

**MINUTES OF INFECTION PREVENTION AND CONTROL COMMITTEE MEETING  
HELD ON THURSDAY 28<sup>TH</sup> APRIL 2011  
10.00AM, BOARD ROOM, CLINICAL SKILLS AND CORPORATE SERVICES CENTRE,  
NEW CROSS HOSPITAL**

<b>Present:</b>	Ms C Etches	(Chair)	(Director of Nursing & Midwifery)	(CE)
	Dr M A Cooper		(DIPC)	(MC)
	Ms S Morris		(LNIP)	(SM)
	Ms M Gay		(Director of Community Services)	(MG)
	Mr I Little		(Head of Estates)	(IL)
	Dr J Odum	(Part)	(Medical Director – Division 2)	(JO)
	Dr J Anderson		(Non-Executive Director)	(JA)
	Dr R Fitzpatrick		(Director of Pharmacy)	(RF)
<b>In Attendance:</b>	Ms J Sharp		(Occupational Health & Wellbeing Nurse Manager)	(JS)
	Ms E Lengyel		(Matron Representative)	(EL)
	Ms J Hickman		(Housekeeping Manager)	(JH)
	Ms Z Young		(Head of Nursing Division 2)	(ZY)
	Ms J Talbot		(Matron)	(JT)
	Mr M Hill	(Part)	(Head of Estates – PCT)	(MH)
	Ms R Baker	(Part)	(Head of Nursing Division 1)	(RB)
<b>Apologies received:</b>	Mr D Loughton		(Chief Executive)	(DL)
	Ms C Wiley		(Lead Nurse IP&C – WCPCT)	(CW)
	Ms S Roberts		(Hotel Services Manager)	(SR)

**2. Minutes of Meeting held on 31<sup>ST</sup> March 2011**

The Minutes were accepted as a true record subject to the following amendment:

(4a) CHU.

DL stressed that Estates **Development** must tell IPT of work they intend to do to enable IPT to determine their actions in light of the information.

**3. Matters Arising from the Minutes**

3.1 (3.3) Technical Audit Report – Clutter

JH reported that SR was currently investigating ways of monitoring response times for clutter collection from ward areas. CE requested JH to advise SR to report back to May IPCC meeting on this issue.

3.2 (3.4) Carbon Fax Image Disposal

IL confirmed that efforts were underway to identify where this disposal sits, however there is a potential solution for disposal.

**4. Occupational Health & Wellbeing Update**

JS reported:

Measles Screening Programme

Immunity status currently stood at 4,139 staff, leaving just over 1,000 staff still to be screened. Daily drop in clinics have been organised. It is proposed to write to individuals not yet screened reminding them of the necessity to do so. The initiative will be repeated for staff moving to New Cross in April 2011, which has been identified as a cost pressure.

Needlestick Incidents

OH&W continue to work with IP and H&S to reduce the number of

**Action**

**JH/SR**

needlestick injuries A 'Sharps Awareness' week will take place in June 2011 to reinforce the need to safely dispose of sharps and the importance of receiving hepatitis B vaccination.

#### Sharps Management Steering Group

The group continues to meet and progress has been made in identifying a preferred supplier of safety devices. This is managed by SM. Notes of the last meeting of the group had been circulated to IPCC members for information.

RB asked if there was operational representation on the group. It was confirmed that a Senior Sister was a member of the group but had not attended any of the meetings. SM agreed to speak to Mary Brassington regarding this.

SM

#### Flu Vaccination Campaign 2011/12

An interim order for 4,500 vaccines has been placed; the final number will be discussed and confirmed at a meeting on 16<sup>th</sup> June to plan the programme. JS confirmed that the vaccines would be delivered in September to the Trust.

The full Occupational Health & Wellbeing report was noted by the Committee.

## 5. Reports of LNIP

### 5a RWHT

SM highlighted the following issues from her report:

#### Outbreaks

CDI on D18 where a patient was diagnosed following transfer to D18 from D20. The patient was initially nursed in a bay, however at the time of the transfer staff on D18 were unaware of the suspected diagnosis of CDI. Once results of the sample were known staff promptly moved the patient to a side room.

#### MRSA Screening Compliance

Improved at 94.6%. Mark Beddows had identified issues which are now being addressed.

#### MRSA 30 Day Screening

Much improved – 100% compliance within the last week.

#### CDI Audits

CE expressed disappointment with some of the practice audits which identified 'own goals'. SM to issue details of the audits to Matrons.

