# MRSA Action UK Annual Memorial Event 2013 - a year on

Derek Butler

MRSA Action UK

Registered Charity No. 1115672

http://mrsaactionuk.net

# Message from our Patron and President

“For those of us campaigning to improve the NHS it has been a momentous year. Families who tragically lost a loved one to MRSA or other infections or bad practice, who found themselves fobbed off and ignored, even derided by hospital management, must be rubbing their eyes in wonder. The proverbial chickens, it seems, are at last coming home to roost.”

“Patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.' MRSA Action UK has been brilliant at putting pressure to drive these things in its special field. It is why I feel privileged and am proud to be associated with it.'”

# MRSA Action UK Memorial Event
# Westminster Abbey
# 28th June 2012

Our annual Memorial Event was a very moving occasion and the help and support of everyone made it a very special day to remember, it was a privilege to be able to meet friends, members and colleagues from colleagues from across healthcare.

At last year's Reception guest speaker Simon Clare outlined the work of his charity, the Association of Aseptic Practitioners and their vision for a standardisation of aseptic practice to bring about safer healthcare.

# Conferences following last year's Memorial


Colleagues across healthcare recognised the significance of **World MRSA Day on October 2nd 2012 at Infection Prevention 2012**. The exhibition hall at the Echo Arena was full of people wearing awareness ribbons, we took the opportunity to take photos of our colleagues from industry who were sporting their MRSA Awareness ribbons on the day. Many people were not aware that MRSA was 51 years old on October 2nd.

**Reducing HCAIs and Improving Patient Safety**
Thursday 22nd November 2012, Central London
Derek Butler and Maria Cann attended 'Reducing HCAIs and Improving Patient Safety' at the CBI Conference Centre, London.



**The First UK Summit on Hand Hygiene Sustainability in Health Care**
The Alliance of Patients and Healthcare Workers led the hand hygiene summit at the GovToday conference on the 24th October. Andrea Jenkyns gave her very moving presentation "The Way Forward; from the Patient Perspective". Sheldon Stone outlined the success of the Cleanyourhands campaign, propagated in the context of a very high political focus.

## Community engagement

We had opportunities to engage with the community through some of our events.


In August we joined the children from the Cherwell Centre, Blackpool at their summer camp, held at Waddecar, headquarters and activity centre of the West Lancashire Scouts. Mölnlycke Healthcare arranged for Staphon's guest appearance again, and Hull and East Yorkshire NHS Trust donated soaps and activities, promoting fun ways to learn about the importance of hand hygiene. And on October 15th the children took part in the global hand hygiene challenge


Blackpool children rise to the challenge on Global Handwashing Day October 15th 2012.

The Bella Moss Foundation

Helping people with pets suffering from resistant bacterial infections

Andrea Jenkyns met Jill Moss founder of the Bella Moss Foundation, Andrea met with Jill who sits on the advisory committee at DEFRA regarding resistant bacterial infections in companion animals and the use of antimicrobials and infection control in veterinarian practice. We will work with Jill wherever we can to help raise awareness of the importance of antimicrobial resistance in animals.

SURF
hcai service users research forum

**Service Users' Research Forum**
**Encouraging engagement with patients in research relating to healthcare associated infections, their surveillance, causes, prevention and education**

- The Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection
- Patient experiences of MRSA screening, development of Patient Reported Experience Measures
- Researchers' attitudes and experiences of public involvement
- Education project (received and Infection Prevention Society Award)
- Healthcare workers' appropriate use of clinical gloves. Discuss patient perception of glove use and undertake preliminary work in developing questionnaires for the public
- Development of an automated surgical site infection surveillance tool (ASSIST) for use in hospital continuous improvement
- Interventions to improve skills and care standards in the clinical support workforce for older people
- EPIC 3 Guideline Development Advisory Group
- Green Badge Project

# A big thank you to our fund raisers

Adrian Darbyshire fundraising in Memory of Troy Eames (pictured)

Julie and Steve Owen in memory of Donald Owen

Southwest representative Sue Spratt, who through her local authority helped to raise awareness and funding with stalls with leaflets and posters

Our thanks go to patrons of the Dickin Arms pub in Loppington, Shropshire, who collected £100 for MRSA Action UK after the sad death of a friend from MRSA. They are pictured with a cheque made out to MRSA Action UK on the 28th June 2012, the day of our annual memorial event.

