

DATE OF MEETING	Tuesday 26 th July 2016
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Dr Karen Dunderdale, Deputy Chief Executive
CONTACT OFFICER	Dr Karen Dunderdale, Deputy Chief Executive
SUBJECT	Infection Prevention Control Committee
BACKGROUND DOCUMENT (IF ANY)	N/A
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	N/A
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	The report provides the June 2016 meeting minutes of the Infection Prevention Control Committee Meeting.
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?	n/a
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?	Yes
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	Yes
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	Ensures compliance with good governance requirements and the requirements of the Trust Constitution
ACTION REQUIRED BY THE BOARD	The Board is asked to note the minutes

Minutes

Infection, Prevention and Control Committee (IPCC)

Minutes of the Infection, Prevention and Control Committee

Held on 20 June 2016, 1.00 – 3.00 pm in the Trust Meeting Room at Scunthorpe General Hospital, with vtc to the Main Boardroom at the Diana, Princess of Wales Hospital

Present:	Mr Stan Shreeve Dr Karen Dunderdale Mr Alan Bell Mr Andy Karvot Mr Maurice Madeo Mrs Jayne Girdham Mrs Tracey Broom	Non Executive Director (Chair) DIPC and Deputy Chief Executive Non Executive Director Consultant Pharmacist, Antimicrobials Senior Nurse, Infection Control, Assistant DIPC Clinical Nurse, Specialist Infection Control Associate Chief Operating Officer, Clinical Support Service Management Interim Chief Operating Officer <i>(from 1.50 pm)</i> Director of Estates and Facilities <i>(from 2 pm)</i> Interim Associate Director of Strategy and Planning, Planning & Contracting <i>(from 2 pm)</i> Consultant Microbiologist - DPoWH
	Mrs Karen Fanthorpe Mr Jug Johal Mrs Kerry Carroll Dr A Vicca	
Apologies:	Dr V Cleeve Mr Lawrence Roberts Dr Peter Cowling Mrs Tara Filby Mr Paul Kirton-Watson Mrs Sue Peckitt Mrs Linda Taylor Mrs Wendy Booth	Consultant Microbiologist - LCH Medical Director Consultant Microbiologist - SGH Chief Nurse Associate Chief Nurse Deputy Chief Nurse Specialist Nurse, Infection and Control NLCCG Director of Performance Assurance & Trust Secretary

Min No		Action by
1.0	Apologies	
	The Apologies for absence were noted and approved.	
2.0	Minutes of the meeting of 23 May 2016	

	The minutes of the meeting of 23 May 2016 were approved as an accurate record and signed by the Chair.	
3.0	Matters arising from the Minutes of 23 May 2016	
	<p>3.1 Antibiotic Formulary and Prescribing Advice on IGNAZ App (minute 3.1 refers)</p> <p>Dr Dunderdale reported that she has spoken to Mr Steve Mattern, Head of IT, who confirmed that IT need to look into the situation further, although he cannot see why IGNAZ can't be used. Mr Karvot confirmed that he is still interested in the app and has met Mr Mattern. Dr Dunderdale hopes to have a definitive answer by the time of the July IPCC meeting; if not the plan needs to be rolled out.</p> <p>Action: Dr Dunderdale to provide an update on the position of the IGNAZ app at the July IPCC meeting.</p> <p>3.2 Timescales for actions of the SSI Action Plan (minutes 4.2 refers)</p> <p>Action: Mr Madeo confirmed that all timescales on the Action Plan will be updated by the end of June 2016.</p> <p>3.3 Update on Notice of Derogation Ward C2 (minute 10.2 refers)</p> <p>Action: Mr Madeo confirmed that, since the last IPCC meeting, the Trust Board has approved the Derogation paper which will be reviewed in 6 months, as requested by the IPCC Committee.</p> <p>Mrs Fanthorpe reported that she is waiting for information relating to the fire doors, once received the contractors can be updated.</p>	<p>KD</p> <p>MM</p> <p>MM</p>
4.0	Standing items	
4.1	<p>HCAI Mandatory Reporting Data</p> <p>Mr Madeo referred members to the HCAI presentation previously circulated.</p> <p>(i) MRSA Cases – Colonisation</p> <p>Mr Madeo reported that for the cases of <i>MRSA</i> colonisation efforts are being made to determine how many cases are Hospital acquired. Numbers for 2016/17 are very similar to the same period in 2015/16.</p> <p>(ii) MRSA bacteraemia cases</p>	All to note

