

**MINUTES FOR COUNTY DURHAM AND DARLINGTON
PRIMARY CARE TRUSTS INFECTION CONTROL COMMITTEE MEETING
27 OCTOBER 2008 AT APPLETON HOUSE**

Present

Dr Tricia Cresswell	Executive Director of Public Health, County Durham and Darlington PCTs/DIPC
Jean Armstrong	Lead Infection Control Nurse, County Durham and Darlington PCTs
Linda Bailes	Head of Adult Services (East)
Sam Goss	Waste and Environmental Advisor for County Durham and Darlington PCTs
Elizabeth Graham	Head of Clinical Governance and Effectiveness, County Durham and Darlington PCTs
Dr John Sloss	Consultant Microbiologist, Darlington Memorial Hospital
Julia Steele	Practice Manager, Willington Medical Group, Link PM
Ruth Taylor	Infection Control Nurse, County Durham and Darlington PCTs
Dr David Allison	Consultant Microbiologist, University Hospital of North Durham
Linda Templey	Director of Nursing and Patient Safety
Gail Cook	Infection Control Nurse, County Durham and Darlington PCTs
Paul Davison	Specialist in Health Protection, HPA County Durham and Tees Valley
Gail Patterson	Facilities Manager, North PDA (for Karina Dare)
Sarah Bowman	HPA (observer)

Apologies

Barbara Hudson	Practice Nurse Link, County Durham and Darlington PCTs
Eric Stephens	Acting Assistant Director Prison Public Health
Helen Suddes	Assistant Director – Specialist Services, County Durham and Darlington PCTs
Joanne Todd	Senior Infection Control Nurse, County Durham and Darlington Foundation Trust

1 Apologies

Tricia Cresswell (TC) welcomed everyone to the meeting and apologies for absence were noted.

2 Minutes of Previous Meeting

The minutes of the ICC meeting on 30 July 2008 were accepted as a true record.

3 Matters Arising

- 3.4 Podiatry: Jean Armstrong (JA) reported that Sarah Lonsdale had identified some private podiatrists currently seeing NHS patients and using Bench Top Sterilizers. An action plan has been formed to move these podiatrists over to disposable instruments in the next 3 months.
- 4 With regard to training of all PCT staff in Infection Control, Linda Templey (LT) reported that a data cleansing exercise was due to be completed within 2 weeks which would result in an accurate staff database. By the end of March 2009, with planned extra training sessions, all staff will have been trained in Infection Control.
- 8 & 9 JA noted that Minutes from County Durham and Darlington Foundation Trust Infection Control Committee and Tees, Esk and Wear Valleys NHS Trust ICC were not yet available, and would be brought to the next meeting.

4 Update on Infection Control Programme

4.1 Update on Essential Steps to Safe, Clean Care

JA reported the Essential Steps programme is in progress across the community hospitals and prisons.

LT reported that 4 Band 7 Nurses are to be recruited on an 18-month contract to implement the Essential Steps programme across all disciplines, along with other specific projects on antibiotic prescribing, urinary catheters and lines.

4.2 Dental Visits

Ruth Taylor (RT) informed the committee that HTM01-05 Decontamination in Primary Care Dental Practices has been issued by the Department of Health. This may influence future changes to the dental monitoring tool. RT reported that most minor actions identified during visits to dental practices are addressed by dentists. More serious problems are taken forward through Jackie Rubin, Dental Advisor for County Durham and Darlington PCTs. There are 2 issues at present

1. Sacriston Practice – unsafe premises – planned to relocate to Sacriston Medical Centre. Gail Patterson confirmed this is imminent.
2. Lack of hot water at another practice – this is being addressed.

Gail Cook (GC) described a dental practice in Shildon where there were a number of issues, but that consequently a further visit had been carried out jointly with Jackie Rubin where many improvements had been noted. In answer to a question from TC Elizabeth Graham (EG) explained that in conjunction with Jackie Rubin an action plan for the

management of dentists was being taken through the performance route.

4.3 Audit Calendar

JA reported that the audit calendar was on schedule. RT reported that the premises of a practice at Evenwood giving concern had been monitored by Patient Safety and Governance. The practice was expected to have moved into a new building by Christmas.

RT had reported concerns at Chilton Health Centre PCT premises which were being actioned through Andrew O'Donnell to the Small Works Committee.

GC described that action required to a practice at Wingate had been delayed by the ineptitude of a contractor who had now been replaced. In the meantime the practice had ceased carrying out minor operations.

