The Information Standard – MRSA Action UK Procedural Guidance

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Document History

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Name	Organisation	Role
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Record of revisions

Revision number	Description	Chapter / page	Date completed
001	Revise: "Website monitoring will be undertaken to validate that links to our website are in tact and up-to-date." To read: "Website monitoring will be undertaken to validate that links to our website are intact and up-to-date."	Item 3.4 Page 9	30 November 2011
002	Opening paragraph, “The Board of Trustees” revised to read “The designated members of the Board of Trustees”	Item 4, Page 9	30 November 2011
003	Revise flow chart text: “Peer review content with practicing IP&C specialists, receive feedback and make any additional amendments” To: “Peer review health content with practicing IP&C specialists, receive feedback and make any additional amendments”	Item 5.3 Page 12	30 November 2011
004	Revise “Resources used in the development of content are available on request, via the ‘Contact us’ link at the top of every page on the MRSA Action UK website, and references are available for each information product at http://mrsaactionuk.net/references/html “ To: “References to resources are available for each printed information product at http://mrsaactionuk.net/references/html References to resources used in the development of web content are provided on each webpage, with printed copies available on request.”	Item 5.7 Page 14	30 November 2011
005	Revise: “Once a piece of content has been researched drafted, checked by clinical peer reviewer and lay reviewers,” To: “Once a piece of content has been researched drafted, checked by clinical peer reviewers (for health information) and lay reviewers,”	Item 5.8 Page 15	30 November 2011
006	Revise: “b) Sources of evidence will be clearly indicated and references will be documented on the MRSA Action UK website at http://mrsaactionuk.net/references.html To: “b) Sources of evidence will be clearly indicated and references will be documented on the MRSA Action UK website”	Item 6 Page 16	30 November 2011
007	Roles and responsibilities of editorial panel and Board of Trustees described	Item 4 Page 9	23 December 2011
008	Responsibility and methodology for the annual audit of the scheme described	Item 4.2 Page 9	23 December 2011
009	Procedure for dealing with corrective action described.	Item 4.2 Page 9	23 December 2011
010	Training needs and skills specified for Information Standard coordinator/author and criteria specified for clinical reviewers	Item 4.3 Page 10	23 December 2011

Revision number	Description	Chapter / page	Date completed
011	A record of requests for information in other formats will be kept and reviewed for future accessibility requirements	Item 5.5 Page 15	23 December 2011
012	Self Auditing the information production system added	Chapter 7 Page 19	21 December 2012
013	Dealing with feedback and preventative corrective action added	Chapter 7 Page 19	21 December 2012
014	Statement on moderation of user-generated-content and social media sites added	Item 3.3 Page 9	2 February 2014
015	Removal of four products (web pages) from the scope of The Information Standard: Educational resources for children and parents – outside of scope. (A useful resource, sign-posted to external content on NHS and Department of Health, Public Health England sites) Mandatory reporting of MRSA and Clostridium difficile - outside of scope. (A reference page to monthly Public Health England (Health Protection Agency) statistical reports) Making a complaint – frequently asked questions – (outside of scope, remain as a signpost page only with frequently asked questions from personal experiences) Sharing good practice - outside of scope, (Page deleted. Monitoring shows this page is not frequently visited. Refers to external content on NHS and Department of Health sites)	Item 3.3 Page 9	2 February 2014
016	Removal of the paragraph reading “Signposts patients and the public to other reliable resources of information relating to the prevention and control of healthcare associated infections” The Information Standard scheme is explicit in that the act of signposting is out of scope of The Information Standard.	Item 3.3 Page 9	2 February 2014
017	Process for deriving evidence - sentence added “Any uncertainties will be stated.”	Item 5.7 Page 17	2 February 2014
018	Change of description – web redesign. Home page navigates to page ‘About MRSA’ via main menu and button ‘What is MRSA?’	Item 3.3 Page 9	1 June 2015
019	Change to frequency of Trustee meetings to review how scheme is working from three to one meeting per year. Meetings can be mail email and telephone.	Item 4.1 Page 11	1 June 2015
020	Change to frequency of reviews from two to three years (or if there is a change in recommended practice, whichever is the sooner). Reviews will begin three months ahead of the due date to allow adequate time for clinical and lay reviewers to respond.	Item 5.3 Page 13	1 June 2015

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THE INFORMATION STANDARD

1. MRSA ACTION UK PROCEDURAL GUIDANCE

1.1 INTRODUCTION

This document sets out our commitment to produce good quality information within the requirements of The Information Standard. It is designed as a guide for those who have a responsibility for producing information within our organisation and sets out how we achieve this.

