

<b>Report to:</b>	Trust Board October 2012
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<b>Title</b>	Policy Update
<b>Sponsoring Executive Director</b>	Director of Workforce
<b>Author(s)</b>	Bridget Chambers HR Manager
<b>Purpose</b>	To update the Board on new and revised policies and request ratification of the same
<b>Previously considered by</b>	Policy subgroup

### Executive Summary

The Policy Sub-Group has been established to review policies prior to ratification. The aim is to ensure that all the appropriate steps have been taken to consult with the appropriate stakeholders; and that the policy meets the requirements of the overarching document on the development of policies and guidelines. The following policies have recently been updated and approved:

- HR23 Policy for recovery of Overpayments and payment of Underpayments
- HR48 Managing Staff with MRSA

Once ratified, the documents will be accessible through the document library on the Intranet.

Related SATH Objectives	SATH Sub-Objectives
QS: Quality and Safety LG: Learning and Growth	Meet regulatory Requirements and Healthcare Standards

<b>Equality and Diversity Issues</b>	All policies have been assessed for equality impact
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### Action required by the Trust Board

to ratify the following policies and disseminate through the Centres

- HR23 Policy for recovery of Overpayments and payment of Underpayments
- HR48 Managing Staff with MRSA

## **1 Introduction**

The Policy Sub-Group has been established to review policies prior to ratification. The aim is to ensure that all the appropriate steps have been taken to consult with the appropriate stakeholders; and that the policy meets the requirements of the overarching document on the development of policies and guidelines. The following documents have been discussed at the Policy Subgroup, TNCC and HEC and the Trust Board is asked to ratify these documents.

## **2 Documents for ratification**

### **2.1 HR23 Policy for the recovery of Overpayments and payment of Underpayments**

This new policy sets out the requirements and responsibilities of both the Trust and its employees to ensure that where Overpayment or Underpayments are made, that these are dealt with in a fair manner and to explain how overpayments will be recovered and the process for ensuring that underpayments are corrected.

### **2.2 HR48 Managing Staff with MRSA**

This is an updated policy which aims to ensure that all staff are aware of the processes involved in managing those staff, who through screening are identified as having MRSA.

## **3 Action**

The Trust Board is asked to ratify these two HR Policies and they will then be uploaded to the intranet to enable staff and managers to utilise the policies.

## Policy for the recovery of Overpayments and Payment of Underpayments

Human Resources Policy No. HR23

Additionally refer to: HR07 Disciplinary Policy for Doctors and Dentists  
HR36 Disciplinary Procedure  
HR58 Fraud and Corruption

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Originally issued	New policy
Approved by	TNCC
Date approved	TNCC
Ratified by:	Trust Board
Date ratified:	October 2012
Document Lead	Senior HR Manager
Lead Director	Workforce Director
Date issued:	October 2012
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Target audience:	All Staff, Managers

## C Version Control Sheet

<b>Document Lead/Contact:</b>	Kate Youlden Senior HR Manager
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Status	Final
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Distribution	Please refer to the intranet version for the latest version of this policy. <b>Any printed copies may not necessarily be the most up to date</b>
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Dissemination	HR Pages on Intranet; Staff Quarterly Newsletter; Team Briefs;

### Version history

Version	Date	Author	Status	Comment
1	Dec 11	Kate Youlden	Draft	First Draft of Document.
1.1	Feb 12	Kate Youlden	Draft	Amendments made following Working Party in February 2012. Converted to new Policy Format
1.2	Mar 12	Kate Youlden	Draft	To be updated after TNCC Policy Group March 2012
1.3	June 12	Kate Youlden	Draft	Update following working party on 28 <sup>th</sup> June 2012. Updated version to August 2012 TNCC Policy Group
1.4	August 12	Kate Youlden	Draft	No Changes following August TNCC Policy Meeting. 1.4 = version to send to August TNCC
1.5	August 2012	Kate Youlden	Draft	Additional section at 5.10 into Appendix 1 following staff side suggestion. Changes made and circulated to Staff Side Chair and Vice Chair, changes agreed by email. 1.5 = Version sent to Trust Policy Approval Group (PAG)

## Contents

		Page Number
1	Policy Statement	4
2	Scope	4
3	General Principles	4
4	Roles and Responsibilities	4
5	Recovery of Overpayments	5
6	Payments of Underpayments	6
7	Fraud	6
8	Audit and Monitoring	6
9	Training .....	6
10	Review Process .....	6
11	Equality Impact Assessment (EQIA) .....	6
12	Process for Monitoring Compliance .....	7
13	References .....	7
Appendix 1	Process for the Recovery of Overpayments for an Employee in Post	8
Appendix 2	Process for the Recovery of Overpayments for an Employee who has left the Trust	10
Appendix 3	Standard Letter – Notification of Salary overpayment	11
Appendix 4	Standard Repayment Plan Letter	12

## **1. Policy Statement**

- 1.1 This policy sets out the steps that will be taken to recover overpayments from employees and the payment of underpayments to employees by the Trust.