**SYNERGY HEALTH STAFF CHAMPION HAND HYGIENE AWARENESS CAMPAIG AND RAISE FUNDS FOR MRSA ACTION I August 2012**

Synergy Health staff raised £389.52 in a raffle during activities targeted at increasing awareness of the importance hand hygiene and protecting patients.

On Sunday 21st April (just over 2 years since Paul Kelly, MRSA Action UK's friend and former Vice Chair, passed away) family and friends completed their challenge in Macclesfield Forest

Charity Darts Competition
25th May 2013
At The Downfield Social Club
1pm Promt Start Arrive Early To Enter - Entry Fee £2 Per Person.

MRSA Action UK

Raffles and Food Through The Day

Donations For Raffles Are Welcome

In Memory Of James ( Jim ) Arnott

Our thanks to Katrina Arnott who held a charity darts competition in memory of her grand-papa who passed away in April 2003

Donations from members of the charity, friends, colleagues and members of the public, all of which makes up 50% of MRSA Action UK's income

**Alex Steadman and his London Road to Wembley Challenge**

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We were able to present the patient experience and share good practice with hospitals and healthcare workers in the community setting across the country.

Bridgewater Community Healthcare NHS
NHS Trust

**Infection Prevention and Control Community Nurses Study Day**
24th January 2013 at Spencer House Birchwood Warrington
Derek Butler presented the patient's perspective and the importance of communication between healthcare workers, patients and their carers.

University Hospitals Coventry and Warwickshire NHS
NHS Trust

**University Hospital Coventry and Warwickshire NHS Trust invited MRSA Action UK to their Infection Prevention study day**
14th November 2012
Derek Butler joined Kate Prevc Modern Matron for Infection Prevention & Control for the Trust's Infection Prevention and Control Study Day. The theme for the study day was joined-up thinking, looking at how the Trust works alongside the community, inter-departmental cooperation, and communication with patients. Staff were moved by Derek's presentation and patient stories, and shared our concerns about the challenges of increasing cases of Staphylococcus and *C.diff* infections in the community.

**Devon and Exeter Medico Legal Association (DEMLA) meeting 10th January 2013**

MRSA Action UK members Derek Butler, Maria Cann, John Galvin and Susan Spratt attended the Devon and Exeter Medico Legal Association (DEMLA) meeting to take part in the debate about healthcare associated infections and the legal and moral dilemma faced by staff and patients when things go wrong. The event was well attended by professionals from the medical and legal profession.

# Lobbying

Our lobbying role includes responding to consultations, reforms and Inquiries and this last financial year has included

- Continuation of supporting the role of MRSA screening in reducing the burden of colonisation
- Contributing to interventions on hospital hygiene to be incorporated into patient-led inspections
- Lobbying for wider publication of healthcare acquired infections to include surgical site infections to drive improvement and reductions in the numbers of people affected
- Acting as lay reviewers for research proposals relating to the prevention and control of healthcare associated infections and antimicrobial resistance and using our experience to help us lobby for a continuing focus on this important issue

**Meeting with the Minister of State for Health, the Rt. Hon Dan Poulter MP 11th September 2012**

Andrea Jenkyns met the Rt. Hon Dan Poulter Health Minister and Claire Boville, Head of HCAI Policy. Andrea spoke of the lack of care for her Dad in hospital. Andrea presented questions that we had prepared on the need to improve reporting, the lack of involvement in the review of MRSA screening, patient- led inspections.

**Meeting with the Department of Health to discuss enhancing the mandatory surveillance of healthcare associated infections**
22nd November 2012

# Communication and the media

Being there for the public and colleagues in healthcare is key to helping people find information about MRSA and other healthcare associated infections. Our data on monthly and weekly reporting of MRSA bacteraemias and C.diff are now on the data.gov.uk website to help people who are looking for infection rates where they live.

We subscribe to politics.co.uk, which is the highest ranked politics website in Google. Each month more than 300 new and original articles are written by its in house team of journalists attracting more than 100,000 unique visits from MPs, journalists and politically aware members of the public. Our attendance at events is publicised through politics.co.uk through their events calendar and our micro site, which attracts a lot of interest, with our regular press releases being among the most read articles


Our website is publicised and linked through a wide range of trusted organisations to include the NHS Choices website, which receives 5 million hits a month, Dr Foster Health, BUPA and Patient.co.uk
Our information is accurate, balance and reliable – The Information Standard is testimony to our high standards

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# Communication and media

**Resistance to antibiotics risks health catastrophe**
Monday 11th March 2013

MRSA Action UK responds to the Chief Medical Officer's first annual report and her comments and the families affected by antimicrobial resistance feature in the news, the tragic consequences from contracting MRSA is a stark example of things to come if multi-drug resistance is left unchecked.