SM

#### 5 Moments Hand Hygiene

CE considered the results for some areas were very poor. RB assured the group that the information was being addressed with clinical areas.

#### SharpSmart

Trial of these containers began 7<sup>th</sup> March for a three month period. Weekly evaluation will be carried out. SM agreed to contact Cannock Hospital to compare staff experience with these containers.

SM

*MH joined the meeting at this point*

### 5b WCPCT

MG presented highlights from the joint report:

MRSA/MSSA/C. Difficile

3 cases in March at West Park Hospital (Ward 3 x 2; Ward 2 x 1). RCAs have been completed. A further decontamination process was undertaken on Ward 3 using HPV by an identified licensed company. One of the cases on Ward 3 resulted in a breach of isolation policy and staff have been retrained.

Provider Dental Services

CW to bring action plan to attain best practice to next IPCC meeting.

CW

Hand Hygiene

Hand hygiene machines are available in all areas, however following the death of two members of the public in 2008 from ingestion of alcoholic hand gel the PCT carried out a full risk assessment of its use and storage. Hand gel is recommended for near patient use only, and not in unsupervised public areas as the gel was regularly stolen.

Nurse Led Beds (Warstones Resource Centre)

The unit opened on 14<sup>th</sup> March and the first step up patient was admitted on 15<sup>th</sup> March. MRSA screening is undertaken in line with the admission protocol.

Cleaning at West Park Hospital

MG advised CE that cleaning at West Pak is carried out by in house cleaners. JH confirmed she was due to undertake an audit there shortly.

The full reports were noted and accepted by the Committee.

**6. Divisional Reports**

6a Division 1

RB reported:

The scorecard showed 'red' areas for antibiotic prescribing training (Urology and Ophthalmology), MSSA bacteraemia (Oncology/ Haematology), DRHABs (General Surgery, Oncology/ Haematology, ICCU), *C.Diff.* (General Surgery).

RCAs for the MSSA bacteraemia and *C.Diff* were presented to the meeting.

6b Division 2

ZY reported:

The scorecard showed several 'red/amber' areas, including 3 MSSA bacteraemia, 4 DRHABs, 1 breach in isolation policy, 13 *C.Diffs*.

ZY reported that she had no detail on the reason why the 'red' (62%) compliance for vascular access had not improved in the last Quarter. ZY agreed to bring to the meeting details of two levels of compliance, i.e. national and those who would never have a fistula confirmed as from a clinical point of view they would not be suitable for a fistula.

ZY

ZY had tasked a matron to look at instituting enhanced screening for Staph. Aureus bacteraemias. CE asked that ZY report on the

ZY

results at the next IPCC meeting.

Details of the RCAs were reported to the meeting.

CE requested that the Divisional reports be consistent in format for future meetings.

RB/ZY

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

## 7. Pharmacy report

RF reported:

There had been an increase in use of all antibiotics during March and this trend would be monitored.

### KPIs:

Pharmacists conduct audits of antimicrobial use quarterly to give a snapshot of trends and identify problem areas. The audits will now additionally measure individual wards against four KPIs where the standard is 100%. Results for March show that all wards are 'red' against antimicrobial sticker completion for both Divisions. Individual posters will be given to each Ward Sister/Manager, Divisional Nurses and Medical Director to prompt improved performance. RF confirmed that there is a weighting element to the calculations.

### Allergy Boxes

As agreed, all instances of incorrect and non-completion of allergy boxes is now recorded. CE referred to the 21 allergy box interventions in March and RF clarified that some of the interventions related to allergy boxes which had been completed but inaccurately.

NNU should be marked as N/A against allergy box completion.

The Pharmacy report was noted and accepted by the Committee.

*JT left the meeting at this point*

## 8. Performance

MC reported:

### SPCC Charts – March 2011

#### Staph.aureus Bacteraemias

Division 1:	MRSA	0
	MSSA	1
Division 2	MRSA	0
	MSSA	4

<u>MRSA Acquisition</u>	C1	1
	CCU	1
	D5	2
	EAU	1
	D8	4
	D7	1
	WPH	1

### C. Difficiles

Division 1:	Deanesly	1
	D2	1
Division 2	D6	1
	EAU	1
	ASU	1
	D8	3
	D20	2
	D21	1
	D7	2

### DRHABs

The situation remains static.

