

CHIEF EXECUTIVE'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

Name of Committee/Group	Infection Prevention and Control Committee (IPCC) held on 21 st December 2012 and 25 th January 2013
Report from:	Chief Nursing Officer
Date:	Minutes dated 21.12.12 and 25.01.13 to Trust Board 25.02.13

Action required by receiving committee/group:	<input checked="" type="checkbox"/> For information <input type="checkbox"/> Decision <input type="checkbox"/> Other
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Aims of Committee: 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 the Trust and operational performance against IPCC targets.</p>
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Drivers: Are there any links with Care Quality Commission/Health and Safety/NHSLA/Trust Policy/Patient Experience etc.	<ul style="list-style-type: none"> • Care Quality Commission (CQC) compliance • NHSLA • NICE guidance
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Main Discussion/Action Points	<p><u>21st December 2012</u></p> <ul style="list-style-type: none"> • Trial of on-site Norovirus - testing successful and a Business Case to be developed for on-going testing. • HPV of ICCU being scoped. Difficulties are due to the wide open areas within the unit. • Commode audit results poor – actions taken locally to improve performance. • Drug chart is under review and to include improvements to support antibiotic prescribing and administration. <p><u>25th January 2013 – draft minutes</u></p> <ul style="list-style-type: none"> • Policy change – MRSA screening standard reduced from 48° to 24°. • Business Case to be submitted to Trust Management Team (TMT) for funding of Sharps Safety Devices following trials (EU Directive from May 2013). • Database of measles screening vaccination showing 900 staff left to be screened. • Flu vaccination (staff) - currently at 52%. • CDI daily ward round trial - demonstrated positive impact. • Norovirus continues to be present in the Trust – 204 patients and 46 staff to date.
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Risks Identified:	Compliance with C.Difficile target
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Minutes of Infection Prevention and Control Committee

Date **21st December 2012**

Venue **Board Room, Clinical Skills Building**

Time **10am – 12noon**

Present:

David Loughton	(DL)	Chief Executive Officer
Cheryl Etches	(CE)	Chief Nursing Officer
Philip Turley	(PT)	Governor
Vanessa Whatley	(VW)	Infection Prevention Lead Nurse
Sandra Roberts	(SR)	Head of Hotel Services
Dr Mike Cooper	(MC)	DIPC/Consultant Microbiologist
Ian Badger	(IB)	Medical Director – Division 1
Dr Suneil Kapadia	(SK)	Medical Director – Division 2
Tom Butler	(TB)	Acting Head of Estates
Jonathan Odum	(JO)	Medical Director
In Attendance		
Tracey Slater	(TS)	Senior Matron
Fiona McKean	(FM)	Assistant Director of Pharmacy
Rose Baker	(RB)	Head of Nursing
Gail Gunning	(GG)	Infection Prevention Administrator
Apologies		
Professor Ray Fitzpatrick	(RF)	Director of Pharmacy
Ros Jervis	(RJ)	Consultant in Public Health WCPCCT
Dr Janet Anderson	(JA)	Non-Executive Director

Item No		Action
1.	Apologies	
	Professor Ray Fitzpatrick, Ros Jervis, Dr Janet Anderson	
2.	Minutes and Actions of meeting 29th November 2012	
	Minutes were agreed as true and accurate with one amendment: Agenda item 9 - Surgical Site Infection should read as follows; First month's data received, once three months data had been received trends would be reviewed and the results communicated to directorates.	
3.	Matters Arising	
	<u>Trial of In-house Norovirus Testing</u> 12 th – 19 th December there were 43 clinical samples tested in-house for Norovirus, results were available on the day the sample was taken or latest the following day. Comparison in results against Heartlands showed of the 43 specimens received for	

