### DATE
30 July 2013

### REPORT FOR
Trust Board of Directors – Part A

### REPORT FROM
Dr Liz Scott, Medical Director

### CONTACT OFFICER
Dr Liz Scott, Medical Director

### SUBJECT
Infection Control Committee Minutes – July 2013

### BACKGROUND DOCUMENT (IF ANY)

### REPORT PREVIOUSLY CONSIDERED BY & DATE(S)

### EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)
N/A

### HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?
N/A

### HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?
N/A

### ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?
NO

### IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?
N/A

### ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?
NO

### WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?
N/A

### ACTION REQUIRED BY THE BOARD
The Board is asked to note the minutes
INFECTION CONTROL COMMITTEE

Minutes Of the Infection Control Committee held on Monday, 15 July 2013 at 12 Noon in the West Arch Boardroom, DPOWH vtc to the Modular Meeting Room, SGH

PRESENT:

Neil Gammon Non-Executive Director (Chair)
Dr Liz Scott Medical Director
Karen Wilson Assistant Director of Operations
Viv Duncanson Senior Nurse, Infection Control/Assistant DIPC
Karen Griffiths Deputy Director, Diagnostics & Therapeutics
Mike Urwin Clinical Director of Pharmacy and Medicines Management
Dr Anthony Vicca Consultant Microbiologist
Jim Whittingham Chairman
Dr Peter Cowling Consultant Microbiologist
Tara Filby Deputy Chief Nurse
Kirsty Edmondson-Jones Deputy Director of Facilities

1 Apologies for Absence

Apologies for absence were received from:

Karen Jackson Chief Executive
Andy Karvot Consultant Antimicrobial Pharmacist
Professor Sewell Clinical Director, Medical Specialities
Karen Fanthorpe General Manager, Community & Therapy Services
Anne Frejiszyn Nurse Specialist Infection Control Care Plus Group
Greta Johnson Community Services Infection Control Nurse
Wendy Booth Director of Clinical and Quality Assurance & Trust Secretary
Kathryn Helley Deputy Director of Clinical and Quality Assurance

2 Minutes of the Previous Meeting held on Monday, 20 May 2013

Page 1, Item 2 needed amending to read Root Cause Analysis. Item 5 needs change of wording – Kirsty Edmondson-Jones also discussed the processes and results of the deep clean team and reported that the measurements/results were in the correct format. The item also needed a paragraph break.

3 Matters Arising

a) Rapid testing of MRSA (Minute 2 (b) refers)

Viv Duncanson informed the committee that summary posters had been taken round relevant areas to be displayed and that this had now been completed.
b) Post-op wound Infection (Minute 3 (c) refers)

Liz Scott informed the committee that the next meeting with regard to this issue was to take place in the next week. She also added that she had distributed an e-mail to relevant staff highlighting the need for them to attend. Liz informed the committee that there had been further post-operative infections at SGH that were significant, she also added that this had raised more concern. The committee were informed by Peter Cowling that the meeting was due to be held at the same time as a Lab – CPA investigation visit, he added that he had only just been notified of this and that this would mean the relevant Facilitator lead may not be able to attend the wound infection review meeting scheduled. After some discussion Liz Scott and Peter Cowling agreed to discuss this matter outside of the meeting. Viv informed the committee that she had met with the Head of Nursing and Theatre Manager at SGH to see if any progress could be made while awaiting the A3 meetings. She added that a few practices had been identified and improved with regard to the protocol for the setting up of instruments (while awaiting further discussion re theatre ventilation and prep rooms). She also informed the committee that Chris Graygoose had carried out particle testing but that the results for this had not yet been received. The committee felt that regular particle testing should be carried out to build up results. It was agreed that this item needed highlighting to the Trust Board.

Action: Liz Scott / Peter Cowling

c) HSDU Incident Update (Minute 3 (d) refers)

Viv Duncanson informed the committee that Wendy Booth had held a review meeting and actions had been delegated to relevant staff. She informed the committee that a visit to Synergy was being arranged with relevant staff involved. Wendy would provide an update on this issue at the meeting in September.

Action: Wendy Booth

d) Business Case Allergy Testing (Minute 3 (e) refers)

Karen Wilson informed the committee that a meeting regarding this issue was due to be held on the 20 August and asked if this item could be deferred until the September meeting adding that one meeting had gone ahead regarding this but that a further meeting was required. The committee agreed to defer this item to the next meeting.

