

**MINUTES OF INFECTION PREVENTION AND CONTROL COMMITTEE MEETING  
HELD ON THURSDAY 17<sup>TH</sup> DECEMBER 2009  
10.00AM, CONFERENCE ROOM, HOLLYBUSH HOUSE, NEW CROSS HOSPITAL**

<b>Present:</b>	Mr D Loughton (Part)	(Chief Executive)	(DL)
	Ms C Etches (Chair)	(Director of Nursing & Midwifery)	(CE)
	Dr M Cooper	(DIPC)	(MC)
	Prof. R Fitzpatrick	(Director of Pharmacy)	(RF)
	Ms S Roberts	(Hotel Services Manager)	(SR)
	Dr J Odum	(Medical Director – Division 2)	(JO)
	Mr B G Millar	(Medical Director)	(BGM)
	Ms S Morris	(Pre LNIP Post)	(SM)
<b>In Attendance:</b>	Ms M Gay	(Acting Healthcare Governance – PCT)	(MG)
	Ms G Evans	(SHA representative)	(GE)
	Ms B Morgan	(Matron representing Division 1)	(BM)
<b>Apologies:</b>	Mr J Vanes	(Non-Executive Director)	(JV)
	Dr G Martinelli	(Consultant – Cardiothoracic)	(GM)
	Ms V Hall	(Chief Operating Officer)	(VH)
	Ms J Taylor	(HCAI Programme Lead – SHA)	(JT)
	Dr A Phillips	(Director of Public Health – WCPCT)	(AP)

		<b>Action</b>
<b>2.</b>	<b>Minutes of Meeting held on 26<sup>th</sup> November 2009</b>	
	The minutes were accepted as a true record.	
<b>3.</b>	<b>Matters Arising from the Minutes</b>	
3.1	<u>(6) Divisional Reports – Division 2</u> CE confirmed that she had raised with the Director of HR the revised Divisional KPI template which now included ANTT training. It had been identified that collating this information was a longer term issue in order to obtain accurate data.	
3.2	<u>(4) Platelet Gel Project</u> Setting up a project team comprising Mr Bhabra, CE, GE and others had not yet taken place. MG would arrange for the tissue viability nurse to be part of the team and agreed to develop terms of reference for the TV nurse. CE stressed the importance of the TV nurse being an active member of the team.	<b>CE MG</b>
3.3	<u>(6) Environment Report – PEAT 2010</u> SR confirmed that invitations had gone out to NEDs to participate in PEAT inspections. SR would contact Chris Watkins, Trust Secretary, around individuals from our Membership being invited to take part.	<b>SR</b>
3.4	<u>(7) Divisional Reports – Division 2</u> <u>RCA Summaries</u> CE commented that there was a requirement to radically assess what was needed from RCAs. In the meantime, SM to continue with the work the IP team were undertaking around RCA information.	<b>SM</b>
	<u>HII Review</u> CE reported that review of HII's to provide robust reassurance around the 'green'	

areas on the scorecard were being investigated, and SM/MC would report back to CE on their findings. An issue around cannula insertion and documentation had identified poor practice and MC considered it would be beneficial for doctors to observe how audits were carried out. JO commented that there did appear to be a problem regarding training issues with junior doctors. MC agreed to contact Louise Nickell to confirm what is currently happening on training and what infection prevention training takes place around competencies.

**SM/MC**

**MC**

3.5 (9) Performance – MRSA Acquisitions

MC had examined the numbers reported at the last meeting, which revealed only one case was not an acquisition, which was of concern. 60% of patients visit the main X-Ray during the course of their stay. BGM agreed to issue reminders that staff going to different wards should gel their hands between seeing each patient.

**BGM**

3.6 Doctors' Uniforms

MC referred to this issue which was raised a few meetings ago, and confirmed that he had met with Divisional Directors. The overall consensus was to go forward with uniforms for junior doctors but not Consultants, however a significant problem is lack of changing facilities. CE asked that MC have further discussions around the uniforms, i.e. how many would be required, type, laundry implications, etc.

