

**MINUTES OF INFECTION PREVENTION AND CONTROL COMMITTEE MEETING
HELD ON TUESDAY 27TH JANUARY 2011
10.00AM, BOARD ROOM, CLINICAL SKILLS AND CORPORATE SERVICES CENTRE,
NEW CROSS HOSPITAL**

Present:	Mr D Loughton (Chair)	(Chief Executive)	(DL)
	Ms C Etches	(Director of Nursing & Midwifery)	(CE)
	Dr M A Cooper	(DIPC)	(MC)
	Ms S Morris	(LNIP)	(SM)
	Dr G Martinelli	(Consultant – Cardiothoracic)	(GM)
	Ms S Roberts	(Hotel Services Manager)	(SR)
	Ms C Wiley	(Lead Nurse IP&C – WCPCT)	(CW)
	Mr B G Millar	(Medical Director)	(BGM)
	Mr I Little	(Estates & Facilities Manager)	(IL)
Ms A Watts	(Matron Representative)	(AW)	
In Attendance:	Ms J Sharp	(Health & Wellbeing Nurse Manager)	(JS)
	Ms Z Young	(Head of Nursing – Division 2)	(ZY)
	Ms H Flavell	(Representing Division 2)	(HF)
	Ms F McKean	(Representing Pharmacy)	(FMCK)
	Ms R Baker (Part) Alison Johnson and Gill Hill	(Head of Nursing Division 1) (Hereford Hospitals)	(RB)
Apologies received:	Dr J Odum	(Medical Director – Division 2)	(JO)
	Dr R Fitzpatrick	(Director of Pharmacy)	(RF)
	Dr J Anderson	(Non-Executive Director)	(JA)
	Ms M Gay	(Director of Community Services)	(MG)

David Loughton welcomed and introduced Alison Johnson, Consultant Microbiologist, and Gill Hill, IPC Matron, from Herefordshire Hospitals NHS Trust, who had requested attendance at this meeting to gain insight into RWHT's approach to infection prevention.

2. Minutes of Meeting held on 21st December 2010

The Minutes were accepted as a true record.

3. Matters Arising from the Minutes

There were no matters arising.

4. Occupational Health Update

JS reported:

Influenza Vaccination Programme

The 2010 influenza vaccination programme has, to date, resulted in a take up percentage of 53.3% of frontline staff and is currently ongoing utilising a new stock of 300 vaccines due to supplies of the vaccine being exhausted by the second week of January.

Approaches to facilitate access to the vaccine included out of hours walkabouts, drop in clinics and departmental visits in addition to awareness raising publicity. The IP team managed out of hours vaccination sessions with ongoing support from the group involved in daily flu meetings in response to increased activity in Wolverhampton and the surrounding area, which resulted in a number of patients being admitted with flu symptoms.

CE felt it important to decide the procedure for next year and suggested that a group be set up around June to encourage more

Action

JS

vaccination uptake. JS requested a nursing element on the group.

DL congratulated the OH Department on their hard work around vaccination.

Measles Screening Programme

To date, the measles screening programme had rolled out to all clinical areas in order of priority with regard to risk. Blood results are being received at a steady rate. Since 1st August 2010 a total of 2449 staff have been screened. Of these 2417 were shown to be immune and 32 non immune, all of whom have since been vaccinated. A further 1500 staff require screening and it is envisaged that this exercise will be completed by the end February 2011 with continued support from phlebotomy and clinics run by the OH & Wellbeing Service.

Sharps Management Steering Group

Meetings have been held in November 2010 and January 2011 chaired by Mary Brassington, Head of the OH & Wellbeing Service, with dates scheduled for the remainder of 2011. The purpose of the group is to take forward some of the actions outlined in the HSE action plan following their visit in November 2010 and also to drive forward and implement the EU directive on sharps, focusing in particular on introducing safety devices to the Trust. JS confirmed that there would be financial implications around the EU directive and CE explained that cost pressures would be decided by Directors early in February. IL reported that the hospital had produced approximately 10% more clinical waste (circa 90 tonnes) over the last 12 months, which was driving up the cost of waste disposal.

Minutes of last week's Steering Group meeting were awaiting sign off and would then be circulated with the IPC Committee papers.

5. Reports of LNIP

5a RWHT

SM highlighted the following issues from her report:

Influenza

There had been five deaths related to influenza, the latest one this week.

MRSA 30 Day Screening

Compliance significantly improved during December, however between 24th December and 7th January IPT was unable to continue with the 30 day surveillance due to increased activity with the influenza outbreak. Surveillance by IPT has now recommenced.

MRSA screening compliance statement for all emergency admissions was signed off by the Chief Executive and is displayed on the Trust web site as required by the Department of Health.

Since January 2011, IPT has allocated one day per week to monitor the Trust MRSA compliance for elective and emergency MRSA screening compliance. PAS admission data is manually compared against MRSA screening results, then compared with the MRSA screening database developed by IT. Initial findings are:

- Emergency portals EAU and D3: EAU = 92%; D3 = 90%
- Emergency admissions = varied between 64% and 100%

A meeting has been arranged to discuss whether a patient requires to be screened, as there appears to be confusion in certain areas.

CE and SM to meet outside of this meeting to discuss how emergency admissions are dealt with.

