaves little scope for isolation facilities.

ENRIGHT: Bed occupancy in the NHS is typically in excess of 80%, so at any one time 80% to 100% of beds are occupied by patients. When you have outbreaks, the number of free beds available to dedicate to patients to keep them away from patients that aren't infected with C Diff, that's extremely limiting, so more beds do need to be made available during those times. But it has to be recognised that effective infection control is going to have a negative impact on waiting list times, because you're going to need to have a pool of beds available to isolate infected patients.

URRY: There's no other way round it?

ENRIGHT: Well, there's no simple way round it, unless hospitals have flexibility in cohorting patients or keeping all of those infected with C Diff together and keeping them away from other patients, uninfected patients. But it's difficult to see in most hospitals, the way hospitals are designed, to see how you can keep those

ENRIGHT cont: patients together and away from other patients without having a pool of empty beds, which doesn't exist in many cases.

URRY: But the Health Minister, Andy Burnham, insists that Trusts can and must manage competing interests effectively.

BURNHAM: Infection has to be tackled. It is the core business of any health service organisation. People have to run a clean, good ship that people can have full confidence in.

URRY: The academic literature shows there's a direct correlation between high occupancy and increased hospital infection. So something's got to give, hasn't it?

BURNHAM: I don't accept that, because the best hospitals are meeting some of their core waiting time targets and have some of the lowest rates of infection. The two things are possible. Indeed you could say that the hospitals that have lowest rates of infection also have lowest lengths of stay, also are able to treat people more quickly. So the two things go together. There isn't an inherent contradiction in the way that you may suggest.

URRY: Those who work in infection control have certainly told us Trusts aren't prioritising their concerns in the way you say you want.

BURNHAM: The safety of patients comes before everything else. That's a common sense fact and that is the message that I would give out extremely clearly. I don't want a situation where infection control nurses or staff feel that their voice isn't heard within the organisation.

URRY: The Patients Association questions whether the Government is responding effectively to those voices. Vanessa Bourne argues that the Department of Health isn't delivering and needs to get tough.

BOURNE: The number of people being affected by hospital infections, whether dying or being made ill, is the equivalent of a jumbo jet a month

BOURNE cont: crashing. You only have to look at what would happen if a jumbo jet a month were crashing, and you certainly wouldn't get the mealy-mouthed approach that we get from the Department of Health on this. They would be saying, 'Airlines are going to be grounded, people are going to get the sack unless this is sorted straightaway. We cannot have this number of people being affected.'

URRY: Well, what sort of pressure would you like to see applied then?

BOURNE: I think there needs to be a much more basic safety requirement of Trusts. We know this is a problem, we know that patients may come in with it. Every excuse is used. It is the Government itself that has to say, as it has said with every other target that it's brought in, 'This is the one target that you have to do. If you don't do this, you get the sack,' and that concentrates people's minds quite a lot, I think.

URRY: In fact, the Government has set one key target for hospitals to reduce infection, for MRSA. And despite the drive to try to bring those rates down, we've discovered worrying signs of MRSA's relentless march, even into areas thought to be the most protected.

ACTUALITY OF BABY COUGHING

DAD: How's his cold today?

MUM: It's not too bad, runny nose, but he seems all right in himself.

URRY: Twins at bath time. The boys are almost a year old now, but one caught an MRSA infection shortly after his birth, while being nursed in a special care baby unit. We've agreed not to reveal the family's identity.

DAD: Our eldest son was born at 10.44 and then a minute later the other one came out, and so that went very well and then they went from there, because they were six and a half weeks premature, they were basically carried straight off

DAD cont: into the special care baby unit. The first sign of the infection probably came towards the end of the second week, and our youngest son had an eye infection. We noticed it was starting to look quite pussy. He'd wake up and his eye would be covered in the pus and we'd have to constantly clean it to let him see, although he probably couldn't focus at that time, and so we had to keep on cleaning it. And at the same time they did take a swab from it to get analysed.

URRY: An eye infection is not uncommon in premature babies, but what frightened mum and dad was the results of the tests.