Gail Patterson (GP) confirmed to TC that it was the Facilities Managers' remit to take on all PCT estate. GP confirmed that Ian Rooney had now classed as priority the backlog of maintenance on PCT premises with particular regard to infection control issues.

Concerns were raised about discrepancy of cleaning scores received from the Foundation Trust and observations of certain premises by the PCT Infection Control Team. GP requested a copy of the cleaning scores for Stanley Health Centre.

In response to EG's point that there were a large number of new services being taken on by General Practices, and that infection control compliance was not yet a mandatory part of the procedure, TC confirmed that a meeting on 28.10.2008 was dealing with this. RT pointed out that the Infection Control Team had in fact done audits in areas used by dermatology services.

TC informed the committee that Darlington PCT would be receiving an unannounced visit by the Healthcare Commission some time between November 2008 and February 2009.

4.4 Training

JA confirmed that the ICT were still responding to requests for infection control training from individual GP practices. LT has asked Pat Keane to clarify the resourcing of infection control training. TC felt there was value in having Practice Nurses at the same training sessions as District Nurses. TC confirmed that the Infection Control Team would continue to provide training to GP practices for the moment, and that this committee strongly endorses having Practice Nurses invited to infection control training.

EG asked for clarification as to infection control training for nursing homes and who would deliver it. JA confirmed that when the two new staff were in post in her team, the team would deliver training.

4.5 New Builds/Refurbishments

RT explained that there is a new system in place, which is working well, where Gary Foreman had included Infection Control consultation in the flow chart for New Build/Refurbishment procedures.

4.6 Healthcare Associated Infection – MRSA bacteraemia and C diff targets. Summary of RCA from MRSA bacteraemias pre-48 hours

JA described the current situation with MRSA bacteraemia and C diff figures to date. There were 6 MRSA bacteraemia in August. Two pre 48-hour and 4 post-48 hour. There were no actions from the Root Cause Analysis on either patient for primary or community care. There were 2 MRSA bacteraemia in September, both pre-48 hour. There were no actions from the Root Cause Analysis for primary or community care.

Clostridium difficile Targets

County Durham and Darlington Foundation Trust

	April 08	May	June	July	August	Sept
Target	17	17	17	16	16	16
Actual	25	19	20	14	25	25

County Durham PCT

	April 08	May	June	July	August	Sept
Target	37	37	37	37	37	37
Actual	43	35	56	32	47	46

Darlington PCT

	April 08	May	June	July	August	Sept
Target	5	5	5	5	5	5
Actual	8	11	16	6	5	13

In relation to Clostridium difficile, David Allison (DA) and John Sloss (JS) reiterated that the figures needed to be set against the huge variations in the numbers of specimens being sent in by GP practices across the North East. JA pointed out that in a three month pilot done last year, 75% of patients who were C diff positive had had a recent stay in hospital and received antibiotics.

TC asked DA and JS whether lab analysis/results could be given by practice. JS said they could be, but with difficulty due to the 2 laboratory IT systems. Paul Davison (PD) for the HPA said that the

encouragement of GP practices to send in samples had featured in their recent Action Plan meeting. 95% of specimens were coming from outside the Trust and were above the regional average. JA stated that a lot of C difficile cases were preventable, and agreed with TC emphasising the importance of working to reduce cases.

With regard to a death from C difficile in one of the community hospitals, EG confirmed that work was in progress with the relevant GP practice.

4.7 Prison Healthcare

JA described an action plan that had been given to Low Newton Prison following the identification of two prisoners with MRSA in wounds. Both isolates were being sent away by the lab to be phage typed. TC acknowledged the added challenges of dealing with prisoners with infections.

5 Clean Your Hands Campaign

JA gave an overview of where we were with the campaign. A new set of posters will be delivered in December. There will be a visit from the National Patient Safety Agency in February to check progress on the campaign. Following a patient safety alert about alcohol gel a meeting has been arranged for later in the week.

6 Minutes from County Durham and Darlington Health Protection (Infections) Committee

PD discussed two items from the Minutes. The restructuring of the local councils, which was hoped to provide an opportunity to formalise an Out of Hours service for Environmental Health officers. PD described an incident which had involved the domestic water supply across the county, which had been quickly resolved.

7 Minutes from Action Plan Meeting

JA raised concerns over the community pilot for MRSA screening. JA had recently emailed heads of Adult Services to ensure that the details of the patients screened were being held by community nurses so that results could be retrieved from the laboratory direct if necessary. Wendy Stephens has not received any reports to date.