CE/SM

5b **WCPCT**

CW presented highlights from the joint report:

MRSA/MSSA/C.Difficile

1 case *C.Difficile* to report for Provider Services, the first since April 2009 (West Park). CE congratulated the team on this achievement. There were no incidents of MRSA or MSSA bacteraemia.

DL requested CW and SM to work together on the MRSA screening programme to ensure 100% compliance.

CW/SM

Outbreak Management

One outbreak was reported in December at West Park and the outbreak plan was implemented immediately, which contained the outbreak to two bays on one ward. Norovirus was confirmed and attributed to the outbreak on Ward 1.

Dehydration Care Pathway

The Pathway was to be piloted from 06/12/10, with full evaluation completed and fed back to relevant committees once the pilot had taken place. However, as there have been no outbreaks of D&V reported in community care homes it has not been possible to pilot the pathway. Also a DVD is in the process of being produced.

Hand Hygiene

100% compliance across West Park, Community Services and other Provider Services.

The full reports were noted and accepted by the Committee.

6. Divisional Reports

Division 1

The incorrect data for Division 1 had been inadvertently circulated to the Committee.

HF obtained the correct data and reported as follows:

The scorecard showed red areas as follows: Antibiotic Prescribing Training – Urology and Ophthalmology; MSSA bacteraemia – 1 x Oncology/Haematology;; Device-related HABS – 1 x Urology and 4 x Oncology/Haematology.

ZY reported on **Division 2:**

RCAs relating to 3 cases of *C.Difficile* were read to the meeting. There were 'red' scores against HIs, Vascular Access, ANTT training, DHABS and MSSA. CE asked that details of DRHABS be brought to this meeting in future.

JO/ZY

All areas were recorded as amber, i.e. 70%-89% compliance, for Antibiotic Prescribing training. DL requested a list of names of all, i.e. Matrons, Managers and Clinical Directors, who are non-compliant on

ZY

this training.

The contents of the report from Division 2 was noted by the Committee.

7. Pharmacy report

FMcK reported:

Antibiotic usage levels had not been unusual during December.

Allergy Box Interventions

During December there were 7 incidents reported on Datix where allergy boxes were not complete on treatment charts yet medicines still prescribed and administered. There were 2 incidents in Division 1 and 5 incidents in Division 2.

BGM confirmed that individual doctors, directorate team leaders, etc., have been advised at least twice of their obligations regarding completion of allergy boxes.

DL requested a league table of areas around allergy box interventions presented at future meetings, and that CE arrange to meet with the implicated junior doctor or nurse involved in future incidents.

Antimicrobial Prescribing Stickers

Prescribers are encouraged to use the stickers to document their prescribing in the medical notes. A key objective for February 2011 is to focus efforts to ensure that the stickers are being used and, if not, dealt with in the same way as when allergy boxes are not completed.

KPIs

Antimicrobial use is audited on a quarterly basis to identify trends and problem areas and to provide comparison with other Trusts in the region. The audits will in the future additionally measure individual wards on four KPIs, i.e.

Allergy Box completion
Antimicrobial Sticker completion
Inappropriate extended duration of antimicrobials
Missed doses

FMcK was asked to amend the KPI target to 100% for these areas.

The report was noted by the Committee.

8. Performance

MC reported:

SPCC Charts – December 2010

Staph.aureus Bacteraemias

Division 1:	MRSA	0
	MSSA	1 Durnall
Division 2	MRSA	0
	MSSA	1 RDU
<u>MRSA Acquisition</u>	EAU	1
	D15	2
	D18	1

FMcK/RF
FMcK/RF/CE

FMcK

D20 1

C. Difficiles

Division 1: NIL

Division 2 D15 3
D19 1

CE confirmed that RWHT annual allowance as regards *C.Difficile* for next year equates to 4 per month and all need to keep this in mind.

ALL

DRHABs

13 instances). 9 x lines (2 x Durnall; 2 x CHU; 2 X CCU; 2 x NNU; 1 x RDU); 2 x urinary catheters (1 x D16; 1 x D22). 1 x ?Nephrostomy, ?Ureteric stents (1 x D2); 1 x Biliary stent (D18).

Performance of Wards

Red areas: MRSA acquisition and *C.Difficile* D15

HABs – Contaminated Blood Culture Sets

1176 blood cultures taken of which 111 were positive, 36 contaminants. Paediatric contaminants numbered 10 and DL expressed concern at this level of contaminants and requested that the Directorate sort out the problem in Paediatrics and that MC arrange for a target to be set around the blood cultures.

ZY
MC

Antibiotic Prescribing Training

76% Trust compliance.

The report was noted accepted by the Committee.

9. Environmental Report

SR reported:

PEAT

There has been no take up as yet by a Non Executive Director to participate in inspections.

Deep Cleaning/HPV

The Trust is now in possession of 3 Hydrogen Peroxide Fogging machines. They are mist generators combined with non-toxic detergents and the first fully computer controlled vaporisation system which produces an ultra-fine dry mist. This guarantees an optimal reduction in micro-organisms in all hospital environments. The Deep Clean team has been trained in their use. It was confirmed that a risk assessment had been carried out on this product.

The report and technical audit reports were noted by the Committee

10. Any Other Business

There were no items raised.

11. Date of Next Meeting

Thursday 24th February 2011, 10.00am, Board Room, Clinical Skills & Corporate Services Centre.