

CHIEF EXECUTIVE'S SUMMARY REPORT

This summary sheet is for completion by the Chair of any committee/group to accompany the minutes required by a trust level committee

Name of Committee/Group	Infection Prevention and Control Committee (IPCC) held on 26 April 2013 and 31 May 2013
Report from:	Chief Nursing Officer
Date:	Minutes dated 26.04.13 and 31.05.13 to Trust Board 24.06.13

Action required by receiving committee/group:	<input checked="" type="checkbox"/> For information <input type="checkbox"/> Decision <input type="checkbox"/> Other
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Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	<p>To provide strategic direction and decision-making for IPCC.</p> <p>To review the Trust and operational performance against IPCC targets.</p>
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Drivers: Are there any links with Care Quality Commission/Health and Safety/NHSLA/Trust Policy/Patient Experience etc.	<ul style="list-style-type: none"> Care Quality Commission (CQC) compliance NHSLA NICE guidance
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Main Discussion/Action Points	<p><u>26 April 2013</u></p> <ul style="list-style-type: none"> Draft minutes approved at IPCC on 31 May 2013 – no amendments Points of note as reported to Trust Board on 20 May 2013
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	<p><u>31 May 2013 – draft minutes</u></p> <ul style="list-style-type: none"> • Decontamination – a new lead has been appointed and will undertake a specific training course. No other significant issues noted. • Renal unit presented the directorate approach to reduce HCAs as assurance. • Annual report presented and accepted • CDI – a business case is being developed for a drug to reduce the reoccurrence of the infection. • Surgical site infection findings presented prior to business case consideration at Trust Management Team (TMT) • Noro-virus outbreak RCA approved for submission to Clinical Commissioning Group (CCG)
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Risks Identified:	Compliance with C.Difficile target
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Minutes of Infection Prevention and Control Committee

Date 31st May 2013

Venue Board Room, Clinical Skills Building

Time 10am – 12noon

Present:

Cheryl Etches	(CE)	Chief Nursing Officer
Ian Badger	(IB)	Medical Director – Division 1
Dr Suneil Kapadia	(SK)	Medical Director – Division 2
Phillip Turley	(PT)	Governor
Sandra Roberts	(SR)	Head of Hotel Services
Professor Ray Fitzpatrick	(RF)	Director of Pharmacy
Dr Mike Cooper	(MC)	DIPC/Consultant Microbiologist
Dr Janet Anderson	(JA)	Non-Executive Director

In Attendance

Carolyn Wiley	(CW)	Operational Nurse Manager Infection Prevention
Marion Washer	(MW)	Group Manager
Karen Bowley	(KB)	Matron Representative
Brian Sweet	(BS)	Electrical Manager
Rose Baker	(RB)	Head of Nursing
Dr P Carmichael	(PC)	Renal Unit Consultant Nephrologist
Debbie Edwards	(DE)	Senior Matron
Heather Woodward	(HW)	Renal Unit Directorate Manager

Apologies

David Loughton	(DL)	Chief Executive Officer
Vanessa Whatley	(VW)	Infection Prevention Lead Nurse
Jonathan Odum	(JO)	Medical Director
Tom Butler	(TB)	Action Head of Estates
Katie Spence	(KS)	Public Health Consultant

