

Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI/042023-00018

Date: 09/05/2023

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000.

The solicitors have asked for copies of the infection control committee meeting minutes for the year 2020.

Response

Please find attached four Infection Prevention Control Group minutes for 2020 as requested.

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ
Email: dgft.dpo@nhs.net

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

**Freedom of Information Team
The Dudley Group NHS Foundation Trust**

INFECTION PREVENTION & CONTROL GROUP

MINUTES OF MEETING HELD
12.30 PM, WEDNESDAY 20TH MAY 2020

VENUE: TEAMS MEETING

Members

Job Title (Name)	20.5.20		
Chief Executive, DGFT [REDACTED]	A		
Chief Operating Officer, DGFT	A		
Medical Director, DGFT [REDACTED]	X		
Chief Nurse, DGFT –			
Director of Infection Prevention and Control/Consultant Microbiologist, DGFT [REDACTED]	✓		
Lead Nurse, IPC, DGFT, [REDACTED]	✓		
Clinical Nurse Specialist, IPCT, DGFT	A		
Chief of Medicine, DGFT [REDACTED]	A		
Chief of Surgery, DGFT [REDACTED]	✓		
Chief of Clinical Support Services, DGFT [REDACTED]	✓		
Associate Chief Nurse, Medicine, DGFT [REDACTED]	✓		
Associate Chief Nurse, Surgery, DGFT [REDACTED]	x		
Clinical Support Services Leads, DGFT	X		
Director of Operations, Surgery, DGFT	X		
Director of Operations, Medicine, DGFT [REDACTED]	X		
Director of Operations, Clinical Support Services, DGFT	X		
Head of Facilities Management, DGFT [REDACTED]	✓		
Health and Safety Manager, DGFT [REDACTED]	A		
Staff Health and Wellbeing Representative, DGFT	A		
Antimicrobial Pharmacist, DGFT	A		

Chief Nurse, Dudley CCG	X		
Head of Health Protection/Representative, IPCT, Dudley Office of Public Health	A		
Public Health England Rep	A		
Assistant General Manager, Summit healthcare (■■■■)	✓		
Interserve Representative (Domestic Services and HSDU)	A		
Quality Assurance Rep, Dudley CCG	X		

Meeting not quorate (surgery nor CSS represented)

IPCG/20/13 Apologies for absence

Please see table above.

IPCG/20/14 Minutes of the previous meeting (30.1.20)

Minutes accepted as a true record.

IPCG/20/15 Facilities Report



Facilities Report - May 20.doc

Please find attached report.

■■■■ presented the attached report and highlighted the following:

- Some cleaning audits have not taken place due to COVID crisis. Slowly re-implementing these in key areas first.
- Cleaning scores from Corbett and Guest Hospitals are green overall. No significant issues.
- Water Safety – HSE letter on 8th January 2020 re: positive legionella case from a patient who visited OPD. All information requested by HSE has been sent with no further communication and no issues highlighted. 100 water samples across the Trust during March and April. Positive sample results are not abnormal. All remedials are in place – latest testing still awaited.
- Sterile services – 23rd January 2020 – low incident numbers considering usage currently. Lumen cannulated instruments – HSDU replaced autoclaves and Authorised Engineer (AE) has raised concerns about getting the lumen cannulated instruments up to temperature when processing – single use items being used whilst investigating this.
- Sterile Services – now invite ■■■■ as IC lead as ■■■■ has now retired.
- Waste Management – notified that the Environment Agency will attend Trust to perform audit but as yet no contact regarding this visit.
- Duty of Care Visits have been carried out to date.
- Offensive waste stream (Tiger bag) has been implemented at Corbett and Guest Hospitals but due to COVID crisis some training has been cancelled and will be rearranged.

- There is an issue with incorrect disposal of waste – particularly, PPE being disposed of in recycling bins along the corridors. As a result these bins have been removed but PPE is still being disposed of in general domestic waste bins. The group discussed that the general public will use whichever bin is available and there are no clinical waste bins on the general corridors. Patients are requested to bin their PPE before leaving the clinical area.
- Estates – response to COVID asked to look at ventilation to make pressure negative instead of positive for caring of COVID patients. Extract fans were placed in C5 with negative pressure in the siderooms. Several areas were moved to negative pressure but now many of these areas are moving back to positive pressure (ie, 2 theatres). Need to speak to surgery to see what their plans are re: theatre usage.
- Looking at emptying MHDU today and moving patients in theatres into MHDU – non-COVID.
- Have been asked to place fans in windows for MHDU but this is planned for a green area so unsure why this would be?
- Main drainage blockages again – due to wipes/gloves/aprons etc as these items must be being put into the sluice. This is a risk. Drains can also be broken whilst being unblocked – the last occurrence was 2-3 weeks ago.

IPCG/20/16 Health and Safety Report

No report submitted.

■■■ – discussions are on going regarding PPE in relation to surgery and theatres and endoscopy in relation to bringing in patients who have been isolating at home and being screened before admission but staff still wearing full PPE. Staff are enquiring if this is necessary – colonoscopy does not require full PPE as this is not aerosol generating and the patient has been screened and has isolated prior to admission. Also everyone in theatres is wearing an FFP3 mask which is not particularly necessary for all staff in those areas. A small group needs to discuss these issues now as staff are feeling discomfort wearing full PPE when it is not necessary.

A group will be convened outside of this forum.

■■■ **joined the meeting and this item was revisited** – clinical service lead for ophthalmology should also be invited to the above group to discuss PPE.

IPCG/20/17 Staff Health and Wellbeing

No report submitted.

■■■ – this department is carrying out symptomatic staff screening currently.

Antibody testing – this is being brought in to be carried out on the large biochemistry analyser and is being overseen by Immunology also. It is hoped to roll this out next week (wc 25th May).

This will be a blood test (not dried blood spot). Staff will have to have a booked appointment and requests will have to be booked in as for any pathology request.

IPCG/20/18 Pharmacy



Pharmacy Report -
May 2020.docx

Please find attached report.

The attached report was tabled – there were no questions.