<p>Mr Madeo confirmed that the number of <i>MRSA bacteraemia</i> cases remain at zero. He reported that there is a connection between blood culture contamination rates and <i>MRSA bacteraemia</i>. The current level of blood culture contamination within admission units is up to 10% and the gold standard should be less than 3%. Work is ongoing behind the scenes to examine the process and identify any gaps in the system. Dr Vicca explained that the Laboratory wastes a lot of time chasing blood culture contamination results. In his estimation, out of 60% of samples, 50% are contaminated. A big issue is how to take blood cultures, as they must be done as a sterile procedure.</p> <p>Action: (i) Mr Madeo to look at the process, staff involved with, staff training and competency for obtaining blood cultures and report back to the IPCC in 2 months time (September 2016).</p> <p>(ii) The findings to be reported through the Sepsis and Mortality Groups.</p> <p>(iii) C.Difficile toxin cases April – June 2016</p> <p>Mr Madeo reported that there has been a total of 5 hospital acquired C. Difficile infections, 4 cases at DPoWH and 1case at SGH. The DIPC reviews are scheduled to be undertaken on 3 of these cases.</p> <p>Mr Madeo reported that there is an issue with deep cleaning on some wards due to the inability of the team to be able to gain access to ward areas due to high patient demand.</p> <p>Action: The interim COO, Director of Estates and Facilities and the Assistant DIPC will meet to review the situation and the escalation process.</p> <p>(iv) HCAI Quarterly Report, January – March 2016</p> <p>Mr Madeo presented the cumulative data of Trust apportioned CDI rates in patients over the age of 2 years per 100,000 bed days for the Northern Lincolnshire and Goole Foundation Trust (NLaG, Doncaster and Bassetlaw Hospitals (DBH), Mid Yorkshire Hospitals (Mid Yorks), Hull and East Yorkshire Hospitals (HEY), Leeds Teaching Hospitals (LTH) and Sheffield Teaching Hospitals (STH). The information shows that NLaG is slightly above the national average.</p> <p>Action: Members were asked to note the information</p> <p>(v) E.Coli Bacteraemia cases</p> <p>Action: Members were asked to note the graph depicting the number of cases of Hospital acquired and community acquired cases of <i>E.coli</i> for the comparative</p>	<p>MM</p> <p>MM</p> <p>KF/JJ /MM</p> <p>All to note</p> <p>All to Note</p>
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	<p>periods April and May 2015/16 and April and May 2016/17.</p> <p>(vi) Meticillin sensitive S.aureus cases</p> <p>Action: Members were asked to note the graph depicting the number of Hospital acquired cases of MSSA, identified via blood cultures, for the period April 2015 – March 2016.</p> <p>(vii) Hand Hygiene</p> <p>Mr Madeo advised the group that information about hand hygiene is now visible on the Hub, A small Hand Hygiene Survey was recently undertaken as part of the Hand Hygiene awareness campaign (May 5th week) which revealed that some staff claim to be too busy to wash their hands. It also continued to confirm that there are not enough wash handbasins or en-suites across the site(s).</p> <p>Action: Lack of sinks is on the CQC action plan and future builds will take this into consideration. The current soap in the trust is being replaced to a bag in a box type dispenser. There will also be some materials promoting hand hygiene e.g. lift posters. The trust is also to evaluate a virucidal alcohol hand rub.</p> <p>(viii) Audit and Surveillance</p> <p>Mr Madeo explained that the Point Prevalence Surveillance undertaken by the IPC team provides baseline data on how we are performing on a range of indicators. It reinforces the Hygiene Code Risk and helps with compliance with the code. It provides benchmarking information. The PPS is undertaken within high risk wards on a twice yearly basis.</p> <p>Action: Members were asked to note the information</p>	<p>All to Note</p> <p>All to note</p> <p>All to note</p>
<p>4.2</p>	<p>Surgical Wound Site Action Plan</p> <p>Mr Madeo referred to the report previously circulated to members.</p> <p>Ward 11 – SGH - “Ensure that a standardized policy for wash out/lavage is completed (currently being drafted by consultant microbiologist).</p> <p>Action: The timescale for this action to be amended to August 2016</p> <p>Orthopaedic Prohylaxis regimen</p> <p>Dr Dunderdale informed the group that the regimens have been reviewed and agreed in conjunction with the Orthopaedic Surgeons. A proposal has been</p>	<p>MM</p>

	<p>developed which was considered by the Medicine and Therapeutics Committee on 10 June 2016. As there was no one present at the meeting to provide more detail about the need for the change in regimen, the proposed regimen was not fully supported..</p> <p>Action: (i) The item to be placed on the agenda for the next meeting of the Medicine and Therapeutics Committee on 13 July 2016.</p> <p>(ii) Dr Dunderdale to arrange for Mr Alavala to attend the meeting.</p> <p><i>Post meeting note ; Dr Dunderdale has spoken to the acting Chair of M&T and agreed a way forward. Dr Dunderdale will brief the committee at the July meeting</i></p>	<p>KD</p> <p>KD</p>
<p>4.3</p>	<p>Hygiene Code Gap Analysis and Action Plan</p> <p>Mr Madeo referred to section 2.5 of the report. He explained that pressure relieving mattresses are difficult to decontaminate at ward level. It is preferable and stated in the NLaG policy that they are to be sent to an external decontamination unit. There are a few areas in the Trust that continue to decontaminate their own mattresses due to availability. Although a temporary local policy was put in to place this needs to be reviewed as soon as possible. A business case is being drafted for an internal cleaning resource. Due to infection control concerns, cleaning of the hospital dynamic mattresses at the Scunthorpe Service was suspended on 21 August 2015, since this time, all hospital dynamic mattresses have been cleaned by an external company. Quality Matrons continue to monitor the decontamination of mattresses as part of their audits.</p> <p>Action: Dr Dunderdale, Mr Madeo and Mrs Filby to bring an update report to the July IPCC meeting.</p> <p>4.3.1 (i) Antimicrobials Task and Finish Group Action Log</p> <p>Mr Karvot referred to the report, previously circulated. For Antimicrobials Reduction related to the National CQUIN, he explained that there is a meeting next week to discuss how to extract data and put into reporting tools. Dr Dunderdale explained that the CQUIN potential value could be £1 million. The Task and Finish Group can work with the Sepsis group.</p> <p>Action: As some of the timescales are a month out of date, the Chair asked that Mr Karvot ensure that the Action Log is up to date for the next IPCC meeting in July.</p>	<p>KD/MM /TF</p> <p>AK</p>