## **2. Scope**

- 2.1 This policy will apply to all employees and ex-employees of the Trust whether full time or part time, permanent or temporary including those employed by the Trust via the Temporary Staffing Department.
- 2.2 This policy does not apply to individuals employed by agencies or other contractors.
- 2.3 In implementing this policy, managers must ensure that all employees are treated fairly, equitably and within the provisions and the spirit of the Trust's Equality and Diversity Policy HR01. Special attention should be paid to ensuring the policy is understood when using it for employees new to the NHS or Trust, by employees whose literacy or use of English is weak or for persons with little experience of working life.

## **3. General Principles**

- 3.1 The Trust acknowledges that occasionally errors occur and employees are either under or overpaid salary, allowances or benefits. As public monies are involved, the Trust has a responsibility to ensure that overpayments are not made but where they are to ensure that they are recovered. The Trust also has a responsibility to ensure that all staff are paid correctly for the work undertaken. Where employees had reasonable belief that the overpayment was correct, the situation should be discussed with Human Resources to agree how to proceed.

## **4. Roles and Responsibilities**

- 4.1 Managerial Responsibilities - Managers are responsible for
- Ensuring that pay-related records sent by them to Pay Services or entered directly into automated time and attendance systems are accurate and reflect the hours actually worked
  - Ensuring that, where available, salary payments are checked monthly on finance reports and reporting/correcting any errors as soon as possible;
  - Ensuring that Pay Services are notified of any change in employee circumstances which impact upon pay promptly and in accordance with payroll cut off dates.
- 4.2 Employee Responsibilities – Employees are responsible for
- Accurately claiming for authorised hours worked
  - Submitting claims for travel or subsistence or time sheets in accordance with relevant policy and within Pay Services deadlines;
  - Checking their payslip and alerting their manager to any over/underpayment;
  - Immediately reporting any pay discrepancy identified on their payslip to their line manager;
  - Repaying any identified overpayments within an agreed timeframe, as agreed between the employee and Finance;

- Seeking clarification if they are unsure of the amount or any payments indicated on their payslip;

#### 4.3 Pay Services Responsibilities – Pay Services are responsible for

- The accurate and timely processing of all pay and expense related instructions/claims submitted to them
- Ensuring that once overpayments are highlighted they are communicated to Finance and the Trust employee in a timely manner. Wherever possible this will be done in advance of pay day;
- Ensuring the relevant manager is informed of the overpayment and made aware of the repayment plan put in place;
- Ensuring that overpayments are recovered in line with the attached appendices;
- Ensuring that underpayments are rectified as soon as possible;
- Informing staff and managers of payroll cut off dates.

### 5. Recovery of Overpayments

5.1 An overpayment of salary to an employee normally arises as the result of either an error or as a result of incorrect, insufficient or late notification of a change to the individual's circumstances or contract of employment.

5.2 The Trust will always take steps to recover overpayments. Recovery of any identified overpayment will be undertaken wherever possible with the co-operation of the employee.

5.3 Appendix 1 sets out the process to be implemented for the recovery of an overpayment made to an employee in post.

5.4 Appendix 2 sets out the process to be implemented for the recovery of an overpayment made to an ex-employee of the Trust.

### 6. Payment of Underpayments

6.1 Where an underpayment is identified (by an employee, manager or Pay Services) the underpayment will be rectified in the next available pay run. Unless they are notified by the 10<sup>th</sup> of the month, Pay Services will not normally be able to rectify an underpayment in that pay month.

6.2 In exceptional circumstances, or if the error is not as a result of employee action, Pay Services can arrange for an interim payment to be made to the employee. Discussions will be required between the employee and finance in relation to the impact of the shortfall in the net pay. A significant shortfall in net pay may be deemed to be a shortfall of greater than 25% of the previous month's net pay or where the employee can demonstrate financial hardship. Where the error has occurred as a result of a managers action or omission a £25 fee is chargeable to the relevant department.

6.3 An interim payment will NOT be made where the shortfall in pay is caused by the employee submitting timesheets or travel claims to payroll after the published deadlines.

## **7. Fraud**

- 7.1 If an overpayment is considered to have been brought about fraudulently the matter will be reported to the Trust's Local Counter Fraud Specialist (LCFS) for investigation to be carried out in accordance with HR Policy HR58 Fraud and Corruption. This may lead to Disciplinary action in accordance with HR Policy HR36 Disciplinary Procedure.
- 7.2 If an overpayment of salary is caused because the employee has wilfully misrepresented facts or relevant data, all possible steps must be taken to effect immediate recovery. The LCFS will decide whether to carry out an investigation that may culminate in criminal proceedings and/or disciplinary action being commenced/taken against an employee in the event of a failure to disclose an overpayment. Full recovery will be sought and a repayment plan will NOT be an option in these circumstances.
- 7.3 Managers requiring guidance should contact their HR advisory team.

