

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 th October 2012 and 30 th November 2012
Report from:	Chief Nursing Officer
Date:	Minutes dated 26.10.12 and 30.11.12 to Trust Board 28.01.13
Action required by receiving committee/group:	<input checked="" type="checkbox"/> For information <input type="checkbox"/> Decision <input type="checkbox"/> Other
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>
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

<p>Main Discussion/Action Points</p>	<p><u>October 2012</u></p> <ul style="list-style-type: none"> • Focus of C.Difficile including weekly rounds by the microbiologist and Infection Prevention team member. HPV on discharge demonstrating increase compliance • No sharps incidents from HIV, Hep C or Hep B positive patients. Business case in development for sharps safety devices (in line with EU directive) • Flu vaccine campaign commenced – 5,000 vaccines available. Up to 26 October 2012 - 2,500 had been given • Water testing continues for legionella (Deanesly) and Pseudomonas Aeruginosa. Actions implemented and resting taking place • PLACE inspectors replacing PEAT and first one completed 04.10.12. Norovirus testing – in-house model being costed to obtain more timely diagnosis <p><u>November 2012</u></p> <ul style="list-style-type: none"> • Legionella – chlorine levels following testing. Five temporary chlorine dioxide plants have been installed • C.Difficile – 30 day mortality data to be reviewed • Flu vaccine campaign continues and is more successful than last year at the same point in time
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<p>Risks Identified:</p>	<p>Compliance with C.Difficile target</p>
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Minutes of Infection Prevention and Control Committee

Date **26th October 2012**
Venue **Board Room, Clinical Skills Building**
Time **10am – 12noon**

Present:

David Loughton (Chair)	(DL)	Chief Executive Officer
Cheryl Etches	(CE)	Chief Nursing 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
Mari Gay	(MG)	Deputy Chief Nursing Officer
Jonathan Odum	(JO)	Medical Director

In Attendance

Iris Fitzgibbon	(IF)	Senior Matron Division2
Tom Butler	(TB)	Deputy Head of Estates
Julie Sharp	(JS)	Nursing Service Manager Occupational Health & Well Being
Zena Young	(ZY)	Divisional Nurse Surgery
Gail Gunning	(GG)	Infection Prevention Administrator

Apologies

Dr Mike Cooper	(MC)	DIPC/Consultant Microbiologist
Mr Ian Badger	(IB)	Medical Director – Division 1
Ros Jervis	(RJ)	Consultant in Public Health WCPCT
Ivan Little	(IL)	Head of Estates

Item No		Action
1.	Apologies	
	Dr Mike Cooper, Mr Ian Badger, Ros Jervis, Ivan Little	
2.	Minutes and Actions of meeting 28th September 2012	
	Were agreed as true and accurate with action sheet updated, with the following actions outstanding:	
	2.1 Estates to review license for disposal, looking at alternatives and discuss further with DL . TB to follow-up outstanding action from IPCC 28/8/12.	TB
	2.2 Results from Pseudomonas testing to be forwarded to CE , Dr Dobie and Dr Ashcroft. TB to follow-up outstanding action from IPCC 28/9/12.	TB

Item No		Action
3.	Matters Arising	
	<p>C difficile update – reported by Vanessa Whatley Since July Infection Prevention Nurse have been visiting wards on a daily basis during week days, to remind staff of action required for CDI patients. There have been positive effects seen with use of hydrogen peroxide vapour. These daily visits will be ending the end of October 2012 and will be handed back to the wards.</p> <p>On external reporting RWHT in comparison with other Trusts within the region are online and have shown a decrease in numbers of CDI within the last quarter.</p> <p>The graph within the report on mortality rate in which the line across relates to implicated mortality not 30 day all cause and is down to small numbers which will be averaged out across the year.</p> <p>HPV discharge compliance has shown improvement with September being 100% for discharge cleans and this will continue to be monitored and reported bring again within the next 3 months.</p> <p>Continuation to push to isolate patients symptomatic of diarrhoea rather waiting for CDI results and to treat on symptoms is being carried out.</p> <p>CE asked how reassurance to isolate on symptoms was being given; VW said that every individual case will still be monitored on CDI ward round and a review of every case continues as they occur, monitored by the Infection Prevention Team. Reassurance to isolate over the weekend is to be monitored.</p> <p>SR asked if there had been any issues with HPV and non-compliance; VW replied no there has been nothing flagged and HPV compliance has been much better. HPV was 100% upon discharge for September and is continuing to look good for October. The less likely HPV to happen is the 7 day standard moving CDI patients from side-rooms, but has improved and is being continued to be monitored.</p> <p>JO had asked for clarification on mortality implication; VW answered this means that CDI is implicated somewhere on the death certificate, if a patient has died within 30 days of CDI specimen being taken, whether they are in-patient or an out-patient. VW to forward numbers of deaths to JO and follow-up with Sultan Mahmood to integrate information into Trust mortality reporting.</p>	VW
4.	Occupational Health & Well Being – reported by Julie Sharp	
	<p><u>Sharps Incidents – Quarter 2 report</u> 42 sharps incidents during Q2, 36 of which were from known source patients, 6 were from unknown. None during of these during this quarter were from known HIV, Hep C or Hep B positive patients.</p> <p>Overall there has been an improvement in the process of management of sharps, in that more patients are being screened. There has also been a vast improvement on completion of DATIX incident forms, there has only been 3 for this quarter that have not been completed from 42.</p> <p>The report has been viewed by the Level 3 project group for NHSLA, in which they were pleased with the improvements, so have approved and passed the report.</p> <p>JA had said that it was not acceptable for non-clinical staff to be at risk with sharps</p>	