Item No	Action
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Item No		Action
1.	Apologies	
	David Loughton, Vanessa Whatley, Tom Butler, Katie Spence, Jonathan Odum, Mike Clancy.	
2.	Minutes and Actions of meeting 26th April 2013	
	The Minutes of the meeting were agreed and action sheet updated.	
3.	Matters Arising	
	3.1 CW to discuss with VW hand hygiene observation audit report comparison on Synbiotix for porters April/May for discussion at IPCC June 2013.	CW
	3.2 Outstanding action form IPCC 26/4/13 – CE to check if meeting has been arranged for DL/CE/VW to discuss Care Homes in South Staffs areas and Infection Prevention Team across Stafford.	CE
	3.3 As at 31/5/13 there 479 staff that remain outstanding for measles status checking. JA enquired why there was such a long delay for this to be completed with September 2013 being the deadline set by Public Health England. CW to check with Occupational Health & Wellbeing if this can be completed any earlier.	CW
	3.4 Action outstanding 26/4/13 - TB to discuss with Mike Godwin status on incinerator and feedback to DL .	TB
	3.5 Action from meeting held on 26/4/13 - SR to liaise with Claire Nash on tagging HPV machines, using safe hands system. This is in progress information to be feedback at later date.	SR
	3.6 RF to discuss with Antibiotics Stewardship Group use of antibiotic stickers in patient notes once new drug chart has been introduced and discuss plan with SK/IB reporting back to IPCC June 2013.	RF
4.	Decontamination Report Quarter 4 2012/13 – Reported by Marion Washer	
	<p>The decontamination report has been circulated and presented at the Decontamination Meeting held on 2nd May 2013, but has since been updated.</p> <p><u>Decontamination Facilities Upgrade Progress</u> Head & Neck facilities for decontamination of endoscopes are now fully operational. IT links with the “Process Manager” program on the central server is expected be fully operational in June 2013. Urology OPD upgrade on RO filtered water to all rinse cycles within the decontamination process is installed and operational.</p> <p><u>Decontamination Incidents Quarter 4</u> There were 7 incidents reported for the quarter. They were :-</p> <ul style="list-style-type: none"> • 1 dirty mattress • 6 dirty instruments on trays <p>All incidents were rated “green” or “yellow”, and did not result in harm to either patients or staff.</p> <p><u>Synergy Non-conformities</u> 66 incidents were raised against a processing volume of 30547 sets and single items. This resulted in a non-conformity rate of 0.22% which is not in breach of the</p>	

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	<p>contractual limits.</p> <p>The top three non-conformities reported in quarter 4 were:-</p> <ul style="list-style-type: none"> • Missing instruments/sets • Wrong items on tray • Dirty instruments <p><u>Synergy Issues</u></p> <p>One reported incident for Q4. On 22nd April 2013 the “Trakstar” tracking system failed for approximately 30 minutes. However, no sets left Synergy without the correct documentation and labels.</p> <p><u>Other Issues</u></p> <p>A City & Guilds accredited course, “Endoscope reprocessors- operator level”, run by Cambridge University, was introduced in late 2012, and two successful courses have been run so far, for staff who are responsible for the decontamination of endoscopes and operate endoscopic Automated Washer Disinfectors.</p> <p>CE enquired if Mike Clancy new post as Decontamination Lead had been formalised and what training he was receiving. MW replied that he will be commencing on the national decontamination course September 2013 and she will continue to support Mike until he is confident as Decontamination Lead with training undertaken.</p> <p>CE asked who is responsible for counting of swabs on non-conformities, MW replied that there is a policy in place for checking swabs in which non-conformities are recorded onto the DATIX system and investigated escalating to relevant managers.</p> <p>MW left the meeting at this point.</p>	
	<p>Renal Unit Report – Presentation by Dr Paul Carmichael</p> <p>The Renal Team joined the meeting at this point in which Dr Carmichael thanked the committee on being able to present information on the recent increase to DRHAB rates. The Renal Team are aware of the seriousness of these increases and Dr Carmichael gave a presentation on monitoring measures that are in place to reduce the catheter infection rates.</p> <p>CE questioned 77% for hand hygiene compliance showing status as green. PC replied that this had been investigated and training had been completed but database had not been updated by the training department.</p> <p>Discussions took place ST asked what could be done about those patients that do not have or refuse AV fistulas. PC replied that vascular services had been moved to Dudley and work was being carried out</p> <p>IB commented that only the vascular hub has been moved to Dudley and arrangements had been made to have a vascular surgeon on site at RWT 4.5days per week. A skills gap has been identified and is currently being addressed by retraining and mentoring.</p> <p>CE Commented that this is positive but needed to be monitored to see there is any impact and identify any gaps.</p> <p>The Renal Team left the meeting at this point.</p>	
5.	Annual Report 2012/2013 – Dr Mike Cooper	
	MC presented the electronic Annual Report 2012/13 which combines both the Acute and community services. MC asked for comments to be forwarded to him before	

