

<b>Action plan title/subject:</b>	Independent Investigation into the care and treatment of the individuals who contracted invasive Group A streptococcal (iGAS) bacterial infection during the Essex outbreak, and subsequently died
<b>Recommendations</b>	8.2 Identifying clinical deterioration – Recommendation 9 8.3 Antibiotic therapy – Recommendation 10 8.4 Infection prevention and control – Recommendations 11,12 & 13
<b>Organisation:</b>	Mid Essex Clinical Commissioning Group
<b>Date of incident:</b>	In February 2019 Public Health England identified an outbreak of an invasive Group A Streptococcus bacterial infection (iGAS) that had affected a number of people in the Mid Essex area. Thirty-nine people were infected, of whom thirty-three were confirmed from blood tests to be part of the iGAS outbreak, with a further six probable cases. Fifteen of those involved in this outbreak and affected with this infection have died.
<b>Monitoring forum:</b>	Mid Essex Quality & Governance Committee and Board
<b>Name of action plan lead:</b>	Chris Patridge, Head of Nursing
<b>Date last amended:</b>	04/09/2020

<b>RAG rating key</b>
Action overdue
Action within two weeks of due date OR known risk to achieving by due date.
Action complete
Action not yet due. No known risks to completion.

Recommendation	Actions required SPECIFIC/ MEASURABLE/ ACHIEVABLE/ REALISTIC	Responsible Officer (name and title)	Planned Completion Date DD/MM/YY TIMELY	Actual Completion Date DD/MM/YY	Intended outcome and evidence	Evidence of sustainability and monitoring	Progress as of date DD/MM/YY  RAG Rating (see key)
<b>8.1 Wound management</b>							
<u>Recommendation 1</u> Non-registered practitioners should not undertake clinical tasks and assessments outside of their competence and/or training. Where non-registered staff have the competence for such tasks and assessments, appropriate supervision should be in place.	Not applicable to Mid Essex CCG						
<u>Recommendation 2</u> Non-registered staff should adhere to local wound management guidance, and have the competence to take and document appropriate basic observations when providing wound care, for example, recording wound sizes or photographing wounds.	Not applicable to Mid Essex CCG						
<u>Recommendation 3</u> Registered staff should undertake development and training to maintain evidence based, safe and effective clinical practice. Providers should ensure that such clinical training is regularly kept up to date and monitored for compliance.	Not applicable to Mid Essex CCG						

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<u>Recommendation 4</u> All emergency and urgent care providers should ensure that they are fully and consistently implementing NICE guideline (NG51) on the recognition, diagnosis and early management of sepsis. Specifically, they should ensure that clinicians consistently carry out thorough clinical examinations to identify sources of infections, including the removal where necessary of bandages on wounds. Clinical teams should have access to the expertise and medical equipment to re-dress wounds in such cases, and to conduct necessary assessment and full body mapping.	Not applicable to Mid Essex CCG						
<u>Recommendation 5</u> Providers should ensure that their tissue viability services have the capacity and capability to provide a timely and responsive service that also maximises healthcare technology.	Not applicable to Mid Essex CCG						
8.2 Identifying clinical deterioration							

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<u>Recommendation 6</u> Providers across the whole health and care system should adopt the same National Early Warning Score, and act upon score indicators promptly and consistently	Not applicable to Mid Essex CCG						
<u>Recommendation 7</u> Provide CIC should review the practice of registered nurses not routinely undertaking basic nursing observations and holistic person-centred assessment as part of their clinical interventions.	Not applicable to Mid Essex CCG						
<u>Recommendation 8</u> Community providers should ensure continuity of care to promote trust, confidence and quality in the service it provides. Specifically, on how they assure themselves that teams of staff are organised and deployed to achieve high quality care and enable the early detection of clinical deterioration.	Not applicable to Mid Essex CCG						
<u>Recommendation 9</u> All care homes should have up to date guidance and protocols in place to detect early clinical deterioration and have appropriate thresholds for clinical escalation	In supporting the care homes to achieve Recommendation 9, the CCG are encouraging all care homes to engage in the Whzan project – the provision of Digital Telehealth tablets to allow homes to monitor the health and wellbeing of their residents. These devices are currently being rolled out to homes and training is being provided.	JB Designated Adult Safeguarding Nurse	30/08/2020	Implemented – ongoing oversight	Early recognition and intervention of the deteriorating resident.  More residents to be managed safely in the care home environment to avoid	The Whzan project has been fully funded by CCG for the first year. MECCG Quality Audits will now incorporate ongoing monitoring of the tablet and medical devices and this	