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	<p>injuries and asked if there is any mechanism in place to deal with this. JS replied when the DATIX incident report is completed, a sharps investigation is attached. Findings of the investigation and lessons learnt are fed back through governance meetings with action plans being formulated by divisions according to the findings of the incidents.</p> <p>Training for house-keeping staff is carried out with the expectations that waste bags could possibly contain sharps, but there may be a gap in nurse awareness and training needs to be checked.</p> <p><u>Sharps Management Steering Group</u> Project being led by Mary Brassington and Procurement, introduction of sharps safety devices in line with EU directive by May 2013.</p> <p>There was a meeting held on 14/9/12 – excerpts of the minutes are included within the report circulated. The report is in 3 phases, with phase 1 currently in process with the introduction of hyperaemic needles.</p> <p>Since the completion of the report Mary Brassington has met with Procurement 24/10/12 and they have given results trials that were carried out during October on A&E, EAU, Oncology, Phlebotomy and IV Team. Products were trialled from 4 different suppliers with the outcome of the results being Braun scoring lowest on quality and highest cost pressure being £18,183. The product scoring the highest on quality was Smiths Medical but were lowest on cost pressure being £133,186 Following the meeting with procurement with view to negative feedback received on product quality, it has been decided that more intense trials will be carried out targeting A&E and EAU during November. The Sharps Management Group plan to meet again on 3/12/12, following which they will then produce a business case.</p> <p>DL asked where Healthcare Consortium were with regard to purchasing, JS had said the message received back was that the Consortium were due to be ready by December but date is frequently changing. JS to liaise with Procurement to forward information to DL so that DL can discuss with Jonathan Wedgewood.</p> <p><u>Measles</u> The OHWB service currently has access to over 10,000 electronic staff records via local software system COHORT and therefore in the event of an outbreak situation, records of immune status to diseases such as chicken pox, rubella, TB and measles can be located in a timely manner.</p> <p>All prospective employees, students etc. in direct clinical contact are screened at their pre-employment/pre placement stage.</p> <p>A look back exercise for screening existing staff is on-going with approximately 500 staff outstanding across community services and 700 staff in the acute Trust, the majority of whom are based in low risk areas with the exception of 14 staff from oncology, 17 from renal and 9 from ICCU. Managers have been provided with lists of staff requiring screening and the option for them to attend either the OHWB service based at both New Cross and West Park or phlebotomy services.</p> <p>CE asked what was happening in regard to staff at acute Trust, JS had said that the list would be recirculated, to Divisions, to include Ward Managers and Matrons.</p>	<p>JS DL</p> <p>JS</p>

Item No		Action
	<p><u>Flu Vaccine Campaign</u> 5,000 flu vaccines have arrived within the Trust 1/10/12, with 1,207 vaccines being given showing within the report, which has since increased to 2,055 staff being vaccinated to date, 30.4% of the Trust total.</p> <p>A lot of incentives are taking place with every 200 staff vaccinated a £20 shop voucher is received, every 1,000 receiving a £60 voucher. Areas are booking sessions and Occupational Health Team have arranged to go out into community 30/10/12, targeting 3 key areas, GEM Centre, Phoenix and Bilston Health Centre. Drop in clinics are also available, there is also a video on patient experience that is going onto the Trust intranet, which will also be played at future inductions. Flyers and flu facts are going out on pay slips to keep the campaign going.</p> <p>JS to attend TMT meeting this afternoon and next Senior Managers Brief on 29/11/12 to give Flu vaccines to staff members.</p> <p>Individual department performance data for flu vaccines to be forwarded to Divisional Managers.</p> <p>ZY asked if vaccination plan was in place for patients on over 30 day stay, VW replied this happen routinely and is ordered in separately from 5,000 vaccines available for staff. VW to seek assurance.</p> <p>CE commented that she thought that Occupational Health were doing a fantastic job, in their flexible working.</p> <p>VW suggested that the flu video from intranet be included in all governance meetings.</p> <p>JO enquired about cover for prophylaxis on HIV post exposure, JS answered that packs were available in A&E Department and is in-line with HIV advisory, triple treatment. There is also a care pathway in place, so that any sharps injuries are taken through immediately for both staff and patients.</p>	<p>JS</p> <p>JS</p> <p>VW</p>
5.	Divisional Reports	
	<p>5a Division 1 – Reported by Zena Young <u>Performance Monitoring</u></p> <ul style="list-style-type: none"> • Shows overall improvement on level 2 training • Non-medical antibiotic prescribers are compliant, medical staff have improved but the issue remains with junior doctors and is on-going. • Hand hygiene compliance, work has been carried out to ensure the database is compliant. • MSSA bacteraemia X 1 • DRHAB X 1 • CDiff X 2 • Deep cleans have taken place on D3, D4, D5, D6 during October with 100% compliance. • ANTT training has seen improvements • HII – good compliance, with focus over the next few weeks around improving training compliance from evidence on data, audit and ensuring that the environment is de-cluttered. 	

