

**MINUTES OF INFECTION PREVENTION AND CONTROL COMMITTEE MEETING
HELD ON THURSDAY 25TH NOVEMBER 2010
10.00AM, CONFERENCE ROOM, HOLLYBUSH HOUSE, NEW CROSS HOSPITAL**

Present:	Mr D Loughton	(Chair)	(Chief Executive)	(DL)
	Dr M A Cooper		(DIPC)	(MC)
	Ms S Morris		(LNIP)	(SM)
	Dr R Fitzpatrick		(Director of Pharmacy)	(RF)
	Dr J Odum	(Part)	(Medical Director – Division 2)	(JO)
	Dr G Martinelli	(Part)	(Consultant – Cardiothoracic)	(GM)
	Ms C Wiley		(Lead Nurse IP&C – WCPCT)	(CW)
	Dr J Anderson		(Non-Executive Director)	(JA)
	Ms M Gay		(Director of Community Services)	(MG)
	Ms S Roberts		(Hotel Services Manager)	(SR)
	Mr B G Millar		(Medical Director)	(BGM)
In Attendance:	Ms R Baker		(Representing Division 1)	(RB)
	Mr M Clancy		(Representing Decontamination Lead)	(M Clancy)
	Ms K Bowley		(Matron Representative)	(KB)
	Ms J Appleby		(Facilities Team - WCPCT)	(JA)
Apologies received:	Ms C Etches		(Director of Nursing & Midwifery)	(CE)
	Ms G Evans		(SHA Representative)	(GE)

Presentation – VAP Data

Dr T Chila and Dr R Giri gave a presentation on VAP data collection in Cardiothoracic CCU and the plans to develop a database and a care pathway to include pre-operative treatment for patients with chest infections. Dr Chila and Dr Giri agreed to give a progress report to this Committee in 6/12 months time.

2. Minutes of Meeting held on 28th October 2010

The Minutes were accepted as a true record.

3. Matters Arising from the Minutes

No matters were raised.

4. Decontamination Update

Mike Clancy (Governance and Education Lead for Theatres) gave an update on decontamination issues on behalf of Marion Washer, Decontamination Lead.

Decontamination facilities upgrade progress

Building work on Head & Neck Outpatients C6 has commenced with anticipated completion by January 2011, enabling the unit's decontamination facilities to comply with national and Trust standards.

Synergy

Tunnel washers used by Synergy are to be replaced with HTM2030 compliant machines which will increase the fast tracking time from 2.5 hours to 6 hours. This increase will severely impact on theatres' service continuity due to the level of fast track to date. Marion Washer, Directorate Manager for Critical Care services, is preparing a business case to identify further instrumentation needs to ensure service

Action

continuity, however DL requested that Marion Washer contact him immediately prior to preparing the business case as regards further purchase of instruments.

M Clancy

Mike Clancy to provide DL with a risk analysis around what is being spent on decontamination in theatres by mid next week.

M Clancy

The content of the report was noted by the Committee.

Mike Clancy left the meeting at this point

5. Reports of LNIP

5a **RWHT**
SM reported:

Scabies

The issue of confirmed and suspected cases of scabies on D20 had now been resolved.

PGD

Training will begin on 30th November. Flyers have been sent to Managers and Matrons. The training will be weekly for the first three months, after which the frequency will be reviewed.

Hepatitis C

The incident on Renal at Pond Lane, which had impacted on RWHT is currently ongoing.

Flooding – Deanesly Ward

The basement had flooded due to various objects obstructing drainage areas. Estates Department are in the process of rectifying the problem.

5b **WCPCT**

CW presented highlights from the joint report:

MRSA/MSSA Bacteraemia/C.Difficile

There were no cases of MRSA, MSSA bacteraemia or C.Difficile in provider services, but 1 blood culture contaminant.

MRSA 30 Day Screening

One patient was found to be colonised on Ward 3 West Park Hospital at the 30 day rescreen. A deep clean was carried out on the ward prior to the rescreening.

Prontoderm Foam Evaluation

It had not been possible to analyse the product, therefore it was suggested that RWHT IPT carry out an evaluation at New Cross to test its effectiveness.

SM

Infection Prevention Week

Engagement with the public during 18th-22nd October had gone well, with IP nurses being highly visible across the City.

