

CHAIRMAN'S SUMMARY REPORT

This summary sheet is for completion by the Chair of any committee/group to accompany the minutes required by a trust level committee.

Name of Committee/Group:	Infection Prevention & Control Committee
Report From:	Chief Executive
Date of IPCC Meeting:	25 August 2011
Action Required by receiving committee/group:	
Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	<ul style="list-style-type: none"> To provide strategic direction and decision making for IPCC To review Trust and operational performance against IPCC targets
Drivers: Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	CQC – Health & Social Care Act
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ul style="list-style-type: none"> Deep Clean programme continues Flu vaccination programme 2011/2012 in place KPI – Legionella PPM continues to improve
Risks Identified: Include Risk Grade (categorisation matrix/Datix number)	No further risks identified for Board Assurance Framework or Trust Risk Register

Minutes of the Infection Prevention & Control Committee held on:

Date Thursday 25th August 2011
Venue Board Room, Clinical Skills Centre, New Cross Hospital
Time 10.00am – 12.00 noon

Present:

Mr D Loughton	Chief Executive	(DL)
Ms C Etches	Director of Nursing & Midwifery	(CE)
Dr M Cooper	DIPC	(MC)
Ms M Gay	Deputy Director of Nursing & Midwifery	(MG)
Prof. R Fitzpatrick	Director of Pharmacy	(RF)
Dr J Anderson	Non-Executive Director	(JA)
Dr S Kapadia	Medical Director – Division 2	(SK)

In attendance:

Ms R Baker	Head of Nursing – Division 1	(RB)
Ms J Talbot	Matron Representative	(JT)
Ms J Hickman	Housekeeping Manager, Hotel Services	(JH)
Ms J Sharp	Health & Wellbeing Nurse Manager	(JS)
Mr M Reid	Infection Prevention Team	(MR)
Mr G Tasker	Estates & Facilities	(GT)
Mr D Shakespeare	Head of Infection Control, Walsall NHS Trust	(DS)
Ms V Rowley	Note taker	

Apologies:

Dr J Odum	Medical Director	(JO)
Ms S Roberts	Hotel Services Manager	(SR)
Mr I Badger	Medical Director – Division 1	(IB)
Ms C Wiley	LNIP	(CW)
Mr I Little	Head of Estates	(IL)

Mr Loughton welcomed to the meeting Mr David Shakespeare, Head of Infection Control, Walsall Healthcare NHS Trust, who had requested to attend as an observer.

Item No		Action
2	<p>Minutes of the meeting held on 30 June 2011</p> <p>The Minutes were accepted as a true record.</p>	

Item No		Action
3	<p>Matters Arising from the Minutes</p> <p>3.1 <u>(4) LNIP Report – Hand Hygiene Policy (IP01)</u> MG confirmed that the Policy was in the process of being amended in accordance with comments received, in readiness for posting on the Intranet.</p> <p>3.2 <u>(4) Flooring – Division 2</u> Flooring issues in NNU had not yet been resolved. JH confirmed that a programme for flooring replacement was ongoing, however, this required increased man hours and the need to decant areas, and therefore would be carried out over time. CE’s understanding was that the specification for flooring in clinical areas had been co-ordinated by Brian Midgelow-Marsden, former Director of Estates Development, to avoid any changes being made to the specification. It appeared that changes to the specification were constantly being made for the NNU area. DL and CE would meet with the new Director of Estates Development to establish a remit on specifications.</p>	DL/CE
4.	<p>OCCUPATIONAL HEALTH AND WELLBEING UPDATE</p> <p>JS highlighted the following from the OH&W report:</p> <p><u>HS03 Sharps Management Policy</u> Currently under review to harmonise with the community and ensure compliance with the NHSLA assessment due to take place in November 2012. The monitoring process will become more robust. JS to circulate the Policy to members of this Committee for comment; the revised Policy will then come to this Committee in October 2011.</p> <p><u>Sharps Management Steering Group (SMSG)</u> The September meeting of this group has been postponed to October, allowing for staffing difficulties in the IP team. The IP team had previously given assurances that work was in progress to ensure plans were on target to achieve actions identified for the Trust to comply with EEC regulations on provision of sharps safety devices. A summary of actions taken to date was expected to be available at the October IPCC meeting.</p> <p>JS understood that the Critical Care directorate would be trialling cannulae in the very initial stages. SK felt that heavy weather was being made of trialling cannulae. CE commented that this could be revisited, although it was not considered the highest priority.</p> <p>SK agreed to pick up the needle stick incidents with appropriate staff.</p>	<p>JS</p> <p>JS</p> <p>CE</p> <p>SK</p>