## **8. Audit and Monitoring**

- 8.1 Records of overpayments and underpayments will be maintained by Pay Services.
- 8.2 Monthly reviews of under- and over-payments made and repayments under repayment plans will be reported by the Head of Pay Services and the Credit Control Manager to the Assistant Director of Finance – Financial Accounts, who will report quarterly to the Finance Director.
- 8.3 Overpayments are reported through the Audit and Risk Committee regularly.

## **9. Training**

- 9.1 Training required to fulfil this policy will be provided by the Head of Pay Services and Credit Control Manager.

## **10. Review Process**

- 10.1 The Trust will review this policy every 3 years, unless there are significant changes at either national policy level, or locally.

## **11. Equality Impact Assessment (EQIA)**

- 11.1 This policy applies to all employees equally and does not discriminate positively or negatively between protected characteristics.



## 12. Process for Monitoring Compliance

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
<b>Records and action taken to be audited yearly</b>	<b>Records to be reviewed against policy steps</b>	<b>Pay Services</b>	<b>Yearly</b>	<b>Finance &amp; Performance Committee</b>

## 13. References

### Legislation

Employment Rights Act 1996

Section 13 – Right not to suffer unauthorised deductions

Section 14 – Excepted deductions

Theft Act 1968 section 24a

### Other references

**ACAS Guidance - <http://www.acas.co.uk/index.aspx?articleid=1501>**

**Process for the Recovery of Overpayments from an Employee in Post**

1. In the event of an overpayment being identified the Pay Services Department will contact the employee directly at the earliest opportunity and advise them of the Trust Policy for the Recovery of Overpayments.
2. In the event of an overpayment being identified by an employee, they must contact Pay Services and their manager immediately.
3. Once identified Pay Services will then liaise with the employee and the Credit Control Manager to resolve the matter to reclaim the full amount in accordance with this policy. These discussions will occur initially via telephone and, where possible, through discussions the process listed below may be amended to arrange the repayment where this is agreed with the employee. Payment not via the following months pay run, as outlined below, will be possible via cheque.
4. Where repayment is not recovered immediately via informal discussions, a repayment plan will be required. The process for formally negotiating this payment plan is defined below.
5. Process for Reclaiming Overpayment for an Employee in Post
  - 5.1 The overpayment will be confirmed in writing to the employee (Appendix 3), confirming the background of the overpayment and the planned reversal. The employee's address used will be the last known home address held on ESR; it is the employee's responsibility to ensure that this is correct.
  - 5.2 If the letter (Appendix 3) detailing the repayment plan is sent prior to the 15<sup>th</sup> of the month the reversal will automatically occur in the following month's payroll (i.e. the repayment plan is detailed in a letter dated the 10<sup>th</sup> January the overpayment will be reclaimed in February pay run).
  - 5.3 If the letter (Appendix 3) is sent between 16<sup>th</sup> and 31<sup>st</sup> of the month the reversal will automatically occur in the second month's payroll (i.e. the repayment plan is detailed in a letter dated the 19<sup>th</sup> January the overpayment will be reclaimed in March pay run).
  - 5.4 If an employee considers that due to exceptional circumstances the timing of the reversal is not possible (i.e. that it will cause financial hardship or they dispute the overpayment) they have the responsibility to contact the Pay Services or Credit Control department before the 5<sup>th</sup> working day of the appropriate month to suspend the reversal of overpayment until a mutual repayment plan is agreed by the Pay Services/Credit Control Manager. The Pay Services Team or Credit Control Manager will attempt to agree a mutual repayment plan and confirm in writing with the employee (Appendix 4).
  - 5.5 In cases where the automatic correction causes the employee's net pay to reduce by over 25% of the previous month's correct net pay, the automatic reversal will be limited to 25%. Repayments will continue each month until the overpayment is repaid in full.
  - 5.6 Where an employee claims financial hardship and no reasonable repayment plan can be agreed they will be required to complete a Financial Statement with supporting information, i.e. bank statements, council tax bill, utility bills. Documents must be provided within 10

working days when requested. Where an employee fails to provide relevant documentation automatic recovery of the overpayment in accordance with Credit Control Procedures.

- 5.7 Where an employee submits a notification of exceptional circumstances which is received by the 5<sup>th</sup> of the appropriate month, a meeting may be convened at the employee's request to discuss the repayment plan with the Head of Pay Services and/or Credit Control Manager and the Employees Manager. An employee may be accompanied at such a meeting by their Trade Union representative or by a colleague from within the Trust.
- 5.8 If during the repayment plan period the employee's contract is terminated (by the employee or by the Trust) the final balance will be deducted from the employee's last salary payment. If there is a shortfall the residual sum will be subject to Appendix 2 – Process for the Recovery of Overpayments to an Employee who has left the Trust.
- 5.9 If during the repayment plan period the employee's salary is affected by maternity leave, half pay due to sickness absence or no pay for any other reason, then the repayment plan may be renegotiated. Employees must contact pay services by the 5<sup>th</sup> of the month to notify that a renegotiation is required.
- 5.10 The Trust may consider changes to any agreed repayment plan if an individual's personal circumstance is substantially affected by incidents outside of their control (e.g redundancy within the household).