IPCG/20/19 Dudley Health Protection Team

No report received.

Nursing home COVID screening samples are now being sent to Pillar 2 testing in Milton Keynes but any outbreaks in nursing homes are being sent to DGFT.

IPCG/20/20 Public Health England (PHE)

No report received.

IPCG/20/21 NHSi Action Plan

Embedded in the agenda.

Mandatory training is the only outstanding item on this plan. Now the Trust is emerging from phase 1 of the COVID crisis

IPCG/20/22 DGFT Infection Prevention and Control Team Report



IPCT report - May
20.docx

Please see attached report.

■ presented the attached report and highlighted the following:

- No post 48 hr C. diff cases
- No post 48 hr MSSA cases
- 5 E. coli post 48 hr bacteraemia cases – 3 from ITU who were COVID positive patients also.
- Mandatory IP training still not achieved 90% compliance (88.1%) at 30th April 2020.
- Cleaning audits – suspended due to COVID crisis.
- High impact interventions – all green for quarter 1.
- Surgical Site Surveillance – no modules currently. Most of these are elective procedures which is difficult in current climate. Need to decide which quarter this year is chosen and communicate with PHE regarding low case numbers.
- Hand hygiene compliance – everyone who completed returned 100% but a number of non-returns. Need to discuss a buddy system with audits.
- ICNET software – out of contract with Baxter but they are supporting DGFT during COVID crisis. A new system has been costed by Baxter and provided.

- [REDACTED] explained how this software could be replaced via a network system through the Black Country Pathology Service with the other Trusts in the network. This will depend on the new laboratory (LIMS) system for the BCPS.
- [REDACTED] retired at the end of March – new member of staff appointed to start in next couple of months from Birmingham Children's Hospital.
- Face fit testing is still going on 7 days/week via Clinical Skills department.
- I RIDDOR reported (due to Tiger face shields) from a physiotherapist who was wearing one and felt the effects of a patient's cough behind the shield – member of staff is well currently.
- [REDACTED] commented that the Zoning SOP will be brought to the next meeting. [REDACTED] commented that currently this is working well but now needs to be extended. More detail is needed for ward staff to understand fully how the zoning works in all scenarios for medical and surgical patients.
- IPC Assurance Framework – this is based on the framework of the Hygiene Code – so COVID will be brought into the Hygiene Code using the framework to inform the Hygiene Code which will also help form the plan of work going forward.
- The Infection Prevention and Control Annual Report is now almost complete (including COVID information). This will be sent out electronically to this group for sign off. It will then be sent to the Quality and Safety meeting for ratification before being sent to Board.

IPCG/20/23 Clinical Reports

Clinical reports templates are to be reviewed by [REDACTED] Matron in Radiology and a representative from medicine.

IPCG/20/24 Policies

None

IPCG/20/25 Any other business

- NHSi Action Plan – Maternity and OPD

[REDACTED] closed these plans as they have been completed and signed off now and NHSi have now passed the Trust as green.

[REDACTED] asked if the report templates could be revisited – it was agreed that the template should be reviewed. [REDACTED] and [REDACTED] will meet to revise this and invite the newly appointed Matron for Radiology and a representative from medicine.

[REDACTED] asked if everyone is happy with cleaning regimes/frequencies currently throughout the Trust. The group agreed that touchpoint cleaning needs to be increased in frequency. [REDACTED] will pick this up with [REDACTED] and [REDACTED] in Estates. The group also discussed having a permanent runner available for this service. This service will be costed.

IPCG/20/26 Date and time of next meeting



2020-21 Timetable
for IPCG Meetings.do

Please find attached the timetable of meetings for 2020/21. These have been sent out as diary invites.

The next meeting will be held on Thursday 25th June 2020 at 12.30 pm as a MS Teams meeting.

INFECTION PREVENTION & CONTROL GROUP

MINUTES OF MEETING HELD
12.30 PM, WEDNESDAY 25TH JUNE 2020

VENUE: TEAMS MEETING

Members

Job Title (Name)	20.5.20	25.6.20	
Chief Executive, DGFT	A	A	
Chief Operating Officer, DGFT	A	A	
Medical Director, DGFT	X	X	
Chief Nurse, DGFT – Rep	X	√ [REDACTED]	
Director of Infection Prevention and Control/Consultant Microbiologist, DGFT [REDACTED]	√	√	
Lead Nurse, IPC, DGFT, [REDACTED]	√	√	
Clinical Nurse Specialist, IPCT, DGFT	A	A	
Chief of Medicine, DGFT	A	A	
Chief of Surgery, DGFT [REDACTED]	√	√	
Chief of Clinical Support Services, DGFT [REDACTED]	√	√	
Associate Chief Nurse, Medicine, DGFT [REDACTED]	√	X	
Associate Chief Nurse, Surgery, DGFT [REDACTED]	X	X	
Clinical Support Services Leads, DGFT	X	X	
Director of Operations, Surgery, DGFT	X	X	
Director of Operations, Medicine, DGFT [REDACTED]	X	A	
Director of Operations, Clinical Support Services, DGFT	X	√ [REDACTED] [REDACTED] [REDACTED]	
Head of Facilities Management, DGFT	√ (AR)	√ (AR)	
Health and Safety Manager, DGFT [REDACTED] [REDACTED]	A	A	
Staff Health and Wellbeing Representative, DGFT	A	A	

Antimicrobial Pharmacist, DGFT	A	√	
Chief Nurse, Dudley CCG (b)(6)	X	X	
Head of Health Protection/Representative, IPCT, Dudley Office of Public Health	A	√	
Public Health England Rep	A	√	
Assistant General Manager, Summit healthcare (b)(6)	√	√	
Interserve Representative (Domestic Services and HSDU)	A	A	
Quality Assurance Rep, Dudley CCG	X	X	

IPCG/20/27 Apologies for absence

Please see table above.

IPCG/20/28 Minutes of the previous meeting (20.5.20)

Minutes accepted as a true record.

IPCG/20/29 Facilities Report

Please find attached report.



