

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 22 February 2013 and 22 March 2013
Report from:	Chief Nursing Officer
Date:	Minutes dated 22.02.13 and 22.03.13 to Trust Board 22.04.13

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>22 February 2013</u></p> <ul style="list-style-type: none"> Draft minutes approved at IPCC on 22 March 2013 – no significant amendments Points of note as reported to Trust Board on 25 March 2013
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	<p><u>22 March 2013 – draft minutes</u></p> <ul style="list-style-type: none">• Mandatory training compliance is challenging. Further sanctions agreed• Increased activity has resulted in the decant facility not being available for the Deep Cleaning programme• PLACE training has taken place (1st session)• Norovirus still challenging in the community and the Trust• CJD policy approved
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Risks Identified:	Compliance with C.Difficile target
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DRAFT

Minutes of Infection Prevention and Control Committee

Date 22nd March 2013
Venue Board Room, Clinical Skills Building
Time 10am – 12noon

Present:

David Loughton (Chair)	(DL)	Chief Executive Officer
Philip Turley	(PT)	Governor
Vanessa Whatley	(VW)	Infection Prevention Lead Nurse
Sandra Roberts	(SR)	Head of Hotel Services
Professor Ray Fitzpatrick	(RF)	Director of Pharmacy
Dr Suneil Kapadia	(SK)	Medical Director – Division 2
Dr Janet Anderson	(JA)	Non-Executive Director
Dr Mike Cooper	(MC)	DIPC/Consultant Microbiologist
Ian Badger	(IB)	Medical Director – Division 1
Tom Butler	(TB)	Action Head of Estates

In Attendance

Rose Baker	(RB)	Head of Nursing – Division 2
Charlotte Hall	(CH)	Deputy Chief Nurse

Apologies

Cheryl Etches	(CE)	Chief Nursing Officer
Jonathan Odum	(JO)	Medical Director

Item No		Action
1.	Apologies	
	Cheryl Etches, Jonathan Odum	
2.	Minutes and Actions of meeting 22nd February 2013	
	Were agreed as true and accurate.	
3.	Matters Arising	
	3.1 Following discussions at the last IPCC held 22/2/13 on cost comparison of dementia friendly curtains the committee agreed that a planned programme was required to replace privacy curtains at RWT to a plain linen curtain. This would be more suitable for patients, but would also need risk assessing in certain areas going forward as some areas such as A&E may require disposable curtains. VW commented that with current domestic services there have been no infection prevention issues with frequency of change.	
4.	Divisional Reports	
	4a Division 1 – Reported by Ian Badger	
	The report demonstrates too many red areas, which are mainly due to medical staff members mandatory training, with exception to critical care at 95%. IB has distributed an e-mail to colleagues enquiring how reassurance can be given to patients on infection prevention and is awaiting a response.	

Item No		Action
	<p>IB informed the committee that persistent offenders on non-compliance on mandatory training following 3 consecutive e-mails reminders could possibly lead to their annual leave being cancelled.</p> <p>DL commented that we should be mindful with mandatory training that NHSLA is approaching in September 2013 and that no study or annual leave should be permitted until mandatory training is in compliance.</p> <p>IB has already fed back to Jonathan Odum that non-compliance of mandatory training should be a disciplinary measure.</p> <p>List of medical staff non-compliant with their mandatory training for division 1 and division 2 to be forwarded to DL.</p> <p>DL to liaise with Louise Nickell on CEA entry application forms for a list of staff who have not completed their mandatory training.</p> <p>CH asked for clarification on orthopaedics with regard to hand hygiene compliance in the directorate, it being the fourth month of low compliance.</p> <p>VW to arrange for infection prevention nurses to visit orthopaedics for observational audit on 5 moments.</p> <p>VW to feedback at next IPCC April 2013 with a detailed analysis of hand hygiene compliance throughout the Trust.</p> <p>DL highlighted that a clear message should go out to the matrons/ward managers that staff should be approached when not following hand hygiene policy.</p>	<p>IB/SK</p> <p>DL</p> <p>VW</p> <p>VW</p> <p>IB/RB/SK</p>
	<p>4b Division 2 – Reported by Suneil Kapadia</p> <p>The report shows areas of non-compliance much as discussed in division 1 report.</p> <p>VW mentioned that there is an action plan in place for CHU for both DRHABs and CDI targeting the most vulnerable patients, which is not referred to in the report.</p> <p>SK commented that the number of DRHABs had decreased over the previous month. VW said the problem was in sustaining this on CHU.</p> <p><u>RCA - Pseudomonas Incident</u></p> <p>RB asked the committee if they agreed that the RCA for the pseudomonas incident could now be closed off going forward to the commissioners with actions implemented following the table top review. The IPCC were in agreement</p>	
5.	Action on Cdificile - Reported by Vanessa Whatley	
	<p>Due to the challenging target for April 2013, CDI still needs to be discussed on a monthly basis. The dashboard has been updated since being presented at last month's IPCC following the committee's comments and as discussed at the meeting the time to isolate has now been split from between symptoms and results into 2 separate measures.</p> <p>Infection Prevention are currently looking at certain actions which are detailed within the report.</p> <p>Matt Reid (Infection Prevention) and Dr Matt Brookes (Consultant Gastroenterologist) have been in discussions looking into research with probiotics.</p>	