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	<p><u>RCA Summary</u></p> <ul style="list-style-type: none"> • MSSA X 1 – D4 – details in report • DRHABS X D2 - details in report <p>There has been repeated challenge with Nephrostomy drains and following discussions with ward managers ZY has asked if a Nephrostomy HII care bundle could be taken forward. VW to take forward using synbiotix.</p> <p>JO had said that this was a good idea and that it was not only Urology that used Nephrostomies and the HII should be wider based.</p> <p>CE discussed ANTT on performance data and asked how this had dropped to 65%. ZY answered this was due to not being addressed until non-compliant, but has now been addressed.</p> <p>CE also asked regarding MSSA on D4, what were the lessons and concerns. ZY replied – consistency of documentation.</p> <p>CE asked who completes RCAs in Division 1 – ZY had said this tends to be the ward manager and clinician if medical input is required. CE asked for the names of staff completing the 2 RCA's detailed in the report – ZY to feedback.</p> <p>VW discussed CDI recorded 1a on death certificate in July 2012 – ZY/VW to discuss RCA.</p> <p>JO had said he though it odd that on the performance data it showed amber on CVC for critical care, ZY had said this had demonstrated that there is variance in documentation in on-going care in CVC catheter care bundle. There is now a person completing audit on ITU, which has been good to have a different perspective.</p> <p>JO/ZY to discuss high risk areas and concerns regarding ITU.</p> <p>SK raised the issue that the target for Division 1 (90%) data was different to Division 2 (95%). VW had said that Infection Prevention Team have produced a new report format in draft and needs to be discussed with CE.</p>	<p>VW</p> <p>ZY</p> <p>ZY/VW</p> <p>JO/ZY</p> <p>VW/CE</p>
5b	<p>Division 2 - Reported by Dr Suneil Kapadia</p> <p><u>RCA Summary</u></p> <ul style="list-style-type: none"> • MRSA bacteraemia – D20 still on-going, patient has since died and this is subject to a coroner's report. • DRHAB – Higher number than expected for these associated with urinary tract infections and catheters. SK has met with Rose Baker and this is to be investigated in more detail. <p>CE asked who is carrying out the RCA's, SK replied that RCA's are being completed by primarily the ward managers, in conjunction with clinicians and Infection Prevention Team. List to be forwarded to CE for assurance. VW asked for September MRSA bacteraemia RCA to come to next IPCC.</p>	<p>SK</p>

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	<p>For further reference on completing RCA's for both Divisions name and discipline are to be completed on template.</p> <p>SK and Divisional nurse are looking at 100 DRHABs associated with urinary catheters what can be reduced.</p> <p><u>Performance Monitoring</u> There is a drive to move compliance to 95% target</p> <p><u>Vascular Access</u> There were no particular concerns and still remains 77-78%, which has been gradually falling throughout the year.</p> <p>CE/SK have met and discussed 5 moments, assurance needs is be given against DRHABs.</p> <p>VW discussed the trial without catheters that is taking place on elderly patients and the repeated use of catheters. VW said that the use of bladder scanners before re-catheterisation is not routinely being done and a revision of the TWOC protocol has taken place to prevent unnecessary re-catheterisation.</p> <p>JO discussed the number of DRHABs within the D2 report and said that it was not clear what the area the DRHABs were in and needed to be more specific. CE/VW are meeting to discuss and review the reporting template and will be feeding back.</p>	<p>SK</p> <p>CE/VW</p>
6.	Estates Report – Reported by Tom Butler	
	<p><u>Legionella Control Steering Committee</u></p> <ul style="list-style-type: none"> • Results have been received back from Deanesly with legionella positive results, which were negative, with further investigations on-going. • Legionella risk assessments in Appleby Suite, Medical Illustration and kitchens is being completed week commencing 22/10/12 • A water management report for chlorine dioxide has been compiled by IL, following the retirement of Graham Tasker. This is a very damning report and shows there are several areas that need to be addressed. DL has requested that a meeting be arranged between IL and DL to discuss before IL departure from the Trust next week. TB to feedback. • There is currently a review of new technology of copper/silver ionisation, copper tails replacement on outlets, also looking at the sampling on CHU, ITU, Delivery, NNU and is being completed this week, 2nd round of full sampling. <p>JA asked with regard to risks on plastic piping, why was the Trust being allowed to this in new builds, TB replied that there was standard service specification currently being put together to prevent this happening in the future.</p> <p>DL requested that Mike Goodwin/TB also attend the meeting with DL/IL to discuss water issues.</p> <p><u>Water Management Outlets</u></p> <ul style="list-style-type: none"> • Show improvement with 80% compliance 	<p>TB DL/IL</p> <p>TB</p>

