

## CHAIRMAN'S SUMMARY REPORT

*This summary sheet is for completion by the Chair of any committee/group to accompany the minutes required by a trust level committee.*

<b>Name of Committee/Group</b>	IPCC held on 30 <sup>th</sup> March 2012
<b>Report From:</b>	Chief Executive Officer
<b>Date:</b>	Minutes dated 30.03.2012 to Trust Board 28.05.2012

<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other
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<b>Aims of Committee:</b> Bullet point aims of the reporting committee (from Terms of Reference)	<p>To provide strategic direction and decision-making for IPCC.</p> <p>To review Trust and operational performance against IPCC targets.</p>
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<b>Drivers:</b> Are there any links with Care Quality Commission/Health and Safety/NHSLA/Trust Policy/Patient Experience etc.	<ul style="list-style-type: none"> <li>• Compliance to EQSS</li> <li>• NHSLA</li> <li>• NICE guidance</li> </ul>
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<b>Risks Identified:</b>	
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## Minutes of the Infection Prevention & Control Committee

**Date of meeting:** Friday 30<sup>th</sup> March 2012

**Venue:** Board Room, Corporate Services Centre, New Cross Hospital

**Time:** 10.00am – 12.00 noon

<b>Present:</b>	Dr J Odum (Chair)	Medical Director	(JO)
	Dr M Cooper	DIPC	(MC)
	Ms M Gay	Deputy Chief Nurse	(MG)
	Mr I Little	Head of Estates	(IL)
	Ms V Whatley	LNIP	(VW)
	Dr S Kapadia (Part)	Medical Director – Division 2	(SK)
	Dr J Anderson	Non-Executive Director	(JA)
	Ms S Roberts	Hotel Services Manager	(SR)
	Mr I Badger	Medical Director – Division 1	(IB)
	Ms R Jervis	Consultant in Public Health	(RJ)
<b>In attendance:</b>	Ms F McKean	Asst. Director of Pharmacy	(FMcK)
	Ms R Baker	Head of Nursing – Division 2	(RB)
	Ms V Rowley	Note taker	
<b>Apologies:</b>	Mr D Loughton	Chief Executive	(DL)
	Ms C Etches	Chief Nursing Officer	(CE)
	Prof. R Fitzpatrick	Director of Pharmacy	(RF)

Item No		Action
<b>2.</b>	<b>MINUTES OF MEETING HELD ON 24<sup>th</sup> FEBRUARY 2011</b>	
	<p>The Minutes, with the following amendment, were accepted as a true record.</p> <p>2.1 <u>(9) LNIP Report</u> Paragraph to be added as follows:</p> <p><u>Computer Keyboards</u> IB was not confident that the keyboards worked in terms of infection prevention. VW agreed that there was no evidence of their efficacy, however the keyboards were wipeable, which is what they needed to be.</p>	
<b>3.</b>	<b>MATTERS ARISING FROM THE MINUTES</b>	
	<p>3.1 <u>(4) Decontamination Update – Decontamination Lead Acute/Community</u></p>	

