MINUTES OF INFECTION PREVENTION AND CONTROL COMMITTEE MEETING HELD ON THURSDAY 26TH MAY 2011 10.00AM, BOARD ROOM, CLINICAL SKILLS AND CORPORATE SERVICES CENTRE, NEW CROSS HOSPITAL

Present:	Ms C Etches	(Chair)	(Director of Nursing & Midwifery)	(CE)
	Dr M A Cooper		(DIPC)	(MC)
	Ms S Morris		(LNIP)	(SM)
	Mr I Little		(Head of Estates)	(IL)
	Ms S Roberts		(Hotel Services Manager)	(SR)
	Mr I Badger		(Medical Director Division 1)	(IB)
	Dr S Kapadia		(Medical Director Division 2)	(SK)
In Attendance:	Ms M Washer		(Decontamination Lead)	(MW)
	Ms Z Young		(Head of Nursing Division 2)	(ZY)
	Ms F McKean		(Asst. Director Pharmacy Medicines)	(FMcK)
	Ms R Baker		(Head of Nursing Division 1)	(RB)
	Ms H Flavell		(Matron Representative)	(HF)
Apologies:	Mr D Loughton		(Chief Executive)	(DL)
	Ms M Gay		(Deputy Director of Nursing & Midwifery – T&W)	(MG)
	Prof. R Fitzpatrick		(Director of Pharmacy)	(RF)
	Dr J Odum		(Medical Director)	(JO)
	Dr J Anderson		(Non-Executive Director)	(JA)

Action

2. Minutes of Meeting held on 28th April 2011

The Minutes were accepted as a true record.

3. Matters Arising from the Minutes

3.1 (3.2) Carbon Fax Image Disposal
IL confirmed that Peter Gibbons, Estates Department, was overseeing this waste disposal. There was no further information at this stage, however when the decision is made regarding the method of disposal then staff across the Trust will be advised.

3.2 (4) Occupational Health and Wellbeing Update – Sharps Management Steering Group
SM confirmed that this group would meet in June and she would liaise with Julie Sharp to ensure that a Senior Sister, as a member of the group, was in attendance. **SM**

3.3 (5a) CDI Audits
SM confirmed that Matrons are now given feedback on audits.

4. Decontamination Update

MW reported on Quarter 4 2010/2011 and highlighted the following issues:

Facilities Upgrade Progress
Head and Neck Outpatients C6. Further Estates delays resulted in the upgrade anticipated commissioning date moving out to end June 2011.

Incidents
There were 7 incidents during the Quarter, the three most frequent were:

Wet sets
Dusty instruments
Housekeeping issues (no cleaning conducted on A4 over a weekend).
SR queried this and agreed to investigate. **SR**

All the incidents were graded yellow, i.e. no risk to patients.

Synergy Non-Conformities
The graphs contained in the report showed the number of non-conformities by type and area.

All the non-conformities were rated yellow apart from one rated amber, i.e. non-standard issue bipolar diathermy forceps were placed on a Trust instrumentation set by Synergy. The forceps were used on a child undergoing surgery and caused a burn to the child, requiring corrective plastic surgery. It was found that the forceps were not insulated. A full investigation was underway by the Directorate Manager for Head and Neck Services.

Synergy Issues
Old tunnel washers with CSSD have been replaced with three cabinet washers which are HTM 20/30 compliant. There was no disruption to service during the upgrade.

The Unit is now fully equipped to manage the processing of da Vinci instrumentation with the installation of a Sterrad gas plasma steriliser and an Ultrasonic machine.

The full decontamination report was accepted by the Committee.

Dr S Kapadia joined the meeting at this point

5. Reports of LNIP

SM highlighted the following issues from the report:

Incidents
Issues raised on ICCU regarding endoscope cleaning at weekends when the endoscopes go to Nucleus Theatre. IPT carried out an investigation to trace the cleaning of two identified endoscopes. This raised problems due to the server being down and the washer/disinfector computerised record not being available due to only logging the first 30 cases. Actions to remedy the situation include Matron and MW arranging appropriate training for ICCU staff to enable endoscopes to be processed within Cardiac Theatres. MW is undertaking review of the systems and scoping what is required to increase the computerised log capacity.