These procedures are published on our website so that everyone who needs to use our information, whether they are patients, carers, healthcare professionals or the wider public, can have confidence that our information meets the requirements of The Information Standard.

2. MRSA ACTION UK POLICY STATEMENT

MRSA Action UK is committed to producing good quality, up-to-date information relating to MRSA (Meticillin resistant *Staphylococcus aureus*), its causes, symptoms and treatment. We are committed to ensuring that all the information and materials we produce are safe, evidence based and are supported by bodies incorporating the Public Health England, Department of Health, the NHS, Infection Prevention Society and other professional bodies with expertise in MRSA and other healthcare associated infections. Evidence from international bodies such as the World Health Organisation, European Centre for Disease Prevention and Control, and Centers for Disease Control and Prevention (US) is also used in the production of our information.

This policy statement is applicable to all information accredited under the scheme including information on other significant healthcare associated infections which may from time to time be updated to ensure continuing suitability.

MRSA Action UK is committed to reviewing all information materials for continuing suitability and will update them as necessary.

MRSA Action UK will ensure that all those involved in producing information and materials within the scope of the Standard are aware of, and comply with this Policy Statement and the requirements of the Information Standard.

MRSA Action UK is committed to maintaining records to show acknowledgement of the policy statement and its implications by all those involved in producing the information

3. THE AIMS AND OBJECTIVES OF MRSA ACTION UK

The aims and objectives of MRSA Action UK are to raise public awareness and to influence Government and healthcare providers in developing strategies for the prevention and control of MRSA and other healthcare associated infections.

3.1 OUR CHARITABLE OBJECTIVES

Our charitable objectives, as defined for the Charity Commission for England & Wales, are the relief of sickness and the promotion of public health for the public benefit in particular, but not exclusively, by

> The provision of advice and information in connection with the prevention and relief of MRSA and other healthcare associated infections
>
> The provision of support and assistance to sufferers of MRSA and other healthcare associated infections, their carers and those bereaved as a result of contracting such infections
>
> For the purpose of this publication and other products within the scope of this procedure, the term 'healthcare associated infections' means 'any infection to which an individual may be exposed or made susceptible (or more susceptible) in circumstances where

a) healthcare is being, or has been provided to that or any other individual and

b) the risk of exposure to the infection or of susceptibility (or increased susceptibility) to it is directly or indirectly attributable to the provision of healthcare

3.2 How the production of the information we publish is appropriate to our aims and objectives

The information we publish is produced to help our target audience understand MRSA and other healthcare associated infections. It is designed to answer some of the questions patients, the public and those who come into contact with people who are vulnerable to illness from healthcare associated infections often ask. It also discusses the diagnosis and treatment of MRSA. The information is designed to help inform partners, friends, families and carers, and anyone who is concerned about how MRSA affects people and what can be done to treat it.

MRSA affects people in and outside of hospital; there is also information on how to deal with MRSA outside of hospital within the scope of these procedures.

Treatment for MRSA including antibiotic therapy and other surgical intervention is also discussed, as is the reason for screening for MRSA and other bacteria that can cause infection, for example MSSA (Meticillin-sensitive *Staphylococcus aureus*). The information discusses what is involved in screening, diagnosis, treatment and how this may help patients and carers.