	<p>RJ confirmed that she had taken the issue regarding a decontamination lead for the community back to Director level of Estates &amp; Quality at the PCT and a new group had now been established with the public health commissioning group. Decontamination had been highlighted and it was agreed that an SLA was required. MG was due to meet with the commissioners shortly and would raise this with them.</p> <p>VW reported that decontamination had been discussed by Cheryl Etches and Maxine Espley, resulting in a decontamination committee being set up which would be chaired by Maxine Espley. VW was in the process of drafting terms of reference for the committee to underpin the community aspects also.</p> <p>3.2 <u>Estates Management Report – Legionella Control Steering Committee</u>                  IL confirmed that the water flushing report had been circulated to the appropriate areas for information.</p> <p>3.3 <u>(6) Environment Report – PEAT</u>                  SR had liaised with Charlotte Hall, Deputy Chief Nurse, who had supported the view that the PEAT report be sent to LINKs.</p> <p>3.4 <u>(8) Pharmacy Report</u>                  The Trust's first Antimicrobial Stewardship Committee meeting was held in March. FMcK agreed to circulate the minutes from that meeting to the IPCC.</p> <p>3.5 <u>(9) LNIP Report – SSI Business Case</u>                  CareFusion had withdrawn their support due to financial issues and VW had drafted a Business Case to go to April 2012 TMT meeting.</p> <p>3.6 <u>(9) LNIP Report – Computer Keyboards</u>                  VW was liaising with IT regarding the keyboards prior to submitting a business case.</p> <p>3.7 <u>(10a) Clostridium <i>Difficile</i> Testing Update</u>                  MC and RJ had met to discuss development of a business case on a cost benefit basis. A letter would be sent to the Medical Director at the SHA. MC confirmed that both PCR and toxin testing for <i>C.diff.</i> would be carried out. PCR testing had never been funded. Toxin testing would commence next week in addition to the testing currently carried out. RJ said the business case should be an open proposal completed within the next two or three weeks.</p>	<p><b>MG</b></p> <p><b>VW</b></p> <p><b>FMcK</b></p>
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<p><b>4.</b></p>	<p><b>PHARMACY REPORT</b></p>	
	<p>The Pharmacy report was presented by FMcK and discussed by the Committee.</p> <p>JO noted that the Prescribing Error Policy would commence in April 2012 and asked that where there were numerous interventions how many would be reported in accordance with the policy, for example the 108 incidents in February. FMcK considered that approximately half of that number would be reported as per policy. JO felt it important to identify the prescribers and MG agreed to pick this up.</p> <p>The quarterly snapshot of the December 2011 regional antibiotic survey showed the Trust at almost 100% compliance with allergy status recorded. Compliance with antimicrobial sticker completion was still low and Pharmacists were doing all they could to get doctors to complete them, however this was proving very difficult. IB suggested that the way to change behaviour of the doctors would be to have a separate information chart and if that were not completed properly the antibiotic should not be given. JO requested MC to speak with Maria Arthur to include JO, SK and IB in the membership of the Antimicrobial Stewardship Committee where this issue could be raised.</p> <p>The full decontamination report was noted by the Committee.</p>	<p><b>MG</b></p> <p><b>MC</b></p>
<p><b>5.</b></p>	<p><b>ESTATES MANAGEMENT REPORT</b></p>	
	<p>IL informed the Committee of the highlights from his report.</p> <p><u>Legionella Control Steering Committee (LCSC)</u>          The Legionella Control Procedural document would be available for the April meeting and relevant sections of the documents will be circulated to the appropriate stakeholders.</p> <p>Flushing procedure results were poor, although slightly improved. Work to improve returns was ongoing and it was considered that reporting on the governance scorecard would be helpful. The flushing performance results had been shared with appropriate areas. The document is held on the IP website and could be printed by departments to inform their areas of status. Of concern were areas not used for a period of time which were not being regularly flushed as it was essential that these areas were flushed twice weekly. RB confirmed that probably very few nursing staff knew what to do around flushing and where the procedure was being</p>	

	<p>carried out perhaps returns were not made. IL and his team were looking at ways of emphasising to staff that flushing was essential. IL and VW to resolve this issue quickly.</p> <p><u>Estates Management Flushing</u></p> <p>Twice-weekly flushing service is provided to:</p> <p>Wards C3 and C2          Hollybush House showers          Old Neonatal Unit          All fire mains          Beynon Centre chiller plant</p> <p><u>Pseudomonas A (PA) – NNU, Maternity Theatres, CHU</u>          Sampling for PA continued with no detection from all samples taken at the beginning of March, making three months clear. Next sampling was due at the beginning of April</p> <p>PAL filters have been removed from Maternity Theatres and multi-bed ward areas on CHU. New shower outlets are on order for CHU, with installation planned for completion end of May 2012..</p> <p>NNU auto taps had software upgrade. Little used outlets in NNU were sampled for Legionella. There was no growth to date. VW stated that the Legionella Group met yesterday around NNU and Pseudomonas. The Legionella Group meetings have now closed and agenda items from that meeting will go to the Legionella Control Steering Group.</p> <p><u>KPIs</u>          All areas at the end of February 2012 were compliant, i.e. green.</p> <p>The full Estates Management report was noted by the Committee.</p>	<p><b>IL/VW</b></p>
<p><b>6.</b></p>	<p><b>ENVIRONMENT REPORT</b></p>	
	<p>SR reported:</p> <p>There was nothing of significance to report to the meeting, although attention was drawn to:</p> <ul style="list-style-type: none"> <li>• A lot of HPV working was carried out in February. Efforts were being made to cut back on the decant facilities to enable these wards to support deep cleans.</li> <li>• IB reported three incidents of cannulae being used because oxygen was not put back in place quickly following deep cleaning.</li> </ul>	