MW left the meeting at this point

SharpSmart
The three month trial continues, with positive feedback from clinical areas involved. A few issues identified during the trial will require further investigation/negation if the system is to be rolled out across the Trust. Impact on portering staff delivering and collecting sharps containers, appropriate storage of clean and dirty box storage containers around the hospital site, use of the system within the community setting (i.e. district nursing), delivery of the system to sites across the health economy.

Isolation Policy

The policy would be circulated to committee members and unless there were any issues raised the committee would ratify the policy.

Programme of Work 2011012
To be an agenda item at the June 2011 meeting of this committee. **SM**

CDI West Park
Three cases during April 2011. Until the process is in place for the RCA results to be brought to IPCC via Division 2, a summary of the RCA will be provided within the LNIP report.

Link Audits
Outcomes to be fed back to Matrons and Heads of Nursing. **SM**

Hand Hygiene DVD
The DVD is expected to be uploaded onto the KITE site by the end of May 2011.

Building and Refurbishment – Macerator West Park
IPT discovered that the macerator had not been in working order for several weeks and a replacement was ordered and installed. The time taken to resolve the situation was well beyond acceptable timescales and increased the risk of infection as the ward had an outbreak of D&V while the macerator was not in operation. The issue has been raised with Estates with a request for reassurance that any further breakdown in macerator function will be dealt with promptly.

IL's understanding from Estates Development was that the macerator was changed to a sluice facility. The sluice hoppers were non-compliant in some D Wards. IL said there were less than six areas without a sluice and the plan was for redesign of each area. CE requested that any changes in clinical areas, i.e. function of rooms, be fed back to the Directorate. CE reminded Heads of Nursing that each Directorate should be entering these issues onto the risk register. **RB/ZY**

IP Level 2 Support Package
These packages, developed by IPT, will be issued to all clinical staff on Trust induction training.

The full report was noted and accepted by the Committee.

6. Divisional Reports

Revised Format for Divisional Performance Reporting
It was agreed that the new template format incorporating Levels 1 and 2 IP training be used in future. **RB/ZY**

6a Division 1

RB reported:

The scorecard showed 'red' areas for antibiotic prescribing training, MSSA, DRHABs and C. *Difficile.* IB reported that Clinical Directors had been approached to address the issue of antibiotic training with the individuals involved. RB reported that the score of 72% (amber) compliance for T&O ANTT showed an improvement.

Ward D2 score against HII2 (peripheral IV cannula care bundle) and HII6 (urinary catheter care bundle) had deteriorated to 60% compliance.

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

meeting.

6b Division 2
ZY reported:

The scorecard showed several 'red' areas against antibiotic prescribing all of which, apart from Renal, should be amber and Paeds/NNU green. There were 'red' scores for DRHABs in Elderly Care, Haematology/Oncology and Paediatrics/NNU; C.Diff. in Respiratory/Gastro and Adult Community. **ZY**

Vascular Access: 72% excluding medically unfit; 88% those unfit and those adamantly refusing. This was considered a much improved situation. CE requested that both statistics continue to be reported at these meetings. **ZY**

Details of the RCAs were reported to the meeting.

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

7. Revised Governance Arrangements for Infection Prevention

CE explained that the proposed arrangement covered infection prevention for the city. The revised framework is due to implementation post-July 2011 and it recognises the requirements of organisations locally and regionally and the partnerships required to maintain and continuously improve the infection prevention challenge. The framework is due to be agreed at the Care Economy Infection Prevention Committee in July 2011.

Each month an Infection Prevention Committee for the city will provide strategic planning and performance monitoring for the newly formed RWHT under transforming community services. Each quarter this meeting will be expanded in the form of agenda and membership to deliver the city-wide care economy requirements for infection prevention and delivery of the city's infection prevention strategy.

The revised governance arrangements for infection prevention were approved by the Committee.

8. Pharmacy report

FMcK reported:

Allergy Boxes
Attempts are being made to establish more detail behind the information stated in allergy boxes.

Interventions
Antibiotic interventions reduced to 62 in April, and the number of allergy box interventions was much improved at 9.