**MC**

*DL joined the meeting at this point*

DL requested SR to approach Gary Penn to identify an on site location for staff changing facilities (single sex), and lockers to be delivered and paid for before the end of March 2010. DL recommended that lockers be ordered from a supplier specialising in such equipment.

**SR**

**4. Environmental Report**

SR reported:

Deep Cleans will be carried out in November as follows:

Very High Risk Areas:	Beynon Centre (Endoscopy, Day Ward, Day Centre)	
High Risk Areas:	D18	
Other Areas:	Wheelchairs	Ongoing

Revised Healthcare Cleaning Manual (RHCM)

A group met to discuss a training programme for nursing staff on 7<sup>th</sup> December as part of the action plan.

Technical Audits

No 'red' areas; 3 amber scores. The following in-house scores were achieved during November 2009

Very High Risk Areas:	89%	Good (yellow)
High Risk Areas:	96%	Excellent (green)
Significant Risk Areas:	No audits completed	

CE expressed concern that a recurring theme was around 'dust' on surfaces and asked for scrutinisation of areas to eliminate the problem. BM commented that in Critical Care Theatres the role of the housekeeper may be extended to include cleaning.

**SR**

It was mentioned that the 'Dr Hans Clean' stickers on some doors had become shabby.

The content of the Environment Report was accepted by the Committee.

## 7. Divisional Reports

### Division 1:

BM reported:

Antibiotic prescribing training showed several amber areas (70%-89%) against target of 90%.

The RCAs summary relating to 1 x MSSA bacteraemia and 2 x *C.Difficile* were noted, however BM felt the RCAs did not give adequate information around lessons learned

Areas of focus over the next month:

- General Surgery – dust levels on VSU being monitored due to building works
- ICCU – serratia being isolated repeatedly in sputum of long term patients. To focus on cleanliness of nebuliser
- ICCU – one catheter in 10 found to be touching floor following recent audit – education to be given
- Environmental/Technical audits on CHU and Chemo clinic to be completed
- Improvement in Nucleus Theatres technical audits
- ANTT training in Urology OPD

### Division 2:

JO reported:

The RCA summaries relating to 5 x MSSAs and 2 x *C.Difficile*, was noted by the Committee. Line insertion was considered as good as it should be

The scorecard showed several 'red' areas around non-compliance with antibiotic prescribing training, and two 'reds' against hand hygiene in EAU and ESS. SM confirmed that there were some gaps where staff were not undertaking hand hygiene training. The IPT had put in a shared drive for areas to complete, which would continue for a further two months. JO reported that he had requested Clinical Directors and Directorate Managers to ensure individual doctors undergo antibiotic prescribing training. MC confirmed that specific training for specific areas was being developed. CE said the '5 moments' observation tool could be used, which involved taking 20 minutes out to look at specific clinical areas to observe the practices of staff as opposed to facilities being available.

SM was asked to establish whether the MRSA care pathway is continuing or had been ruled out.

**SM**

Areas of focus over the next month:

- Antibiotic prescribing training for junior doctors ongoing
- EAU – HII PVC compliance (95% October). Action plan in place
- IP measures for Neonatal Outbreak MRSA
- Continue ANTT training
- Strengthening environmental audits to be conducted with housekeeping dept.
- Deep cleans D18/19
- Continue weekly cleaning of *C.Difficile* side rooms
- Mattress audits

A key concern was cockroaches in Urology OPD staff kitchen. SR said there were areas where cups were unwashed and food left around. CE suggested ward managers do spot checks to identify poor hygiene.

The Divisional Reports were noted by the Committee.

## 8. Pharmacy Report

RF reported:

The use of CIPROFLOXACIN has INCREASED in both divisions during November. In Division 1 this was due to the top-up of pre-packs in Urology. In Division 2 this was due to the increase in use in both Respiratory and Renal. All uses are approved uses of ciprofloxacin.

The CARBAPENEM use DECREASED in Division 2, while their use INCREASED in Division 1 during November.