	<p>The Committee felt that good work was being done by Hotel Services around environmental issues.</p> <p>The full Environment Report was noted and accepted by the Committee.</p>	
<p><b>7.</b></p>	<p><b>DIVISIONAL REPORTS</b></p>	
	<p>7a <u>Division 1</u></p> <p>IB reported:</p> <p><u>Performance Scorecard</u>              IP Level 2 training for Ophthalmology was red at 65% compliance. IB would speak to the department again.</p> <p>Antibiotic prescribing training showed a red score against Ophthalmology. IB reported that this issue was discussed at Ophthalmology governance meeting on 8<sup>th</sup> March 2012.</p> <p>Red scores against hand hygiene compliance were noted for Orthopaedics, Head &amp; Neck and Ophthalmology.</p> <p>VW reported that NHSLA, following their recent assessment at the Trust, had noted the lack of an action plan to improve hand hygiene compliance. IB understood that that problem lay with observational training. It was explained to IB that a hand hygiene tool was available to assist the Division in carrying out observations of whether people were complying with hand hygiene guidance or not. IB requested more detailed information around the data and asked what happened if the data was inaccurate, etc.</p> <p>MG considered that between the two Divisions it was necessary to submit to this Committee the trends of hand hygiene compliance to give more detailed information. VW agreed to look at a Trust-wide audit to identify where focus needed to be. RB reported that there was a problem with the database which IT was currently investigating. JO stressed that the data needed to be accurate and the Committee to be informed of what action was being taken in cases of non-compliance.</p> <p>RJ confirmed that ward areas were expected to self-assess. In some instances the IP team would be called in to do the assessment. 20-minutes</p>	<p><b>VW</b></p> <p><b>MG/VW</b></p>

	<p>observations should be carried out on a monthly basis.</p> <p>MG and VW to update the information with more quality for the next IPCC meeting.</p> <p>RB reported that ANTT results were becoming more difficult to obtain as there was no ANTT competency training. VW confirmed that IP had this issue in hand. MG and VW to agree a way forward outside of the meeting and report back to the April meeting within the LNIP report..</p> <p>C.<i>diff.</i> in Cardiac – an RCA had been completed and no fault lay with RWHT.</p>	<p><b>MG/VW</b></p>
<p>7b <u>Division 2</u></p>	<p>SK reported:</p> <p><u>Performance Scorecard</u>  A few more green areas than last month. Efforts continue to raise compliance with IP training.</p> <p>JO pointed out that Levels 1 and 2 IP training had not improved.</p> <p>Antibiotic Prescribing training also showed red areas against Community Children, West Park Rehabilitation, Care of Elderly, Renal/Diabetes and Emergency Services.</p> <p>SK agreed that there was still work to be done as regards areas of training.</p> <p>JO referred to the MSSA bacteraemia recorded for Care of Elderly. RB confirmed that there was nothing in particular that was not done correctly from a line point of view.</p> <p>Hand hygiene compliance in community areas had improved significantly.</p> <p>Hlls were much better.</p> <p><u>Hand Hygiene</u>  No data was available for compliance by community services. RB explained that following an audit there was issue around lone workers in the community clinical areas. Action was underway to resolve matters by the IPT. JO requested accurate reporting around</p>	<p><b>VW/MG/RB</b></p>

