
DATE	24/09/2013
REPORT FOR	Trust Board of Directors – Part A
REPORT FROM	Professor Carrock Sewell (Acting Medical Director)
CONTACT OFFICER	Viv Duncanson
SUBJECT	MRSA Review Action Plan
BACKGROUND DOCUMENT (IF ANY)	
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	Infection Control Committee – 16/09/2013
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	
ACTION REQUIRED BY THE BOARD	Consider report

TRUST MRSA RCA REVIEW ACTION PLAN 2013/14:

Key: NLAG  Lincs PCT  N Lincs  NE Lincs CPT  East Riding 

Reference		Action	Lead	Timescale	Progress / Verification	OVERALL ACTION STATUS
Actions brought forward from 2012/13 Trust MRSA Action Plan.	13.01.01 (11-05.02)	Review DNR / Escalation form	Dr Woosnam	End of Feb 2012 New deadline April 2013	Draft completed. To go to Feb Gov committee for ratification. Medicine Gov committee meetings not held March and April. To go to May meeting. June 2012: Passed at local Gov meeting. Liaison with Medical Director re roll out process. July 2012: To be distributed to MAC and HCC. Dr Woosnam has liaised with Mr Aftab (HCC). Sept 2012: Accepted by MAC DPOW agreed to trial for 6 months. To be reviewed April 2013. Oct 2012: Distributed to all Consultants	May 13: Agreed and approved at Governance committee

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Ward ITU DPOW Blood culture taken 27/2/2012 Patient number A031480 Hospital-acquired DIPC Review Meeting date 9/5/12 Not preventable	13.01.02 (12-02.01)	Re-visit vital signs charts with regards to adequacy, decision-making and escalation.	Karen Dunderdale	Dec 2012 New deadline Nov 2013	Documentation Steering Group formed. Working through final draft of nursing records with a view to electronic nursing records. Dec 2012: Forms reviewed and ratified by NMAF	Ongoing. Jan 2013: Progress being made. Working closely with Robin Howes re development. Electronic escalation process will be possible. March 2013: Paper versions of documents to be utilised while awaiting electronic system. Sept 2013: Electronic versions currently being addressed. Electronic recording of NEWS implemented
	13.01.03 (12-02.02)	Complex case not highlighted to Matron. System to be reviewed by Matrons.	Karen Dunderdale/ Tara Filby	June 2012 New deadline Nov 2013	Matrons currently reviewing process. ? Utilising a traffic light system. Aug 2012: Discussed at NMAF - requires further work prior to implementation. Oct 2012: Final draft completed. Future proofing: To be included in electronic records project. Nov 2012: Electronic records progressing at a fast pace. Discussions regarding inclusion of nursing documentation and escalation progressing	Jan 2013: On-going as above 13.01-02 May 2013: Risk assessment documents being inputted on to Electronic Records template in readiness for launch. Sept 2013: Sub group formed to look at formulae for escalation

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Ward MAU SGH Blood culture taken (01/05//2012) Patient number A732410 Community-acquired DIPC Review Meeting date 29/11/2012 (led by community DIPC)	13.01.04 (12-03.03)	Formalise governance systems in the GP practice to review/action and document laboratory results and communicate to patients/ secondary care	Dr Willis	End of Jan 2013	Assurance provided by Practice Manager that formalisation of systems and processes have been discussed with all staff within the practice. Awaiting decision from GPs regarding the system / process to adopt within the practice. 25th April 2013: Discussion with CCG Medical Director and CCG leads regarding need for urgent assurance from GPs – awaiting response May 2013: Remains outstanding 29 May 2013: Policy drafted by GP practice on the sending and receiving and documentation of specimen results, X-ray and scan results. Disseminated to CCG for review	June 2013: Ongoing July 2013: No update received at the time of submission of this report July 2013: Karen Rhodes confirms action completed
	13.01.05 (12-03.04)	Review Primary Care policy on the management of MRSA	Greta Johnson	End of Mar 2013 New deadline end of May 2013	Primary Care policy on the Management of MRSA Version 1.3 available on the organisational intranet site. This policy was the extant version at the time of the bacteraemia. Given changing NHS Commissioning structures decision to review existing policy in line with Clinical Commissioning Group directives. Existing policy reviewed and the need for re-drafting identified. New re-drafted policy awaiting ratification following inclusion of new National PIR process – due end of May 2013 30 May 2013: Decision made to include policy on a page for ease of use within Primary care and development of clinical pathways on MRSA – disseminated via CCG group.	April 2013: Ongoing May 2013: Completed

