

**MINUTES OF INFECTION PREVENTION AND CONTROL COMMITTEE MEETING
HELD ON THURSDAY 31ST MARCH 2011
10.00AM, BOARD ROOM, CLINICAL SKILLS AND CORPORATE SERVICES CENTRE,
NEW CROSS HOSPITAL**

Present:	Mr D Loughton	(Part)	(Chief Executive)	(DL)
	Ms C Etches	(Chair)	(Director of Nursing & Midwifery)	(CE)
	Dr M A Cooper		(DIPC)	(MC)
	Ms S Morris		(LNIP)	(SM)
	Dr R Fitzpatrick		(Director of Pharmacy)	(RF)
	Ms S Roberts		(Hotel Services Manager)	(SR)
	Ms C Wiley		(Lead Nurse IP&C – WCPCT)	(CW)
	Ms M Gay		(Director of Community Services)	(MG)
	Mr I Little		Head of Estates	(IL)
Dr J Anderson		(Non-Executive Director)	(JA)	
In Attendance:	Ms R Baker		(Representing Division 1)	(RB)
	Ms E Lengyel		(Matron Representative)	(EL)
Apologies received:	Dr G Martinelli		(Consultant – Cardiothoracic)	(GM)
	Dr J Odum		(Medical Director – Division 2)	(JO)

Action

2. Minutes of Meeting held on 24th February 2011

Environment Report – PEAT Update

Should read: The inspection went well. More areas were covered than on the original list. It was expected that the Trust would score 'excellent' for cleanliness.

With this amendment, the Minutes were accepted as a true record.

3. Matters Arising from the Minutes

- 3.1 (4) Decontamination Update – 'Little Sisters'
RB assured the meeting that there were no 'Little Sisters' on C6 and only one in the Trust, located in Medical Physics.
- 3.2 (7) Pharmacy Report – League Table of areas/named individuals involved in allergy box interventions
RF agreed to include this information in his next report to this meeting. **RF**
- 3.3 (9) Environment Report – technical Audit Report - Clutter
CE queried whether the monthly clearing away clutter days still occurred. SR confirmed that ward managers contact the porters to collect within a reasonable time. SR agreed to investigate ways of monitoring response times for clutter collection. **SR**
- 3.3 (10) Estates Management
- Carbon fax image disposal
IL needed to contact appropriate colleagues on this issue and expected to receive a response from them next week. **IL**
 - Patient Lift problems – Heart & Lung Centre
Resolved.

4. Reports of LNIP

4a RWHT

SM highlighted the following issues from her report:

D&V (Norovirus)

This was an issue on several wards at the moment and daily outbreak meetings were taking place.

PEAT

IPT had identified an issue around hand washing facilities on Ward A5, which was resolved within 12 hours by IPT and Estates Department.

MRSA Screening

Mark Beddows to meet with members of staff to identify ways of improving admission screening compliance.

The 30 day MRSA screening compliance had improved, however there are still patients who exceed the time frame despite telephone calls from IPT reminding that a screen is required. IPT to meet with Rose Baker and Zena Young.

At the request of CE, it was agreed that informal RCAs would be developed by the Divisions to give context to the numbers.

IPT/RB/ZY

MRSA PGD Training

Following feedback from Matrons, further monthly training sessions had been arranged, however attendance has been very poor. SM to report this back to Matrons to agree away forward.

SM

IP Link Blood Spillage Audit

Some ward areas are still returning data without ward details entered. The importance of this issue is to be raised at the next IP Link meeting.

SM

Little Sister

IPT has been informed that the Little Sister used in main theatres is broken and beyond repair. Their remains just one Little Sister which is in Medical Physics.

CHU

IPT were informed of proposed changes to two bathroom areas in clinical areas at very short notice. This raised major concerns for IPT, particularly around dust levels. DL stressed that Estates must tell IPT of work they intend to do to enable IPT to determine their actions in light of the information.

IL

D2

Following recent cases of *C.Difficile* on this Ward, the IPN conducted an environmental audit. Feedback on the outcomes was provided to the Ward Manager. CE stressed that this Committee needs to be assured that issues are being dealt with, and ward staff need to report such instances immediately.

Management of Suspected/Confirmed TB in Theatre

TB was confirmed post surgery, however no one had taken appropriate PPE to be used for conducting a change of dressing on a wound. Advice on appropriate respiratory protection was provided. RB was asked to check is this had been reported as an incident. CE requested work be carried out with theatres to ensure they know what constitutes an incident and what does not.

RB/SM

4b WCPCT

CW presented highlights from the joint report:

MRSA/MSSA/C.Difficile

No MRSA or MSSA. Two cases of *C.Difficile*. No HABs or blood culture contaminants. RCAs of the *C.Difficile* cases were completed within five days; the findings were multiple antibiotics, both IV and oral, for a chest infection and further antibiotics for a urinary tract.

Full discussion around RCAs and a study of the HII documentation was carried out regarding these patients. Findings were that appropriate multiple antimicrobials had been prescribed for all cases since December 2010. Some staff required mandatory IP training.

Some commodes found to have rust damage have been replaced and will be monitored. Following an evaluation, funding from PEAT has been secured for 38 new commodes for wards at West Park Hospital. The commodes are the new innovative design recommended by Showcase.

Deep cleaning of the complete ward with Antichlor Plus took place and a further decontamination process will be undertaken using HPV by a licensed company on 21st and 22nd March. DL asked SR if in future there would be adequate capacity to carry out deep cleans at West Park Hospital. SR considered it possible to train staff at WPH and loan them a machine, although SM thought it preferable to keep a machine at WPH.

The snapshot audit at West Park scored 95%, and identified a problem of high and low dust and bed frames dust. The areas involved have been advised.