	<p>what was taking place.</p> <p><u>Vascular Access</u> 77% in February. SK expected an increase in this rate, albeit gradual.</p> <p><u>Summary of Key Concerns</u> RB reported that the main concern was the showers and Pseudomonas in CHU. An appropriate action plan had been put in place. IPT had carried out some observational work on an ad hoc basis and were satisfied with the outcome.</p> <p>The full Divisional reports were noted by the Committee.</p> <p><i>SK left the meeting at this point</i></p>										
<p><b>8.</b></p>	<p><b>LNIP REPORT</b></p>										
	<p>VW reported:</p> <p><u>Norovirus</u> Activity increased during February, the highest activity in Wolverhampton this Winter.</p> <table border="1" data-bbox="288 1167 1142 1402"> <thead> <tr> <th>February 2012</th> <th>Residents/patients symptomatic</th> <th>Staff reported as symptomatic</th> </tr> </thead> <tbody> <tr> <td>11 care homes</td> <td>142</td> <td>81</td> </tr> <tr> <td>7 wards RWHT</td> <td>117</td> <td>30</td> </tr> </tbody> </table> <p>Hydration had been an issue and should be used as a learning exercise. Full outbreak analysis to be reported at April 2012 meeting.</p> <p><u>Annual Programme of Work 2011/2012</u></p> <p><u>Hand Hygiene Policy</u> Requires minor amendments to the table in the Monitoring and Audit Process to comply with NHSLA requirements, i.e.</p> <ul style="list-style-type: none"> <li>- Hand hygiene policy lead moves from IPT as Lead to wards and departments, and the observation audit would be taken monthly as opposed to annually.</li> <li>- Sign off of the amendments was required today for NHSLA purposes. The Committee agreed sign off of the amendments to the Hand Hygiene Policy.</li> </ul>	February 2012	Residents/patients symptomatic	Staff reported as symptomatic	11 care homes	142	81	7 wards RWHT	117	30	<p><b>VW</b></p>
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	<p><u>Antibiotic Resistant Organism Policy</u>                  The policy had been reviewed and developed into a health economy policy addressing transmission of antibiotic organisms.</p> <p>The policy would be circulated to members for final comment and approval and presented to the April 2012 IPCC.</p> <p><u>Strategy for Infection Prevention and Annual Programme of Work 2012/2013</u>                  VW to circulate, requesting comment.</p> <p><u>'Raising Quality and Improving Safety' Project</u>                  The third Project in the PCT PID was gathering data around chronic wounds. A pilot of the chronic wounds audit tool was undertaken on 10 patients, all with leg ulcers. The findings of the pilot showed that the audit tool was fit for purpose but raised early concerns around variability in care. Further analysis would take place when 500 chronic wounds are audited in Wolverhampton in April and May. A summary of the pilot had been provided to the Director of Public Health.</p> <p><u>MRSA Screening</u>                  Compliance continues to be sustained throughout the city. RWHT compliance for February was 92%.</p> <p>The full report of the LNIP was noted by the Committee.</p>	<p>VW</p> <p>VW</p>																														
<p><b>9</b></p>	<p><b>PERFORMANCE</b></p>																															
	<p>MC reported:</p> <p><u>SPCC Charts – February 2012 data</u></p> <p><u>Staph. aureus Bacteraemias</u></p> <table data-bbox="284 1563 949 1713"> <tr> <td>Division 1:</td> <td>MRSA</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td>MSSA</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Division 2</td> <td>MRSA</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>MSSA</td> <td>1 D8</td> </tr> </table> <p><u>MRSA Acquisition</u></p> <table data-bbox="542 1758 718 1944"> <tr> <td>ASU</td> <td>1</td> </tr> <tr> <td>D8</td> <td>1</td> </tr> <tr> <td>D19</td> <td>1</td> </tr> <tr> <td>D21</td> <td>1</td> </tr> <tr> <td>D7</td> <td>1</td> </tr> </table> <p><u>MSSA</u>                  There had been year on year improvement and it was anticipated that 2011/2012 would be the best year since the Trust began recording this data.</p>	Division 1:	MRSA	0				MSSA	0			Division 2	MRSA	0						MSSA	1 D8	ASU	1	D8	1	D19	1	D21	1	D7	1	
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	<p><u>C. Difficiles</u></p> <p>Division 1:            CTW            2                                           D2                2</p> <p>Division 2 :            EAU            1                                           D17            1                                           D19            1                                           D7               1                                           WP2            2</p> <p>Considerably better than January.</p> <p><u>HABs – Contaminated Blood Culture Sets</u>          951 blood cultures were taken of which 71 were positive and of those, 27 were contaminants (5 of these were taken by Phlebotomists; 7 sets were from children).</p> <p><u>DRHABs</u>          The best month the Trust has ever had. The target for 2012/2013 is 96.</p> <p><u>Trust Hand Hygiene Compliance</u>          The February 2012 chart showed disappointing compliance for Medical &amp; Dental and Nursing &amp; Midwifery.</p> <p><u>Antibiotic Prescribing Training</u>          Disappointing compliance with this training also at 73.4% across the Trust.</p> <p>JO thanked the group for an excellent year, the highlight of which had been to reach 1000 days free from MRSA bacteraemia. An email would be sent to all staff in appreciation of their efforts.</p> <p>The Performance Report was noted by the Committee.</p>	
11.	<b>ANY OTHER BUSINESS</b>	
	<p><u>Dr Michael Borg, Malta</u>          JO informed the meeting that Dr Michael Borg, DIPC at Mater Dei Hospital, Malta, would be visiting the Trust on 4<sup>th</sup> and 5<sup>th</sup> April to learn from RWHT's success around preventing infection.</p>	
13.	<b>DATE OF NEXT MEETING</b>	
	<p>Friday 27<sup>th</sup> April 2012, 10.00am, Board Room, Corporate Services Centre.</p>	