Andrea Jenkyns spoke on **Sky News**, Steve Owen was interviewed on BBC Radio 5 Live and **ITN News**, and Derek Butler spoke to BBC Radio 5 Live, BBC Radio Coventry, BBC Radio Lancashire, BBC Radio London and BBC News 24.

ITV News' Medical Editor Lawrence McGinty


sky NEWS HD

Sky news desk
Monday 11th March 2013
Richard Suchet, Sky News Reporter

MRSA Action UK's Andrea Jenkyns talks to Richard Suchet

MRSA Action UK

**BBC Radio West Midlands**
**Marmite's Vitamin B3 and MRSA breakthrough**
**27th August 2012**

Mirror

By Andrew Gregory, Steve Myall
2 Nov 2012 01:00

**Scandal of dirty hospitals: 43,000 patients struck down by deadly superbugs on NHS wards last year**

BBC RADIO 5 live

BBC Radio 5 live broadcast
Tuesday 20th November 2012

On Tuesday 20th November members of MRSA Action UK took part in a broadcast on Radio 5 Live. This was in tandem with initiatives to coincide with European Antibiotic Awareness Day on 18th November and a number of events to raise awareness of the need to preserve our precious resource of antibiotics and use them wisely, whether a prescribing medical practitioner or a patient.


BBC Sign in News Sport Weat
NEWS HEALTH
Home World UK England N. Ireland Scotland Wales Business Polit

24 January 2013 Last updated at 13:18

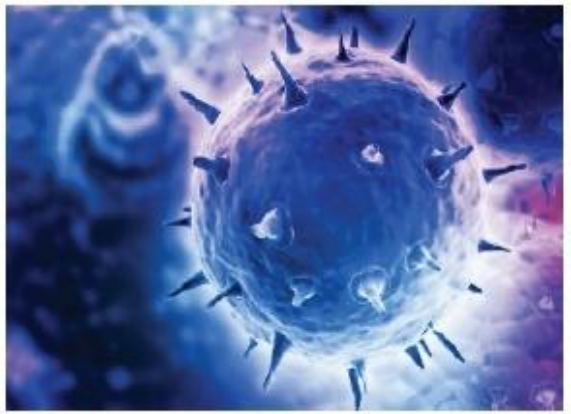
Antibiotic 'apocalypse' warning

By James Gallagher
Health and science reporter, BBC News

The rise in drug resistant infections is comparable to the threat of global warming, according to the chief medical officer for England.

# Challenges Ahead

- Other pathogens
- Surgical site infections
- Urinary Tract, catheter and line infections
- Infections in the community
- Antimicrobial resistance
- Keeping evolving threats on the radar
- Raising not just public awareness,
  but engaging with those who matter and can make a difference



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# Challenges Ahead

- Our greatest challenge is to keep up the momentum and resolve to campaign for a more transparent and open culture within the NHS, so embedded that it becomes second nature and that poor care of patients is no longer tolerated, wherever we receive care
- And in memory of those victims of the Mid Staffs events, never forget....

# PREFACE.

It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm. It is quite necessary, nevertheless, to lay down such a principle, because the actual mortality *in* hospitals, especially in those of large crowded cities, is very much higher than any calculation founded on the mortality of the same class of diseases among patients treated *out of* hospital would lead us to expect. The

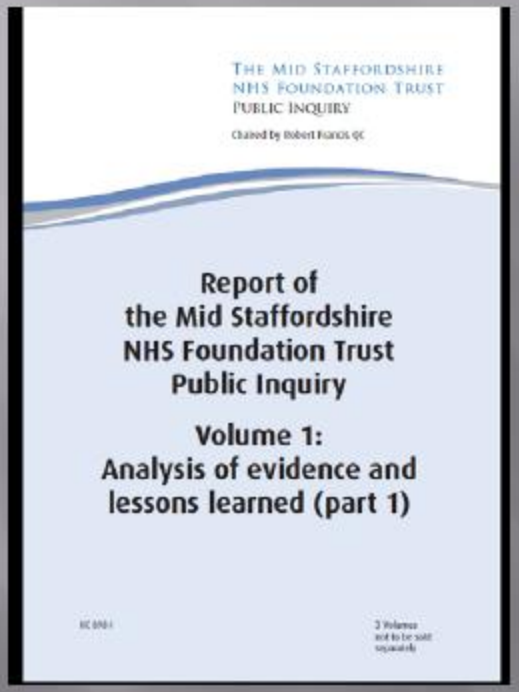
*Notes on Hospitals,* Nightingale F, 3rd ed 1863, Longman Green Roberts & Green