DAD: When the results of the swab came back from the eye infection, both children and my wife were moved into an isolation room, where we were then told about the fact that our youngest son had MRSA. I was totally shocked about it and really really concerned and upset. We had one of the matrons on the ward and a doctor sit us down, I think really to try to keep our minds at ease, even though in the back of our minds there was a constant thought going, but they've still got it. Whatever you say about it, they've still got this MRSA in a place where it really shouldn't have happened in the first place.

URRY: The baby recovered and is doing well. But in other hospitals, five children died last year from the most serious form of MRSA infection. And those serious infections, in the bloodstream, are on the rise in children, which rings alarm bells for Dr Mark Enright, the research scientist at Imperial College.

ENRIGHT: This is in paediatric wards, which traditionally have very very low MRSA rates. Serious MRSA infections in children has always been very low. We have very good nursing provision in paediatrics in this country, very high motivation of staff, and MRSA has traditionally not been a problem in paediatric units, with the odd exception. I think what these figures show is that MRSAs throughout hospitals are ever-present, are endemic in most of our hospitals or probably all of our hospitals in the UK. And as staff move around hospitals, healthcare staff, auxiliary staff and so on, they are going to take it into all parts of the hospital, including paediatrics.

URRY: It's a pretty bleak picture.

ENRIGHT: Yes. I think your chances of getting a hospital-acquired infection in the UK has always been reported as about being 9% chance of getting an infection while you're in hospital. I would suggest, if studies were done now, that we might see a much higher figure.

URRY: Last year the Government brought in an ambitious target for the reduction of MRSA infections in hospitals. Trusts were told to halve them by 2008. But for Dr Enright, that's not going to happen.

ENRIGHT: My opinion is, and I think this is shared by many scientists, clinicians, is that the target was never realistic. The decline in MRSA infections to date has been the order of a few percent, and that's with severe pressure from the Government on things like hand washing and infection control. I think all the mechanisms are in place and that can easily be achieved, so increasing the number of alcohol handwashing dispensers etc, etc. Without any real capital investment in new infrastructure, new beds, more nurses in the most at risk wards, none of the things that might have a major impact and perhaps lead to this target being achieved have even been seriously discussed as far as I'm concerned. So I think MRSA figures, the MRSA rate we're living with now is probably here to stay.

URRY: This is as good as it's going to get?

ENRIGHT: I think with the current policies it's as good as it's going to get. Just doing what we're doing now, I can't see that it's going to reduce the figures and I wouldn't be surprised if MRSA figures took an upward turn again in the future.

URRY: Nevertheless, the Health Minister, Andy Burnham, was keen to draw attention to a fall in the rate after years of increases and defended the Government's target of a 50% reduction.

BURNHAM: Generally MRSA rates are coming down. There's been an 11.1% reduction. Now if you're saying to me, am I satisfied with that, well no. I don't think it's coming down anything like as quickly as I would like, and in my position

BURNHAM cont: why should I accept any complacency on this issue? I think I am right to put a challenging target before the health service, because it can be done. It is an achievable target.

URRY: Because the people that we speak to, including microbiologists and research academics at Imperial College in London, tell us that, with all these measures in place, this is about as good as it's going to get, that that target is not going to be met, the 50% reduction.

BURNHAM: That's a view and that's up to them, but I don't accept such complacency. I make no apologies for setting a challenging target, because this is an area of huge concern to the public, and rightly so. We're making progress against that target. Judge us when we're nearing the end of the period by which we said we would meet it. We're doing our best to tackle the problem. People can have confidence that the problem is coming down, but I will say very clearly, do we need more progress? Yes, we do.

URRY: But the Minister's 11.1% reduction figure is not quite what it seems. It's a calculation based on data collected by the Health Protection Agency. We were curious to see the statistics from the experts at this technical agency, and this is what they show. In the winter of 2003, recorded MRSA was at an all time high. A big push directed at those hospitals where the problem was seen to be worse did see a fall of around that magnitude in the following six months. But since then, numbers have remained pretty static, except for the following winter, when they went up again. As the HPA puts it, in its own qualifying remarks on the latest figures:

READER IN STUDIO: It would be premature to state that this indicates a beginning of a downturn in trend.

URRY: Last week, the latest outbreak of C Diff was reported at a hospital in Lincoln. As the health service braces itself for an influx of patients this winter, there are few people who we've spoken to outside of the Department of Health expecting a dramatic reduction in hospital infections.

SIGNATURE TUNE