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	<p>Norovirus testing, only 18 were sent off to Heartlands as they do not accept single sampling testing for patients on a ward, the average delay was 3 days for available results. This shows that in-house testing has had a significant impact on how cases and outbreaks can be managed in terms of bed management etc.</p> <p>VW highlighted a further example on how the in-house test was proving to be affective with details of a patient who had been admitted onto a ward who tested positive for Norovirus and appropriately put into a side-room. The patient was a resident from Sunrise of Tettenhall nursing home and from further checking with the home it was discovered that there had been 1 large outbreak of D&V that had not reported. It was also discovered that a further patient from the care home had been admitted to another ward for medical reasons, so immediate actions were taken to shut the bay of that ward, following of which the patient became symptomatic. This showed that the in-house testing had potentially prevented closure of the ward. The care home was subsequently reported to the Commissioners and HPA for investigation.</p> <p>Following the current 4 week in-house Norovirus testing trial, a further decision needs to be made whether to continue. At TMT meeting it was decided if results of 4 week pilot proved successful then a review for a business case could be move forward for in-house testing to continue. IPCC agreed that financially in-house testing had proved to be successful and to add it to the additional funding allocated for winter pressures. MC to put together a business case for in-house testing and to include a further £4,000 for on-call outbreak funding for infection prevention.</p>	MC
4.	Divisional Reports	
	<p>4a Reported by Ian Badger <u>Performance Monitoring</u> Still showing red in areas but overall showing a slight improvement</p> <p><u>RCA's</u></p> <ul style="list-style-type: none"> • DRHABs X 1 • CDI – Female patient admitted with infected pancreatic necrosis, part of the presented complaint being diarrhoea, which was attributable and attributed to underlying pathology. There was a delay in a stool sample being sent off, but once CDI was diagnosed appropriate guidelines were followed. <p>There was also an issue raised by microbiology on the patient's death certificate sighting CDI as part 1b, but on reflection, review of the data and clinical condition this could be considered as part 2 on the death certificate. However these serious of events precede new guidelines on CDI on death certificates and so information has been feedback to appropriate clinicians in clinical areas. This RCA can now be progressed to commissioners and closed.</p> <p><u>Key Concerns</u> SR to seek clarification on breach to cleaning standards audit for D2 from Kerry Anelli.</p>	

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4b	<p>Reported by Suneil Kapadia</p> <p><u>Performance Monitoring</u> Overall improvement compared Octobers report, showing a slow but steady improvement.</p> <p><u>Key Concerns</u> Pre 48 hour MRSA Bacteraemia November 2012 - RCA Lead by infection prevention as a pre-48 hour and Wolverhampton City PCT patient. Divisional actions on-going.</p> <p><u>Vascular Access</u> Slight increase – 79%</p> <p><u>RCA</u> MRSA X 1 – pre 48hour DRHAB X 3</p>	
5.	<p>Estates Report – Reported by Tom Butler</p> <p><u>Legionella Steering Committee</u> Chlorine dioxide plant review still on-going, visiting one Trust and further visit to another Trust planned for the New Year.</p> <p><u>Water Outlet Management</u> Resampling for legionella pseudomonas is to take place from 2/1/13 to review any affected outlets.</p> <p><u>Clinical Waste Incinerator</u> Incinerator is still down, losing a further month in incineration, it is hoped that this will be fired up by today.</p> <p><u>Performance</u> Shows a slight decrease due to staffing issues, this has now been addressed.</p>	
6.	<p>Environment Report – Reported by Sandra Roberts</p> <p><u>HPV</u> Hotel Services having been carrying out good work in coping with the increased demand of HPV cleaning.</p> <p>CE enquired would it be possible to put CCU on a regular HPV rota and if Estates could build screening in CCU that was air proof for HPV purpose. TB/SR to review and discuss with clinical staff.</p>	TB/SR
7.	<p>LNIP Report – Reported by Vanessa Whatley</p> <p><u>Norovirus</u> Infection Prevention are continuing to prevent Norovirus outbreaks, many wards have been affected, but have mainly been contained within bays.</p> <p><u>MRSA Screening Compliance</u> During the last IPCC meeting held in November it was asked why the target was averaging at 94% on MRSA admission screening. This has since been investigated and in most cases miss screening was due to short stay emergency admissions. However nearly every MRSA bacteraemia pre and post 48 hour patient admitted</p>	