Item No		Action
	<p>It was noted that Sr D Black had not attended the SMSG meetings.</p> <p><u>Flu Vaccination Campaign 2011/12</u> It is expected that stocks of vaccine will arrive on 3rd October, which will enable staff vaccination to begin a full month ahead of the 2011 schedule.</p> <p>Mary Brassington, Head of Occupational Health & Wellbeing, and JS had met with CE to discuss aspects of the campaign, and the need for additional nursing resource for the target of 56% uptake to be reached and surpassed. There will be sufficient vaccine available to aim for 70%-80% uptake, however their support of all levels of management is considered crucial for this target to be met. DL agreed that this should also be a management target, and requested that the campaign be an agenda item at September Senior Managers' Briefing.</p> <p>The full Occupational Health & Wellbeing report was noted by the Committee.</p>	JS
5.	<p>LNIP REPORT</p> <p>MR highlighted points from the report:</p> <p><u>CDI Ward Round – June 2011</u> Issues had arisen, due to capacity, relating to the plan for patients to be moved out on 7 days to enable the room to be cleaned. Discussion took place around how to overcome this problem and some ideas were given for MR to consider. JA expressed concern around what perception these issues would give patients on the ward.</p> <p><u>Dress Code - 'Bare Below the Elbow'</u> SK suggested that there should be an edict regarding 'bare below the elbow' irrespective of religious beliefs. SK was directed to the Trust's Dress Code which explains the rules for all staff, including those with religious beliefs. CE agreed to forward the Muslim Council Guidelines to SK.</p> <p><u>Quarterly Primary Care Report/Work Programme</u> This will be presented at October IPCC relating to Quarters 1 and 2.</p> <p><u>5 Moments</u> Issues had arisen around the database and input. MR to inform RB of the problems.</p> <p><u>IP Staffing</u> With the recent departure from the Trust of the IP Lead Nurse and an IP Band 7, operational management is currently being undertaken in the interim by the Lead Nurse Primary Care and the Showcase Lead IPN.</p>	<p>CE</p> <p>CW</p> <p>MR/RB</p>

Item No		Action
	<p><u>Provider Services Annual Report 2010-2011</u> The report was ratified by the Committee and would go to September TMT and Trust Board.</p> <p><u>CDI Action Plan 2011-2012</u> MC reported that there were some actions not yet completed but work on them was continuing. In response to a question from JA, MC confirmed that after deep cleaning it was at least 6 to 7 months before another incidence of <i>C.Difficile</i> occurred in that particular ward.</p> <p><u>Safe Hands</u> DL requested that the Safe Hands Project Manager become a member of the IPCC Committee.</p> <p>The full LNIP report, including the Sharps Audit Summary, Provider Services Annual Report 2010-2011, Annual Work Programme 2010-2011 and CDI Action Plan, was noted and accepted by the Committee.</p>	
6.	<p>DIVISIONAL REPORTS</p> <p>6a <u>Division 1</u> RB reported:</p> <p>The scorecard showed an improved picture for IP Level 1 training with the majority of non-compliance relating to administration staff, which was being addressed.</p> <p>The detailed RCA summaries relating to 2 MSSA's, 4 <i>C.Difficile</i> and 6 DRHABs were noted.</p> <p>6b <u>Division 2</u> SK raised uncertainty around the robustness of the IP Level 1 training and antibiotic prescribing training data, as it was difficult to interpret.</p> <p>Vascular Access showed a considerably better situation since improvement plans were put in place a few months ago.</p> <p>The RCAs of the 2 MSSAs and 9 <i>C.Difficile</i> were noted.</p> <p>The Divisional reports were noted and accepted by the Committee.</p>	
7.	<p>PHARMACY REPORT</p> <p>RF reported:</p>	

Item No		Action
	<p><u>Antibiotic interventions</u> During June there were 207 interventions and 90 in July. The reduction in July was due in part to the reduced number of Pharmacists available during the holiday month.</p> <p>It was agreed, as suggested by RF, that the number of antibiotics used could be reduced as costs had increased considerably.</p> <p><u>Allergy Box Interventions</u> There were 17 interventions in June, 8 in July. Division 1 was 100% compliant. In Division 2, admissions and Paediatrics were rated amber at 93% and 91% compliance respectively.</p> <p><u>Datix Incidents</u> Deanesly, D1 and EAU showed continuing high level of Datix incident reports in July. Pharmacists have raised the issues with these areas.</p> <p><u>Antimicrobial Sticker Completion</u> Both Divisions improved from the last quarter due to the concerted efforts of Pharmacy, medical and nursing staff. D22 achieved 100% compliance. Discussion took place around the need to re-launch the importance of completing the stickers and it was agreed that a collective effort in all areas was necessary. RF and SK to re-launch this subject.</p> <p>JA raised the issue of patients receiving antibiotics outside the guidelines. RF explained that justification for prescribing antibiotics outside the guidelines should be noted on the sticker. It was considered that the MoRAG (mortality) meeting papers should be sent to the Chair of Medicines Management Committee for information.</p> <p><u>Inappropriate Extended Duration</u> Both Divisions improved over the last quarter, the only amber scores being on vascular ward, 86%, and 90% on CHU.</p> <p><u>Missed Doses</u> A number of wards in Division 1 missed doses in this quarter. Most were rated amber, the only red score being A4 for 50% although this is skewed due to only two patients being on antimicrobials and one had missed a dose. The only red score for Division 2 was ASU where patients can miss doses due to not being able to take their medications on occasions.</p> <p>The importance of not missing doses needed to be emphasised at nurses' induction training and through annual mandatory training updates. Pharmacists on an individual level continue to ensure doses are not missed, where possible.</p> <p>The Pharmacy full report was noted and accepted by the Committee.</p>	<p>RF/SK</p>