Facilities Report -
June 20.doc

(b)(6) presented the attached report and highlighted the following:

- Cleaning scores across all sites for May were all green.
- Water safety – outstanding positive legionella results on the table attached – all low level and not extraordinary - all remedials in place.
- Sterile services – meetings were cancelled due to COVID crisis. During that time there were 9 incidents reported (on Datix with response and actions) which will be discussed at next meeting.
- No issues with GI unit.
- Waste Management – last meeting 23rd June – working on pre-acceptance audit actions from last year and awaiting this year's audit. Waiting for guidance about disposal of face masks – currently in clinical waste – this maybe downgraded.
- Duty of care visits – no more in the previous month.
- Laundry and linen - during COVID peak we struggled with availability of scrubs due to excessive need (national issue) – company couldn't turnaround scrubs quickly enough due to insufficient capacity. Agreed we could launder scrubs on site in the small facility but this is not fully HTM compliant. However during this time also Interserve chose to send some laundry off site to a small facility in Birmingham. When the Trust was informed about this a Duty of Care visit was arranged and the findings were

not acceptable so the usage of this facility will cease. Interserve have been informed that facilities cannot be used without informing the Trust so Duty of Care visits can be carried out. A report has been written following this which [REDACTED] will report on next week.

- Environmental audits – these were reduced at the beginning of the crisis but have never stopped. [REDACTED] asked why C7 did not have an environmental audit for 4 months? [REDACTED] will look at the report which lists all areas audited. [REDACTED] asked if [REDACTED] could liaise with [REDACTED] regarding what's reasonable regarding these audits.

IPCG/20/30 Health and Safety Report



Health and Safety
Report - June 2020.d

Please see attached report.

The attached report was tabled in [REDACTED] absence – the group discussed the following issues:

The Tiger Eye protection had a CAS alert and a member of staff at DGFT felt a splash whilst wearing one of these (before the alert) – no adverse outcome so RIDDOR reported as a 'near miss'.

[REDACTED] – quality of current masks is better than previous and fewer staff are failing the face fit testing.

Social distancing – need to look again at the Education Centre. Rooms are set up in a way whereby more staff could be accommodated if the rooms were rearranged. Health and Safety have been requested to relook at this for the MDT function. The group discussed moving to 1M+ as this may improve the possibility of using these rooms (if this rule applies to NHS workplaces too) – [REDACTED] agreed to enquire about this. This rule will also have an impact on any contact tracing which may need to be carried out.

IPCG/20/31 Staff Health and Wellbeing



Staff Health and
Wellbeing Report - Ju

Please see attached report.

The attached report was tabled (post meeting note: [REDACTED] attempted to log in to the Teams meeting several times but could not connect).

The group asked for a separate report/more information outlining what has taken place during the COVID crisis in SHWB.

The group asked for more information regarding NSIs – to see what actions need to be taken - ? safety devices involved, locations, etc.

IPCG/20/32 Pharmacy



Please see attached report.

■■■ presented the attached report and highlighted:

- CQUINs around antibiotic resistance were suspended during COVID crisis. These may be restarted but no guidance on when.
- Antibiotic usage during crisis is being analysed and doing project with CCG regarding this. Three patients on remdesivir. Dexamethasone is usual treatment now.
- When ■■■ returns will return to antimicrobial ward rounds. ■■■ will return at the end of August. We will discuss this during the Antimicrobial Steering Group. Teams may be able to be used.
- New Band 7 specialist pharmacist will be joining the team on Monday.
- Snap short audits from February attached - information goes directly to directorates.
- ePMA – designed a process and ■■■ will look at the demo for this.
- Antibiotic consumption – still one of the best Trusts across the region using the access list.
- Tazocin use increased during the crisis but will be mapped against the denominator of the admission figures.
- ■■■ – a lot of antibiotics were used during the pandemic in the community, due to prescribing without seeing patients.
- Allergy – this is poorly completed presently – when ePMA this will need to be completed so should resolve this.
- Consumption – AMU re: compliance low but they commence all empiric therapy.
- Workplan – nothing changed but running some undergraduate projects with Birmingham University.

IPCG/20/33 Dudley Health Protection Team

Verbal report only.

■■■ highlighted:

- Few care homes with COVID cases.
- Working with schools to track and trace (20 children tested – all negative so far) sticking to bubbles and sending home if any issues. Lots of queries at the moment.

IPCG/20/34 Public Health England (PHE)

Verbal report only.

■■■ highlighted:

- Guidance says to keep to 2M unless you are unable – unsure what this means!
- No guidance issued currently it will be after 4th July.

- Almost the whole world is affected with COVID – the numbers in the UK are dropping but not in the last 2 weeks – it appears we are entering a chronic phase now – we may carry on like this for some while.
- Lot of interest nationally about HCAI, workplaces and schools.
- Lot of interest about PCR tests – difference between track and trace – studies show bits of RNA can stay around for 8-12 weeks but people are non-infectious.
- Test and trace and containment is still an issue.
- Lot of iGas in the West Midlands recently and now seeing more TB coming through so as we unlock more issues will come through.
- In local Dudley economy how many community cases in a week? Tests are from a variety of sources and so these come through at a later date.

IPCG/20/35 NHSi Action Plan

Embedded in the agenda.

IPCG/20/36 DGFT Infection Prevention and Control Team Report

Please see attached report.



IPCT report - June
20.docx

█ presented the attached report and highlighted the following:
Data from May

- No post 48 hr C. diff cases.
- MSSA – 1 case from IVDU on AMU – infective endocarditis – difficult patient – Dr Rees commented that although this case is a post 48 hrs it has been considered that he came in with it.
- E. coli – 4 cases – one abdominal pain, liver collection. Another patient on C5 falls and generalised pain (previous MSSA bacteraemia) treated with antibiotics. Then C4 patient with fever and dry cough, generally unwell. Then patient through theatres with bowel resection and then infection, treated with antibiotics. All COVID negative.
- MRSA screening – target 95% - in May 96% emergency screens and elective admissions was 91.6%.
- No outbreaks in May.
- Mandatory training compliance – still down – █ – we need to put some push behind this as this is the only amber section on our annual report. Need to look at how many staff can do this on line as face to face is difficult. Need to look at what's being offered and what we can do to help. Need to look at e-learning opportunities – █ to meet with Learning and Development to see what can be offered. C5 – 67%; Renal 65%, CCU 61% - looking at cases 2 cases of E. coli bacteraemias on C5 – need to take this up with individual wards as dropping to 60+% is too low.
- Site surveillance – planning to do knee replacements.
- Saving lives – all green. Going to do a sense-check audit in key areas – will pick 4 areas and report back next time.
- Hand hygiene – this is all green too – still areas that haven't returned their audits – the IPCT will chase these.
- Will look at setting Link workers back up.