**Process for the Recovery of Overpayments from an Employee who has left the Trust**

1. In the event of an overpayment being identified the Pay Services Department will notify the Credit Control Manager at the earliest opportunity and advise them of the overpayment. Standard Debt Recovery Procedures will be implemented and where appropriate Counter Fraud guidance will be sought.
2. In the event of an overpayment being identified by an ex-employee, they must contact Pay Services and their manager immediately. Pay Services will inform the Credit Control Manager who will liaise with the ex-employee to resolve the matter to reclaim the full amount.
3. Ex-employees may contact the Credit Control Manager for them to consider an application for repayment by instalments. This will require approval by the Assistant Director of Finance, Finance Accounts (for total repayments under £5000) or the Finance Director (for repayments over £5000).

DRAFT

Standard Letter – Notification of Overpayment

Trust Headed Paper – Pay Services Contact details including phone extension

In Strict Confidence  
Title and Name  
Home address

Date

Dear xxx

Notification of Salary Overpayment

I write to confirm as discussed on xxx that a salary overpayment relating to incorrect payment of (type not amount)xxxxx during the period of xxxx has recently been discovered; this has resulted in a gross overpayment of £xxxx.

Either - In accordance with Trust policy we are required to correct this overpayment and therefore we will deduct £xxx from your xxx salary ....and £ xxxxx per month in xxxxx to xxxxx inclusive .

Or – As agreed with you, we will deduct £xxxx from your xxx salary....and £ xxxxx per month in xxxxx to xxx inclusive

If you consider that due to exceptional circumstances, the timing of the recovery of overpayment is not possible or if you dispute the overpayment, you must write to xxx before the 5<sup>th</sup> xxxxx to suspend the recovery of the overpayment pending discussions on an alternative repayment plan. If you are unable to repay the overpayment at the proposed rate you must complete a Financial Statement and provide evidence of financial hardship i.e. bank statements, council tax bill, utility bills

Should you leave employment before the overpayment has been fully recovered, the balance outstanding will be deducted from your final salary or any arrears subsequently due to you. In the event that there is a shortfall an invoice will be raised to recover any outstanding amount.

*(where error made by the Trust)Please accept my apologies for this error and any inconvenience.*

Should you require any further information please do not hesitate to contact me.

Yours sincerely

Name

Pay Services Team

Cc Credit Control Manager

Standard Repayment Plan Letter

Trust Headed Paper – Pay Services Contact details including phone extension

In Strict Confidence  
 Title and Name  
 Home address

Date

Dear xxx

Further to your request to suspend the recovery of overpayment of £xxx on the grounds of xxxxx, I am writing to confirm the final repayment plan agreed in discussion with you.

Please find below the details of the final repayment plan.

Month	Salary Deduction	Outstanding Overpayment
	£	
	£	
	£	
	£	

If you have any questions regarding the repayment plan please do not hesitate to contact me

Yours sincerely

Name

Pay Services Department

Cc Credit Control Manager

## Human Resources Policy No. HR48

### Managing MRSA within the Workforce

**Additionally refers to:**

HR01 Equality and Diversity  
HR02 Management of Corporate & Local Induction  
HR31 Managing Sickness Absence  
HR32 Ill Health Retirement

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Document Lead	Senior HR Manager
Lead Director	Workforce Director
Date issued:	October 2012
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Target audience:	All Staff, Managers

**C Version Control Sheet**

<b>Document Lead/Contact:</b>	Dawn Thompson, Senior HR Manager
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Distribution	Please refer to the intranet version for the latest version of this policy. <b>Any printed copies may not necessarily be the most up to date</b>
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Dissemination	HR Pages on the intranet; Staff Quarterly Newsletter; Team Briefs

**Version history**

Version	Date	Author	Status	Comment
1	Nov 2006	Head of HR	Final	
2	May 2008	Head of HR	Final	
3	Feb 2012	Senior HR Manager		Name changed to "Managing MRSA within the Workforce". References to positions in old Trust structure were updated. Reference to other policies updated with correct name.