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	<p>from August 2012 has had an admission screen in some aspect, but profile still needs to be raised within the Trust.</p> <p><u>Commode Audit Summary</u> There was a disappointing 72% score across the Trust, information has been feedback to Divisions and areas are working hard to improve, with Infection Prevention continuing to support where possible.</p> <p><u>Urinary Catheter Management</u> Following the peak in DRHABs during September an observational snapshot audit of catheter management was completed, feedback has gone out and a repeat of the audit is to take place during February 2013.</p> <p><u>Chronic Wound Management</u> Staff are being appointed funded by Commissioners to support and provide education for the chronic wound project, which has now commenced.</p> <p><u>Legionella Reporting</u> IP Team have been liaising with TB on legionella reporting with the use of Synbiotix for 2013.</p> <p>JO enquired what the rationale was for screening patients within 48hours on admission and why this was not being carried out much sooner. VW replied this is something that needs to be addressed and would look at changing the policy to 24hour on admission and bring back to next IPCC in January 2013 to be agreed.</p> <p>CE raised concerns over the commode audit and had said that this had been very disappointing and could potentially be a major infection risk. Pressure is needed in Divisions 1&2 on where this going.</p> <p>DL asked if posters for Norovirus were available and in place on wards and main entrances in the event of outbreaks with regards to restriction on visiting. VW had said that these had gone out to wards but would recheck to give assurance.</p>	<p style="text-align: center;">VW</p> <p style="text-align: center;">VW</p>
8.	Pharmacy Report – Reported by Fiona McKean	
	<p><u>Regional Antibiotic Audit</u></p> <ul style="list-style-type: none"> • This was carried during September 2012 and compared well against other hospital within the region. • 2 areas to look at are indications being documented and review date being documented. • Other changes are antimicrobial prescribing policy launched earlier 2012, which states indication should be recorded on the TS, this should make audit easier. • Drug chart is currently being redesigned with the assistance of clinicians and anaesthetists. FM to circulate working draft to NMC and heads of nursing for comment. 	<p style="text-align: center;">FM</p>
9.	Performance Report – Reported by Dr Mike cooper	
	<ul style="list-style-type: none"> • Good month for Staph <i>aureus</i> Bacteraemias • No MSSA Bacteraemias attributable to the Trust • MRSA acquisition below target 	

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	<ul style="list-style-type: none"> • CDI PCR positives remains high, but at the same level – no clusters. 18 PCR positives, 5 of which were toxin positive showing low toxin rate, 2 of which were attributed to RWT both recurrent cases. Against external performance target figures show a reasonable margin • DRHABs shows a much better month • Blood culture contaminates – marginally over 2% • Infection Prevention hand hygiene - remains over 95% down marginally, with medical & dental up being over 90% - still lowest and room for improvement. • Infection Prevention hand hygiene assessment still needs improvement to get to 95% target. • Antimicrobial Prescribing shows over 90% for both Divisions. 	
10.	Any Other Business	
	None Discussed	
11.	Date of Next Meeting	
	Friday 25th January 2013, 10am – 12noon Board Room, Clinical Skills Building	

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ACTION LOG Infection Prevention Team Meeting 21st December 2012

ACTION NO	AGENDA ITEM	ACTION	LEAD	COMMENTS
1.	3.	MC to put together a business case for in-house Norovirus testing and to include a further £4,000 for on-call outbreak funding for infection prevention.	Dr Mike Cooper	
2.	6.	TB/ST to review CCU and discuss with clinical staff to see if it possible to put in screening to enable HPV on a regular basis.	Tom Butler Sandra Roberts	
3.	7.	MRSA screening policy to be altered from 48hour on admission screening to 24 hour and bring back to next IPCC in January 2013 to be agreed.	Vanessa Whatley	
4.	7.	VW to check if Norovirus posters are available at hospital entrances and wards for restricted visiting in the event of outbreak.	Vanessa Whatley	Completed.
5.	8.	FM to circulate working draft of new drug chart to NMC and heads of nursing for comment.	Fiona McKean	