Business case for ICNET is currently with the IT team at DGFT but this remains on the risk register – the budget for this software is with IT not IPCT. As the new lab system is being rolled out within the next 6+ months so we are trying to hold out about replacing ICNET until the new lab system is rolled out to ensure compatibility between the two. BCPS will need to know if this is to be purchased separately by DGFT or as part of a package with BCPS with the new labs systems. [REDACTED] will look into this.

IPCG/20/37 Clinical Reports

The template for these reports is yet to be reviewed.

IPCG/20/38 Policies

- Could all comments for the SOPs listed for today please be sent to the infection control inbox by 10th July 2020.
- Fan cleaning – frequency? Should we do quarterly? Monthly through the summer and quarterly through the winter. Clean standard fans easily but need to ban the Dyson ones currently. We are withdrawing the Dyson and replacing with bladed ones as possible.
- Several pieces of advice about swabbing patients and not all consistent so the SOP for this will be rewritten. A CMO letter from yesterday is not fully consistent with the Midlands SOP so this will be reviewed regarding screening for COVID.

IPCG/20/39 Any other business

- Complaint from patient who is shielding at home and was then admitted to an amber zone so should the zoning SOP be altered to reflect admissions from patients who are shielding – yes.
- Need more cleaning schedules to allow more areas to be opened up for staff to use for meeting/eating. Also, theatres require more cleaning schedules. [REDACTED] is meeting regularly with Interserve and touchpoint cleaning is 2x daily in some areas and has been increased all over. Need to discuss the aims and objectives of extra cleaning.
- The overall green status for cleaning reflects the extra touchpoint cleaning which has been implemented.
- [REDACTED] asked why residents who are already known COVID positive when they are admitted to hospital are being rescreened – [REDACTED] answered that it is policy to screen everyone admitted.

IPCG/20/40 Date and time of next meeting



2020-21 Timetable
for IPCG Meetings.do

The next meeting will be held on Thursday 24th September 2020 at 12.30 pm as an MS Teams meeting.

INFECTION PREVENTION & CONTROL GROUP

MINUTES OF MEETING HELD
12.30 PM, THURSDAY 24TH SEPTEMBER 2020

VENUE: TEAMS MEETING

Members

Job Title (Name)	24.9.20		
Chief Executive, DGFT (b)(6)	A		
Chief Operating Officer, DGFT	A		
Medical Director, DGFT (b)(6)	A		
Director of Infection Prevention and Control/Chief Nurse, DGFT (b)(6)	√ (Chair)		
Infection Control Doctor/Consultant Microbiologist, DGFT (b)(6)	√		
Lead Nurse, IPC, DGFT, (b)(6)	√		
Clinical Nurse Specialist, IPCT, DGFT (b)(6)	√		
Chief of Medicine, DGFT (b)(6)	A		
Chief of Surgery, DGFT (b)(6)	A		
Chief of Clinical Support Services, DGFT (b)(6)	√		
Associate Chief Nurse, Medicine, DGFT (b)(6)	√		
Associate Chief Nurse, Surgery, DGFT (b)(6)	√		
Clinical Support Services Leads, DGFT (b)(6)	√		
Director of Operations, Surgery, DGFT	A		
Director of Operations, Medicine, DGFT (b)(6)	A		
Director of Operations, Clinical Support Services, DGFT	A		
Head of Facilities Management, DGFT (AR)	√		
Health and Safety Manager, DGFT (b)(6)	√		
Staff Health and Wellbeing Representative, DGFT	A		
Antimicrobial Pharmacist, DGFT (b)(6)	√		
Chief Nurse, Dudley CCG	A		

Head of Health Protection/Representative, IPCT, Dudley Office of Public Health	✓ [REDACTED]		
Public Health England Rep	A		
Assistant General Manager, Summit healthcare ([REDACTED])	✓		
Interserve Representative (Domestic Services and HSDU)	A		
Quality Assurance Rep, Dudley CCG	A		

IPCG/20 Apologies for absence

Please see table above.

IPCG/20 Minutes of the previous meeting

Recording started here

[REDACTED] commented that there may be additional meetings called depending on need regarding COVID pandemic and flu activity.

Terms of reference will be reviewed in March 2021.

IPCG/20 Facilities Report and Assurance on training of domestic staff report

Reports were presented by [REDACTED]

Highlights presented:

Facilities Report

Cleaning

- Last meeting 15th September.
- Trust monitor performance of Interserve and clinical clean – combined results all green.
- Chart with annual trends available in report.
- Monitor cleaning with auditors – any issues generally dealt with within 24 hrs.
- Touchpoint cleaning – 12 such cleaners across the site doing enhanced cleaning. Formal meetings held every 2 weeks. Attended by [REDACTED] and Infection Control.

Water Safety

- Last meeting 19th August
- 42 routine water samples across estate – only 1 low level legionella positive – remedials carried out and repeat tests awaited. This is not unusual and was discussed at this meeting.

- Due to difficulties in being notified of low level outlets throughout the site now looking at self flushing taps.
- Pseudomonas risk assessment is being updated – currently 6 monthly in augmented areas. This may need to be reviewed following the assessment review.