## Contents

	<b>Page Number</b>	
Section 1	Policy Statement	4
Section 2	Introduction	4
Section 3	Scope	4
Section 4	General Principles	4
Section 5	Organisational Approaches	5
	5.1 Induction Requirements	5
	5.2 Training Framework	5
Section 6	Responsibilities	5
	6.1 Director of Infection Prevention and Control	5
	6.2 Occupational Health	6
	6.3 Medical Director and Director of Operations	6
	6.4 Centre Chiefs and Line Managers	6
	6.5 Personal Responsibilities	6
Section 7	Procedure	7
	7.1 Screening in response to an outbreak of MRSA	7
	7.2 Treatment of those staff identified as carrying MRSA	8
	7.3 Failure to co-operate with action proposed by management	8
	7.4 Infection or treatment resulting in sickness absence	8
	7.5 Temporary Alternative Employment	9
	7.6 Permanent Redeployment	9
Section 8	Review Process	10
Section 9	Equality Impact Assessment	10
Section 10	Process for Monitoring Compliance	10
Section 11	Appendices	11
Appendix A	Screening of Staff for MRSA Carriage	11

## 1. POLICY STATEMENT

This policy outlines the role and responsibilities of different staff groups in relation to managing MRSA within the workplace. It outlines the process for dealing with an outbreak of MRSA within the workforce and the screening and treatment of staff who may have become infected with MRSA.

## 2. INTRODUCTION

- 2.1. As outlined in the attached document (Appendix A) there is an obligation on all NHS Trusts and on individual clinical staff (medical and nursing) to take all necessary and appropriate measures to protect patients from potential harm, in this case from infection from MRSA.
- 2.2. In seeking to manage and control the outbreak and spread of MRSA, the Trust will require the co-operation of all staff. In doing so the Trust will take care to protect the rights of individuals.
- 2.3. The Trust recognises the importance of having a proactive health and safety culture within the hospitals and its responsibility to maintain, as far as is reasonably practicable, a healthy and safe working environment for all staff, patients, visitors and contractors.
- 2.4. It is anticipated that in the vast majority of cases, treatment will enable MRSA to be cleared and individuals will be able to continue to carry out their work as normal. It is only in **very exceptional cases** that individuals will be unable to fulfil their substantive role.

## 3. SCOPE

- 3.1. This policy applies to all staff including “bank” staff and those employed on fixed term contracts.
- 3.2. The policy also applies to individuals employed by agencies and other contractors.
- 3.3. In implementing this policy, managers must ensure that all staff are treated fairly, equitably and within the provisions and spirit of the Trust’s Equality and Diversity Policy (HR01). Special attention should be paid to ensuring the policy is understood when using it for staff new to the Trust or the NHS, by staff whose literacy or use of English is weak or for persons with little experience of working life.

## 4. GENERAL PRINCIPLES

- 4.1. As part of the Trust’s strategy to manage risk of infection, effective systems will be put in place to promote high standards of cleanliness and good infection control practices.
- 4.2. Managers will handle issues for all staff in their area in a positive, supportive, fair and consistent way, taking account of relevant circumstances in each individual case.
- 4.3. The need for confidentiality will be respected in all cases. Information regarding an individual will be made available only on a need to know basis.
- 4.4. Staff are required to observe this policy and comply with all reasonable management requests.

- 4.5. Any individual required to attend a formal management meeting to discuss their health and attendance at work will be entitled to be accompanied by an accredited representative of a Trade Union or Professional Organisation or by a colleague employed by the Trust.
- 4.6. Any members of staff, particularly those with health conditions such as eczema or psoriasis, who are concerned about caring for patients with MRSA are encouraged to seek advice from the Occupational Health Department, Infection Prevention and Control Team or their GP.

## **5. ORGANISATIONAL APPROACHES**

### **5.1. Induction Requirements**

- To ensure the safety of patients and service users it is essential that all members of staff that are new to the organisation are inducted locally within each area as soon as possible. Appendix A of the Management of Corporate & Local Induction policy (HR02) contains a New Employee Induction Checklist
- Unless there are exceptional circumstances, the local Induction should be delivered on the first day of employment. The corporate induction should be attended as soon as possible. (See Management of Corporate & Local Induction policy (HR02))
- The new member of staff should have outlined to them their personal responsibilities in relation to Infection Control processes and procedures.

### **5.2. Training Framework**

The content for a suitable and appropriate programme of learning should include learning on:

- Communicable Diseases
- Hand Hygiene
- Personal Protective Clothing
- Disposal of hazardous and non hazardous waste
- Spillages of blood and body fluids
- Blood borne viruses
- Safe disposal of sharps
- Management of inoculation injury

## **6. RESPONSIBILITIES**

### **6.1. Director of Infection Prevention and Control**

It is the responsibility of the Director of Infection Prevention and Control to:

- Promote high standards of hygiene and good practice in infection control
- Ensure that there is training in standards of hygiene, infection control and screening procedures
- Regularly monitor trends
- Determine protocols for screening and treatment programmes
- Identify specific outbreaks and determine strategies for handling them
- Liaise with the Medical Director and Director of Operations to agree action plans to manage outbreaks
- Inform the Executive Team of any outbreaks and of action to be taken to manage the situation
- Make formal requests to staff identified as requiring to be screened in order to manage and control outbreaks of MRSA

- Ensure that screening and treatment programmes are carried out in accordance with appropriate protocols
- Liaise with Occupational Health staff to ensure appropriate screening and treatment programmes are available for staff