The AMOXICILLIN use INCREASED in Division 2 during November – but can be explained by the top-up of A&E's robot. PIPERACILLIN/TAZOBACTAM use remained constant across both divisions through November.

#### Action Points

- Pharmacists to continue to query ALL prescriptions for ciprofloxacin, due to the increased risk of the virulent strain of *clostridium difficile* causing infection in vulnerable patients; and discuss with the antimicrobial pharmacist or Microbiologist if appropriate.
- Pharmacists to continue to query ALL prescriptions for meropenem and ertapenem, due to the risk of developing resistance and reducing the use of high-cost antimicrobials, when other alternatives are available.
- Pharmacists to query prescriptions for co-amoxiclav and piperacillin/tazobactam for appropriate first-line use.

The total number of reported interventions is 141 over the month of November, an increase compared to last month.

#### Allergy Boxes

This is the biggest area of concern as again pharmacists have had to intervene on a number of occasions. In two separate interventions a penicillin allergy had been documented on the treatment sheet but a penicillin derivative (amoxicillin and piperacillin/tazobactam) had been prescribed. On EAU/ESS a patient had a documented macrolide allergy and was prescribed clarithromycin.

The allergy boxes are still **not** been completed consistently – on 2 wards during November 3 separate incidences of incomplete allergy status were reported. The action resulting from the previous IPPC board has been noted and pharmacists will facilitate completion but not complete boxes on behalf of the doctors. Continued intervention monitoring will give an indication as whether this strategy is working. JO thought it may be appropriate for cross-Divisional meetings to be held discuss this issue. RF to conduct a spot check audit around completion of allergy boxes.

RF

#### Treatment Duration

This again was one of the most common of all interventions made by pharmacists. This will be addressed when the antimicrobial prescribing stickers are in use on the wards as the prescribers are asked to specify an anticipated duration of the antibiotic course.

#### Antimicrobial Guidelines

The updated antimicrobial prescribing guidelines are due to be published imminently.

#### Antimicrobial Prescribing Stickers

These are being introduced to wards and departments after discussion at directorate governance meetings.

#### Antibiotic Audit

The action points presented in November's prescribing report are being implemented. Another regional audit will take place in the New Year.

The Pharmacy report was accepted by the Committee.

## 9. Performance

MC reported:

175 days since the last MRSA bacteraemia.

*MG left the meeting at this point*

### New MRSA

Just inside target. It was uncertain why new MRSA were occurring.

### Staph. aureus Bacteraemias

Division 1:	MRSA	0
	MSSA	1 (VSU)
Division 2	MRSA	0
	MSSA	5 (2 RDU, D16, D17, D18)

<u>MRSA Acquisition</u>	NNU	4
	Deanesly	1
	CTW	1
	CW	1
	VSU	1
	D7	1
	D8	1
	D8	1
	D15	1
	D16	1
	D19	1
	D20	1
	<u>15</u>	

Disappointing that the figure was above target, which had gone from one incident in May to the current level. JO said this should be highlighted in the monthly newsletter as it was very worrying. MC informed the group that we do not screen for MRSA carriage on discharge. DL said to meet with CE and MC outside of this meeting to discuss this issue, particularly around costs for additional screening.

DL/CE/MC

### C. Difficiles

Division 1:	CW	1
Division 2	A4	1
	D15	1

### Performance of Wards

Red areas:	Staph. Aureus	1 RDU
	MRSA Acquisition	1 NNU
	C. Difficile	0

### HABs

898 blood culture sets taken. 90 positive blood cultures, 24 of which contaminants. 7 contaminated sets were taken by phlebotomists and were from Paediatric patients.

### ESBLs

An average month.