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8.	<p>PERFORMANCE</p> <p>MC reported:</p> <p><u>SPCC Charts – July 2011 data</u></p> <p><u>Staph. aureus Bacteraemias</u></p> <table data-bbox="220 757 1053 958"> <tr> <td>Division 1:</td> <td>MRSA</td> <td>0</td> </tr> <tr> <td></td> <td>MSSA</td> <td>2 1 CW, 1 VSU</td> </tr> <tr> <td>Division 2</td> <td>MRSA</td> <td>0</td> </tr> <tr> <td></td> <td>MSSA</td> <td>3 1 Deanesly, 1 RFU, 1</td> </tr> </table> <p>D18</p> <p><u>MRSA Acquisition</u></p> <table data-bbox="469 1093 861 1187"> <tr> <td>D2</td> <td>1</td> </tr> <tr> <td>D8</td> <td>1</td> </tr> <tr> <td>WPH</td> <td>2</td> </tr> </table> <p><u>C. Difficiles</u></p> <p>July was the best month since new criteria for testing was introduced.</p> <table data-bbox="220 1317 861 1612"> <tr> <td>Division 1:</td> <td>CCU</td> <td>1</td> </tr> <tr> <td></td> <td>D2</td> <td>1</td> </tr> <tr> <td></td> <td>D4</td> <td>1</td> </tr> <tr> <td></td> <td>D6</td> <td>1</td> </tr> <tr> <td>Division 2 :</td> <td>D22</td> <td>1</td> </tr> <tr> <td></td> <td>D8</td> <td>1</td> </tr> <tr> <td></td> <td>D20</td> <td>1</td> </tr> <tr> <td></td> <td>Case not attributed to ward</td> <td>1</td> </tr> </table> <p><u>HABs – Contaminated Blood Culture Sets</u></p> <p>June and July were disappointing months, especially for the Medical Division.</p> <p>July data was as follows:</p> <p>932 blood cultures taken of which 92 were positive, 27 contaminants (7 of these were taken by Phlebotomists; 4 sets were from children, i.e. 1 x NNU, 1 x SCBU, 1 x C1, 1 x A&E.</p>	Division 1:	MRSA	0		MSSA	2 1 CW, 1 VSU	Division 2	MRSA	0		MSSA	3 1 Deanesly, 1 RFU, 1	D2	1	D8	1	WPH	2	Division 1:	CCU	1		D2	1		D4	1		D6	1	Division 2 :	D22	1		D8	1		D20	1		Case not attributed to ward	1	
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	<p>August 2011.</p> <p>With each PEAT visit conducted, areas of best practice will be noted and shared with other Trusts. The list attached to the report has been drawn up for discussion by the Environment Group for possible introduction of practice at RWHT.</p> <p><u>Guidance Notes – Initial Training for Nursing Staff – Ward Cleaning</u> It is proposed to deliver this as part of local induction.</p> <p><u>West Park Reception – Flooring</u> This is a very heavy traffic area resulting in poor condition of the flooring. JH and Julie Burgess at West Park were in discussion about ways to improve the area.</p> <p>The Environment report and Technical Audit report were noted and accepted by the Committee.</p> <p style="text-align: center;"><i>RB and JT left the meeting at this point</i></p>	
10.	<p>ESTATES MANAGEMENT REPORT</p> <p>GT highlighted the following areas from the report:</p> <p><u>Legionella Flushing Task & Finish Group</u> The Legionella Policy was approved by Policy Committee in July 2011.</p> <p>Full implementation of the revised department flushing procedure was now complete and in transition phase. Reporting to IPCC Committee will commence in November 2011.</p> <p><u>KPIs</u> The situation at July was considered acceptable with room for improvement.</p> <p>The full report and KPI performance were noted by the Committee.</p>	
11.	<p>DATES OF FUTURE IPCC MEETING DATES</p> <p>CE raised the importance of clinical staff being available to attend the IPCC meetings, and with this in mind it is proposed to move the meetings from Thursdays to Fridays. Revised dates to be circulated.</p>	VR

Item No		Action
12.	ANY OTHER BUSINESS There were no items raised.	