Item No		Action
	<p>Meetings have been arranged in April to meet with both Yakult (2/4/13) and Danone (9/4/13) to discuss how probiotics are being used in other Trusts and how RWT can do something differently. Gastroenterologists and dietetics have been invited to the meetings to look at what the benefits could be. VW to invite Pharmacy.</p> <p>Quarterly CDI re-occurrence has currently increased 25%, which is the highest for sometime. The average over the last 2 years is 17%, VW explained this is a possible area to target to reduce number of cases.</p> <p>RF commented that forms would be required to be completed for the new drug Fidoxamicin highlighted in the report for treating CDI. VW agreed and said that paper work would be in place with a business case also in progress. RF also mentioned that the previous PCT pharmacy would now be coming under RWT.</p>	VW
6.	Estates Report – Reported by Tom Butler	
	<p><u>Legionella Control Steering Committee</u></p> <ul style="list-style-type: none"> • From April the LCSC will form the Water Safety Group (WSG) to encompass the requirements of both Legionella and Pseudomonas Aeruginosa as recommended within the new addendum to HTM 04-01 released this month. • Current temporary and fixed Chlorine Dioxide plants are producing good reserves of Chlorine Dioxide. • IWS have started the preliminary works for the installation of our new centralised Siemens Chlorine Dioxide system, the new plant is currently being manufactured in Germany and will be on site April for commissioning. • Hydrop are scheduled to start a site wide Legionella risk assessment in April, this assessment will be loaded into the new Compass system which will provide an individual real time risk rating for each building within the Trust. Each ward / department will be notified locally before Hydrop's assessments are conducted in their area to minimise any disruption. VW questioned when this would be in place. TB replied this would be clearer next month when he had access to the system. • Renal Legionella retests are all clear following engineering works to replace outlets. However, following site wide legionella testing 2 weeks ago out 41 samples taken there was 1 low positive result in OPD. Procedures have been followed with the tap being flushed and resampled with results due back next month. • Site wide Legionella sampling has been completed as recommended by our risk assessors in preparation for the installation of our centralised Chlorine Dioxide plant. <p><u>Clinical Waste Incineration</u></p> <p>One week's loss of production due to serious failure of the bin lift mechanism. This has been rectified and remains mains operational. Throughput and waste being managed to optimise operational performance of plant.</p> <p><u>Pseudomonas</u></p> <ul style="list-style-type: none"> • Filters are still maintained in augmented care areas. • Infection Prevention arranging a trial in CHU with the use of high concentrate chlorine wipes to disinfect the environment surrounding outlets before re-sampling outlets in the area for Pseudomonas Aeruginosa <p><u>KPI's</u></p> <p>PPM - 100% compliance</p>	