Sterile Services

- Last meeting 27th August
- Poor attendance resulted in meeting being disbanded. This happened also at July's meeting. Matron for Theatres – [REDACTED] is aware of this and will encourage attendance for the next meeting being held in September.
- Endoscopy Unit – this is not provided by Inteserve so [REDACTED] manages and maintains equipment there – all equipment at RHH is working without exceptions. Pseudomonas infections have been reported from Corbett's unit. All equipment has been reviewed and not found to have any reportable issues.

Waste Management

- Last meeting was 25th August.
- Waste audits rolled out across the Trust.
- Annual waste pre acceptance audit which is reported to waste management contractor about how we manage waste on the site. This was carried out in September – awaiting results. Next newsletter will be focussed on medicines waste management.
- No further duty of care visits – to waste disposal sites. Issues with COVID restrictions as visits to sites are not easily achievable.

Estates

- Still have areas where ventilation has been altered to negative pressure in line with COVID requirements – no instructions to change these back as yet.

Assurance on Training of Domestic Staff Report

- All staff have DBS checks and induction training with booklet which includes all relevant elements (please see report).
- Staff are assessed on modules undertaken and marked by their manager/trainer and any score less than 100% more training is given and then assessed again until 100% is achieved.
- All staff have to read and understand the safe systems of work documents.
- Elearning modules are also undertaken for mandatory training carried out in the Trust training.
- On the job training by being buddied with a competent member of staff. This can take several weeks to be signed off.
- Ongoing training eg, fire etc.

- For COVID19 pandemic extra staff were brought in and used an external supplier to do the training who the Trust are aware of and used before.
- [REDACTED] suggested that the 3 yearly IC mandatory training perhaps could be moved to yearly for domestic staff.
- [REDACTED] and [REDACTED] also asked for compliance data for IC mandatory training for domestic staff and portering staff to provide assurance of compliance to the Trust and well as a number of ad-hoc audits to ensure ongoing compliance with these standards. [REDACTED] agreed to bring the training data to the next meeting.

IPCG/20

Health and Safety Report

Report was presented by [REDACTED] on behalf of [REDACTED]

Highlights presented:

- FFP3 masks in relation to COVID – 2 main types of masks in the Trust; 9330+ and the Cardinal which seems to have a low pass rate which has been passed back to the regional team as these were being distributed nationally. As a result the Trust has been receiving more 1863+ to uplift against the failure rate.
- Face fit testing is ongoing throughout the Trust and following training with onsite trainers. Four members of staff will be going through the 'Fit to fit' accreditation training tomorrow which will result in the Trust having staff who will be able to train trainers.
- Half masks are being deployed imminently to C5 (and then fulfil the requirement from critical care) which will negate the need for FFP3 going forward. [REDACTED] stated that a supply of FFP3s will still be required. [REDACTED] raised an issue noted on critical care that the half masks (on small faces) could give rise to tissue damage due to the valve pulling down on the front of the mask – could Health and Safety please check that these masks are appropriate for shift-long use by all face shapes/sizes. Infection Control Team commented that this style was not passed by [REDACTED] due to the valve being heavy at the front of the mask and making visibility difficult [REDACTED] and [REDACTED] to take this issue up outside of this meeting.
- RPE hoods have been deployed to a variety of areas across the Trust.
- Needle stick injuries – 2 RIDDORs. The Trust is moving to needle free in January 2021.

IPCG/20

Staff Health and Wellbeing

No report received – apologies for absence.

IPCG/20

Pharmacy

Report presented by [REDACTED]

Highlights presented:

- Licence for Remdesivir now in place for COVID19 use.
- [REDACTED] is carrying out Antimicrobial Stewardship ward rounds.
- Band 7 Antimicrobial Pharmacist is now in post.
- Snap shot audit of antimicrobial usage across the Trust was carried out in June. When comparing with national data DGFT is one of the better Trusts in terms of using more narrow spectrum antibiotics. Broad spectrum usage increased in DGFT during the first surge of COVID19 (as in all Trusts) but during June-July usage halved. The ratio of oral:IV antibiotic usage is also good at DGFT.
- Overall antibiotic usage is still an issue as with all Trusts.
- Issues with ePMA – working for now no issues with antimicrobial stewardship.
- Antimicrobial Awareness Week in November - joint effort with Pharmacy and Infection Control. Looking for central advice about how to promote this safely.

IPCG/20

Dudley Health Protection Team

Report provided by [REDACTED]

- Two care homes with COVID19 outbreaks – all cases are asymptomatic.
- Care home staff are being tested weekly and patients monthly – any positives are investigated.
- Dudley Test and Trace – positive cases from this service are offered a wrap around service and support.
- Educational sessions for care home staff in preparation for winter are ongoing.
- Flu vaccine uptake promotion is ongoing for care homes.

IPCG/20

DGFT Infection Prevention and Control Team Report

Report presented by [REDACTED]

Highlights presented:

- C. difficile – to date 4 hospital onset healthcare associated (post 48 hrs) RCAs completed and continue to monitor the community onset healthcare associated patients and RCAs are underway.
- 2 post 48 hr MSSA bacteraemias – no themes recognised.
- 3 post 48 hr E. coli bacteraemias – no themes recognised.
- COVID 19 cases – 4 community onset patients – no links or hospital outbreaks identified.
- MRSA screening – 95% compliance – elective at 93.3% - elective 95%.
- Outbreaks – COVID19 outbreak in IT staff office – 2 symptomatic 3 asymptomatic. Now concluded.
- Mandatory training compliance – 87.7%. A reduction in mandatory training across the Trust. Link for IC training is on the Hub and face to face sessions although reduced are still available.
- Cleaning audits – nursing scores in green for August.
- SSI – mandatory requirement for one module for T&O per year. #NOF between July and September 2020 – report will be shared when available.