# TABLE OF CONTENTS.

"What can't be cured must be endured," is the very worst and most dangerous maxim for a nurse which ever was made. Patience and resignation in her are but other words for carelessness or indifference—contemptible, if in regard to herself; culpable, if in regard to her sick.

*Florence Nightingale, Notes on Nursing (1860)* pages 92-93

# Some figures...




- > 1 million pages of documentary material
- > 250 witnesses
- 139 days of oral hearings
- Terms of reference announced 9 June 2010
- Report handed to Sec of State 5 February 2013
- Costs £13 million to November 2013
- AN Other Inquiry: £40 million before oral hearings....
- 1781 pages
- 290 recommendations

# But who is important?


Another
Whitewash
© PA

# Patient stories – 1
## Inadequate staff?

*The daughter of a patient in ward 11*

In the next room you could hear the buzzers sounding. After about 20 minutes you could hear the men shouting for the nurse, "Nurse, nurse", and it just went on and on. And then very often it would be two people calling at the same time and then you would hear them crying, like shouting "Nurse" louder, and then you would hear them just crying, just sobbing, they would just sob and you just presumed that they had had to wet the bed. And then after they would sob, they seemed to then shout again for the nurse and then it would go quiet...

# Patient stories – 2
## Lack of compassion?

*The daughter-in-law of a 96 year old patient*

We got there about 10 o'clock and I could not believe my eyes. The door was wide open. There were people walking past. Mum was in bed with the cot sides up and she hadn't got a stitch of clothing on. I mean, she would have been horrified. She was completely naked and if I said covered in faeces, she was. It was everywhere. It was in her hair, her eyes, her nails, her hands and on all the cot side, so she had obviously been trying to lift her herself up or move about, because the bed was covered and it was literally everywhere and it was dried. It would have been there a long time, it wasn't new.

# Patient stories – 3
## Training? Leadership?

*She had got a cloth, like a J-cloth, and she cleaned the ledges and she went into the wards, she walked all round the ward with the same cloth, wiping everybody's table and saying hello, wiping another table and saying hello. Came out of there, went into the toilets and lo and behold, she cleaned the toilets with the same cloth, and went off into the next bay with the same cloth in her hand. You can't believe what you saw, you really couldn't believe what you saw.*

*A visiting relative in 2006*

# A patient death
## Systemic failure of safety?

A detailed investigation has been undertaken including obtaining information from 14 members of staff and considering a substantial number of documents. The following problems have been identified:

- failure to control diabetes
- failure to administer prescribed drugs
- failure to undertake nursing handovers properly or at all
- failure to complete nursing records adequately or at all
- failure to conduct medical ward rounds properly
- failure to make adequate or proper notes of ward rounds and care plans
- failure to give the patient a diabetic menu
- failure to report this matter as a SUI in a timely fashion
- failure to report to report to the Coroner

*Extract from Trust investigation report*

It would appear that there were several systemic failures and issues which caused the SUI to occur in this particular case. Unfortunately, it cannot be said that these failures are an isolated incident and unlikely to re-occur. It is clear from talking to the staff (and examining other medical records) that similar issues are occurring regularly.

*Extract from Trust investigation report*

# Staff concerns
## The wards

*I mean in some ways I feel ashamed because I have worked there and I can tell you that I have done my best, and sometimes you go home and you are really upset because you can't say that you have done anything to help. You feel like you have not – although you have answered buzzers, you have provided the medical care but it never seemed to be enough. There was not enough staff to deal with the type of patient that you needed to deal with, to provide everything that a patient would need. You were doing – you were just skimming the surface and that is not how I was trained.*

*A nurse*

# Staff concerns
# A&E

*The nurses were so under-resourced they were working extra hours, they were desperately moving from place to place to try to give adequate care to patients. If you are in that environment for long enough, what happens is you become immune to the sound of pain. You either become immune to the sound of pain or you walk away. You cannot feel people's pain, you cannot continue to want to do the best you possibly can when the system says no to you, you can't do the best you can.*