3.3 The types of information covered by this procedural guidance

The types of information covered by this procedural guidance include sections of the website and leaflets that do the following:

- Describe MRSA and other healthcare associated infections
- Describe their cause, symptoms and treatments
- Informs patients and the public what to expect when receiving healthcare, specifically in relation to preventing and controlling healthcare associated infections, as set out in line with current guidelines and legislation

These procedures do not apply to press releases, campaigns for changes in policy, opinions and statements requested by the media, where personal opinions or anecdotal evidence are used. Evidence to support information products within the scope of these procedures will be made available on request, subject to personal permission being sought where information may be identifiable to a patient or individual that is not already available in the public domain. For the purposes of this procedure the term 'public domain' excludes social networking sites where statements are not referenced and evidenced.

The Information Standard quality mark does not apply to third party user-generated content of linked to the MRSA Action UK website, such as the MRSA Action UK BlogSpot, Twitter or Facebook. Tweets

and re-tweets are not endorsements of opinion. Moderators are notified when content is posted, any content that is likely to impact on the integrity of MRSA Action UK, the information it publishes, or the integrity of The Information Standard will be removed at the time of receiving notification.

Responses to consultations may also be excluded where they include anecdotal evidence from patients' experience rather than scientifically tested information.

Where content is based on inconclusive evidence or opinion, this will be clearly indicated. Where views differ and no scientific consensus can be found, the information will reflect all significant opinion and state the uncertainty clearly.

Current information products included in the scope of The Information Standard include:

Website materials:

1. About MRSA
2. Screening for MRSA
3. Symptoms and treatment for MRSA infection
4. Going into hospital
5. MRSA at home and in the community
6. MRSA and babies
7. *Clostridium difficile*
8. Other healthcare associated infections
9. Guidelines for care homes in England & Wales

Printed materials:

10. MRSA Leaflet - Going into hospital
11. Advice for those affected by MRSA outside of hospital
12. Poster Right Time Right Place

Version control will be built in and documented for each information product; documentation will incorporate an introductory paragraph, description of the target audience and subject matter.

3.4 MANAGING POTENTIAL CONFLICTS OF INTEREST RELATING TO THE INFORMATION WE PRODUCE

Any potential conflicts of interest will be considered in the production of information, for example if a clinical trial we had cited as evidence and included the use of products that any sponsor is involved in producing or manufacturing, we would state this in the referenced evidence. MRSA Action UK's Corporate Sponsorship page clearly states that any claims given by manufacturers is not the view of MRSA Action UK, and that we do not endorse products. Reference to our Corporate Sponsorship and any related information products include a clause stating sponsors who help by making donations to the charity do not contribute to the editorial content of the information we produce. Any sponsor or

other organisation that wishes to have online links to our website must not copy and paste information from our website, this will ensure any clinical information that is sourced from MRSA Action UK is reviewed, relevant and up-to-date. Website monitoring will be undertaken to validate that links to our website are intact and up-to-date.

No author will be asked, or is permitted, to provide favoured treatment to any partner organisation and all editorial officers must fully disclose any financial or other interests they may have in any healthcare-related companies or organisations. Such interests must be reported to the Secretary at the time of their appointment or at the point they arise thereafter.

The Secretary will report any potential conflict of interest to the Board of Trustees which will determine what needs to be done to eliminate it.

Our approach to independence will be clearly identified in contracts that we have with all sponsors. These will be regularly reviewed to ensure transparency and to ensure clarity with sponsors and the Trustees of MRSA Action UK. The Chair of the Charity will be responsible for the inclusion of this statement of independence and regular review.

4. MANAGEMENT RESPONSIBILITY FOR INFORMATION PRODUCTION IN THE ORGANISATION

Designated members of the Board of Trustees are responsible for information production and the Secretary has overall accountability for the administration of the information production system and responsibility for ensuring all information products within the scope of the Information Standard meet the necessary criteria. The Secretary will ensure responsibilities and authorities are defined and communicated to relevant staff and volunteers for publication and revision of information within the scope of this procedure.

The Chief Editor holds the position of Chair of MRSA Action UK and will be responsible for signing off policies, procedures and materials produced within the scope of the Information Standard. They will have an understanding of the Information Standard; an understanding of MRSA Action UK's aims and objectives; will work with the Secretary and Vice Chair to carry out the annual audit of the scheme and deal with non-conformities. Job descriptions and roles of the Chief Editor, Author and Coordinator of the scheme materials, and professional qualification criteria for clinical reviewers will be kept up-to-date by the Secretary.