Antimicrobial Prescribing Sticker
The first quarterly audit of sticker use in March showed poor compliance with completion of stickers. The next audit will take place in June. MC agreed to raise at Induction the importance of completing the stickers. **MC**

Discussion took place between IB, SK, MC and FMcK on the merits of the stickers and e-prescribing. CE advised these committee members to talk outside of this meeting to identify what can be done to improve visibility and access to the stickers. **IB/SK/MC/ FMcK**

9. Performance

MC reported:

HF left the meeting at this point

SPCC Charts – April 2011

MSSA Bacteraemia Targets for 2011/2012

2009-2010 internal target	24	outcome	38
2010-2011 internal target	36	outcome	35
2011-2012 internal target	30		

External target baseline (Q4 2010-2011) 13
(5 RDU ?counted as RWHT cases)
If baseline = 52, target = 47 (10%) = 42 (20%)
If baseline = 32, target – 29 (10%) = 26 (20%)

Staph.aureus Bacteraemias

Division 1:	MRSA	0
	MSSA	1 (CCU)
Division 2	MRSA	0
	MSSA	0

MRSA Acquisition	Deanesly	1
	CCU	1
	EAU	1
	D15	1
	D7	1
	D8	2
	WP1	1

C. *Difficiles*

Division 1:	CHU	1
	CCU	1
Division 2	D6	1
	ASU	1
	D19	2
	D20	2
	D7	2
	WP2	1
	WP3	2

Performance of Wards

Red areas:	*Staph. Aureus* bacteraemias	Nil
	MRSA acquisition	D8
	C.*Difficile*	D19, WP3

HABs – Contaminated Blood Culture Sets
872 blood cultures taken of which 59 were positive, 22 contaminants. Paediatric contaminants numbered 4.

Causes of RWHT E. coli Bacteraemias

2 pneumonia	(CHU – on admission)

2 urinary catheter (1 recent discharge from D3, 1 D8 inpatient)
1 biliary sepsis (probably present on admission – day 2 of admission)
1 ITU – no catheter (day 3 of admission)
1 pyelonephritis (recent discharge from D2)
1 pancreatitis (probably present on admission – day 2 of admission)

MRSA Bacteraemia
All were congratulated on achieving 700 days without MRSA bacteraemia.

The full report was noted and accepted by the Committee.

FMcK left the meeting at this point

10. Environment Report

SR reported:

Deep Clean Team
Decant of wards programme was underway and on 15th May 2011 Ward D1 moved to Ward D7. The two week extended decant is to allow for some Estates maintenance work to be carried out. Further discussions are being held with Matrons to obtain other options for decant.

Protocol for Removal of Old/Unwanted Equipment
The Protocol was circulated to the Committee, together with a record of removal of equipment. Efforts are being made to remove equipment within 24 hours of the original request.

Technical Audit Report
The areas for audits now include West Park Hospital and Community Health Centres. The performance data for West Park Hospital in May 2011 showed low scores for reception areas.

MC mentioned that usually patients with C. *Difficile* would be put into a side room but as the hospital is full this is not now possible. CE requested Heads of Nursing to investigate whether there was an operational solution. **RB/ZY**

The full report was noted and accepted by the Committee.

11. Estates Management

IL reported:

Legionella Flushing Task & Finish Group
The Legionella Policy is awaiting Trust approval and the Legionella Control Procedure document is currently under review for completion in June 2011. The Committee to inform IL of any comments by the end of June 2011. **ALL**

MC suggested that flushing could be incorporated within 'Safe Hands'. IL to check if flushing could be extended to all water outlets. **IL**

Planned Maintenance
The system review is now complete and gaps identified.

Sluice in A&E
Estates had understood that this would be incorporated into redevelopment of the block, however it was now necessary to identify the intentions for this room.

Half-Yearly Legionella Sampling
Re-sampling is currently being undertaken as a precaution following recent detection of 50cfu/litre Legionella. **ALL**

Management and Control of Legionella Processes and Procedures
The Committee was requested to direct any comments on this important document to IL. The document is a re-write of principles of the previous document and it was necessary for Ward Managers to be responsible for the processes and procedures. IL agreed to provide a summary sheet for clinical areas. **IL**

KPIs
The April data showed 'red' results against 'Officers trained and appointed in accordance with policy', 'Legionella PPM completed in month' and 'Independent Legionella risk assessments up to date'. IL confirmed that it would be September/October before risk assessments were up to date.

11. Any Other Business

No items were raised.

12. Date of Next Meeting

Thursday 30th June 2011, 10.00am, Board Room, Clinical Skills & Corporate Services Centre.