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Minutes of Infection Prevention and Control Committee

Date 25th January 2013
Venue Board Room, Clinical Skills Building
Time 10am – 12noon

Present:

David Loughton (Chair)	(DL)	Chief Executive Officer
Cheryl Etches	(CE)	Chief Nursing Officer
Philip Turley	(PT)	Governor
Vanessa Whatley	(VW)	Infection Prevention Lead Nurse
Sandra Roberts	(SR)	Head of Hotel Services
Professor Ray Fitzpatrick	(RF)	Director of Pharmacy
Dr Janet Anderson	(JA)	Non-Executive Director
Dr Mike Cooper	(MC)	DIPC/Consultant Microbiologist
Ian Badger	(IB)	Medical Director – Division 1

In Attendance

Rose Baker	(RB)	Head of Nursing
Iris Fitzgibbon	(IF)	Senior Matron – Division 2
Julie Sharp	(JS)	Nurse Manager Occupational Health
John Burrows	(JB)	Environmental Manager Estates & Facilities
Gail Gunning	(GG)	Infection Prevention Administrator

Apologies

Tracey Slater	(TS)	Senior Matron - Adult Community Service Group
Katie Spence	(KS)	Locum Consultant in Public Health
Jonathan Odum	(JO)	Medical Director
Tom Butler	(TB)	Acting Head of Estates
Dr Suneil Kapadia	(SK)	Medical Director – Division 2

Item No		Action
1.	Apologies	
	Tracey Slater, Katie Spence, Jonathan Odum, Tom Butler, Dr Suneil Kapadia	
2.	Minutes and Actions of meeting 21st December 2013	
	The minutes were agreed as true and action sheet updated with one amendment on page 2 under matters arising last sentence should read: MC to put together a business case for in-house testing and to include a further £5,000 for on-call outbreak funding for infection prevention.	
3.	Matters Arising	
	None Discussed.	

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Item No		Action
4.	Occupational Health & Well Being – Reported by Julie Sharp	
	<p><u>Sharps Report</u></p> <ul style="list-style-type: none"> • 39 sharps incidents reported during Q3 2012/13, showing an improvement on Q3 2011/12 of 50. • 7 of the 39 were splash incidents, 5 unknown sources, 34 from known sources, none report this quarter from known blood born virus patients. • The highest number of incident appear to have occurred in cardiology and cardiothoracic, 9 in total including 2 domestics. • Data has been escalated to Infection Prevention and Margret Simcox in Health & Safety, who is to be escalating this further through Governance Groups, so lessons can be learnt. The data will also be presented at Health & Safety Reps Forum. • DATIX incident forms continue to improve with only 4 out of 39 not being submitted. <p>CE asked what the reasons were for non-completion of DATIX, JS did not have information but said that one incident was a staff member from Synergy and did not have access to DATIX; this has been feedback through Governance to action.</p> <p><u>Sharps Management Steering Group</u></p> <p>This group has been in place for the past 12 months chaired by Mary Brassington and was set up to ensure E U Directive compliance for sharps safety devices are in place by May 2013. The 3 main areas being, hypodermic needles, cannulae and blood collection.</p> <p>Hypodermic needles were trialled by the Emergency Department (A&E), Phlebotomy and the IV team with B Braun emerging as the most favourable on price but lower in quality by a very small margin according to A&E staff scores but this was thought to be a training issue. The company returned to the department for a period of intensive 1:1 training and management confirmation that the product is acceptable has been received.</p> <p>The change in provider will be communicated Trust wide following the next Infection Prevention & Control Committee (IPCC) meeting and the Just in Time ordering system means that existing non-safety stock can be cleared and replaced in 2 weeks enabling us to meet the HSE deadline.</p> <p>Cannulae will remain with Vygon, the current supplier who will only be manufacturing safety cannulae. The exceptions to this are ITU and Theatres to meet the clinical standards in these areas.</p> <p>Blood collection equipment will move to BD Vacutec products which brings the Trust in line with other pathology departments in the region thus matching other laboratory service providers in the marketplace.</p> <p>There are a small number of special devices which will be addressed separately and long lines used by Theatres, ITU, Oncology and the IV Team will remain in use with the precaution of an individual risk assessment.</p>	