4.1 HOW THE SCHEME AFFECTS THE WORK OF OUR INFORMATION PRODUCTION TEAM AND VOLUNTEERS

The circulation of the policy and procedures for the production of information is achieved through using a secure network and email, where this is not available hard copies are distributed to responsible officers and volunteers. Responsible officers and volunteers are asked to confirm they have read and understand their roles, both as individuals and in working together, to achieve the standards set out in the information production system.

The Policy Statement, information production system procedures and minutes resulting from meetings appertaining to the scheme are made available to relevant staff and volunteers. Following an initial meeting to focus on the adoption of the policy and information production system procedures, there will be a regular agenda item for Trustees meetings at least once a year, which may be by email/telephone, and will include be the Senior Management Review, to continually review and receive training updates. The Senior Management review meeting will consider the policy and procedures, their effectiveness, any complaints and feedback, lessons learned, the annual internal audit and any need to review our practices.

4.2 QUALITY ASSURANCE

The Board of Trustees are ultimately responsible for editorial quality and compliance with The Information Standard. The Board of Trustees will meet regularly to review content and approve the editorial process.

The sign off procedure is the responsibility of the Chair and the process incorporates a form with the opportunity to state any reason for non-compliance with the procedural guidance, and subsequent non-compliance with the Information Standard requirements. If there are any areas of non-compliance, whether raised internally or externally, corrective action would need to be taken and the product reviewed again against the criteria to ensure compliance. Any published information either online or in hard copy will be corrected within 5 days, dependant on the nature of the error. It is possible to rectify as soon as the error is known as the Secretary also edits and manages the website. Records of any non-compliance and subsequent action will be kept on file, and recorded on the "Records of Review Spreadsheet".

The Chair and Vice Chair, Derek Butler and Helen Bronstein, will be responsible for the annual internal audit of the scheme using the Information Standard audit tool. The tool will be used by the Secretary, Maria Cann, to record evidence against the criteria set out by the Information Standard and this procedure. The audit will take place on the anniversary of confirmation of the accreditation and annually thereafter.

4.3 TRAINING

Officers and volunteers involved in the production of information are given professional development training to ensure editorial standards are met. The editorial panel, comprising the Chair, Vice Chair and Secretary, will attend training provided by Capita (currently the provider commissioned to implement and administer The Information Standard).

Information producers should be numerate and literate, have good project management skills. Web publishers and authors should have an understanding of the standards promoted by the World Wide Web Consortium, and an understanding of standards promoted by the Plain English Campaign to facilitate the production of clear accessible information.

The scheme coordinator and author (Maria Cann, Secretary) will have an understanding of the Information Standard; an understanding of MRSA Action UK's aims and objectives; have knowledge

and experience in carrying out gap analyses, developing and managing action plans; be experienced in the coordination and management of site visits for audits and accreditation; and have the ability and authority to deal with non-conformities. Education and training requirements will include a degree or equivalent qualification, or substantial relevant experience that demonstrates literacy (with a particular focus on writing clear English), numeracy and analytical skills; experience in critical analysis skills (e.g. reading and analysing reports, critiquing reports, reviewing papers and identifying balanced information). Critical appraisal skills are developed and used through membership of, attendance and participation in, the Department of Health and West London University Healthcare Associated Infection Service User Research Forum.

The training and development of relevant officers and volunteers will be documented and kept on file by the Secretary, along with details of the Information Standard scheme. The Chair, Vice Chair and Secretary should attend at least three relevant Infection Prevention and Control events per annum. This can include attendance of workshops, webinars, and internal briefings on the provision of up-to-date information on the scheme for Trustees, relevant officers and panel members. Records of information appertaining to the Information Standard and other relevant training material will be kept by the Secretary electronically on a secure server.