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	<ul style="list-style-type: none"> • Flushing continue on water outlets in areas not being used <p><u>Clinical Waste Incinerator</u></p> <ul style="list-style-type: none"> • Has seen improvement over the last 3 weeks. <p><u>Pseudomonas Aeruginosa</u></p> <ul style="list-style-type: none"> • 4 areas were tested – results are attached to the Estate Report • Mixed samples were found, with no pattern being found from results • Re-sampling is to take place to see if any patterns can be established • Looking to replace PVC pipework • Automatic taps on NNU 43% complete on removal PVC pipework and should be completed by next week. • Dr Mary Ashcroft has e-mailed findings from report of high TVC count in Deanesly, further tests have been completed and a chlorine dioxide meter has been purchased. TB carried out testing and found low count chlorine dioxide throughout the Trust. • Incoming water from Severn Trent, highest chlorine limit 0.5 combined with site chlorine dosing system at boiler house was producing a high total chlorine count disabling the chlorine dioxide plans from dosing. During the last few days, mass dumbing of tanks have been completed and dosing of chlorine dioxide has taken place in tanks of each area. <p>An investigation is on-going to why there was high chlorine levels found, TB said that assurance could be given that there was chlorine in the system, but not chlorine dioxide. The equipment currently on site is not capable of distinguishing between the two and also needs to be discussed in the above mentioned meeting to be arranged.</p> <p>CE highlighted on water outlet management table that returns from some areas were still outstanding for July, August and September and asked what was being done about it, TB said that an audit is currently on-going. DL also highlighted that it was important that this should be brought to the attention of the Divisions on how areas were performing. TB to review distribution of report and change compliancy of areas to a tick instead of a cross and also split list to add areas that are only partially complaint.</p>	TB
7.	Environment Report – Reported by Sandra Roberts	
	<p><u>Deep Clean</u> Continuation on unplanned deep cleans has reduced throughout September. Planned deep cleans had 4 areas that were outstanding due to capacity issues, but have now been completed. A report is currently being undertaken to see how this challenge can be taken on board next year.</p> <p><u>PLACE</u> Inspections were carried out 4/10/12, overall the comments received back were good, there has been no formal feedback received from report submitted. The overall score was 90%+ but there is no further detail. The main issue regarding the new audit has been around documentation with the layout of the form being very complicated.</p> <p>Once the understanding of the scoring mechanism has been ascertained an action</p>	

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	<p>plan will be undertaken.</p> <p>JO enquired how the team was constituted – ST answered that the guidance set out was that there should be equal numbers staff and patient representatives, with numbers depending on the size of the organisation. There were 5 teams sent out on the audit consisting of 1 staff and 1 patient member and covered a large area.</p> <p>PT had also attended the audit and commented that the audit went extremely well and was impressed with the cleanliness of the hospital. PT also went onto mention that staff were very supportive and that patients were impressed with the food and the way that their water jugs were kept replenished. PT said that the only downside was cigarette smoking at entrances, but overall thought the hospital was clean and well run.</p> <p>DL asked if security could commence Sky Shout regularly on A&E and East entrance.</p> <p>PT highlighted that whilst visiting the hospital during an evening he had come across 4 wheel chairs left outside A&E in inclement weather.</p> <p>SR to liaise with security on Sky Shout to be used once an hour and look at putting in more smoking bins, at above mentioned areas.</p> <p><u>Technical Audits</u> A few high risks areas shows a trend, housekeeping are on top of the situation.</p> <p><u>Environment Report</u> The 2nd quarter report has been included within the report and is to be discussed further with issues still on-going with regard to furniture. An audit has been completed by ST, Carolyn Robinson, Charlotte Hall, Peter Rowley and Carolyn Wiley. There are issues on foot stools at the end of patient beds and a plan for suitable replacements needs to be established.</p> <p>CE mentioned she had noticed a difference on the noticeboards and that something needed to be done around noticeboards in the hospital in generally.</p>	SR
8.	LNIP Report – Reported by Vanessa Whatley	
	<p><u>30 day pseudomonas Report</u> Attached to report for approval before going to commissioners, there have been no further cases on NNU reported. Approved by IPCC.</p> <p><u>Annual Work Programme</u> Attached to report and has been in progress for the past 6 months, with minimal exceptions and the following highlights:</p> <ul style="list-style-type: none"> • SSI Team are currently working very hard, 15/10/12 642 cases were reviewed and patients are being followed-up 30 day post-operative within the community. Infection rates approximately 10% in-patient, in line with national average. Feedback to IPCC will be provided within 3 months, but is being reviewed on a monthly basis through the Operational Group, with any significant risk being raised at IPCC. <p>CE asked if all surgeons were using ChloroPrep, VW had said that it is not being introduced to the Trust until January 2013, but most surgeons are on</p>	

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	<p>board and now are taking this up. ZY highlighted that there had been interest is Cardiology from surgeons who were excluded from the protocol, but were keen to use ChloroPrep. VW had said that the SSI Team would be looking at linking these into phase 2 commencing January 2013.</p> <p>The problem currently is that the SSI Team are awaiting for database system due to an issue with the supplier of theatre system. Nick Bruce is currently chasing.</p> <ul style="list-style-type: none"> • IV/OPAT Team have inserted 25 mid and pic lines, with 2 members of staff trained and a 3rd in training currently. 3 patients to date have been discharged who would have required 6 weeks IV antibiotics from OPAT service and commenced mid- October. <p>Patient cases are to be viewed in more detail and being broke down to look at cost for both SSI and IV Team. The IV Team are currently looking into linking in with the hospital@home teams to see how over border patients could be supported.</p> <p><u>Policy Updates</u> There 5 polices for IPCC approval:</p> <ul style="list-style-type: none"> • Viral Haemorrhagic Fever (new policy) - following new guidance received. • Urinary Catheter (new policy) – part of CQUIN requirement • Prevention and Control of Tuberculosis in the Hospital Setting – revised • Transportation of Clean and Contaminated Instruments, Equipment and Specimens. • Infection Prevention Management of patients affected by common UK parasites. <p>ZY asked if the Urology Hospital@Home Team were involved with Catheter Policy. VW replied that the Team are part of Urinary Catheter Working Group.</p> <p>All above 5 polices were approved and agreed by IPCC.</p> <p><u>Norovirus</u> VW pointed out that with Norovirus season was approaching and it had been previously thought that joining with Shrewsbury and Telford would have helped, with in-house Norovirus testing. This is no longer viable, so Microbiology have put together a costing for Norovirus to be tested in house, but requires investment. DL asked for a ball park figure, VW to enquire and feedback.</p>	VW
9.	Pharmacy Report – Reported by Professor Ray Fitzpatrick	
	<p><u>Monitored Antibiotics</u> Division 1 – Carbapenem, Co-amoxiclav, Ciprofloxacin chart shows decrease, with Cefuroxime remaining the same. Division 2 – Carbapenem, Co-amoxiclav, Ciprofloxacin chart shows decrease, with an increase of Cefuroxime, but usage was small compared to average and will be continued to be monitored.</p> <p><u>Interventions</u> There has been an increase in numbers of interventions from August; this is due to inclusion of non-completion of antimicrobial prescribing stickers as reported at last</p>	