## 6.2. Occupational Health

It is the responsibility of the Occupational Health Team to:

- Carry out screening and treatment programmes under the direction of the Director of Infection Prevention and Control and in accordance with appropriate protocols
- Liaise with the Infection Prevention and Control Team on the results of screening tests and appropriate action to be taken
- Notify the individual and the Infection Prevention and Control Team of any positive results
- Notify the appropriate Line Manager if management action is necessary

## 6.3. Medical Director and Director of Operations

It is the responsibility of the Medical Director and the Director of Operations to:

- Support the Director of Infection Prevention and Control in ensuring strategies and action plans to manage and control outbreaks of MRSA are carried out in a timely and efficient manner
- Ensure that all staff comply with this policy

## 6.4. Centre Chiefs and Line Managers

It is the responsibility of Centre Chiefs and Line Managers to:

- Ensure high standards of hygiene and good practice in infection control are promoted and maintained in their area of control
- Ensure that all staff identified as at risk are screened within two working weeks
- Liaise with the Director of Infection Prevention and Control regarding risk assessments for individuals identified as carrying MRSA
- To manage staff in line with policy and procedure
- To regularly audit, in line with local policy, all health care associated infection control processes for the organisation
- To Quality Assure the processes and the practice of their staff to ensure due diligence is being observed
- To notify the Infection Prevention and Control team of any occurrence of notifiable diseases or outbreaks of infection
- To nominate a senior nurse or other responsible person who will take a particular interest in infection control and will act as the infection control liaison for the ward/department

## 6.5. Personal Responsibilities

It is the responsibility of all staff to:

- undertake all learning and development provided to them by their employer and apply this learning to their role
- achieve appropriate qualifications where required
- report all incidents related to the management and control of health care associated infection
- gain an understanding of all policies and procedures, their application and be accountable for their own actions in assisting the reduction of health and social care associated infection

- Ensure high standards of hygiene and good practice in infection control are promoted and maintained in their area of control
- Co-operate with any and all efforts to reduce or eliminate the risk of spread of MRSA
- Participate in any screening programmes initiated by the Director of Infection Prevention and Control

## **7. PROCEDURE**

### **7.1. Screening in response to an outbreak of MRSA**

- 7.1.1. Routine screening of staff is NOT recommended practice. The purpose and objective in carrying out screening and treatment programmes is to protect the safety of patients, visitors and staff and as far as possible to eradicate MRSA from the Trust. The co-operation of all staff in achieving this is essential.
- 7.1.2. A decision to pro-actively manage any outbreak will be taken by the Director of Infection Prevention and Control, in conjunction with the Medical Director and Director of Operations.
- 7.1.3. If it has been determined by the Director of Infection Prevention and Control that an outbreak of MRSA requires management action, s/he will notify the Executive Team and agree with the Medical Director and the Director of Operations what action is to be taken.
- 7.1.4. The requirement for staff screening is only indicated if transmission continues on a unit despite active control measures, or if epidemiological aspects of an outbreak are unusual or if they suggest persistent MRSA carriage by staff.
- 7.1.5. The Director of Infection Prevention and Control will inform the appropriate Clinical Director and/or Line Manager that action is to be taken. They will then provide lists of names of those staff to be screened for the Director of Infection Prevention and Control. The list may include any staff who work in or have regular access/contact with the areas affected.
- 7.1.6. The appropriate Centre Chief and/or Line Manager will contact each member of staff listed, request that they be screened and make arrangements to ensure that they are screened within two weeks.
- 7.1.7. The Director of Infection Prevention and Control will write to those staff identified who have not submitted a screen to formally request that they be screened and inform the Centre Chief and/or Line Manager that they have done so.
- 7.1.8. If an agency worker or contractor is working in an area where an outbreak has been confirmed and screening is required, they will be required to comply with any formal request to be screened. If they refuse to co-operate, their contract will be terminated immediately in accordance with the appropriate agency agreement. If, on being screened, they are found to be colonised with MRSA, the Director of Infection Prevention and Control will determine, based on a risk assessment, whether the individual may continue to work in the role whilst they are being treated, or whether their employment will be terminated immediately in accordance with the appropriate agency agreement.
- 7.1.9. If any individual fails to comply with a request made by the Director of Infection Prevention and Control the Medical Director or Director of Operations will be informed and they will write to the individual requiring them to be screened and explaining the Trust's duty of care and explaining the consequences of failing to do so. Consequences may include action taken in accordance with the Trust's Disciplinary Procedure (HR36).
- 7.1.10. No further action will be taken until the results of the screening are known.