### Performance of Wards

Red areas:	<i>Staph. Aureus</i> bacteraemias	RDU
	MRSA acquisition	D5, D8
	<i>C.Difficile</i>	D5,D8,D20,D7

### HABs – Contaminated Blood Culture Sets

999 blood cultures taken of which 76 were positive, 21 contaminants. Paediatric contaminants numbered 7.

### E. coli Bacteraemias

It will be mandatory to formally report this information from 1<sup>st</sup> June 2011.

Of 408 E.coli bacteraemias since April 2009, 132 (32%) were HABs and 33 (8%) were DRHABS. Devices causing the DRHABs were:

Urinary catheters	23
Lines	5
Biliary drains	2
(Biliary stent	1)
PEG	1
VAP	1

### Hand Hygiene Training

Four areas non-compliant (less than 85% compliant) – Administrative & Clerical, Nursing & Midwifery (untrained), Scientific & Technical & Support Staff, Senior Managers and NEDs

CE advised the Committee that the new *C.Diff.* objective for this year is 57, and for MRSA bacteraemia is 1 (plus 1 for PCT).

### Cost Effectiveness of Blood Culture Phlebotomy Service at RWHT

MC referred to his report, explaining that contaminated blood cultures are a common problem which can lead to unnecessary patient investigations, prolonged in-patient stay and wasting resources. Following a request from DL, MC had investigated cost savings achieved by using a dedicated blood culture phlebotomy team.

Previous action to reduce the blood culture contamination rate in RWHT had involved intensive training and one-to-one competency assessment of all junior medical staff in their technique. The solution was to recruit a team of dedicated blood culture phlebotomists to provide a service across the organisation 24 hours, 7 days a week. Since then the average contamination rate for all blood cultures taken fell from 5.96% to 2.77%. Calculations made using two studies carried out in the USA in the 1990's would indicate that the service RWHT provides is cost-effective at £250,00 since the service commenced compared with £2.44

million which would have been involved in managing 730 additional contaminated blood cultures.

The report was accepted by the Committee.

## 9. Environment Report

JH reported:

### Deep Clean Team

It is possible that staffing can now be increased as funding for 2011/12 had been agreed. A programme using Wards D7 and D21 as decant wards is being developed to commence in May 2011.

It is proposed to use Ward D7 as a decamp ward so that deep cleans could take place in the surgical areas. Ward D5 had never been deep cleaned completely due to pressure on its use. Possible deep cleaning of the medical block was also being investigated.

IL explained the problems these measures caused Estates and the need to link in with site development.

JH was asked to inform SR to take up these issues with ZY, RB and IL and for IL to ensure Divisional Nurses are given as much information as possible regarding work planned by Estates which would impact on their areas.

### ATP Project

This project in conjunction with Loughborough University is going well. Housekeeping Supervisors carry out a visual inspection followed by ATP swabbing and the information can then be used to determine a benchmark.

The full report was noted and accepted by the Committee.

## 10. Estates Management

### RWHT

IL highlighted the following points contained in his report:

#### Legionella Flushing Task & Finish Group

Policies, procedures and training documents in relation to Legionella were currently under review and due for approval shortly. Subject to that approval, the Task & Finish Group would meet for the final time on 26<sup>th</sup> April 2011.

#### Independent Risk Assessment

Tranche 2 is in progress with a view to completion by end of May 2011.

#### Mains Water Loss

The Trust had suffered complete loss of mains water 11<sup>th</sup>/12<sup>th</sup> April. The problem was related to a failed main a mile from the site. Impact was minimised as the majority of the Trust is served via a site pressurised system, although some impact was felt by buildings served exclusively from the mains supply.

#### KPIs

'Red' areas on the scorecard were being addressed and steady progress made. Completion of risk assessments will take time, typically 6 months for a site the size of RWHT.

#### PCT

Martyn Hill, Head of Estates at the PCT was welcomed to the meeting

JH  
IL

to report particularly on Legionella compliance processes. The KPI document was circulated to the Committee for information.

A number of actions had arisen from the Decontamination meeting and progress on these will be presented at future meetings of this group.

MG reported that there will be one policy regarding decontamination, which Marion Washer and Carolyn Wiley will bring together.

The reports were noted and accepted by the Committee.

**11. Any Other Business**

11.1 Infection Prevention in the City

MG reported that she would be submitting to this Committee a proposal for revised governance around infection prevention in the city.

**12. Date of Next Meeting**

Thursday 26<sup>th</sup> May 2011, 10.00am, Board Room, Clinical Skills & Corporate Services Centre.