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	<p>Following approval of the standardisation of sharps safety devices, Procurement will submit an approval of purchases which gives the go ahead for the process. Finance will also be advised of the potential cost pressure of £18k to enable appropriate budgeting.</p> <p>IPCC agreed that a business case needs to be put through and ensure that it goes through the correct process. JS to feedback to Procurement.</p> <p><u>Measles</u> Approximately 500 staff remain left to be screened at the Acute and 400 across Community sites. A communication went out to managers during November and has been recirculated this week listing staff outstanding.</p> <p>Occupational Health and Wellbeing have drop in clinics available throughout February and March, also supported by phlebotomy services. There is also the opportunity of OHWB attending wards and departments for groups of staff.</p> <p>There is now a database of 7,000 staff records, which is regularly updated. CE queried the amount of staff reported, JS to check.</p> <p><u>Flu Vaccination</u> So far OHWB has given 3,571 vaccinations which is 52% of Trust staff; the flu campaign is now in the 5th month since commencing in October 2012.</p> <p>In the regional seasonal flu table league, the Trust retains top place in terms of numbers of staff vaccinated and 7th in terms of percentages due to our comparatively high headcount.</p>	<p style="text-align: center;">JS</p> <p style="text-align: center;">JS</p>
5.	Divisional Reports	
	<p>5a Division 1 - Reported by Mr Ian Badger The report was presented in the new format, which shows increase in red, particularly in antibiotic prescribing and IB said that he will be sending out e-mails to relevant areas.</p> <p>DL enquired if as part of induction was there still a test given for antibiotic prescribing. MC replied that there is an on-line test that is available on the Trust intranet through training and when face to face teaching takes place a major part is to go through a series of questions of various aspects.</p> <p>CE asked if it were known if the red areas on the report were due to consultants or junior doctors. IB replied that currently majority were Junior doctors.</p> <p>IPCC agreed that from 1st March 2013 that a mandatory on-line test would be available for antibiotic prescribing, to include junior medical staff and consultants. MC to discuss with Louise Nickell.</p> <p>CE commented that although it may take a little while to get with those not having undertaken training used to the new reporting structure she had noticed in the report in terms of poor hand hygiene it was encouraging to see that MDT members had taken ownership on improvement.</p>	<p style="text-align: center;">MC</p>