**Minutes of the Infection Prevention & Control Committee**

**Date of meeting:** Friday 30<sup>th</sup> March 2012

**Venue:** Board Room, Corporate Services Centre, New Cross Hospital

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**Present:**

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Ms R Jervis	Consultant in Public Health	(RJ)

**In attendance:**

Ms F McKean	Asst. Director of Pharmacy	(FMcK)
Ms R Baker	Head of Nursing – Division 2	(RB)
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**Apologies:**

Mr D Loughton	Chief Executive	(DL)
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	<p>IL informed the Committee of the highlights from his report.</p> <p><u>Legionella Control Steering Committee (LCSC)</u></p> <p>The Legionella Control Procedural document would be available for the April meeting and relevant sections of the documents will be circulated to the appropriate stakeholders.</p> <p>Flushing procedure results were poor, although slightly improved. Work to improve returns was ongoing and it was considered that reporting on the governance scorecard would be helpful. The flushing performance results had been shared with appropriate areas. The document is held on the IP website and could be printed by departments to inform their areas of status. Of concern were areas not used for a period of time which were not being regularly flushed as it was essential that these areas were flushed twice weekly. RB confirmed that probably very few nursing staff knew what to do around flushing and where the procedure was being carried out perhaps returns were not made. IL and his team</p>	<p><b>IL/VW</b></p>