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	<p>month IPCC. The message is to try and get clinical staff to complete antimicrobial stickers, CE asked what was required to make this happen, RF replied that actions so far have been to inform Doctors when stickers have not been completed, but this has not been escalated any further in terms of allergy boxes. Information has also gone onto the score card so it is flagged to the wards and divisions.</p> <p>RF to liaise with divisions and feedback at IPCC in November on new ways of engaging clinical staff to complete antimicrobial stickers.</p> <p><u>Allergy Boxes</u> There were 5 incompleting allergy box interventions, slightly less than the previous month.</p> <p>Non-completion of allergy boxes : Division 1 – 4 consecutive months with no DATIX incidents reported – very good Division 2 – 3 reported, 2 EAU, 1 Durnall</p> <p>Outstanding non-completion of allergy boxes are reported as incidents and elevated so that the clinical leads are informed.</p> <p><u>No inappropriate extended duration</u> Division 2 were almost all green, except for 87% on D16. Division 1 scored 88% on D1, 86% on D3 and 33% on Cardiology. The cardiology pharmacist is monitoring and reviewing the prescriptions on Cardiology.</p>	RF
10.	Performance Report – Presented by Vanessa Whatley	
	<p><u>Staph. aureus Bacteraemias</u> Not looking good and particularly high at the moment. IP are currently working with individual areas, along with the IV Team working on daily audits and have already been feeding back a number of significant issues related to lines.</p> <p><u>MSSA Bacteraemias</u> Internal target is up, but the IV Team are working hard to bring this down by next month. Divisional assistance is also needed to relay the message around line and catheter care.</p> <p><u>MRSA Acquisitions</u></p> <ul style="list-style-type: none"> • Division 1 - are down and low compared to the last 3 months, reflecting on good hand hygiene. ZY highlighted that Division 1 are currently in dispute over figures for D3 and have raised concerns with MC. • Division 2 – Low – No links have been found with regard to vascular surgery unit with regard to acquisitions, IP have investigated working with the ward. <p><u>CDI PCR Positives – Actions continue</u></p> <ul style="list-style-type: none"> • Division 1 – below line • Division 2 – Have had clusters, CHU have been investigated and typing received back, 2 of which were the same strain, others were different. Regimes were looked into on CHU and treatment given, chemotherapy being significant indicator for CDI A group has been set up on CHU monitoring infections, including a medic, nurse, IP Team and IV Team. <p>SK said a new approach was requested on CHU to address reoccurring issues</p>	SK

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	<p>and this was being discussed in the division.</p> <p><u>Cumulative CDI against internal target</u> In comparison over the past 2 years is the same as last year with regard to PCR positives. IP Team are currently looking at CDI severity, which is looking to be quite low of infection. IP Team are looking through past RCAs over 6 months prior PCR testing and compare against past 6months PCR testing.</p> <p>JO asked if a breakdown could be given of CDI mortality in regard to severity of disease, VW to look into this and feedback.</p> <p><u>CDI External Target</u> 6 positives, 4 attributed to RWHT, 0 WPH - both RWT and PCT remain under target.</p> <p><u>Rolling 30 Day CDI</u> This has slowly increased and needs be lowered before peaks are reached.</p> <p><u>Blood Culture Contaminants</u> Remain low – below 2%</p> <p><u>Score Card</u> MRSA Bacteraemias, DRHABs - largest areas on ward performances.</p>	
11.	Any Other Business	
	10.1 PT asked if there was any funding within the budget to promote hand hygiene for visitors. VW to look at possible approaches.	VW
	10.2 CE enquired what the policy was for water dispensers for the organisation. Estates policy is that they can only be used staff areas only, patients water dispensers need to be plumbed in. 10.3 CE mentioned that CQC will be visiting the Trust over the 2 weeks, looking at 7 standards with a team of 7-10 people.	
12.	Date of Next Meeting	
	Friday 30th November 2012, 10am – 12noon Board Room, Clinical Skills Building	