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	<p>In addition to this the care homes have already had Sepsis Training and they are aware of the Sepsis 6 protocol/pathway and the use of the NEWS2 system for early detection of the deteriorating resident and the subsequent pathways needed for clinical escalation.</p> <p>All care homes are also taking part in virtual MDTs with the GP and other health professionals.</p>				<p>unnecessary and inappropriate admission to hospital.</p> <p>Since the rollout of the Whzan project in other areas there has been a reduction in the percentage of admissions to hospital.</p>	<p>will ensure that Infection prevention and control procedures have been adhered to. Joint monitoring will also take place with CCG and LAC.</p>	
<b>8.3 Antibiotic therapy</b>							
<p><u>Recommendation 10</u> There should be a clear set of guidelines on where and how clinicians record in a patient's documentation an adverse drug reaction, a drug intolerance/sensitivity or a true drug allergy. There should also be a system in place to ensure this information is consistently communicated and acted upon at hand over.</p>	<p>NICE Clinical Guideline 183 (Drug allergy, diagnosis and management, Sep 2014) states where and how adverse drug reactions, drug sensitivities and true drug allergies should be recorded. We will summarise this guidance for providers into a succinct checklist for virtual approval by the Mid Essex Medicines Optimisation Group</p>	<p>AB, Senior Pharmacist MECCG</p>	<p>30<sup>th</sup> September 2020</p>		<p>Checklist approved and added to the mid Essex CCG Medicines Optimisation page on the website. Document communicated to all primary care providers following approval</p>	<p>See audit action below for how we will audit this</p>	
	<p>Include communication on GP prescribing support software alerting all prescribers of</p>	<p>NP, Senior Pharmacist MECCG</p>	<p>11<sup>th</sup> September 2020</p>		<p>Message is flagged when any antibiotic is prescribed.</p>	<p>Review acceptance and rejection rates of these messages on a monthly</p>	

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	antibiotics to check allergy status before prescribing					basis and investigate practices that have high rejection	
	Audit the percentage of patients in primary care who have an allergy status documented in the GP clinical system, and also the percentage of patients in primary care who have an allergy status documented who have been prescribed an antibiotic in the previous six months.	AB, Senior Pharmacist MECCG	30/09/2020		Report generated giving these percentages broken down to GP practice level	Audit repeated monthly until 95% of patients have an allergy status documented in the GP clinical system, and then repeated every 6 months to maintain focus	
	Inform lead commissioners of ambulance trust and acute trust to work with these providers to improve awareness of using the summary care record as a key source of clinical patient information including allergy status when patients are handed over to them	AB, Senior Pharmacist MECCG	18/09/2020		Documented evidence of communication to the lead commissioners	Audits and monitoring of compliance by these providers	
	Include patient messages in the World Antibiotic Awareness week communication campaign about advising people (and their family members or carers as appropriate) to carry information they are given	AB, Senior Pharmacist MECCG	20/11/2020		Evidence of these patient messages being disseminated as part of the communication campaign	Repeat the messages at all patient events and campaigns involving antibiotics and infections	