Item No		Action
	<p>DL enquired if results had been received back from water testing following an incident in maternity where a baby in a cot was found lying in water due to ceiling spillage. CH commented that the baby is well, but needed to know if the water had been tested. TB to check with estates and feedback to DL to give assurance to parents of baby.</p> <p>11:40am TB left meeting to check out results (as above) to feedback to DL.</p>	
7.	Environment Report	
	<p><u>Deep Clean Programme</u> Planning in progress for 2013/14 for deep cleans, working with IP. The difficulty being that there is currently no de-cant facilities to assist with the deep clean process for during none winter pressure.</p> <p>RB commented that ward A23 (C3) is being reconfigured into head & neck ward and will no longer be available as a decant facility.</p> <p>Committee members discussed the closing of the vascular ward and the requirement of two medical wards needed, with the highest priority being PCIs. RB said that there were 20 beds available and vascular ward would be filled with whatever medical outliners were prioritised, providing vascular ward staff remain in position.</p> <p>DL commented that in the long term vascular ward would need to be filled with something other than medical outliners and the divisions needed to think what other specialties vascular ward could be used for. DL to discuss further with Gwen Nuttall.</p> <p>SR commented that she would look at using bays and wards for decanting patients as a first option for deep clean process, with the possibility of using Appleby during weekends if necessary. SR asked if Hotel Services could have as much co-operation as possible from the divisions with decanting patients for deep clean process.</p> <p><u>PLACE</u></p> <ul style="list-style-type: none"> • 1st training session has taken place on 7/3/13 for staff and patient representatives. • West Park Hospital assessment is to commence week beginning 29/4/13. RB highlighted that this maybe a concern for the division due to there being an addition of 14 beds and may have an impact on the result. SR said unfortunately although the day could be changed the week could not and that this was not a technical assessment. The group discussed that West Park wards were overcrowded but there was currently no capacity to close these beds. <p><u>Bed Space Cleaning</u> A paper has been circulated to Environment Group and SNOG for comment.</p> <p><u>Catering Report</u></p> <ul style="list-style-type: none"> • Ward food wastage • Ward service audit report is in working progress. <p>PT asked if there was any reason why staff could not purchase left over food, SR replied that this was feasible due to staff not being able to reheat, reheated food, which means the food would need to be consumed immediately and would lead to various issues.</p>	

Item No		Action
8.	LNIP Report	
	<p><u>Norovirus outbreak</u> This continues in the Trust but cases are identified due to in-house testing being carried out, which is preventing widespread outbreak. There is currently 1 blocked bed with 6 bays in 4 areas being affected. The testing ensures that the outbreak is more controlled but also means that every single case is being picked up and being acted on this is currently being scrutinised externally by the SHA, due to it being a continuous outbreak from November 2012. VW has emphasised to the SHA that the in-house testing is very sensitive with more cases being picked up.</p> <p>The Trust has also continued through another winter without any Norovirus related admissions from care homes where the IP Team are managing the outbreak. IP are managing the care homes in outbreak situations to prevent admissions and this has continued to be effective.</p> <p><u>Annual Programme of Work</u> 2013/2014- circulated with last months IPCC report for comment and has been re-circulated with this months report for IPCC agreement incorporating comments received. Agreed by the committee.</p> <p>2012/2013 - is in the process of being closed off.</p> <p>Objective 3 no avoidable blood stream infection - new guidance has been received from NHS Commissioning Board for on reporting MRSA blood stream infections. Expectations have always been that investigations on MRSA infections should be completed as soon as possible, 5 days within the Acute. A new database is due to be launched expected sometime in April 2013, which will automatically alert CCG and Public Health Team if the system has not been updated if actions are not completed within 7 days of MRSA bacteraemia. This does not cause concern within the Acute; however it may prove more difficult within the community setting i.e. gathering information from GPs. Table top reviews of the process are to continue, to enable this process to be closed off more quickly.</p> <p>DL enquired if Dr Adrian Phillips was still a member of the IPCC, VW replied that Dr Phillips has now left and Public Health was now being represented by Katie Spence (Public Health Consultant), who has been attending IPCC for the last few months, but is not at today's meeting.</p> <p>DL asked if there should also be a GP attending representing CCG. VW/MC to discuss with Dr Julian Parkes.</p> <p>Terms of Reference to be amended and agreed at next months IPCC.</p> <p>SK commented that during the last Norovirus outbreak visitors were reduced and in the current situation of reduced ward capacity and blocked beds could this continue.</p> <p>The committee discussed reducing visiting times and agreed that this would benefit staff by taking away pressures, but would have an impact on calls received on the wards from relatives. The committee agreed to look at options which were either to increase the hours of ward clerks, so that they work until 9:00pm or introduce a call centre to give basic information to relatives on patient update. Further discussions are required with the involvement of Chris Wanley from ICT services outside of IPCC.</p> <p><u>Policies</u></p> <ul style="list-style-type: none"> Sharps Safety Policy – written by Occupational Health and Well Being. RB to inform Julie Sharp on comments. 	<p>VW/MC</p> <p>VW</p> <p>RB</p>