The Royal Wolverhampton NHS Trust

ACTION LOG Infection Prevention Team Meeting 26th October 2012

ACTION NO	AGENDA ITEM	ACTION	LEAD	COMMENTS
1.	2.1	Estates to review license for disposal, looking at alternatives and discuss further with DL . TB to follow-up outstanding action from IPCC 31/8/12.	Tom Butler	
2.	2.2	Results from Pseudomonas testing to be forwarded to CE , Dr Dobie and Dr Ashcroft. TB to follow-up outstanding action from IPCC 28/9/12.	Tom Butler	
3.	3.	Mortality figures of CDI patients from 30 days from specimen taken to be forwarded to JO and follow-up with Sultan Mahmood to integrate information into Trust mortality reporting.	Vanessa Whatley	
4.	4.	JS to liaise with Procurement and forward information to DL on sharps safety devices with regards to Healthcare Consortium DL to discuss with Jonathan Wedgewood.	Julie Sharp David Loughton	JS has forwarded action onto Mary Brassington, who is leading on this.
5.	4.	JS to circulate list to Divisions, including Ward Managers and Matrons on measles screening exercise.	Julie Sharp	Information circulated. Completed.
6.	4.	JS to attending TMT meeting 26/10/12 and next Senior Managers Brief on 29/11/12 to give Flu vaccines to staff members.	Julie Sharp	Completed.
7.	4.	Individual department performance data for flu vaccines to be forwarded to Divisional Managers.	Julie Sharp	JS has forwarded action onto Mary Brassington, who is leading on this.
8.	4.	VW to seek assurance on vaccination plan for patients on over 30 day stay.	Vanessa Whatley	
9.	5a	VW to look at Nephrostomy HII care bundle using synbiotix.	Vanessa Whatley	
10.	5a	ZY to find out names of staff completing the 2 RCA's detailed in the Division 1 reported at October IPCC and feedback to CE .	Zena Young	

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11.	5a	CDI recorded 1a on death certificate in July 2012 – ZY/VW to discuss RCA.	Zena Young Vanessa Whatley	RCA to be presented to Divisional governance 12/11/12, to IPCC 30/11/12 and to Directorate governance end November. This is out of sequence due to the RCA being reallocated as the original consultant was not available to undertake the analysis.
12.	5a	JO/ZY to discuss high risk areas and concerns regarding ITU.	Jonathon Odum Zena Young	
13.	5a/5b	Performance data reporting template to be reviewed by VW . CE/VW to meet and discuss	Vanessa Whatley Cheryl Etches	
14.	5a	Names of staff completing RCA's detailed in the Division 2 reported at October IPCC to be feedback to CE .	Suneil Kapadia	
15.	5a	September RCA for MRSA bacteraemia to go to next IPCC in November.	Suneil Kapadia	
16.	5a	SK and Divisional nurse are looking at 100 DRHABs associated with urinary catheters what can be reduced.	Suneil Kapadia	
17.	6.	Meeting to be arranged within the next week between DL/IL/TB and Mike Goodwin to discuss water issues.	Tom Butler	
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19.	7.	SR to liaise with security on Sky Shout to be used once an hour and look at putting in more smoking bins outside entrances.	Sandra Roberts	
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21.	9.	RF to liaise with divisions and feedback at IPCC in November on new ways of engaging clinical staff to complete antimicrobial stickers.	Professor Ray Fitzpatrick	
22.	10.	New approach to address re-occurring issues on CHU to be discussed with division.	Suneil Kapadia	
23.	11.	IP Team to review promoting hand hygiene and look at possible approaches.	Vanessa Whatley	

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Minutes of Infection Prevention and Control Committee

Date **30th November 2012**

Venue **Board Room, Clinical Skills Building**

Time **10am – 12noon**

Present:

David Loughton (Chair)	(DL)	Chief Executive Officer
Cheryl Etches	(CE)	Chief Nursing Officer
Philip Turley	(PT)	Governor
Dr Mike Cooper	(MC)	DIPC/Consultant Microbiologist
Vanessa Whatley	(VW)	Infection Prevention Lead Nurse
Professor Ray Fitzpatrick	(RF)	Director of Pharmacy
Mr Ian Badger	(IB)	Medical Director – Division 1
Dr Suneil Kapadia	(SK)	Medical Director – Division 2
Dr Jonathan Odum	(JO)	Medical Director (part meeting)

In Attendance

Rose Baker	(RB)	Head of Nursing – Division 2
Tom Butler	(TB)	Deputy Head of Estates
David Coan	(DC)	Matron
Lindsay Hibbs-George	(LHG)	Facilities Manager – Hotel Services
Julie Sharp	(JS)	Nursing Service Manager Occupational Health & Well Being
Katie Spence	(KS)	Locum Consultant, Public Health
???J Swindells	(JS)	SPR, Microbiology
Marion Washer	(MW)	Group Manager
Juliette Whittaker	(JW)	Head ??, Microbiology
Gail Gunning	(GG)	Infection Prevention Administrator

Apologies

Dr Janet Anderson	(JA)	Non-Executive Director
Sandra Roberts	(SR)	Head of Hotel Services

Mr Loughton opened the meeting by thanking everyone for their attendance, introductions then took place.