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	about their drug allergy at all times and to share this whenever they visit a healthcare professional or are prescribed, dispensed or are about to be administered a drug.						
<b>8.4 Infection prevention and control</b>							
<u>Recommendation 11</u> The CCG working with local laboratories and Public Health England should establish systems for routinely notifying hospital and care providers when patients or residents have a positive infection status. This will enable the providers to enact the appropriate duty of care towards residents, patients and staff.	CCG to support Provide CIC in ensuring staff who take swabs/samples are notified of results.	JS Infection Prevention Lead Nurse	30/09/2020		Process defined in a Standard Operating Model	Evidenced through Provide documentation audits	
<u>Recommendation 12</u> The CCGs and Public Health England should develop and implement a transparent, consistent communication strategy/plan to ensure that all those involved in providing care during an outbreak situation are fully informed and clear about their responsibilities and accountability.	To be included in Health & care Partnership (HCP) Outbreak Management policy to be written following publication of revised national policy. This is likely to be Spring 2021. Strategies for ensuring required communication to staff in community providers to be discussed and agreed at contract review meetings.	CP Head of Nursing	March 2021		New Policy in place	Clinical Quality Review Group forums for each provider	
<u>Recommendation 13</u> There should be an economy-wide healthcare plan to respond effectively to an infection outbreak. Each organisation should review its infection	HCP policy to be produced following publication of revised national policy. In the interim existing policy adopted by Mid & South Essex CCGs	CP Head of Nursing	Timescales to be reviewed end December 2020		New Policy in place	Governing Body	

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prevention and control policies, including an updated infection outbreak management plan – or develop one if there is no such plan currently in place							
<b>8.5 Record keeping</b>							
<u>Recommendation 14</u> All health and care providers should undertake regular audits to assess the quality of electronic and hard copy records, and ensure staff follow professional standards and good practice in relation to the documentation of clinical records.	Not applicable to Mid Essex CCG						
<u>Recommendation 15</u> Those healthcare providers who use multiple record-keeping systems need to review these systems to ensure clinicians can access all accurate, holistic clinical information in real time to enable clinical oversight.	Not applicable to Mid Essex CCG						
<b>8.6 Supplementary observations</b>							
<u>Recommendation 16</u> All provider organisations should have effective communication protocols and safeguards in place to ensure that the healthcare system maintains a consistent level of treatment and care for patients and residents who move between different health and care providers.	Not applicable to Mid Essex CCG						
<u>Recommendation 17</u> Healthcare providers need to review their systems and	Not applicable to Mid Essex CCG						

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guidelines to minimise delays in taking of wound swabs or blood cultures where infection is suspected, and in results being made available to clinicians treating the individuals being tested							
<u>Recommendation 18</u> All health and care providers should have clear guidance on how to support individuals who find it difficult to comply with the advice and guidance they are given.	Not applicable to Mid Essex CCG						
<u>Recommendation 19</u> All health and care providers need to assure themselves that their incident reporting processes are robust and that opportunities to learn and improve are maximised and completed.	Not applicable to Mid Essex CCG						
<u>Recommendation 20</u> Healthcare providers should have in place or review processes and guidance on how to manage patients admitted to their care who have a reliance on unfamiliar medical equipment to avoid interruption and/or maintain consistency in their medication	Not applicable to Mid Essex CCG						
<u>Recommendation 21</u> All health and care providers should review key policies to ensure they are up to date and written in clear, unambiguous language. Policies that relate to	Not applicable to Mid Essex CCG						

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<p>the care provided in this outbreak include:</p> <ul style="list-style-type: none"> <li>• Wound care management</li> <li>• Escalation</li> <li>• Deterioration</li> <li>• Sepsis</li> <li>• Infection prevention and control</li> </ul>							
<p><u>Recommendation 22</u> All healthcare providers should have pre-determined processes to monitor directed deviations from and revisions to policies in response to healthcare situations such as infection outbreaks, where clinical advice and guidance is dynamically changing.</p>	<p>Not applicable to Mid Essex CCG</p>						