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	<p><u>Summary of Key Concerns</u> RB reported that the main concern was the showers and Pseudomonas in CHU. An appropriate action plan had been put in place. IPT had carried out some observational work on an ad hoc basis and were satisfied with the outcome.</p> <p>The full Divisional reports were noted by the Committee.</p> <p><i>SK left the meeting at this point</i></p>										
<p><b>8.</b></p>	<p><b>LNIP REPORT</b></p>										
	<p>VW reported:</p> <p><u>Norovirus</u> Activity increased during February, the highest activity in Wolverhampton this Winter.</p> <table border="1" data-bbox="288 925 1142 1133"> <thead> <tr> <th>February 2012</th> <th>Residents/patients symptomatic</th> <th>Staff reported as symptomatic</th> </tr> </thead> <tbody> <tr> <td>11 care homes</td> <td>142</td> <td>81</td> </tr> <tr> <td>7 wards RWHT</td> <td>117</td> <td>30</td> </tr> </tbody> </table> <p>Hydration had been an issue and should be used as a learning exercise. Full outbreak analysis to be reported at April 2012 meeting.</p> <p><u>Annual Programme of Work 2011/2012</u></p> <p><u>Hand Hygiene Policy</u> Requires minor amendments to the table in the Monitoring and Audit Process to comply with NHSLA requirements, i.e.</p> <ul style="list-style-type: none"> <li>- Hand hygiene policy lead moves from IPT as Lead to wards and departments, and the observation audit would be taken monthly as opposed to annually.</li> <li>- Sign off of the amendments was required today for NHSLA purposes. The Committee agreed sign off of the amendments to the Hand Hygiene Policy.</li> </ul> <p><u>Antibiotic Resistant Organism Policy</u> The policy had been reviewed and developed into a health economy policy addressing transmission of antibiotic organisms.</p> <p>The policy would be circulated to members for final comment and approval and presented to the April 2012 IPCC.</p>	February 2012	Residents/patients symptomatic	Staff reported as symptomatic	11 care homes	142	81	7 wards RWHT	117	30	<p><b>VW</b></p> <p><b>VW</b></p>
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	<p><u>Strategy for Infection Prevention and Annual Programme of Work 2012/2013</u> VW to circulate, requesting comment.</p> <p><u>'Raising Quality and Improving Safety' Project</u> The third Project in the PCT PID was gathering data around chronic wounds. A pilot of the chronic wounds audit tool was undertaken on 10 patients, all with leg ulcers. The findings of the pilot showed that the audit tool was fit for purpose but raised early concerns around variability in care. Further analysis would take place when 500 chronic wounds are audited in Wolverhampton in April and May. A summary of the pilot had been provided to the Director of Public Health.</p> <p><u>MRSA Screening</u> Compliance continues to be sustained throughout the city. RWHT compliance for February was 92%.</p> <p>The full report of the LNIP was noted by the Committee.</p>	<p><b>VW</b></p>																												
<p><b>9</b></p>	<p><b>PERFORMANCE</b></p>																													
	<p>MC reported:</p> <p><u>SPCC Charts – February 2012 data</u></p> <p><u>Staph. aureus Bacteraemias</u></p> <table data-bbox="284 1205 769 1377"> <tr> <td>Division 1:</td> <td>MRSA</td> <td>0</td> </tr> <tr> <td></td> <td>MSSA</td> <td>0</td> </tr> <tr> <td>Division 2</td> <td>MRSA</td> <td>0</td> </tr> <tr> <td></td> <td>MSSA</td> <td>1 D8</td> </tr> </table> <p><u>MRSA Acquisition</u></p> <table data-bbox="544 1487 715 1653"> <tr> <td>ASU</td> <td>1</td> </tr> <tr> <td>D8</td> <td>1</td> </tr> <tr> <td>D19</td> <td>1</td> </tr> <tr> <td>D21</td> <td>1</td> </tr> <tr> <td>D7</td> <td>1</td> </tr> </table> <p><u>MSSA</u> There had been year on year improvement and it was anticipated that 2011/2012 would be the best year since the Trust began recording this data.</p> <p><u>C. Difficiles</u></p> <table data-bbox="284 1924 721 1995"> <tr> <td>Division 1:</td> <td>CTW</td> <td>2</td> </tr> <tr> <td></td> <td>D2</td> <td>2</td> </tr> </table>	Division 1:	MRSA	0		MSSA	0	Division 2	MRSA	0		MSSA	1 D8	ASU	1	D8	1	D19	1	D21	1	D7	1	Division 1:	CTW	2		D2	2	
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	<p>Division 2 :       EAU       1                           D17       1                           D19       1                           D7        1                           WP2       2</p> <p>Considerably better than January.</p> <p><u>HABs – Contaminated Blood Culture Sets</u> 951 blood cultures were taken of which 71 were positive and of those, 27 were contaminants (5 of these were taken by Phlebotomists; 7 sets were from children).</p> <p><u>DRHABs</u> The best month the Trust has ever had. The target for 2012/2013 is 96.</p> <p><u>Trust Hand Hygiene Compliance</u> The February 2012 chart showed disappointing compliance for Medical &amp; Dental and Nursing &amp; Midwifery.</p> <p><u>Antibiotic Prescribing Training</u> Disappointing compliance with this training also at 73.4% across the Trust.</p> <p>JO thanked the group for an excellent year, the highlight of which had been to reach 1000 days free from MRSA bacteraemia. An email would be sent to all staff in appreciation of their efforts.</p> <p>The Performance Report was noted by the Committee.</p>	
11.	<b>ANY OTHER BUSINESS</b>	
	<p><u>Dr Michael Borg, Malta</u> JO informed the meeting that Dr Michael Borg, DIPC at Mater Dei Hospital, Malta, would be visiting the Trust on 4<sup>th</sup> and 5<sup>th</sup> April to learn from RWHT's success around preventing infection.</p>	
13.	<b>DATE OF NEXT MEETING</b>	
	<p>Friday 27<sup>th</sup> April 2012, 10.00am, Board Room, Corporate Services Centre.</p>	