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	<p>going to TMT and then onto Trust internet.</p> <p>IB raised concerns and asked if there were any patient photographs within report. MC said he was fairly sure that there were no patient photographs within the report, but would check to make sure, before being approved at TMT.</p>	MC
6.	Divisional Performance Reports	
	<p>6a Reported by Ian Badger</p> <p><u>Key concerns</u> Indwelling devices from long lines 1 X Bacteraemia 1 X Fungaemia - Key action to use systemic antifungals</p> <p><u>Performance</u> Hand hygiene compliance shows improvement from previous months. E-mails have gone out to staff that are non-compliant with their mandatory training.</p>	
	<p>6b Reported by Suneil Kapadia</p> <p><u>Key Concerns</u> DRHABS X 4 shown within the report is disappointing.</p> <p><u>Antibiotic Prescribing</u> Compliance 84% - 4 months decreasing figures despite reminders going out to staff. E-mails have gone out to Clinical Directors, Matrons inviting them to divisional core meetings individually to highlight any problems and procedures in place to reverse any trends. Study leave has also been cancelled for non-compliance of antibiotic prescribing training, but is proving to be difficult, so alternatives solutions are being investigated.</p> <p>The committee discussed that if following the divisional core meeting there was no overall improvement shown for paediatrics on performance then they should be invited to IPCC to present any issues.</p>	
7.	Action on Cdifficile - Reported by Dr Mike Cooper	
	<p><u>Dashboard</u> HPV 7 day clean and HPV on discharge has been very disappointing compared to previous months, which has been due to high patient activity.</p> <p><u>Fidaxomicin Business Case</u> The CDI target set for this year may unachievable due to re-occurrence of CDI, in patients, which is approximately 20%. A new drug is being introduced which has some benefits compared to current treatment, one of which is that it has a significant reduction in relapse rates. In comparison to current drugs being used Fidaxomicin is expensive, so it is difficult to justify using this on all CDI patients. However the Trust are fined if set targets are not met, so alternatives in reducing the number of CDI cases needs to be investigated.</p> <p>New national CDI guidelines published 2013 do recommend the use Fidaxomicin in certain patients. MC recommended that a minimum of Fidaxomicin use should be available to treat these patients, but if there is enough demand it would be nice to treat all CDI patients with the drug.</p> <p>CW commented that the principle in this is about patient experience and following feedback received from patients CDI has had a devastating effect particularly in re-</p>	

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	<p>occurrences.</p> <p>IB commented that the cost was a significant issue and wondered what numbers of patients would be needed to treat patients to see what the benefits were. He said there was no option but to follow the national guidelines which states that the drug needs to be available for patients with severe CDI or re-occurrence CDI cases.</p> <p>SK commented that he would not like to see Fidaxomicin as a substitute for good clinical care and process with regard to antibiotic use and agreed with IB that cost was an issue and control for dispensing the drug would be required.</p> <p>Following IPCC the business will need to go through Medicines Management, Contracts & Commissioning and TMT for approval.</p> <p>The Committee agreed in principle for this to go forward, but accurate costing's were needed going forward and agree with CCG to fund as this is a locally excluded drug.</p>	
8.	Estates Report – Reported by Brian Sweet	
	<p><u>Water Safety Group</u></p> <ul style="list-style-type: none"> • Chlorine Dioxide installation programmes are currently being completed with regular monitoring to continue. • Water samples taken for Pathology Handover all returned significant TVCC's at each tap. An Action plan is currently in progress. • A&E is now clear and clean. • OPD 2 – improvement from last month with continued flushing and is hoped to be resolved by the next meeting. <p><u>Water Outlet Management</u></p> <p>Compass report attached within the report 13/5/13, there has since been a further report conducted 23/5/13 which shows an improving situation. Report available if required.</p> <p><u>Clinical Waste Incineration</u></p> <p>There is no further information from Mike Goodwin of the future of the ageing incinerator (discussed as above agenda item 3.4).</p> <p><u>Pseudomonas Aeruginosa</u></p> <p>Policy update due March 2014 – BS to discuss with Tom Butler to bring forward to an earlier date.</p> <p>A High Copper content antimicrobial tap is to be tested in CHU and monitored for Pseudomonas Aeruginosa to establish if the high Cu and removal of flow straighteners etc. reduces Pseudomonas Aeruginosa counts as manufactures claim. A picture of the tap is demonstrated within the report.</p> <p><u>Hand Hygiene</u></p> <p>Attached within the report were low for April 2013 report, but it is hoped there will be an improving picture for next report.</p> <p>RB highlight that she had asked Tom Butler for access for inputting onto database water flushing data to be revised so that passwords could be used individual ward basis, not person. This has not yet been resolved, which is leading into delay of data being submitted, BS to discuss with Tom Butler.</p> <p>SR asked if there were any special cleaning requirements for copper tap, MC commented that the trial tap was a copper alloy and not pure copper and just to clean as normal. BS to check if there is any information and forward to SR.</p>	<p>BS</p> <p>BS</p> <p>BS</p>