Item No		Action
1.	Apologies	
	Dr Janet Anderson, Dr Jonathan Odum and Sandra Roberts.	
2.	Minutes and Actions of meeting 26th October 2012	
	Were agreed as true and accurate with action sheet updated, with the exception of the following amendment:	

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5.	Divisional Reports	
	<p>5a Division 1 – Reported by Mr Ian Badger <u>Performance Monitoring</u></p> <ul style="list-style-type: none"> • Disappointing picture • Non-medical antibiotic prescribers - an improvement should be seen in November 2012 <p><u>RCA Summary</u></p> <ul style="list-style-type: none"> • Two RCAs 	
	<p>5b Division 2 - Reported by Dr Suneil Kapadia <u>Vascular Access</u> Remains at 78%</p>	
6.	Division Reporting Format	
	<p>VW outlined the proposed changes to the Divisional reporting format: version control to be added, instructions on the front of the report on how to input data, RCA detail on the front of the report to include tracking data, which would highlight action required to be taken on an urgent basis. Training will be provided for the person inputting the data. It was agreed to undertake a trial on the new draft reporting format and feedback comments.</p>	VW
7.	Estates Management Report	
	<p><u>Legionella Position Statement and Action Plan</u> TB provided a summary: chlorine levels are now at a normal level, five chlorine dioxide plants have been temporary installed and a business case is currently in development to replace these temporary plants.</p> <p>Individual areas showing some low pathogen levels of legionella, these are being dealt with on an individual basis.</p> <p>Some clinical areas had not returned flushing reports, it was agreed that the reports needed to be returned via email which should increase returns. Flushing still underway in non-clinical areas, it was agreed that the shower in Hollybush House would be decommissioned as facilities are available in the Corporate and Clinical Skills Building and the proposals for a cycle store in the basement would be reviewed.</p>	<p>TB</p> <p>TB</p> <p>TB</p>
8.	Environment Report	
	<p><u>PLACE</u> LHG reviewed the revised format which had resulted in the scoring being simplified</p> <p><u>Provision of Snacks to patients</u> Business Case approved for the trial of the provision of snacks to patients for three months.</p>	

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	<p><u>Technical report</u></p> <p>Highlighted one amber alert on the Rehabilitation ward at West Park Hospital, due to the floor being replaced, which resulted in a lot of dust, additional cleaning undertaken.</p> <p>In response to Mr Loughton, TB to establish the standard process for putting grit down.</p>	<p>TB</p>
<p>9.</p>	<p>LNIP Report</p>	
	<p>VW said that the NDM report had been sent to the commissioners for approval.</p> <p><u>Cannock Renal Patients</u> VW reported that 18 contact testing had been undertaken and would be followed-up through respiratory medicine. CE advised that along with x-rays you need the results of the test. The next step is to screen staff.</p> <p><u>Noro-virus</u> VW reported that November 2012 had seen a steep increase in Noro-virus, lot of cases confirmed across wards, the situation is being managed. Nursing Homes not affected.</p> <p><u>IV OPAT Team</u> The team had now put in approximately 60 lines.</p> <p><u>MRSA screening</u> The position had improved compared to previous months. CE target not achieved for the Trust, under-achieved by 6%, it was agreed that this would be reviewed and a plan presented at the next meeting on how the Trust could achieve the 6%.</p> <p><u>Surgical Site Infection</u> First month's data received, once three months data had been received trends would be reviewed and the results communicated to divisions.</p> <p><u>Policies</u> All polices had been updated, there would be one slight change made to the MRSA policy in relation to the screening of sputum.</p> <p><u>MRSA Bacteraemia</u> Four pre and post MRSA Bacteraemias, one attributed to this Trust, on further investigation two specimens had been completed for one person, the other two patients had had regular contact with the Trust, but did not screen positive on first episode. Actions plans had been sent to Divisions, RB advised that lessons learnt had been communicated throughout Division 2.</p> <p><u>Commode Results</u> To be presented at the next meeting.</p>	<p>VW</p> <p>VW</p> <p>VW</p> <p>vw</p>

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10.	<p>Pharmacy Report</p> <p>RF to liaise with divisions and feedback at IPCC in November on new ways of engaging clinical staff to complete antibiotic stickers.</p> <p><u>Allergy Boxes</u> 14 allergy box interventions. Interventions occurred in October 2012 when the front of the TS had a completed allergy box, but the inside box was blank, or vice versa. There were 3 datix incidents relating to allergy boxes in October 2012.</p> <p><u>Antibiotic Stewardship Report</u> Included for information, audit on orthopaedic surgery showed results above target.</p> <p><u>Antibiotic Prescribing Audit</u></p> <ul style="list-style-type: none"> • Showed excellent results for allergy box completion. • Prescribing in accordance with Trust guidelines – good for July and September 2012. • Poor stop/review date documentation <p><u>Antibiotic Awareness Day</u> A planned roll out across the Trust emphasising key messages from 'Start Smart – Then Focus' Department of Health guidance - launch review in January 2013.</p>	RF
11.	<p>Performance Report – Mike Cooper presented the report</p> <p><u>MRSA</u> One MRSA attributed to this Trust</p> <p><u>MSSA Bacteraemias</u> Division 1 - one MSSA bacteraemia Division 2 – two MSSA bacteraemias</p> <p><u>MRSA Acquisitions</u> D3 – 3 D18 – 1 The Trust is below target.</p> <p><u>CDI PCR Positives – Actions continue</u></p> <ul style="list-style-type: none"> • Division 1 – gone down again, only 1 • Division 2 – going in the opposite direction, had meetings about the clusters, in relation to two cases MC to check if there was an overlap in their episode in hospital, these two cases do regularly attend as a Daycase, contact could have happened then <p><u>CDI External Target</u> 20 PCR positives, 11 were toxic, 5 attributed to the Trust</p> <p><u>Blood Culture Contaminants</u> Disappointing higher –2.19%</p>	