*A doctor who started in A&E in October 2007*

# Disengagement:

*Perhaps I should have been more forceful in my statements, but I was getting to the stage where I was less involved and I was heading to retirement … I did not have a managerial role and therefore I did not see myself as someone who needed to get involved. Perhaps my conscience may have made me raise concerns if I had been in a management role, but I took the path of least resistance. In addition … most of my patients were day cases and there was less impact on those patients. There were also veiled threats at the time, that I should not rock the boat at my stage in life because, for example, I needed discretionary points or to be put forward for clinical excellence awards*

*Evidence given to the Public Inquiry*

# Fundamental standards

- What the public see as absolutely essential
- What the professions accept can be achieved
- Enshrined in regulation by Government
- Compliance measured by evidence based methods
- Policed by CQC [including governance required to meet these standards]
- Distinguish from enhanced quality standards subject to commissioning

# Fundamental standards
## *Examples*

- Prescribed medication given
- Food and water to sustain life and well being supplied and any needed help given
- Patients and equipment kept clean
- Assistance where required provided to go to the lavatory
- Consent for treatment obtained

# Fundamental standards
## *Sanctions*

- *Persistent failure* – stop/close the service
- *Death or serious harm caused by breach* - criminal liability for individuals and organisations , unless not reasonably practicable to comply
  - *?Defence for individual to have reported obstacles to compliance*
  - *Prosecution matter of last resort/serious cases*
- *Isolated incidents:* no tolerance: investigate reasons and correct.

# Fundamental standards
## *Guidance*

- NICE to provide evidence based guidance and procedures which will enable compliance with fundamental standards in each clinical setting.
- NICE also to provide evidence based means of measuring compliance
- Guidance to include measures for staff numbers and skills in each clinical setting required to enable compliance with fundamental standards.

# Openness, transparency & candour

- *Openness*: enabling concerns and complaints to be raised freely and fearlessly, and questions to be answered fully and truthfully
- *Transparency*: making accurate and useful information about performance and outcomes available to staff, patients, public and regulators
- *Candour*: informing patients where they have or may have been avoidably harmed by healthcare service whether or not asked

# Candour

- Statutory obligation
  - Individual professionals under a duty to inform the organisation or relevant incidents
  - Healthcare provider organisations under a duty to inform patient
- Statutory sanction
  - Wilful obstruction of these duties should be a criminal offence
  - Deliberate deception of patients in performing duty should be a criminal offence
- No censoring of critical internal reports and full information for patients
- ?Remedy for patients for non performance of duty of candour

# Openness

- Welcome complaints and concerns
- Gagging clauses to be banned
- Independent investigation  of serious cases
- Involving complainants , staff
- Real feedback
- Real consideration by Trust Board
- Information on actual cases shared with commissioners, regulators, and public
- Swift and effective action and remedies

# Transparency

- Honesty about information for public
- Balanced information in quality accounts about failures as well as successes
- Independent audit of quality accounts
- Criminal offence of reckless or wilful false statements by Boards re compliance with fundamental standards
- Truth not half truths to be told to regulators
- Criminal offence to give deliberately misleading information to regulators
- CQC to police information obligations including information on enhanced quality standards

# Compassionate Caring Committed Nursing

- Aptitude assessment on entry
- Hands on experience a prescribed requirement
- Standards of training standards, assessment , appraisal for core values and competence to deliver
- Named nurse [and doctor] responsible for each patient
- Code of conduct and common training standards for HCSWs
- Registration requirement for HSCWs plus power to disqualify/share info re concerns
- Reward good practice; recognise special status of care of elderly
- Review Knowledge & Skills Framework

# Strong patient centred leadership

- Recruit and train for values
  - Staff college open to all candidates and recruits
  - Voluntary accreditation
- Leadership by example
- Code of conduct prioritising patient safety and wellbeing, candour
- Accountability through disqualification for serious breach and deficiencies
- Keep possibility of wider regulation under review

# ACCURATE USEFUL RELEVANT INFORMATION

- Individual and collective responsibility to devise performance measures [R262-267]
- Patient, public, commissioners and regulators access to effective comparative performance information for all clinical activity
- Improve core information systems

- *Remember, nothing matters until it becomes personal, and .....*
- *All that is necessary for the triumph of failure and harm is that good people do nothing*