**7.2. Treatment of those staff identified as carrying MRSA**

- 7.2.1. The purpose of any screening and treatment programme will be to eradicate infection. The Trust will provide support to any individual requiring treatment.
- 7.2.2. Staff screening will be carried out in accordance with protocols determined by the Director of Infection Prevention and Control.
- 7.2.3. If, as a result of screening, a member of staff is found to be carrying MRSA, a programme of treatment will be determined by the Director of Infection Prevention and Control who will inform the Occupational Health Team.
- 7.2.4. Individuals will be expected to start their programme of treatment immediately
- 7.2.5. In most circumstances staff can continue to work whilst on treatment. However, where this is considered by the Director of Infection Prevention and Control to present an unacceptable risk to patients, temporary alternative employment may be identified, which should not be unreasonably refused. For medical staff their Job Plan will be modified to temporarily withdraw risk activities. Payment during this period will continue as if the individual were employed and working in their permanent role i.e. without withdrawal of their additional or enhanced payments.
- 7.2.6. Prescriptions for the programme of treatment will be issued by the Occupational Health Department and dispensed from the Trust's Pharmacy Department free of charge.
- 7.2.7. If an individual who, having been found to be carrying MRSA, then unreasonably refuses to accept a programme of treatment, they will be dealt with in accordance with Section 7.3 of this policy.
- 7.2.8. Where an individual persistently fails to respond to treatment and is considered to present an on-going risk to patients, temporary alternative employment or for medical staff modification of their Job Plan may be identified in an attempt to support them whilst efforts are made to eradicate the infection. Any offer of temporary alternative employment should not be unreasonably refused. If MRSA is not eradicated after a reasonable period, the individual will be dealt with in accordance with Section 7.6 of this policy. Payment during this period will continue as if the individual were employed and working in their permanent role i.e. without withdrawal of their additional or enhanced payments.

**7.3. Failure to co-operate with action proposed by management**

- 7.3.1. If an individual who is required to be screened unreasonably refuses to do so, s/he may be subject to action in accordance with the Trust's Disciplinary Procedure (HR36). During this process s/he may be temporarily redeployed to an alternative post, in order to control the spread of MRSA. Payment during this period will continue as if the individual were employed and working in their permanent role.
- 7.3.2. Any member of the Medical and Dental workforce unreasonably refusing to co-operate with screening programmes will be reported to the GMC under their Fitness to Practise Procedures and other healthcare registered staff will be reported to their regulatory body.

**7.4. Infection or treatment resulting in sickness absence**

- 7.4.1. Where an individual falls ill and is prevented from attending work through contracting MRSA or the treatment they receive, they will be managed in accordance with the Trust's Managing Sickness Absence Policy (HR31), with particular account being taken of the reasons for the absence.
- 7.4.2. It should be noted that **all** such cases **must** be referred to the Medical Director or Chief Executive by the relevant line senior Manager **before** implementing **any** reduction in sick pay. The Medical Director/Chief Executive will look at each case on its merits and consider using discretion to extend the period of paid sickness absence.

**7.5. Temporary Alternative Employment**

- 7.5.1. If an individual is found to be colonised with MRSA, a risk assessment will be undertaken immediately by the Occupational Health Department in liaison with the Infection Prevention and Control Team to determine the risks associated with them continuing to carry out their normal day to day duties.
- 7.5.2. If it is considered that an individual cannot carry out their normal day to day duties, the Occupational Health Department will advise their Line Manager who will arrange to meet with them at the earliest opportunity to determine what work could be undertaken without risk and to identify temporary alternative employment. This may be in the immediate work area but not in direct contact with patients or it may be to a different work area. The individual may be accompanied by an accredited Trade Union representative or colleague employed by the Trust at this meeting.
- 7.5.3. Any offer of temporary alternative employment or for medical staff modification of their Job Plan should not be unreasonably refused. If it is unreasonably refused then action may be taken in accordance with the Trust's Disciplinary Procedure (HR36).
- 7.5.4. The individual will start working under the alternative arrangements immediately and these arrangements will continue until the individual has been tested clear of MRSA. During this period, they will continue with their existing terms and conditions, although working arrangements such as hours of work may be changed. Payment during this period will continue as if the individual were employed and working in their permanent role i.e. without withdrawal of their additional or enhanced payments.
- 7.5.5. If no temporary alternative employment can be found or if an individual refuses to work under alternative arrangements during this period, they will be excluded from duty immediately on grounds of ill health until they have been tested clear of MRSA and have returned to work. Payment during this period will continue as if the individual were employed and working in their permanent role i.e. without withdrawal of their additional or enhanced payments. However, section 7.5.3 will apply.
- 7.5.6. At any meeting to discuss this the individual may be accompanied by an accredited Trade Union representative or colleague employed by the Trust.

**7.6. Permanent Redeployment**

- 7.6.1. Where an individual fails to respond to the programme of treatment, or where an individual refuses to accept a programme of treatment and where the risks of them continuing in their current role are unacceptable for reasons of patient safety, then the Trust will seek to identify suitable permanent alternative employment. If an individual unreasonably refuses to accept a programme of treatment action may be taken in accordance with the Trust's Disciplinary

Procedure (HR36). Early retirement on the grounds of ill-health may be requested by the individual and will, in these special circumstances, have the full support of the Trust. However, as with all cases of Ill Health Retirement, the final decision will rest with the NHS Pensions Agency (see Human Resources policy HR32 Ill Health retirement).