8 New Publications

8.1 DoH, *Going Further, Faster II*

8.2 DoH, Consultation Document Changes to Arrangements for Regulating NHS Bodies in Relation to HCAI 2009/10

JA described each publication. With regard to 8.2, the main point is, that from April next year, the PCT will be required to register with the Care Quality Commission and could be fined for non compliance in a number of areas, including infection control. TC pointed out that all NHS bodies including care homes will be required to be compliant with infection control standards. This would be a good lever when working with care homes in the future. JA to circulate her briefing notes.

Action: JA

8.3 DoH, Management of PVL

The HPA is collaborating across the region to give consistent care advice for the management of patients with PVL. New guidance will be produced and shared across the region.

9 Two New Infection Control Posts for Care Homes

Two new posts have been advertised to increase the capacity of the Infection Control Team, a Band 7 and a Band 8a. The ICT will expand to provide infection control support to care homes. Reporting of outbreaks will continue as before to the HPA.

TC pointed out that although many care homes do not have basic facilities to comply with infection control standards, it is not the PCT's remit to enter into any funding discussions, but rather to give encouragement about preparing for registration, as in 8.2.

10 Revised Policies

10.1 MRSA Positive Patients Within Primary/Community Care

Ratified.

10.2 MRSA Positive Patients Within In-Patient Facilities

Clarity required regarding decolonisation treatments during one episode of hospital care.

10.3 The Safe Use and Disposal of Sharps

Sam Goss (SG) suggested including the colour coding of sharps boxes, yellow and purple, to be consistent with waste disposal.

10.4 Hand Hygiene

The 'five moments for hand hygiene', as developed by the World Health Organisation (WHO) to be included as proposed by Joanne Todd.

10.5 Guidelines for the Decontamination of Equipment (Including Prior to Inspection, Service or Repair)

Update references, include sign for single use.

10.6 Control of Infection Caused by Ectoparasites (Scabies, Body and Head Lice) and Threadworms

Debbie Blythe had contributed comments. As the treatment for headlice is constantly being updated, the committee agreed that treatment should be replaced by seeking advice from pharmacist.

10.7 General Infection Control Precautions

Assurance Framework needed in this policy to include reporting mechanisms.

The meeting agreed that once amendments had been made the policies would be signed off as ratified by Tricia Cresswell, and would be taken to the Darlington and County Durham Boards.

Action: TC

It was confirmed by LG that Viv Nelson will give issue numbers and version control and get the revised polices sited on the intranet and internet.

11 Revised Patient Information Leaflets

- 11.1 Campylobacter**
- 11.2 Clostridium difficile**
- 11.3 E Coli 0157**
- 11.4 MRSA Inpatient**
- 11.5 MRSA**
- 11.6 Norovirus**
- 11.7 Salmonella**
- 11.8 Scabies**
- 11.9 Shingles**

Comment accepted with reference to ensuring consistency throughout the revised patient information leaflets when referring to deaths and exclusions.

Tina Young in Communications to receive all revised leaflets to ensure correct headings and logos applied.

Action: JA

12 Any Other Business

12.1 Waste

TC asked for this to be included as a regular future agenda item, and requested SG to give an update on the current situation. SG has visited some

PCT premises, as have the Environment Agency. A draft Waste Policy is in preparation possibly to be completed by December 2008. He confirmed that the policy would cover all PCT staff, but have advisory status for GP practices. EG agreed that this would also apply to dentists and other primary care contracting teams.

Action: EG

SG described a new waste category of 'offensive hygiene waste' for disposal in standard waste fill, in line with other PCTs and DoH guidance. This waste would go in 'tiger bags' and would prove cost effective in the long term. The policy will have appendices for differing primary care services.

Linda Bailes requested education for staff, clear guidance for community staff, laminated notices above bins, etc. GC suggested guidance for sharps box selection on the same poster. GC commented that sharps containers of various colours are supplied according to different manufacturers especially in GP practice. Julia Steele (JS) to take to Practice Managers' monthly link meetings after coordination with SG.

Action: JS/SG

12.2 Cleaning Report

JA described the cleaning report for the three community hospitals. LT will take to the next Darlington Board.

Action: LT

13 Dates and Times of Next Meetings

22 January, 2009 at 9.30am in the Board Room at John Snow House.

20 April 2009 at 9.30am in the Board Room at John Snow House.

Jean Armstrong
4 November 2008

Tiaa Crissum