Item No		Action
9.	<p>Environment Report – Reported by Sandra Roberts</p> <p><u>Planned Deep Clean</u> The deep clean programme has commenced with the use of A10 being identified as the decant ward.</p> <p><u>Standardising Bed Space</u> The Environment Group is currently working on a piece of work that identifies a range of equipment for the bed space to ensure consistency and encompass a Dementia friendly environment. The information is currently with Procurement who are identifying suppliers and costs.</p> <p><u>PLACE</u> The New Cross PLACE assessment is taking place from 17/6/13.</p>	
10.	<p>LNIP Report – Reported by Carolyn Wiley</p> <p><u>Outbreak</u> There is currently no Norovirus outbreak in patient areas within the hospital, although during the past week there have been certain areas affected with D&V and closed as a precaution. Specimens have been sent for testing with negative results. Areas that were affected to be re-opened today.</p> <p><u>RCA</u> Norovirus RCA to be approved by IPCC to go forward to Commissioner in the agreed timescale 6/6/13. The report covers the prolonged outbreak covering 162 days, affecting 406 in-patients and approximately 990 staff across the Trust. A post outbreak analysis meeting was held to discuss and post ward evaluations, with the main findings high capacity, medical outliers placed within areas who then became symptomatic causing the virus to spread and the prolonged cold weather. Improvements to practice have been identified and an action plan has been compiled and is attached to the outbreak report. The report is being taken to next SNOG meeting.</p> <p>IPCC agreed RCA. CW will forward RCA/report to Commissioner by agreed timescale 6/6/2013.</p> <p><u>Linen Policy</u> The policy has been amended to update the new guidance of colour coded plastic bags used for soiled linen.</p> <p>CE highlighted that Matt Reid had distributed the policy for comment and the Policy was required to go the next TMT. CE/CW to discuss changes on Linen Policy and circulate for comment before going forward to TMT.</p> <p>SK asked how our Trust compared against other Trusts with regard to the Norovirus outbreak, which seemed to last a lot longer compared to surrounding Trusts. CW at RWT Infection Prevention Team commented that there was nothing done differently in other Trusts. The main reason identified from the RWT outbreak was that patients were moved from affected wards when bays were closed but the ward was open, and this extended the outbreak, which towards the end of the outbreak was stopped. MC commented that it was difficult to make comparisons with other organisations, because setups were so different for example some Trusts have more isolation rooms and that other Trusts had requested our Infection Prevention Team to visit them and advise on outbreak management.</p>	CE/CW