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Debrief session to be held to assess what has gone well and what needs to be fully rolled out Trust wide	13.01.06		Chief Nurse	Jan 2012 New deadline Aug 2012 New deadline agreed Oct 2013	WSW role – role review was undertaken by the Matrons and briefing paper submitted to the Chief Nurse re: benefits to the role. Sept 2012: External consultancy to be engaged re scoping the synergy of the role of WSW with domestics to provide 7 day service. Oct 2012: Report produced by external consultancy. Scoping of the recommendations required led by Facilities. Nov 2012: Creation of Hotel Services Assistant to be discussed at Exec 13 November. Outline Business case to be tabled at Exec for approval by end Nov. Jan 2013: Consultation to be led by Facilities Directorate with support from Chief Nurse and Director of Operations. Discussion at ET on 15 January regarding options Feb 2013: Consultation paper launched. May 2013: Project to trial options to be led by BIRCH and to commence in June 2013.	April 13: Ongoing May 2013: Consultation closed. Trial project to commence in June led by Birch and Facilities. July 2013: Trial commenced. Aug 2013: Trial on going Sept 2013: Trial completed. Options being discussed and reviewed by Project Board

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Actions brought forward from RCAs 2012/13 13.02 Ward 22 SGH S342152	13.02.01	Check that the laminated patient information leaflet is available at each bed side.- •Staff to be reminded of the need to inform every patient about the availability and use of the antimicrobial body wash-	Sarah Garton	End of May 2013	Laminated patient info available at all beds	Completed
Date of specimen 23/1/2013 Date of DIPC review 25/4/13	13.02.02	Escalate GP issue to the CCG for ? further investigation.	Medical Director	End of April 2013	Formal Communication	Issue escalated completed by Medical Director
	13.02.03	Monitoring of the introduction of the patient transfer hand over check list – Feedback results of the RCA to the patient –Dr Baugh	Dr Baugh	At next patient appointment. Review end of Jul 2013	Patient to be informed at next outpatient meeting. Dr Baugh will liaise with Emma Harrison	Completed

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13.03 Ward ITU SGH Date of specimen 05/03/2013 Date of DIPC review 30/08/2013 Deemed Not preventable	13.03.01	Liaise with Urology Team to review NLAG catheterisation policy with reference to number of attempts for catheterisation before escalation / supra public catheter considered.	Viv Duncanson	End of Nov 2013	Policy reviewed and ratified	VD has emailed urology nurses
	13.03.02	Recirculate the "MRSA screening policy on a page" for ITU staff.	Amanda Holmes	End of Sept 13	All staff aware of correct MRSA screening procedure	Completed

Reference		Action	Lead	Timescale	Verification	ACTION STATUS
13.04. Ward C5DPOW S282820 Date of specimen 25/4/2013 Date of DIPC review 24/05/2013 HAI Deemed: Not preventable	13.04.01	VIP scores and cannula documentation: Improvement in cannulation and VIP scoring in EEC and AMU required.	Jon Wood	End of July 2013	Documentation improved-verified by matron checks	Jun 2013: April audits received. To continue to monitor May 2013: Audits received Jun 2013: Audits received Completed. To be monitored via Site specific Infection control Group.
	13.04.02	Decoration of ward including bumper bars and improving draught from bay windows.	Simon Tighe	Review by end of Jun 2013	Improved plaster work and bumper bars fitted	Jun 2013: C5 was approved as one of the 2 wards selected for a full paint; this was to be funded from charitable monies. However, Facilities still waiting confirmation of this before go ahead is given (check refurbishment plans). Jul 2013: Agreed charitable funding Aug 2013: Decorating to commence 09/09/13.
	13.04.03	Virtual staffing under review.	Collette Cunningham	End of Aug 2013	Increased virtual team	Currently 1.0wte contracted to the virtual team, the rest of the posts are in our vacancy pot. Real problems currently being experienced re trying to fill vacancies so anticipated it will be a while before this team is established Sept 2013: Position unchanged, on-going
	13.04.04	Hand hygiene audits: Improvement with conducting and submitting audits from EEC.	Jon Wood	End of July 2013	Receipt of hand hygiene audits	April audits received May audits received June audits received Department back on track. Will now be monitored via site-specific IC group