Clinical reviewers must be practicing Infection Prevention & Control nurses, consultants or microbiologists, with demonstrable experience and commitment to quality and patient safety. They should possess good communication and reporting skills with access to bodies with expert prevention and control advice. They should be fully registered with the GMC/listed in the GMC Specialist Register or the appropriate registration body.

Confirmed clinical reviewers as at 27th November 2011 include:

- Claire Kilpatrick, Programme Manager, "Clean Care is Safer Care", Patient Safety Programme, World Health Organisation (WHO) Patient Safety Secretariat
- Kate Prevc Modern Matron, Infection Prevention and Control, University Hospitals Coventry and Warwickshire NHS Trust
- Erika Grobler, Deputy Director of Infection Prevention and Control, King's College Foundation Hospital NHS Trust
- Juliet Magee, Lead Nurse Infection Control, Bedford Hospital NHS Trust
- Martin Kiernan, Infection Control Nurse, Southport and Ormskirk NHS Trust
- Julie Storr, WHO Patient Safety Project Lead, Vice President Infection Prevent Society
- Dr Louise Teare, Consultant Medical Biologist and Director of Infection Prevention and Control, Mid Essex Hospital Services NHS Trust
- Gloria Moss, Specialist Nurse Infection Prevention and Control, Dorset County Hospital NHS FT
- Anne Smith, Nurse Consultant Infection Prevention and Control, Dorset County Hospital NHS FT

5. THE INFORMATION PRODUCTION SYSTEM

MRSA Action UK's Information Production System describes the purpose of the information being produced, desired outcome, the scope of information, subject matter, and the target audience.

5.1 PURPOSE OF THE INFORMATION BEING PRODUCED

The purpose of the information is to empower patients so that they are equipped to make informed choices in their healthcare, and to support them by helping them expand their knowledge on the prevention and control of MRSA and other healthcare associated infections. The information is designed to enable informed conversations with care givers about the best ways to reduce the risks from infection. It is also intended to help them recognise the signs of infection so that early medical advice can be sought.

The scope of information covered by the publication scheme relates to the prevention and relief of MRSA and other healthcare associated infections

The information is for general purposes only and is not intended to address specific medical requirements of individuals. We always advise that people who are unwell take medical advice from their GP or if it is an immediate emergency contact NHS Direct or Accident & Emergency.

5.2 THE TARGET AUDIENCE

The target audience for the information is patients, carers and dependants who are affected by MRSA and other healthcare associated infections, this may be those going into hospital, or leaving hospital, receiving care at home, and those giving care outside of hospital, whether professionally or informally. For the purpose of this procedure the term 'informal carers' are defined as those who look after their partners, spouses, relatives, friends, and neighbours on an informal basis. They often have no formal training in care, but need to be informed and trained about any clinical procedures they will undertake, such as managing a urinary catheter or enteral feeding, for example.

5.3 REVIEW

Information will be reviewed at least every three years or if there is a change in recommended practice, whichever is the sooner. Reviews will begin three months ahead of the due date to allow adequate time for clinical and lay reviewers to respond.