- Saving Lives scores – 98 – 100% compliance overall. Doing quality rounds for added assurance. Hand hygiene and commode audits in green across the Trust.
- IC Board Assurance Framework has been updated and shared with Quality and Safety Committee.
- HCAI action plan from 2017 needs to be signed off and any outstanding actions will be moved to the BAF and annual plan.
- ICNET v6 – data system for ICT. This is currently out of contract and will be discontinuing support for this version. The quote for a replacement has been received from Baxter and this has been placed on the risk register.
- Within the ICT additional funding for initial 12 months has been provided for 1 WTE band 5 nurse, 1 WTE data analyst (now in post) and 1 part time weekend admin cover.
- [REDACTED] commented on the discrepancies in cleaning scores between the Facilities report and the ICT report. [REDACTED] questioned if the ICT scores are more recent. [REDACTED] will look into if the scores are comparable and if there really is that level of variation. Cleaning scores need to be realigned with full clarity. This must be discussed at the next Cleaning Group meeting.

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Clinical Reports

Surgery

[REDACTED] provided the following report:

- Issues on B5 with social distancing – now working at correct capacity and improved communication with feeder areas. Looking at using pager systems so that patients who do not need to sit in the unit whilst waiting can wait outside the ward and be contacted when needed to come in, in a bid to reduce numbers of people on the ward at one time.
- Complaint about Corbett Hospital about social distancing. Identified overflow waiting areas – marked out and flexibility about waiting areas rather than demarking which speciality uses which area. Now received a compliment today from patients who are pleased with social distancing now.
- MRSA screening – elective screening not improved which is disappointing. Areas lacking are very small patient group but 3 out of 4 not screened in trauma. Will look into this. Will also check the correct patients are being captured on the data for ophthalmology.
- Outbreaks and SI – Pseudomonas outbreak at Corbett Hospital – Urology is back up and running with no issues. Carpets are scheduled to be removed and decontamination sink being replaced imminently.
- Discussions regarding a skin cleaning trial is taking place – chlorhexidine or betadine – is being looked at soon.
- Decluttering work has been completed – waiting for cupboards to be installed.
- Mandatory training compliance – B3 and C6 have both dropped. Meetings have been booked with matrons for both areas and these areas will have improved by next report.
- [REDACTED] – need to look at how these are peer reviewed as everything currently shows at 100% so assurance is needed to confirm this as this seems improbable. Cross divisional peer review will take place.

Medicine

■■ provided the following report:

- C. difficile on C5B – RCA completed but apportionment is awaited. Root cause is incidental finding of C. difficile. Patient recovered well and was discharged.
- C5 Stn 4 – blue zone. Currently reviewing zoning options. Looked at what worked well previously in preparation for next wave.
- No outbreaks for August.
- Getting reports of community staff who cannot access COVID testing in line with government guidelines as these staff go into nursing homes. Advice is to limit the number of staff visiting care homes but this remains an issue.
- PPE compliance is an issue – eg, not wearing masks correctly or not at all. Staff are informed that it is not an option to wear masks. Repeated offences will be recorded and there are discussions regarding the creation of a common database for storage of such breaches as these staff will be informed that disciplinary action will be taken.
- MRSA screening – areas for improvement.
- Mandatory training – improvement by 2% - at 89%. During beginning of September there has been a targeted approach to this training so 90%+ will have been achieved.

Imaging

■■ provided the following report:

- Mandatory training – clinical team have dropped this month. Non-clinical and medical staff are compliant. Individual emails have been sent to staff who are non-compliant.
- Cleaning score green August with one amber record for ED due to cleaning of equipment but that has now improved.
- Outstanding actions from last year – implementation of patient transfer checklist – this has recently been put in place. Inpatient waiting area update has now been completed with curtained cubicles and in addition hand sanitiser and clinell wipes are available with bins.
- During the pandemic Imaging worked to report X-rays within 16 mins. However post-first wave with restoration of all other work this turnaround time is no longer realistic.
- ■■ – Interventional Radiology is the only area affected by these audits but other Imaging areas should also be included – assistance is needed to establish how to collect data in these other areas. Mrs Jarrett offered assistance with this.
- Hand hygiene audits – at 100% but to provide assurance cross-peer audits are being carried out. ■■■ commented that cross-peer audits being carried out by medicine and surgery will also include core clinical services.
- Cleaning audits – Imaging remains green across the Trust. MRI, CT and ED recently were equipment was dusty. This has been flagged to modality leads and asked for it to be noted on cleaning records.
- Carpet needs to be replaced in the Imaging staff room and CT on call area. Measures are in place to ensure these areas are compliant with infection control.

- Good practice – areas are generally in a good place and hand hygiene is good as is uniform. Sharps handling is improving.
- Areas for improvement – stock management; Estates have been contacted in order to review this.

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Policies

Standard Precautions update for linen colour-code – policy for information and discussion – linen colour-code changes need to be updated within standard precautions policy.

At the Children's Hospital there is a suite of policies for neonates around MSSA screening - ? should we look to implement this. To be discussed with head of children's services in the first instance.

NHSI/E paper on Neonatal Risk Assessment in Relation to Social Distancing – this will go to Trust Board.

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Any other business

Discussion concerning the scheduling of reporting meetings was held to ensure appropriate reporting alignment and allowing data to be reviewed at these meetings in real time.

Flu vaccinations due to arrive on 2nd October and campaign will commence on 5th October. 90% compliance to be achieved this year; please promote the uptake of this.

Regions STP level plans with the expectation we may have a second vaccination programme this winter with a Coronavirus vaccine – watch this space.

Patient moved from ITU to another ward area who had had 2 negative results following a positive result but this was within 5 days and the patient did not complete 14 days before being moved. This issue needs to be reflected in the Zoning SOP as clinical decisions needed to be factored into the decision about patient movement.

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Date and time of next meeting



2020-21 Timetable
for IPCG Meetings.do

The next meeting will be held on Thursday 22nd October 2020 at 12.30 pm as an MS Teams meeting.