- 7.6.2. Only in this last resort of a staff member being a persistent carrier who could not be decolonised and is also shown to be a specific risk to their patients would consideration have to be given to restriction of practice and the possible need for retraining for practice in which carriage did not pose a risk to patients.
- 7.6.3. Where an individual is retained in employment under such alternative arrangements, he/she will be employed on the terms and conditions applicable to the new role.

**8. REVIEW PROCESS**

- 8.1. The Human Resources Department is responsible for the monitoring of compliance with this policy and will raise any significant issues arising with the TNCC and LNC.
- 8.2. In order that this document remains current, any of the appendices to the [policy/ guideline / procedure] can be amended and approved during the lifetime of the document without the document strategy having to return to the ratifying committee.

**9. EQUALITY IMPACT ASSESSMENT (EQIA)**

This policy applies to all employees equally and does not discriminate positively or negatively between protected characteristics.

**10. PROCESS FOR MONITORING COMPLIANCE**

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
To ensure the consistent and fair treatment of staff with MRSA by following the process for managing an outbreak of MRSA within the workforce.	Review of any known cases and determine compliance with process.	HR Team	Annual Review of Cases	TNCC

**11 TRAINING**

There is no mandatory training associated with this guidance. If staff have queries about its operation, they should contact their line manager in the first instance

**12 REFERENCES**

<http://www.dh.gov.uk/health> research on MRSA screening and results



**13 APPENDICES**

**Appendix A**

**SCREENING OF STAFF FOR MRSA CARRIAGE**

There is an obligation on NHS Trusts and on individual clinical staff (medical and nursing) to take all necessary and appropriate measures to protect their patients from potential harm, in this case infection with MRSA. The following sequence sets out the circumstances under which it may be necessary and appropriate to screen clinical staff for MRSA carriage and the potential outcomes for individuals.

1. Approximately 30-35% of the general population are carriers of *Staphylococcus aureus*; the figure may be higher in hospital populations (staff and patients). Of these, in the hospital setting, about 10% are likely to be MRSA; i.e. overall 3-5% of hospital staff may be expected to carry MRSA.
2. Many carriers are short-term or intermittent carriers. A few may be long-term carriers.
3. Carriage does not necessarily mean a high risk of transmission to patients if good hand hygiene is observed and no-touch aseptic techniques are applied for clinical procedures.
4. A small proportion of *S. aureus*/MRSA carriers may be heavier 'shedders' of the bacteria (e.g. those with skin conditions such as psoriasis and eczema) and these could be associated with greater risk of transmitting infection.

HOWEVER, in terms of staff screening policies:

5. Routine screening of staff for MRSA carriage is not recommended practice.
6. Screening may be advised by the Infection Prevention and Control Team when there are particular epidemiological features to indicate that a staff member or members may be the source of linked cases of MRSA infection. Examples would include:
  - A cluster of cases over a relatively short period with the same MRSA type/ sub-type following operations by the same surgeon/surgical team.
  - An increased number of cases of MRSA infection of the same type/sub-type in a ward or unit being cared for by a specific team of medical and nursing staff.
7. In most cases, staff found to be carriers (specifically of the particular type/sub-type) can continue their normal duties. Where this is not appropriate, they will be found temporary alternative employment for a short period of decolonisation treatment, i.e. use of antibacterial soap/ shampoo/ shower gel, nasal treatment with, e.g. mupirocin. They would usually have three post-treatment screens to show absence of MRSA before returning to normal duties.
8. This decolonisation regimen eliminates current carriage for most people. Most colonised staff would be clear after treatment. It does not prevent re-colonisation, but that in itself is not a specific risk to patients unless further clusters of linked cases were to occur.
9. Decolonisation is not effective in every case and a small number of staff could be long-term carriers resistant to decolonisation. This would only be significant if they were also

heavy shedders of their MRSA and could be epidemiologically linked to cases of infection in their patients.

10. Only in this last resort of a staff member being a persistent carrier who could not be decolonised and is also shown to be a specific risk to their patients would consideration have to be given to restriction of practice and the possible need for retraining for practice in which carriage did not pose a risk to patients.

It is not known if this final possibility has ever actually happened and the likelihood is very small. Nevertheless, if there are epidemiological and infection control reasons for needing to screen staff members for MRSA carriage as part of the investigation of cases of MRSA infection refusal to participate in screening would be incompatible with the duty of care that doctors and nurses owe to their patients. The situation can be considered to be analogous to that with hepatitis B infection where clinical staff who are found to be potentially infectious carriers are restricted from performing exposure prone procedures and in some circumstances have to undergo retraining for other types of clinical practice.