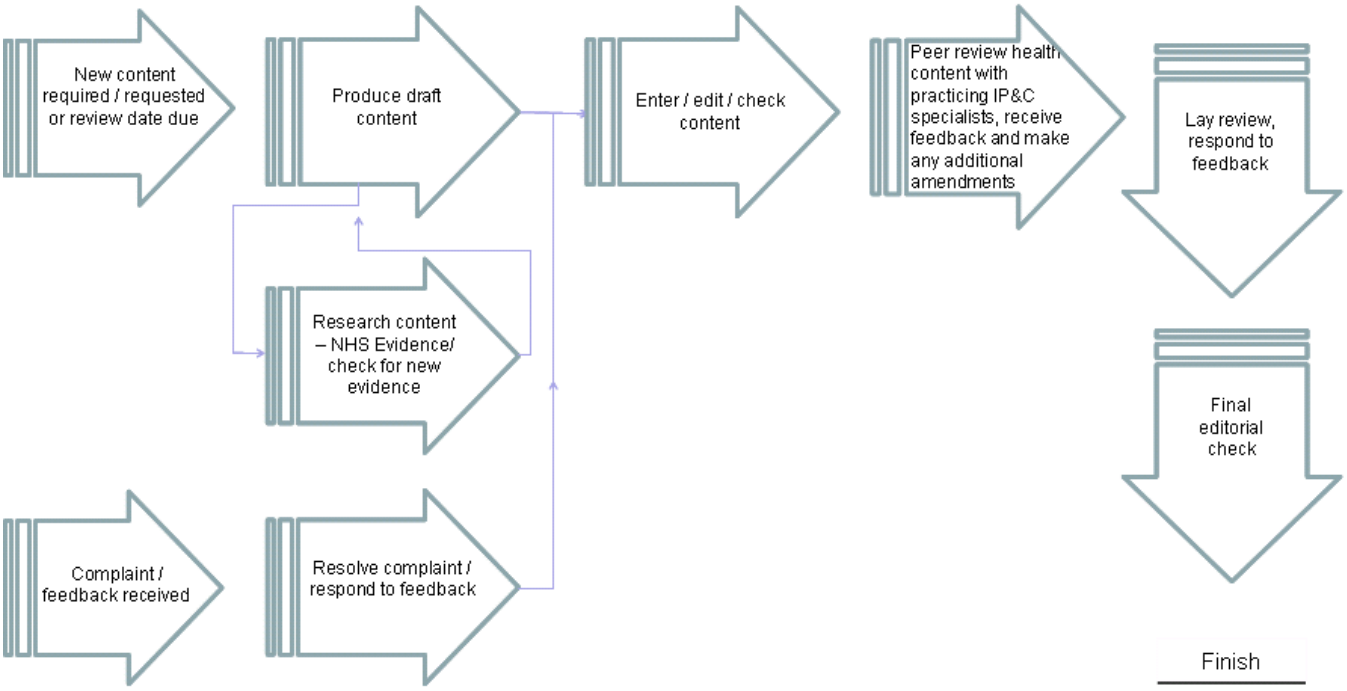
The need to review may be as a result of a change in recommended practice, and this may be from sources to include the Royal Colleges, Department of Health, Public Health England, World Health Organisation, European Centre for Disease Prevention and Control, Infection Prevention Society, or as a result of any peer reviewed papers in professional medical journals on the prevention and control of healthcare associated infections, including, but not exclusively MRSA. NHS Evidence provides reviews on all of these sources and related communities of practice and is used to review and ensure source information is balanced, safe and up-to-date.

Other reasons to review may be as a result of feedback received from the reading panel, members of the public, and members of the charity or any other healthcare organisation that may refer service users to our website. The Secretary would send details to Trustees of the proposal to review information.

The information product for review would be checked to establish if scientific research on the subject matter has been updated through NHS Evidence. External peer reviewers with expertise in practicing Infection Prevention and Control would be asked for an opinion on the content.

The proposed revisions would be sent to relevant stakeholders, to include the reading panel, trustees, regional representatives who take calls and queries from patients and the public; any interested party that may have requested clarification or a revision with a 2 week deadline to respond. The editorial board, comprising the Chair, Secretary, Vice Chair and a service user to make a decision on the revisions and to feedback to all interested parties with the final draft. The process flow is shown in 'figure 1'.

FIGURE 1 REVIEW PROCESS CHART



5.4 RECORDS OF THE REVIEW

A document to record the process specific to each information product describing the target audience and subject matter will be kept. The record shall specify the purpose of each information product, required verification, validation, review and document control record. Records of all third party information or professional consultancy sources used to produce the information product shall also be recorded where relevant.

Copies of each information product and associated records will be kept on file for a minimum period of 5 years. This will include a record of the search process, feedback from the reader panel, clinical

reviewers and minutes of Trustees meetings. Records will be stored on an online server and on disc; back up copies will be stored in another location and held by a Trustee of the Charity.