Action: Karen Wilson

e) Progress Report E-prescribing (Minute 3 (g) refers)

Mike Urwin informed the committee that the final safety assessment was taking place today to go live. He also added that Goole would be going live shortly. The committee asked if they could have a further update at the next meeting. Jim Whittingham asked if there was a full roll out plan for this and asked if a copy was available. Mike added that this was currently in draft format but agreed to have a
copy available at the September meeting at which the further update would be provided.

**Action:** Mike Urwin / Andy Karvot

**f) Decontamination of Pressure Relieving Mattresses (Minute 3 (i) refers)**

Tara Filby updated the committee on the current mattress replacement system and turn round times for the existing systems, adding that funding is available for every year to replace them. She also added that a review is taking place on the requirements for dynamic systems, whilst ensuring that they are compatible with the new electric profiling beds. She informed the committee that a team are currently working with Procurement on this. She informed the committee that the current position is to pursue the laundering and cleaning of cells and mattress within medical engineering, but added that an area for them to work from would need to be identified. She also added that there is currently a delay in mattresses being returned and that they are being left in corridors, Tara informed the committee that this issue was to be picked up with Matrons. Tara informed the committee that the Business Case for this was currently in draft format but that it should be ready for November. As this was now progressing as part of normal business, the committee were happy to remove this item from the agenda but agreed that it could be added again at a later date if necessary.

**g) Water Action Plan (Minute 5 refers)**

Kirsty Edmondson-Jones informed the committee that a meeting was due to be held on the 25 July between the two teams to go through the action plan. Kirsty Edmondson-Jones agreed to feedback at the next meeting along with providing the action plan.

**Action:** Kirsty Edmondson-Jones

**h) Anti-Microbial Steering Group**

- Terms of Reference on Intranet
- Orthopaedic Surgeon Representative

In Andy Karvot’s absence, Viv Duncanson informed the committee that the updated terms of reference were now available on the intranet. She also added that an Orthopaedic Surgeon - Mr Chambers had now been nominated to attend the Steering Group providing theatres lists allowed him to attend. It was agreed that this item could be removed from the agenda.

4 **Items for Discussion**

4.1 **Progress of Introduction of Safer Needle Systems**

Viv Duncanson updated the committee on the summary paper that Bill Parkinson had sent to the committee. She explained that new EU Legislation had come into place in April 2013 which has now made it mandatory to introduce safer needle systems; she also added that the Trust had been preparing for this over the last two years. The committee queried how this process had been undertaken and Viv explained that the
introduction of this had been through Chris Dudley, in Procurement, and that trials had been carried out. However, she also added that some areas did not suit the same needles and so other trials have been offered in certain areas, to find a satisfactory solution. The committee felt that a formal SITREP should be received for the next committee meeting. The committee felt that there should be a register of agreed exemptions due to legal requirements. It was agreed to move this item to a matters arising instead of a standing item.

Action: Wendy Booth

5 Standing Items

5.1 MRSA Action Plan

Viv Duncanson provided an update on the Action Plan updating the committee on relevant actions outstanding. The issue regarding community based actions was discussed with reference to these actions remaining on the NLAG action plan. The committee agreed that all actions should be recorded but it was the responsibility of the commissioners (who receive a copy of the Action Plan) to chase any outstanding actions and provide updates.. The committee agreed to this action but Jim Whittingham added that the Board should be made aware of this decision, as it was likely to show up as Red Rated for progress on the Action Plan.

5.2 C Difficile Action Plan

Viv Duncanson provided an update on the Action Plan updating the committee on relevant outstanding actions. She added that there are a few issues regarding microbials that Andy Karvot is leading. The committee agreed that Andy Karvot would provide an update at the September meeting to highlight where any difficulties were being experienced.

With regard to training of bank staff Viv informed the committee that there had been 64 staff who had undergone training so far. She informed the committee that there had been excellent attendance by permanent staff: DPOW medicine 100%, DPOW surgery 100%, SGH medicine 93%, SGH surgery 100%. There were still some work to do for family services to increase training compliance. She said that the bed management team had relieved ward staff in order that training could be attended. Viv added that the IPCN’s had been very flexible to make it easy for staff to attend by carrying out the training in ward areas, and that if only two members of staff attended the training it still went ahead. The committee felt that this excellent increase in numbers should be highlighted to the Board as a success story.