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	<p><u>Score Card</u> Urinary Catheter DRHABs – has gone down. Lots of yellow and amber, no reds – a good improvement.</p> <p><u>Hand Hygiene</u> High rate of Drs need to complete Hand Hygiene training. Mr Badger stated that following the release of the recent training database all Drs were contacted showing red, a positive response was received, therefore we should see an improvement with on the next training database report.</p> <p><u>Antimicrobial training</u> As for Hand Hygiene.</p>	
12.	Any Other Business	
	<p>12.1 MC HPA policy for CJD, need to understand why we need to do the individual screening on patients and not the HPA, it will be discussed at the next Decontamination Committee as the experts would be present, I will ask for a confirmed way forward. It is showing red on the Code of Practice, it was agreed that MC, VW and CE would discuss this at their meeting.</p>	MC/VW/CE
	<p>12.2 DL advised that Dr Foster publishes on Monday 3 December 2012 on BBC and the Guardian the 'Hospital Guide'. We have published a two page article stating that we are the most improved. DL thanked all the consultants as it is down to their work in reducing mortality. In relation to this Panorama are undertaking a documentary on the evening of Monday 3 December 2012 on 'How Safe is you Hospital'.</p>	
13.	Date of Next Meeting	
	Friday 21st December 2012, 10am – 12noon Board Room, Clinical Skills Building	

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ACTION LOG Infection Prevention Team Meeting 26th October 2012

ACTION NO	AGENDA ITEM	ACTION	LEAD	COMMENTS
1.	2.1	Estates to review license for disposal, looking at alternatives and discuss further with DL . TB to follow-up outstanding action from IPCC 31/8/12.	Tom Butler	TB advised that there was no issue with the licence, Business Case currently in progress.
2.	2.2	Results from Pseudomonas testing to be forwarded to CE , Dr Dobie and Dr Ashcroft. TB to follow-up outstanding action from IPCC 28/9/12.	Tom Butler	TB advised that the results had been circulated and plans are now in place.
3.	3.	Mortality figures of CDI patients from 30 days from specimen taken to be forwarded to JO and follow-up with Sultan Mahmood to integrate information into Trust mortality reporting.	Vanessa Whatley	Completed – 30.11.12
4.	4.	JS to liaise with Procurement and forward information to DL on sharps safety devices with regards to Healthcare Consortium DL to discuss with Jonathan Wedgewood.	Julie Sharp David Loughton	JS has forwarded action onto Mary Brassington, who is leading on this. Completed – 30.11.12
5.	4.	JS to circulate list to Divisions, including Ward Managers and Matrons on measles screening exercise.	Julie Sharp	Information circulated. Completed.
6.	4.	JS to attending TMT meeting 26/10/12 and next Senior Managers Brief on 29/11/12 to give Flu vaccines to staff members.	Julie Sharp	Completed.
7.	4.	Individual department performance data for flu vaccines to be forwarded to Divisional Managers.	Julie Sharp	JS has forwarded action onto Mary Brassington, who is leading on this.
8.	4.	VW to seek assurance on vaccination plan for patients on over 30 day stay.	Vanessa Whatley	Completed – 30.11.12
9.	5a	VW to look at Nephrostomy HII care bundle using synbiotix.	Vanessa Whatley	VW advised currently being developed.
10.	5a	ZY to find out names of staff completing the 2 RCA's detailed in the Division 1 reported at October IPCC and feedback to CE .	Zena Young	
11.	5a	CDI recorded 1a on death certificate in July 2012 – ZY/VW to discuss RCA.	Zena Young Vanessa Whatley	RCA to be presented to Divisional governance 12/11/12, to IPCC 30/11/12 and to

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				Directorate governance end November. This is out of sequence due to the RCA being reallocated as the original consultant was not available to undertake the analysis.
12.	5a	JO/ZY to discuss high risk areas and concerns regarding ITU.	Jonathon Odum Zena Young	
13.	5a/5b	Performance data reporting template to be reviewed by VW. CE/VW to meet and discuss	Vanessa Whatley Cheryl Etches	Completed – 30.11.12
14.	5a	Names of staff completing RCA's detailed in the Division 2 reported at October IPCC to be feedback to CE.	Suneil Kapadia	
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18.	6.	TB to review water report structure.	Tom Butler	
19.	7.	SR to liaise with security on Sky Shout to be used once an hour and look at putting in more smoking bins outside entrances.	Sandra Roberts	LHG – advised that currently in progress
20.	8.	VW to obtain ball point figure for Norovirus in-house testing and feedback to DL.	Vanessa Whatley	
21.	9.	RF to liaise with divisions and feedback at IPCC in November on new ways of engaging clinical staff to complete antimicrobial stickers.	Professor Ray Fitzpatrick	Completed – 30.11.12
22.	10.	New approach to address re-occurring issues on CHU to be discussed with division.	Suneil Kapadia	SK advised working with Infection Prevention
23.	11.	IP Team to review promoting hand hygiene and look at possible approaches.	Vanessa Whatley	VW advised in progress.
24.	3.	Hand Hygiene posters for ward and publicity	Vanessa Whatley	VW to discuss with Medical Illustration and SK
25.	4.	Decontamination Audit results to presented to this meeting	Marion Washer	
26.	6.	Divisional reporting format to be piloted	Vanessa Whatley	VW to report on outcome of the trial

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27.	7.	Cycle store in basement	Tom Butler	TB to advise on progress
28.	8.	Standard process for gritting	Tom Butler	TB to advise on a standard
29.	9.	Plan for achieving MRSA target	Vanessa Whatley	TB plan to be produced