5.5 ACCESSIBILITY

The target audience is patients and the public; therefore accessibility needs are addressed by making information available in large print on request and enabling the website with browse aloud to assist those who may have sight impairment or reading difficulties. For information in other languages Google translate is available for all pages in html format, it is a 'machine translation' and the translated text is therefore not of the same quality as if it had been translated by a human translator. There are health resources in other languages available which we signpost service users to on our accessibility page, where we also explain the limitations of Google translate.

Google Translate currently supports 58 languages:

Afrikaans	English	Icelandic	Norwegian	Swedish
Albanian	Estonian	Indonesian	Persian	Thai
Arabic	Filipino	Irish	Polish	Turkish
Belarusian	Finnish	Italian	Portuguese	Ukrainian
Bulgarian	French	Japanese	Romanian	Vietnamese
Catalan	Galician	Korean	Russian	Welsh
Chinese	German	Latvian	Serbian	Yiddish
Croatian	Greek	Lithuanian	Slovak	
Czech	Hebrew	Macedonian	Slovenian	
Danish	Hindi	Malay	Spanish	
Dutch	Hungarian	Maltese	Swahili	

Google Translate tests other languages, called 'alpha languages' that may have less-reliable translation quality than the supported languages. Google are working to support other languages and will introduce them as soon as the translation quality meets Google's standards.

Current alpha languages are:

Armenian	Basque	Haitian Creole
Azerbaijani	Georgian	Latin
		Urdu

All pages within the scope of the Information Standard will conform to Worldwide Web Consortium guidelines to provide consistently clear presentation for web browsers and operating systems.

The reading panel checks that information is clear and easy to understand.

Details of the reading panel are publicised on the website with an open invitation to feedback on the quality of the information and join the panel. Feedback is discussed and reviewed at each Trustee

meeting (a minimum of three per year). A record of requests for information in other formats will be kept and reviewed for future accessibility requirements.

5.6 Reviewing the information against clinical evidence

The information is designed by keeping up to date with developments in infection prevention and control, and is designed on customer demand, namely based on enquiries we receive from the general public and feedback, for example when screening for MRSA was introduced there was a lot of contact regarding colonisation and infection and a confusion over what treatments, if any, were needed, therefore we updated our information to incorporate and explain the most up to date guidance from the Department of Health.

If information needs to be reviewed due to the level and nature of enquiries, or changes in practice relating to infection prevention and control based on evidence available then guidance from the relevant bodies, namely the Public Health England, Department of Health would be used to apply the evidence.

5.7 Process for deriving evidence

The evidence-based knowledge that informs MRSA Action UK's MRSA and healthcare associated infection information is derived from peer-reviewed scientific research and from the direct experience of clinicians, other health professionals, patients and people who have been affected by MRSA and other healthcare associated infections.

In pulling together this knowledge to provide users with a rounded and balanced package of material, we carry out a desktop review using NHS Evidence, which has a system for accrediting and classifying peer-reviewed research evidence with regard to its quality.

Direct experience is derived from:

- Patients and members of the wider public who may be directly affected by MRSA and other healthcare associated infections
- NHS Trusts Infection Prevention and Control Teams
- Department of Health HCAI Stakeholder groups, incorporating patients, patient charities, and communities of practice, including the HCAI Service Users Research Forum

References to resources used are available on the MRSA Action UK website, and the link is printed on each printed information product: http://mrsaactionuk.net/references/html

References to resources used in the development of web content are provided on each webpage, with printed copies available on request.

Evidence from enquiries and keywords is logged where significant numbers of enquiries are received. Evidence is considered by the editorial team to make a judgment on whether new information is

needed or further research to investigate findings is taken forward with the relevant communities of practice, for example the Department of Health or HCAI Service Users Research Forum.

A desktop review would be undertaken to establish if existing research of guidelines are available. The desktop review process requires the subject to be researched by using the NHS Evidence database. Peer reviewed articles from journals and the latest scientific evidence would be checked against the information product.

Alternative conclusions are cited and included to ensure balance, impartiality and reduce bias where available. If there are no alternative conclusions or opinion this will be clearly stated. Any opinion on reasons to ignore evidence or opinion will be stated outlining why. Any uncertainties will be stated. The referenced information product will be presented to the clinical peer reviewer to check for balance, scientific evidence and safety.