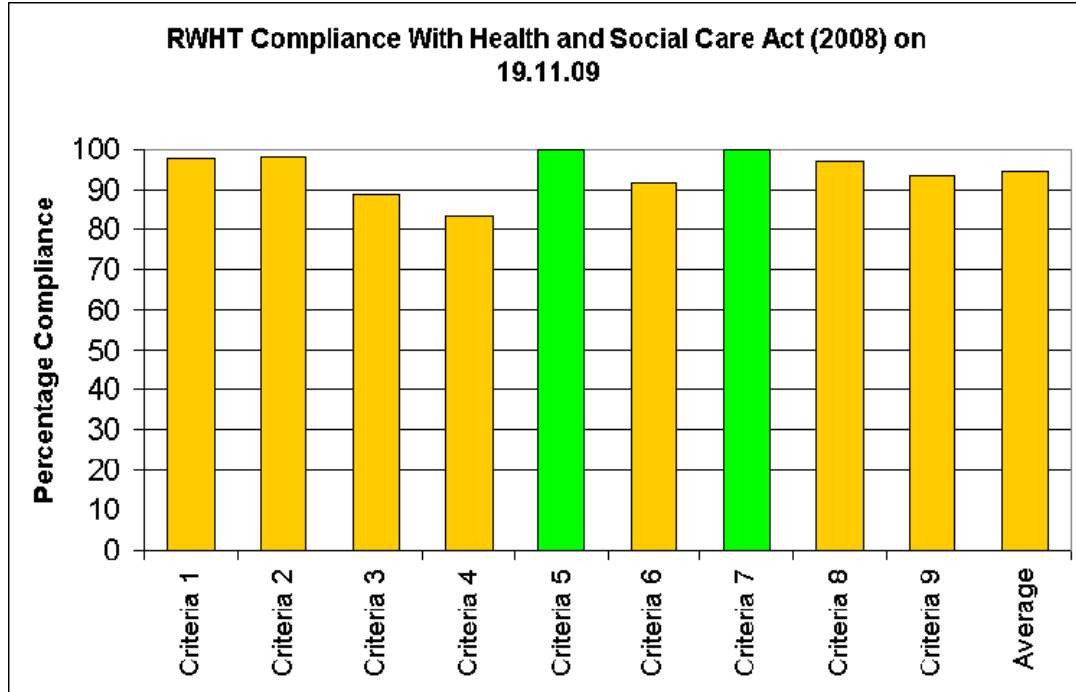
The Performance Report was accepted by the Committee.

*JO left the meeting at this point*

## 10. Report of LNIP

SM reported:

### Health and Social Care Act 2008 - Compliance



### National Reports

Reducing Healthcare Associated Infections in England : National Audit Office (June 2009). As summary circulated to the meeting. SM to discuss with MC how actions will be taken forward.

SM

### Outbreaks/Incidents

Outbreak of MRSA in NNU where four contact identified following identification of MRSA colonisation in a neonate. None of the cases have been unwell as a consequence of colonisation to date.

Transmission possibly associated as a result of increased activity and inability to meet demand for staffing (there is currently national shortage of suitably qualified neonatal nurses). Incident reported via STEIS to SHA and HPA as SUI.

Enhanced cleaning. IP observational audits and ATP screening in progress.

Actions are ongoing towards improving staffing levels and reducing admissions to NNU where possible.

### Audit and Surveillance Activity

IRMA database compliance 72%.

5 moments for hand hygiene results commencing 01.12.09. Overview for next meeting.

### MRSA

Prontoderm trial, alternative to prescribed decolonisation regime to commence January 2010. Trial for Octenisan to follow.

### Admission screening

Data unavailable due to early reporting.

Education& Training

Cannulation and blood culture e-learning packages in use by junior medical staff November 2009.

Showcase Hospital Project

Acoustic solutions discussions continued.

Staffing

MRSA Screening Manager post JD under review with PCT.

Project Nurse (showcase) secondment withdrawn due to staffing pressures in Trust which leaves shortfall for continuing with some of the additional surveillance activities

**11. Any Other Business**

11.1 Hygiene Code Scorecard

CE asked when the scorecard was likely to be available. To be presented at next IPCC meeting and then to Trust Board for CQC compliance.

**SM**

**12. Date of Next Meeting**

Thursday 28<sup>th</sup> January 2010, 10.00am, Conference Room, Hollybush House.