Notes

Infection Prevention and Control Group

26th November 2020, 12:30 – 14:00 pm

Via Microsoft Teams

Attendees:

	DIPC Chief Nurse
	Deputy Chief Nurse
	Divisional Chief Nurse in Surgery
	Estates and Facilities Manager
	Matron
	Health and Safety lead
	Interserve
	Monologist
	Pharmacy/ Acute Microbial Lead
	DCN- Medicine

Item		Presenter
1	Apologies None received.	Chair
2	Minutes of the previous meeting - 24th September 2020 There were no previous minutes available due to minute takers absence. Action Log [REDACTED] confirmed with Interserve that Infection Prevention training would take place 3 .Interserve compliances to be put on to the ICP monthly report. Staff Health and Wellbeing representation still outstanding. ACTION- The Chair to follow this up with Workforce Lead for SHAW.	Chair
3	TOR Updated Terms of Reference for information	Chair
4	Skin prep Needle Free paper [REDACTED] was not invited to the meeting, this paper to added to the paper in the next meeting.	[REDACTED]
5	COVID Testing [REDACTED] announced that the Lateral Flow Test are in the process of being distributed, and that within the next week we should have some data and know more information around the number of staff positive and negative. [REDACTED] emphasized that we must confirm the test results via ESR, whether the test may be positive or negative we must ensure all results are recorded, and to make sure all staff are aware of this as we need to know a record. We must also remember that this is not mandatory and all staff do not have to do this, but a reminder to not give the testing kit to staff who	Chair

	do not want to participate Any positive lateral flow test will require confirming Via PCR test.	
6	<p>Seasonal Flu vaccination programme</p> <p>The chair confirmed as of today the number of staff having the Flu Vaccine is now 70%, which is great compared to last year but not enough, we need to hit 90% of all staff having the vaccine, so please remind all staff who you are aware of not having the Vaccine to have this. This is being closely monitored by external partners/regulators.</p> <p>We are communicating to the staff that we do not have a record for having a Flu Jab. In this case, it may be because they have had their vaccine elsewhere and do not require another one, and some that have not been able to have the jab yet. For the individuals that have had elsewhere they will be asked to confirm where they have had the flu jab.</p> <p>Currently we are the best performing Trust in the Black County for Flu Jab Update.</p> <p>When asking staff to have their Flu Jab important to note. is the days between having a Flu and Coronavirus Vaccine, they must wait at least 7 days before they have the Covid vaccine.</p>	Chair
7	<p>Estates and Facilities Report</p> <p>■■■ stated that the last meeting was the 20th September 2020 and no significant issues were raised. All cleaning scores were taken by the Trust's FM Audit Team and they were all In the green zone, for August, September, October 2020 as follows:</p> <p>Russell's Hall Hospital- 95.1%,95.9%,95.7%</p> <p>Corbett Outpatients Centre- 96.1%,96.8%,96.6%</p> <p>Guest Outpatients Centre- 97.9%,98.1%,98.2%</p> <p>All above had been agreed with Infection, Prevention and Control Team.</p> <p>■■■ confirmed that touchpoint cleaning had been updated further since the last lockdown making sure that it happens more often, a large number of Interserve staff once trained on the cleaning do not want to carry on doing this cleaning. This is being addressed.</p> <p>■■■ will be catching up with Jannine Dyke later that evening and will inform us on any updates that we need to be aware of.</p> <p>The last Water Safety Group meeting was held on 21st October 2020, where no significant issues were raised.</p> <p>Budget costs to convert all water outlets to self-flushing across the estate have been reported back to the water safety group. The total cost is estimated at approximately £6million, other alternatives are being looked at that are not so expensive, we looked at just having these in the clinical areas but ideally we do want them all in other areas.</p> <p>■■■ then went onto talk about decontamination and good compliance noted.</p> <p>The last Sterile Services Group meeting was held on 29th October 2020. The following incidents were discussed and actions agreed:</p> <p>Missing Items on Tray from HSDU-2</p> <p>Missing Items on Tray from Theatres-2</p> <p>Debris on Instruments-1</p> <p>Availability of Instrument Sets-2</p> <p>Damaged Instruments in HSDU-1</p>	

	<p>■■■ discussed how there are instruments and equipment are being used/ kept track of. We have an electronic instrument traceability system which is not being used in Theatres instead they are using the old paper base system which is causing problems when trying to track instruments. They are now reintroducing this system to Theatre team, to ensure that they use this system in the future.</p> <p>ACTION: ■■■ to follow up with team and ensure the electronic system is used.</p> <p>■■■ then discussed Services for Endoscopy Unit, and confirmed that the GI Unit in Russells Hall Hospital and Corbetts Scoping Facilities are fully compliant and working. The drying Cabinet in main Theatres at Russells Hall Hospital was out of service and should have had an software update on the 17th November, which ■■■ will double check has happened.</p> <p>Following the Pseudomonas incident at Corbett Scoping Facilities the washing sink is being delivered and due to start being fitted on the 14th December 2020.</p> <p>In the report, ■■■ mentioned the Waste Management, which took place on the 29th September 2020 confirming a weekly store audits is being rolled out to acute sites, escalation arrangements are in place to rectify any non-compliances. Any outcome of the audits will be monitored by the Waste Management Group.</p> <p>The annual Waste Pre-Acceptance Audit took place on the 1st and 2nd September and the main area of concern was medicines not being disposed of correctly. In this case we had an orange infection bag in the waste with tiger bag affective waste, which is a mistake that we are unable to track, the waste company that had this did not have a license to dispose of these so had to return all the waste back to us. Interserve now have a system in place tracking the way that all waste is disposed of.</p> <p>Segregation of Botox related waste at wards and departments has now been marked as an issue, Matron ■■■ is investigating this and will feedback at the next meeting.</p> <p>■■■ covered on the report Estates Compliances services which meeting last took place on the 19th August 2020 where no concerns were raised. He discussed Drain Blockages which is an issue resulting in spillages and creating Infection and reputational risks to the Trust.</p> <p>■■■ is to feedback on this when more information is gained.</p>	
8	<p>Health and Safety Report</p> <p>We received a verbal update from ■■■ regarding face fit testing, he confirmed that staff engagement has improved.</p> <p>■■■ also stated that we are waiting on improvement from JSP who provide the masks, as they are waiting for the smaller masks to arrive on 4th December 2020. Procurement have stated that the mask1863 and 9330+ 3M can no longer be delivered to the Trust and confirmed that they have now been given another mask they are able to try.</p> <p>■■■ asked to confirm whether it was the JSP mask's where the ones where silicone was coming away</p> <p>■■■ stated this was only happening as this ward was washing there masks with boiling hot water when they should be cleaned with a clinell wipe.</p> <p>■■■ asked ■■■ to confirm whether this was happening on ED too and ■■■ confirmed ■■■ was correct.</p> <p>■■■ then asked if an example of this could be sent up to him so that he is able to inspect or perhaps return to JSP as it may be faulty.</p> <p>■■■ then asked if ■■■ is able to get the shelf life on the mask as they</p>	■■■