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	<p>To meet these objectives work needs to commence as soon as possible. To date the Trust are under trajectory for external reportable CDI cases.</p> <p>A 3 month trial on CDI daily ward rounds took place on PCR positive patients from August – October 2012. An analysis of daily visits shows in the report a 20% decrease in figures compared to last year and time to isolate within 2 hours went from 46% to 58% show a dramatic increase though numbers are small. Those who could not be isolated were patients that were difficult to isolate mainly due to capacity issues. Treating patients in onset of symptoms within 24 hours went well with the assistance of medical staff, in which as soon as surveillance stopped shows a decline.</p> <p>HPV has increased during winter pressures with Norovirus and although there has not been a lot of bay closures, there have been a lot of affected wards closed. A key part of the report shows that CDI numbers have been good and CDI has not been associated with Norovirus. HPV on day 7 and HPV on discharge has increased and has been sustained during October/November December 100%.</p> <p>Environmental audit compliance has raised concerns in commodes not being 100% clean and a further discussion needs to take place.</p> <p>Severity of disease is difficult to view in small numbers but looks as if there has been less severe cases in comparison to previous 3 months and need to look at how this can be sustained and what could be done further.</p> <p>DL highlighted that the report showed dramatic improvement with monitoring of CDI patients which needs to continue and it would be good to see a further reduction on time to isolate by another 10%. VW commented that treatment on symptoms would also have impact coupled with isolation and further work on re-occurrences of CDI patients needed to be addressed with treatment.</p> <p>PT asked what was being done to address samples going missing potentially putting patients at risk. VW replied that the Infection Prevention Team are currently working with the laboratory to see what actions can be taken when specimens go missing or get damaged.</p> <p>Commode cleaning is another issue and in most areas relies on staff cleaning commodes with Actichlor plus and need to look at a business case to introduce a wipe to increase compliance.</p> <p>CE commented that if Commissioners funded band 7's in a supervisory capacity then a lot of areas mentioned above could be targeted, VW to discuss with CE forwarding information to Manjeet Garcha (Commissioners). Also commode audits are not impressive and both divisions need to go back discuss local plans and escalate to ensure that spot checks are taking place.</p> <p>DL asked if the business case to make band 7 ward managers supervisory would facilitate this and how long this would take to implement. CE said if agreed 15 people would be required and could take 8 weeks to appoint.</p> <p>VW to arrange re-audit of commodes and bring back to next IPCC meeting. VW to prepare a business case for wipes for next meeting.</p>	<p style="text-align: center;">Divisions</p> <p style="text-align: right;">VW VW</p>

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Item No		Action
	<p>JA enquired if they was an easier way to clean commodes other than using wipes for example washer disinfectant.</p> <p>DL agreed that there were alternatives but this would be more costly and time effective.</p> <p>JA asked if the committee were comfortable in making staff supervisory and would this achieve the targets required.</p> <p>CE said that by putting staff into a supervisory position made their expectations clearer and it was much easier to hold people to account.</p> <p>CE/JA to meet and discuss papers sent to Commissioners on measuring and monitoring of performance.</p> <p>IB asked if re-visiting recurrent CDI probiotics – VW liaise with gastroenterologists.</p>	<p>CE/JA</p> <p>VW</p>
7.	Estates Report – Reported by John Burrows	
	<p><u>Legionella Steering Committee</u></p> <ul style="list-style-type: none"> • Current temporary and fixed Chlorine Dioxide plants are producing good reserves of Chlorine Dioxide. • Business case has been approved for a centralised Siemens Chlorine Dioxide plant and envisaged to be installed by end of March 2013. • Legionella re-sampling of previously contaminated outlets within Deanesly renal currently remain clear, final results will be provided by DMW29th January, but early indications show no signs of legionella. • Work surrounding Legionella risk assessments continue on Appleby Suite, Medical Illustration and Kitchens. • Daily monitoring of all plant on-going until new systems are installed. • Estates are still continuing in areas unoccupied with water management and flushing. Estates are currently liaising with Matt Reid (IP) with the view of reporting being more simplified with the use of Synbiotix. <p>DL raised concerns that has been on-going for the past few months and needs to be feedback to give assurance. JB to discuss with TB and VW to take back discuss with Matt Reid.</p> <p><u>Clinical Waste Incinerator</u> Has been in full production and is fully operational after a long shut down.</p> <p><u>Pseudomonas Aeruginosa</u></p> <ul style="list-style-type: none"> • Samples have been taken in areas which were previously tested, with the official results being lower than previous testing. • Point of use filters still remain in areas. • Trials on chlorine wipes for taps etc. have been discussed at the Legionella Steering Group and is on-going. <p><u>KPIs</u> Attached to report – no concerns.</p>	<p>JB</p> <p>VW</p>