Item No		Action
	<ul style="list-style-type: none"> • CJD Policy – discussed at IPCC July 2012, has been revised in line with current national guidance. Lessons have been learnt through the Trust following an investigation of sporadic case of CJD, a 1 to 2 million chance. VW asked the committee how should this be taken forward, IPCC agreed that this should be put onto a risk register. Screening questions need to be taken out of the policy and appendices 1 and 2 would not be followed. 	VW
9.	Pharmacy Report – presented by Professor Ray Fitzpatrick	
	<p><u>Monitored Antibiotics</u> No particular trend.</p> <p><u>Antibiotic Interventions</u> Increased during February</p> <p><u>Allergy Boxes</u> Increased – due to confusion on completing forms – this has now been resolved.</p> <p><u>DATIX Incidents</u> Allergy box non-completion – 0</p> <p><u>Antimicrobial Stewardship Committee Report</u> The CQUIN target set for the Antimicrobial Stewardship Committee has been achieved and audits have improved on self-assessment. There is an antibiotic stewardship strategy and audit programme in place, with various audits being completed. Profile of antimicrobial stewardship has been raised, with most clinical areas performing excellently in completing allergy boxes, in line with antibiotic guidelines.</p> <p>Audit evidence supports that there are less patients on IV antibiotics beyond 48 hours. Areas for improvement are on documentation and recording a review date on documentation, which is being supported by antibiotic stickers.</p> <p><u>Antimicrobial Stewardship Committee - Funding proposal</u> Current audits undertaken are being completed by staff funded by CQUIN, when funding ceases there will be no staff available to complete the audits with administration work being completed by Dr Mary Ashcroft. A business case has been put forward to support the Antimicrobial Stewardship Committee in administration and audit.</p>	
10.	Performance Report – presentation by Dr Mike Cooper	
	<ul style="list-style-type: none"> • MRSA bacteraemia – in target • MSSA bacteraemia – in target • MRSA Positives – continue to decline • MRSA Acquisitions – low • CDI – internal target hit – a PII meeting has taken place for C18 due to there being 4 cases of CDI patients over the couple of months. There was nothing specific that could be identified to link the patients, but it was useful to discuss with the medical staff from C18 any issues they may have. Samples are to be sent off for typing. • CDI – external targets – 13 PCR positives, 7 toxin positive, 2 attributable to RWT, all attributable to Wolverhampton PCT – well within external target. Next years targets will include West Park Hospital. Rolling 30 day total – reducing over time possibly due to introduction of PCR 	

Item No		Action
	<p>testing</p> <ul style="list-style-type: none"> • DRHABs – within target • Blood culture contaminants – less than 2% • Hand hygiene training – below 95%, previously discussed and action agreed. • Antimicrobial prescriber training – below 90% - further action required as previously discussed. <p>CH asked if DRHABs on CHU in regard to line care was there an issue with change of TPN feeds. VW replied that the whole practice is being reviewed on CHU and the division are looking at trialling a new connector, using alcohol for line contact to assist with consistent practice. Education will take place lead by ward matron with an action in place. TPN related DRHAB's are an issue across the Trust rather than specifically CHU.</p>	
11.	Any Other Business	
	None discussed.	
12.	Date of Next Meeting	
	Friday 26th April 2013, 10am – 12noon Board Room, Clinical Skills Building	

ACTION LOG
Infection Prevention Team Meeting
22nd March 2013

ACTION NO	ACTION	LEAD	COMMENTS
1.	List of medical staff non-compliant with their mandatory training for division 1 & 2 to be forwarded to DL .	Ian Badger Suneil Kapadia	
2.	DL to liaise with Louise Nickell on CEA entry application forms for a list of staff who have not completed their mandatory training.	David Loughton	
3.	VW to arrange for infection prevention to visit orthopaedics for observational audit on 5 moments.	Vanessa Whatley	
4.	VW to feedback at next IPCC April 2013 with a detailed analysis of hand hygiene compliance throughout the Trust.	Vanessa Whatley	Agenda item IPCC 26/4/13.
5.	TB to notify wards/departments on commencement date of legionella risk assessment (Hydrop) to minimise any disruption.	Tom Butler	
6.	Message to go out to the matrons/ward managers, staff should be approached when not following hand hygiene policy.	Ian Badger Suneil Kapadia Rose Baker	
7.	VW/MC to discuss with Dr Julian Parkes, GP representation for future IPCC meetings.	Vanessa Whatley Dr Mike Cooper	
8.	Terms of Reference to be amended and agreed at next month's IPCC.	Vanessa Whatley	Agenda item IPCC 26/4/13...
9.	RB to feedback to Julie Sharp with comments for Sharps Policy.	Rose Baker	
10.	CJD Policy to be amended.	Vanessa Whatley	Agenda item IPCC 26/4/13...