	<p>may not be what we are expecting them to be, they could be 400 hours or 100 hours which means it wouldn't last doctors and nurses a month.</p> <p>■■■ confirmed that this was a good idea and he would get back to us regarding this. He also stated they are trying to support blue areas as much as possible as well as all other staff.</p> <p>■■■ then went on to talk about the JSP half mask face fit testing on the wards, some are passing but majority of staff are not being tested.</p> <p>■■■ then stated that more staff have now been tested since that last update.</p> <p>■■■ confirmed that we have a new mask to roll out ; FFP3.</p> <p>■■■ confirmed that they now have 2 member of staff that are face fit accredited, meaning they are able to face fit staff and train others. This is a big achievement for the trust as most Trusts do not have this. We currently now have 90 staff trained to face fit staff but they are all clinical and helping support departments in wave 2 of the pandemic. Other departments have been approached to help with the roll out of the new FFP3 mask, areas that are non clinical, however this has been unsuccessful as the limited support we have in admin areas.</p> <p>■■■ discussed in the report Grab bags (RPE hoods), we currently have 5 stored in the capacity hub to ensure emergency situations for key areas. Hoods have been broken and they are being investigated poor accountability of the equipment that was purchased to safeguard staff.</p> <p>The anaesthetics department have suggested for us to purchase a different hood, that we do not stock and is not fit for purpose. The one suggested was not meant for clinical staff.</p> <p>■■■ asked ■■■ to discuss this situation with her later, as they are not trained on this to know what hood is required.</p> <p>■■■ stated that there were 25 sharp injuries over the last quarter, but 12 of these were needle stick injuries and None of these constituted a RIDDOR reportable injury.</p> <p>■■■ finished of the report with stating there has been no further HSE interest with The Dudley Group NHS Foundation Trust in the last quarter.</p>	
9	<p>Staff Health and Wellbeing Report</p> <p>No Staff and Wellbeing Report received.</p>	Representative
10	<p>Pharmacy Report</p> <p>■■■ provided us with a verbal update for Pharmacy.</p> <p>■■■ stated that they have now introduced Complex Infection Clinic run every Tuesday for patients.</p> <p>Confirmed that F1/F2 has been completed for the year.</p> <p>■■■ then talked about the EPR system that can look at all patients on antibiotics, and that there is some network problems but this is being looked at.</p> <p>■■■ confirmed that the consumption of antibiotics is low, and that they are in the process of implementing a new way antibiotics can be dealt with as the guidance has changed again.</p> <p>■■■ confirmed that she liked the idea of the complex health clinic and it was good to see this is happening to support longitudinal use of antibiotics.</p>	■■■
11	<p>Public Health Dudley IPCT Report</p> <p>No Papers submitted</p>	Public Health Dudley Representative

[illegible]

	<p>■■ confirmed they have had positive patients that have been on other area's and are blocking beds. This is an area of worry as the new swabbing guidance is impacting results with 3 day swabbing.</p> <p>■■ stated that IT were meant to send a message out regarding this</p> <p>■■ had not received this email.</p> <p>■■ then explained that you need to swab a patient on admission, day 3, day 5 and then day 13, and that maybe they will bring in a day 10 due to the fact of the big gap of no swabbing.</p> <p>■■ then requested ■■ asking if they are able to put a day 2 negative patient in to a green area/</p> <p>■■ said they should already be in a green area If the patient was negative on admission, but yes day 3 swab negative the patient should then go onto a green area.</p> <p>■■ then explained they could still be positive on different days.</p> <p>■■ asked if we still do a swab on day 13</p> <p>■■ then stated she hasn't had anything else confirmed about swabbing days except day 1, day 3, day 5 and day 13.</p> <p>■■ expressed that she still had staff that were unwell after the isolation period had finished.</p> <p>■■ questioned ■■ asking if the staff were psychologically or physically unwell</p> <p>■■ confirmed that they still was all physically unwell.</p> <p>■■ then stated that her hope as community prevalence's go down then then staff rates should hopefully go down, and that there is more staff off on the 2nd wave than the 1st.</p> <p>■■ agreed, with more staff being off as they are physically ill this time around and requiring more time to recover.</p> <p>- Imaging</p> <p>■■ started the report with Infection Control Mandatory training, stating that all clinical and medical staff were above 90%. The staff that are non-compliant will have a 1:1 meeting with ■■ herself and that they will be provided with study leave to ensure they are doing the training. She also stated that they have encouraged staff that are shielding/ isolating to try and get the mandatory training done.</p> <p>■■ confirmed that they now have training for imaging put in place.</p> <p>In the report ■■ talked about the Flu Jab, General X-Ray and Medical team are the lowest when it comes to Flu Jab and can confirm that they will all have their Jab next week. 24% of staff are off shielding.</p> <p>We got an update on the Outbreak that happened on Radiology, all staff that were in contact with, there was a deep clean on the reception area in late September, a timeline was then put in place to record and track actions in place, and that all staff are being supported by their line manager.</p> <p>■■ then stated that the outbreak was due to them not wearing masks and adhering to social distancing, and for ■■ to audit on a regular basis.</p> <p>■■ stated that there has now been screens installed, and that she is closely watching staff to ensure they are compliant in wearing face masks and social distancing.</p>	
16	<p>Infection Control Policies</p> <p>■■ to confirm staff and update for swabbing to be on day 1, day 3, day 5 and day 13.</p>	. I.P.C.T

17	AOB: None Noted,	
18	Date & Time of Next Meeting: 12.30 on 28 th January 2021 via Microsoft Teams	