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Item No		Action
	<p><u>Antibiotic Interventions – December 2012</u> The total number of reported antibiotic interventions was 89. Non-completion of antimicrobial prescribing stickers is now being recorded as an intervention, and these account for a significant proportion of the interventions.</p> <p><u>Allergy Boxes</u> DATIX report – Deanesly shows repeatedly in the report and RF has escalated this to the Clinical Director.</p> <p>RF to arrange to meet with DL and invite Caroline Brammer, Maurice Hakkak to attend to discuss performance.</p> <p><u>Antimicrobial Prescribing KPIs</u> Following audit guidance from the Department of Health, our KPIs have changed, and increased from 3 to 5 standards. Allergy box completion has been good, but seems to have fallen down on notification on review date.</p>	RF
11.	Performance Report – Reported by Dr Mike Cooper	
	<ul style="list-style-type: none"> • Pre48 hour MRSA bacteraemia – PCT have reached target for year with still a further 3 months to go. • MSSA bacteraemia – 2 for December 2012 in which 1 was a contaminant the first taken by a phlebotomist within 4 years. Only 1 was counted against divisions – Division 1. • MRSA acquisitions – Division 1 marginally over target X 2, Division 2 were within target. • CDI – In target, this has been remarkable taken into consideration Norovirus outbreak during December 2012. It would be nice to think that the reason for being on target was due to HPV compliance and good work carried out by the cleaning staff. There are currently 4/5 CDI patients throughout the hospital in which are all on Ward C15, 3 are re-occurrences not previously associated with C15. • CDI toxin positives X 4 - attributed to New Cross • Contamination rates below 2%, which is the 7th consecutive month • Blood cultures taken chart shows an increase • DRHABS X 9 – RB asked if it would be possible to divide day case from inpatient area on CHU. MC agreed to action. • Hand hygiene training – shows a decline, with the most disappointing areas being medical/dental. 	MC
12.	Any Other Business	
	None Discussed	
13.	Date of Next Meeting	
	Friday 22nd February 2013, 10am – 12noon Board Room, Clinical Skills Building	

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ACTION LOG Infection Prevention Team Meeting 25th January 2013

ACTION NO	AGENDA ITEM	ACTION	LEAD	COMMENTS
1.	4.	IPCC agreed that a business case needs to be put through Procurement for sharps safety devices.	Julie Sharp	
2.	4.	JS to check quantity of staff recorded on OHWB database.	Julie Sharp	
3.	5.	MC to liaise with Louise Nickell, on-line mandatory training for antibiotic prescribing.	Dr Mike Cooper	
4.	5b.	VW to look at minimising PIC lines used for TPN.	Vanessa Whatley	
5.	5b.	RB to liaise with Carolyn Wiley Re: Norovirus outbreak information sent to Commissioners.	Rose Baker	
6.	6.	Division to discuss local plans for commode audit spot checks.	Divisions	
7.	6.	VW to arrange re-audit of commodes and feedback at next IPCC.	Vanessa Whatley	
8.	6.	VW to prepare business case for commode wipes for next IPCC	Vanessa Whatley	
9.	6.	VW liaise with gastroenterologists – re-visiting CDI probiotics.	Vanessa Whatley	
10.	7.	Water manager reporting to be simplified with use of Synbiotix. JB to discuss with TB . VW to discuss with Matt Reid.	Vanessa Whatley John Burrow	
11.	8.	Full report On PLACE assessment 2013 to be reported back at next IPCC.	Sandra Roberts	
12.	8.	Cost of standardisation of dementia friendly curtains to be discussed with procurement.	Sandra Roberts	
13.	9.	CW/VW to meet and discuss SSI targets and feedback at next IPCC.	Vanessa Whatley	
14.	9.	ChloraPrep to be discussed at next IPCC.	Vanessa Whatley	
15.	10.	RF to arrange meeting with DL , Caroline Brammer and Maurice Hakkak to discuss performance.	Professor Ray Fitzpatrick	
16.	11.	DRHABS report to be divided for CHU into day case/inpatient.	Dr Mike Cooper	