Item No		Action
11.	Surgical Site Infection Surveillance - Presentation by Dr Mike Cooper	
	<p>The Surgical Site Team was implemented to reduce surgical site infections by introducing concentrated surveillance and baseline intervention. The SSI Team commenced identifying patients undergoing operations within certain parameters and following-up patients upon discharge recording any surgical site infections. The intervention was introduction of ChloroPrep 2% Chlorhexidine alcohol solution skin prep, with three month surveillance prior to introduction of ChloroPrep, with one month training and three month follow-up, with feedback going to relevant specialties.</p> <p>Data demonstrated within the report over 7 month period and shows when ChloroPrep trial was introduced infection rates were lowered.</p> <p>As part of the cost benefit analysis the number of bed days were investigated that were taken up by patients with surgical site infections and re-admissions, the reports shows the bed days were virtually half during the ChloroPrep trial period.</p> <p>Surgical specialities graph shows infection rates against other skin prep mostly decreases, but shows an increase in cardiothoracic surgery. Cardiothoracic have been using ChloroPrep for considerable time in surgery so data in the graph is a statistical quirk.</p> <p>IB commented that during the ChloroPrep trial period, those areas using ChloroPrep recorded fewer SSI's against those using none ChloroPrep skin preparation, which is relativity good evidence that ChloroPrep is having some effect. The difficulty being that this is none randomised and is personal choice, benefit is being seen by surveillance with good feedback from patients. I was agreed that the SSI Team business case would be deferred to July TMT so IB would be present.</p>	
12.	Pharmacy Report – Reported by Professor Ray Fitzpatrick	
	<p><u>Antibiotics</u> No patterns</p> <p><u>Allergy Boxes</u> 5 DATIX incidents reported in April relating to allergy boxes – no trends</p>	
13.	Performance Report – Presentation by Dr Mike Cooper	
	<ul style="list-style-type: none"> • MRSA Bacteraemia – 0 • MSSA Bacteraemia – 2 • MSSA Bacteraemia within new targets set • MRSA Acquisitions – 1 • CDI – on target • 16 X PCR positives – 7 toxin positive, 2 attributable to New Cross – within target. CCG above target. • DRHABS – within target • Blood culture contaminates – below 2% • IP compliance - concerns raised 	
14.	Any Other Business	
	None discussed.	
14.	Date of Next Meeting	

Item No		Action
	Friday 31st May 2013, 10am – 12noon Board Room, Clinical Skills Building	

ACTION LOG
Infection Prevention Team Meeting
31st May 2013

ACTION NO	ACTION	LEAD	COMMENTS
1.	CW to discuss with VW hand hygiene observation audit report comparison on Synbiotix for porters April/May for discussion at IPCC June 2013.	Carolyn Wiley	
2.	Outstanding action form IPCC 26/4/13 – CE to check if meeting has been arranged for DL/CE/VW to discuss Care Homes in South Staffs areas and Infection Prevention Team across Stafford.	Cheryl Etches	
3.	CW to check with Occupational Health if measles status for staff can be completed any earlier.	Carolyn Wiley	e-mailed Julie Sharp for information to send a summary update to IPCC via VW .
4.	Outstanding action 26/4/13 - TB to discuss with Mike Godwin status on incinerator and feedback to DL .	Tom Butler	
5.	Action from meeting held 26/4/13 SR liaising with Claire Nash on tagging HPV machines, using safe hands system. This is in progress awaiting further feedback.	Sandra Roberts	
6.	RF to discuss with Antibiotics Stewardship Group use of antibiotic stickers in patient notes once new drug chart has been introduced and discuss plan with SK/IB reporting back to IPCC June 2013.	Prof Ray Fitzpatrick	
7.	MC to check that there are no patient photographs within the Annual Report 2012- 2013 before being finalised.	Dr Mike Cooper	
	BS to discuss with Tom Butler to bring forward Pseudomonas to an earlier date – due March 2014.	Brian Sweet	

8.	Password to access database for inputting data on water flushing to be made ward based, not individually based.	Tom Butler	
9.	BS to if there are any special cleaning requirements for copper tap and forward information to SR .	Brian Sweet	
10.	CW to forward outbreak RCA/report to Commissioners by agreed timescale 6/6/13.	Carolyn Wiley	Completed CW sent 31/5/13.
11.	CE/CW to discuss changes on Linen Policy and circulate for comment before going forward to TMT.	Cheryl Etches Carolyn Wiley	Completed.