5.8 EDITORIAL SIGN-OFF

Once a piece of content has been researched drafted, checked by clinical peer reviewers (for health information) and lay reviewers, any final edits are made by a member of the MRSA Action UK editorial team. It is checked for:

- Accuracy
- Balance
- Accessibility
- Tone

Written content is then passed to the senior editor who checks it for:

- Spelling
- Grammar
- Overall presentation, and
- In line with current UK policies and guidelines

The process is then complete, subject to any final amendments, and the content can be signed off. In the event of any disagreement over the content prior to the final sign-off the final decision will be taken by the majority of the editorial panel, comprising the Chair, Vice Chair and Secretary. Any dispute over the content and the decision and reasoning supporting the decision will be kept on record and the material reviewed in line with this procedure.

6. MEETING THE KEY CRITERIA OF THE STANDARD TO PRODUCE QUALITY INFORMATION

a) Each information product will be consistent with up-to-date clinical evidence, medical research and social research.

b) Sources of evidence will be clearly indicated and references will be documented on the MRSA Action UK website

c) The date the information is published will be clearly indicated with the planned review date on each information product.

d) Possible treatment and care outcomes will be clearly presented in each information product within the scope of these procedures.

e) Each information product will clearly communicate its aims and purpose in an introductory paragraph.

f) Each information product will be presented in the most appropriate format for the specified audience.

g) Any conflict of interest will be disclosed.

h) Where relevant, alternative treatment or care options are clearly stated.

i) Each product will be consistent in layout and language.

j) There is a clear distinction between personal opinion and evidence based information.

k) Each information product will contain navigation aids to include contents lists, indexing and search facilities.

l) Any advertising will be clearly identified.

7. SELF AUDITING THE INFORMATION PRODUCTION SYSTEM

The information production system will be subject to periodic self audit and review to ensure its suitability to meet the requirements of the Information Standard.

The Secretary will be responsible to completing the self appraisal toolkit document highlighting any areas for improvement or any areas of non conformity. The Chair will review the information provided in the toolkit and review the evidence objectively. Once the toolkit has been completed this will be pass to the Vice Chair who will give a view on the appraisal.

The self audit will look at all procedures in a planned and systematic manner to verify that the information production system is implemented and is effective. The Vice Chair will inform the Secretary and Chair of her findings and any corrective action that needs to be taken in a timely and appropriate manner.

The results of the audit will be documented in the self assessment toolkit.

The review of the information production system will take place every two years in January; the next review will be scheduled for January 2014.

8. DEALING WITH FEEDBACK AND PREVENTATIVE CORRECTIVE ACTION

An annual review meeting will consider the policy and procedures, their effectiveness, any complaints and feedback, lessons learned and any need to review our practices.

Any information product which does not conform to the information production system or The Information Standard requirements will be identified and controlled to prevent its unintended use or delivery.

Feedback is able to be dealt with on receipt as the Secretary is also the web editor and any errors can be dealt with on the day of receipt. Leaflets and posters are printed on demand and directly through the Chair and Secretary, therefore any errors can be rectified on receipt.

Any errors, feedback and controls will be recorded along with actions taken on the “Record of Reviews” database.

Any nonconforming information product shall be corrected and subject to re-verification using the review process set out in the procedure document under Section 5 - "The Information Production System"

The publication would be withdrawn and a statement issued if there were any risks to health. Advice would be sought from clinical reviewers to establish risk and how this can be mitigated.

If there were clinical errors then the product would undergo a full review.

If the feedback or complaint related to a typographical error, for example a spelling error, then this would be recorded as feedback on the "Record of Reviews" database to show the modification, which would be approved by a member or members of the editorial panel. A decision would be taken as to whether such an error did require a full review with clinicians.

Procedure drafted for adoption 27th November 2011, revised 21st December 2012, revised 21st January 2014.
Review due 2nd January 2016

Signed ……..

Maria Cann, author

1 June 2015

Date……

Signed…….

Derek Butler, Chair

1 June 2015

Date…….