Systems Manager

Funding has been secured through a Project Initiation Document and the post will be recruited to by RWHT.

SM

The reports were noted and accepted by the Committee.

6. Divisional Reports

RB reported on **Division 1**

'Red' areas on the scorecard:

3 x MSSA bacteraemia

5 x DRHABS - practice of insertion had been observed and found to be correct.

2 x *C.Difficile*

Not a particularly good month for the Division.

KB reported on **Division 2:**

'Red' areas on scorecard:

Antibiotic prescribing training showed 67% compliance for EAU and several amber areas. KB explained that responsibility for training had been devolved down to Divisions to ensure improvement. DL asked for the non-compliance to be resolved quickly.

KB

1 x MSSA bacteraemia

3 x DRHABS

2 x Breaches in isolation policy - Both incidents relate to patients transferred from EAU where IP status was not clarified with Ward prior to transfer.

Again, there were several 'red' areas recorded against HIIIs, however some instances were thought to be due to clerical errors. Investigation to ensure correct data would be carried out.

KB

There had been difficulty in getting the RCAs due to starting to use the VitalPAC system, which should include more detail. DL asked that as a matter of urgency clarification be sought that the VitalPAC system would show on the first screen the IP status of patients.

SM/MC

SM stressed that IPT does not tell wards to do a 'quick' audit but will only inform the ward when a full RCA is required. Mini RCAs should be carried out by the Matron, who should then advise all the ward staff.

DL commented that both Divisions needed to improve.

The reports were noted by the Committee.

7. Environment Report

SR reported:

PEAT

No final indication yet, but it is understood that the PEAT process will continue as usual. A PEAT visit to RWHT is expected on 16th February 2011. SR expressed a wish to work closely with the PCT Facilities Department to evaluate each others areas if RWHT does not get an external validator. This suggestion was welcomed by CW.

Technical Audit Report

The information provided via Credits 4 Cleaning had improved significantly and the Environment Group is, as requested by the Director of Nursing & Midwifery, developing graphs to assist in maintaining and improving cleaning/estates standards.

The report was accepted by the Committee.

8. Pharmacy report

RF reported:

Allergy Boxes

During October there were three incidents reported on Datix around allergy boxes not completed on treatment charts, even though medicines were prescribed and administered. This number was a significant improvement compared with September, however it was recognised that there should be no instances where allergy boxes were not completed. DL reiterated that the individuals responsible must be disciplined.

The full contents of the report was noted and accepted by the Committee.

9. Performance

MC reported:

SPCC Charts – October 2010

Staph.aureus Bacteraemias

Division 1:	MRSA	0
	MSSA	3 2 CW, 1 D4
Division 2	MRSA	0
	MSSA	1 RDU

MRSA Acquisition

CHU	1
CCU	1
D1	1
D2	1
D20	3
WPH	1

C. Difficiles

Division 1:	Deanesly	1
	CHU	1
	CTW	1
	D2	1
	D2	1
Division 2	EAU	1
	D7	1
	D18	2
	D20	1

DL informed the meeting that efforts must be redoubled to reduce the number of C. Difficile cases.

In response to DL's question as to why ICCU had performed so well as regards *C.Diff.*, MC was uncertain but considered it may be due to patients tending not to be in the unit for long periods. DL requested that ICCU doing so well be investigated so that their practices could be applied to other wards.

DRHABs

5 instances (5 lines, 2 urinary catheter). This area of infection is improving with the work Sue Rowlands is doing.

Performance of Wards

No 'red' areas.

HABs – Contaminated Blood Culture Sets

908 sets taken of which 86 positive blood cultures, 33 contaminants (including West Park). Paediatric contaminants numbered 8.

ESBLs

A reduction in October

JO joined the meeting at this point

Hand Hygiene

Report unavailable.

Antibiotic Prescribing Training

The Trust as a total was 77% compliant, which was disappointing.

The report was accepted by the Committee.

10. Any Other Business

10.1 Dr Hans Clean Motif

DL assured JA that motifs at various locations around the hospital which were now worn/damaged would be taken down next week.

11. Date of Next Meeting

Thursday 30th December 2010, 10.00am, Conference Room, Hollybush House.