Provider Dental Services

HTM 01-05 implementation continues with 'best practice attainment plans' to upgrade Facilities being reviewed. CW agreed to report back to the next meeting of this Committee on the findings of the independent audit.

CW

Dehydration Care Pathway

The pathway remains ready for piloting. CW had reinforced the necessity to utilise the tool. Use of the 15 minute fluid balance chart during outbreak had seen basic hydration of symptomatic residents improve and it is believed this has resulted in fewer admissions to the acute hospital.

IT

The PCT has been advised to wait until TCS initial move is completed to enable them to assess requirements in line with RWHT. MG advised that there were potential development monies for IP which we could bid for and considered IT a good area for spend to suit both RWHT and the PCT.

The full reports were noted and accepted by the Committee.

5. Divisional Reports

5a Division 1

RB informed the meeting that Dr Martinelli was stepping down as a member of this Committee following the appointment of Mr Badger as Medical Director – Division 1.

The scorecard showed 'red' non-compliance areas as follows:

Antibiotic Prescribing Training – a deteriorating situation with no 'green' areas.

Hlls – Two 'red' areas – General Surgery x 1 Hll2; General Surgery x 1 H116. An action plan has been put in place. RB was confident these areas would be 'green' next month.

C.Difficiles – The scorecard showed four cases, however there were actually five as there had been a case on ITU.

DRHABs – five instances in four different areas.

5b Division 2

CE advised the group that there were several questions around the report submitted by Division 2 which she would raise with JO at a meeting with him later today.

The contents of the Divisional reports were noted by the Committee.

7. Pharmacy report

RF reported:

There had been a reduction in the use of ciprofloxacin in both Divisions.

EL left the meeting at this point

The number of antibiotic interventions rose slightly last month to 129.

RF drew attention the number of allergy box interventions and incidents recorded on Datix and the dramatic improvement since June 2010. Names of staff involved in the incidents are recorded by Pharmacy teams on the wards and the information is fed back to Divisional Medical Directors and Divisional Nurses. RB confirmed that two nurses had been given verbal warnings.

KPIs

RF referred to a poster designed to show results of quarterly audits of antimicrobial use which will measure individual wards against four KPIs which will be graded red, amber or green. This will encourage ward managers and staff to become involved and more aware of the importance of safe and effective antimicrobial prescribing and use. The ward performances will form part of the Pharmacy report submitted to IPCC. CE requested that targets for comparison purposes be included in the poster. MG requested that West Park Hospital be included in the data.

The Pharmacy report was noted by the Committee.

8. Performance

MC reported:

SPCC Charts – February 2011

Staph.aureus Bacteraemias

Division 1:	MRSA	0
	MSSA	1 D2
Division 2	MRSA	0
	MSSA	4 2 RDU, 1 NNU, 1 D15,

RF
RF

<u>MRSA Acquisition</u>	Deanesly	1
	D2	1
	VSU	1
	ASU	1
	D20	1
	D7	1

C. Difficiles

Division 1:	VSU	1
	D2	2
	D4	1

Division 2	EAU	1
	ASU	1
	D8	1
	D15	2
	D16	1
	D19	3
	D20	1
	WPH	2

DRHABs

11 instances: 7 x lines, 3 VAPs, 1 urinary catheter .

Performance of Wards

Red areas: *Staph. Aureus* bacteraemias RDU
C.Difficile D2, D19

HABs – Contaminated Blood Culture Sets

925 blood culture sets taken – 76 positives including 76 contaminants.
 MC agreed to identify costs savings made since the phlebotomists had been employed to take blood cultures.

MC

The report was accepted by the Committee.

9. Environment Report

SR reported:

A meeting of the Environment Group had not taken place since the last IPCC meeting, however deep cleans had been carried out as per the report.

Technical Audit Report

There were no 'red' areas and nothing significant to report.

The report was noted and accepted by the Committee.

10. Estates Management

IL reported:

Legionella Flushing Task & Finish Group

Remit was to develop effective mechanism for auditable control and monitoring of flushing activities by user departments. A successful

second serious of trials (Cardiothoracic Ward) was completed. IL will be developing a monitoring mechanism associated with flushing across the Trust by the Summer of this year.

DL requested reassurance from CW that testing and procedures around Legionella were properly taking place at West Park Hospital. CW was confident that this was happening but would double check.

CW

DL suggested IL arrange to meet with Mary Ashcroft, Consultant Microbiologist, with an interest in Legionella.

IL

Independent Risk Assessment

First tranche now completed. An area had been found to be severely compromised as it was practically impossible to flush - the incident has been recorded. SM to view the area to establish who should be accepting the responsibility around this incident.

SM

The second tranche of risk assessments is due for completion end of May 2011.

DL requested SM to arrange an introductory meeting with Brian Midgelow-Marsden, Acting Director of Estates Development, if she had not already done so.

SM

As regards planned maintenance, concern had been raised around access to maintain air handling units serving critical areas, e.g. theatres. IL had met with MC to agree ways of working.

KPI

At the request of CE, IL agreed to check that relevant Estates staff were aware that when working in areas of *C.Difficile* and Norovirus they need to wash hands with soap and water as opposed to hand gel.

IL

The full report was noted and accepted by the Committee.

11. Any Other Business

Grand Round

MG advised the meeting that the subject for the Grand Round on 8th April was Infection Prevention and it was hoped that at least one person from each of the clinical areas would attend.

National Patient Safety Award

The IPT at the PCT had won this award and were congratulated by the Committee.

HCAI RCAs

CE reported that it was likely to be agreed by the Trust that all RCAs relating to HCAs will be completed within five working days. This would not apply to DRHABs, which would be very difficult to achieve.

12. Date of Next Meeting

Thursday 28th April 2011, 10.00am, Board Room, Clinical Skills & Corporate Services Centre.