Action: Andy Karvot

5.3 Infection Control Quarterly (Incidents / Outbreaks / Infection Rates)

Viv Duncanson provided an update on the report produced for Quarter 1.

5.4 Update Site Specific Groups

Karen Wilson informed the group that there were no issues to escalate.
5.5 **Risk Assessments**

The committee were informed that there were no risk assessments for this meeting, however the item was to be a standing agenda item.

6 **IC Annual Report**

Liz Scott informed the committee that this report was not produced by herself but by the infection control teams. She added that as the committee had not had chance to check the report prior to the meeting due to the late distribution that if they had any queries regarding it they should report back to her within the next two weeks. The committee were informed that this item would still be submitted to the August Trust Board Meeting.

**Action:** All

7 **Keogh Report – IC – Hand Hygiene**

Viv Duncanson provided an update on information within the Keogh Report. In response to the actions Viv informed the committee that she had updated the Hand Hygiene Policy with regards to responsibilities. The committee agreed to all the changes made. One of the issues raised was to improve the visibility of posters that show how to correctly wash hands. Viv explained that all the dispensers (both soap and alcohol rub) display the recommended hand hygiene technique. She also informed the committee that she will review how other Trusts were delivering the hand hygiene message. The issue of empty hand gel units at the entrance of the wards had also been raised by the Keogh team. Viv added that when she had done a walk around and on that occasion had found no empty dispensers other than those in Butterwick House. An agreement had now been made to remove these as they were not required as it is not a clinical area. Viv informed the committee that the ICT were running a competition for staff to design a poster with a prize for the best poster. It was also suggested that all wards should be standardised with regards to placement of hand gel and soap dispensers and Viv will discuss this with the Chief Nurse. The committee agreed that this work should be highlighted to the July Trust Board Meeting.

8 **Mandatory Training – Non Clinical Staff Working In Non-Clinical Areas**

THE ICT had drafted a leaflet that was to be used as a method of training for non clinical staff working in non clinical areas, who may have worked at the Trust for a long time, and had therefore missed the IC awareness session that is given at induction training. This method was proposed as a way of catching up with all the outstanding staff. The leaflet has a tear off slip that staff would need to sign and return to Training & Development to show that they were compliant. The committee raised a query on how staff were to be targeted with this guidance sheet, Viv added that this would be done through the Training & Development Department. It was suggested that this be sent out on an all staff email to capture all the non clinical staff. Viv agreed to speak to Harriet Stephens.

**Action:** Viv Duncanson
9 HPE and CCG – Assurance Meetings

Viv Duncanson informed the committee that two requests have been received for regular meetings with Public Health England (PHE) and the CCGs to review the MRSA and C.diff processes, RCA’s and resultant action plans. The first meetings had been held separately with both organisations. It had been agreed that the meetings with PHE would be twice per year with the remit of sharing best practice, while NLINCS CCG had requested monthly meetings.

10 ICC Framework

Neil Gammon informed the committee that he would like to have a work programme produced for the committee and explained that this would be a programme for reports that are received for the committee over the year. Neil agreed that this would be completed and brought to the next meeting in September.

**Action:** Viv Duncanson

Neil also informed the committee that he felt that it would be appropriate for the committee to conduct an annual self assessment, just like other sub-committees of the board and in accordance with current Trust policy. The Committee agreed. He agreed to speak to Wendy Booth for advice on progressing this forward.

**Action:** Neil Gammon

11 Highlight Report for the Trust Board

The committee agreed that the following items should be highlighted to the Trust Board:

- Post operative wounds – orthopaedics, SGH
- MRSA action plan with regard to detailing Community based actions
- Infection control team mandatory training figures as a success story
- Keogh visit team actions

12 Review of Action Log

The committee went through the action log and confirmed actions that had been completed.

13 Items for Information

13.1 ICC Group Minutes – DPOW – 17 June 2013

13.2 ICC Group Minutes – SGH – 22 May 2013

14 Any Other Business

Liz Scott requested that comments regarding the Zero Tolerance to HCAI should be sent to her within the next two weeks.
Date and Time of Next Meeting
- Monday, 16 September 2013
- 12.00 pm – 2.00 pm
- Boardroom, SGH with vtc to the Small Meeting Room, DPOW