	<p>4.3.1. (ii) Removal of Penicillin Allergy Labelling From Clinical Notes of Patients Found Not to be allergic to Penicillin Policy</p> <p>Mr Karvot informed the group that he has made some amendments to the draft policy and he would welcome comments from IPCC members, on particular, from the Microbiologists.</p> <p>Action: The Removal of Penicillin Allergy Labelling From Clinical Notes of Patients Found Not to be allergic to Penicillin Policy to be circulated to IPCC members. Comments to be directed to Mr Karvot by 8th July 2016.</p>	<p>IPCC members /AK</p>
<p>4.4</p>	<p>Mandatory Training Statistics</p> <p>Mr Madeo referred to the Mandatory Training Report, previously circulated and gave a brief summary of its content. The figure of 89% is slightly higher than last month.</p> <p>Action: Members were asked to note the Report.</p>	<p>All to note</p>
<p>4.5</p>	<p>Risk Assessments</p> <p>Mr Madeo confirmed that there are no formal Risk Assessments to report.</p>	<p>All to note</p>
<p>4.6</p>	<p>Policies/Items for Ratification</p>	
	<p>4.6.1 Safer Needle Exemption Request</p> <p>Action: As the author of the report was not present, this item be deferred to the next IPCC meeting and the author be asked to attend in order to respond to any questions IPCC members may have.</p>	<p>BP</p>
	<p>4.6.2 Water Safety Group Membership and Terms of Reference</p> <p>Mr Johal referred to the document circulated previously.</p> <p>Action: It was confirmed that the TOR for this group will remain with Estates and Facilities.</p> <p>Action: It was confirmed that this group will be chaired by the Deputy Chief Nurse</p>	<p>JJ</p>

	Action: The Terms of Reference for the Water Safety Group be approved.	
4.7	<p>Highlight report by exception of the Deep Clean Schedule</p> <p>Mr Johal reported that both the SGH and Goole sites are on plan but there are some issues at DPoWH. This reflected the early committee conversation. The team now have access today to B4, Amethyst and Macmillan which are currently 2 months over schedule.</p> <p>Action: (i) Mr Johal, Mrs Fanthorpe to meet to discuss the delays to the deep cleaning schedule to ensure robust escalation</p> <p>(ii) Mr Johal and Mr Madeo to review why GNER is not shown on the programme as overdue and to review the frequency in light of more high risk patients being admitted to the unit.</p>	<p>JJ/KF</p> <p>JJ/MM</p>
5	Bi-Monthly Items	
5.1	<p>Infection Control Hand Hygiene Audit Challenge (findings from electronic version only)</p> <p><i>Previous Item 4.1 refers</i></p>	
5.2	<p>Strategic and Planning Developments – update</p> <p>Mrs Carroll referred to the Update Report previously circulated. She talked through the live Capital schemes at the SGH and DPoWH sites and the Capital schemes that are in the pipeline for the SGH and DPoWH sites and the various Service Reviews, sustainability workstreams (linking with the service reviews/job planning/capacity and demand).</p>	
6	Quarterly Items	
6.1	<p>Highlight report from IC/FM</p> <p>This report was not available as the May meeting was cancelled.</p>	
6.2	<p>Decontamination Highlight Report</p> <p>Action: As the report had not been received, this item be deferred to the next IPCC meeting.</p>	BP
7	Highlights for and from other Committees	

	There were no highlights for and from other Committees received.	
8	Review of Action Log	
	The Action Log was updated	
9	Items for Information	
9.1	HCAI Group – 20 April 2016 Action: The minutes of the meeting were noted	
9.2	Medicine and Therapeutics Committee – 13 May 2016 Action: The minutes of the meeting were noted	
9.3	Water Safety Group Minutes – 12 May 2016 Action: The minutes of the meeting were noted	
10	Any other Business	
	No items of business were raised	
11	Date and Time of Next Meeting	
	The next IPCC meeting will be held on Monday 18 July 2016 from 2.30 – 4.00 pm, in the Main Boardroom at DPoWH with vtc facility to the Boardroom at SGH.	All to note

The meeting closed at 2.40 pm