

**NHS GRAMPIAN
Infection Control Committee**

**Minutes from meeting held on 22 November 2016
The Conference Room, MacGillivrey Centre, Aberdeen Maternity Hospital
11.00 – 13.00**

Present:

AC – Amanda Croft, Director of Nursing, Midwifery and Allied Health Professions / HAI Executive Lead NHSG (**Chair**)

PEH – Pamela Harrison, Infection Prevention & Control Manager (**Chair**)

PG – Preston Gan, Head of Quality and Performance (*attended for Paul Allan*)

JG – Jenny Gibb, Associate Nurse Director, Mental Health Services (*attended for Jenny Gibb*)

LH – Linda Harper, Associate Nurse Director, Practice Nursing / Lead nurse GMED

CL – Carol Low, SPSP Coordinator (*attended for Fiona Mitchelhill*)

LM – Leonora Montgomery, Public Forum Representative

JA – Jane Adam, Public Forum Representative

DW – Diana Webster, Consultant in Public Health Medicine

AMG – Alison McGruther, Unit Nurse Manager, Elderly and Rehabilitation Services

RAB – Roy Browning, Infection Prevention & Control Senior Nurse

AMK – Anne Marie Karcher, Infection Prevention & Control Doctor / Medical Microbiologist

FMc – Fiona McDonald, Antimicrobial Pharmacist

AS - Anneke Street, PA to Infection Control Manager (**Minute taker**)

Item	Subject	Action to be taken and Key Points raised in discussion	Action
1	Introduction and Apologies	Apologies were received from : Val MacDonald (VM), Paul Allan (PA), Fiona Mitchelhill (FM), Ben Parcell (BP), Caroline Hiscox (CH), Sue Swift (SS), Chris Carden (CC), Neil Hendry (NH)	
2	Minutes of last meeting 22 September 2016	The minutes from 26 July 2016 were ratified by the Committee with the following amendments Delivery Area 1 - Antimicrobial Prescribing and Resistance There will be new Key Performance Indicators around prescribing in the acute settings in 2017. The current National target is continuing and targets are in place for prescribing in Acute areas. Medical staff will be taking this forward in liaison with the Antimicrobial Management Team.	AS
3	Action Tracker	The Action Tracker was discussed and updated. Actions are still outstanding for CH and CC. AC will pursue these out with the meeting and updates will be available shortly. Some updates were given verbally and update column will be completed retrospectively. AS will circulate this document for updates from Leads regarding their actions, prior to the next meeting.	AC AS

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4	Matters Arising	<p>Item 4.1 PPE Training Plan Update No update was available from CC. AC will follow this up and an update will be available for the next meeting.</p> <p>Item 4.2 Sharps Update RAB briefed the Committee on actions and progress made during the meetings that he has attended (HSE Expert Group and Sharps Management Group). A Rollout Programme has been devised that covers the whole of NHS Grampian – most recently added have been Diabetic and Dental services. Where there is no safety device and no alternative to be used a risk assessment must be in place to mitigate issues that may arise; in some areas this is more prevalent due to the specific sharps being used. The Health and Safety Executive returned to NHS Grampian yesterday (21 November 2016) and a report on their findings is awaited. RAB will forward the Rollout programme to AS for dissemination to the Committee. AC stated that, so far, the feedback on progress from Annie Ingram is positive. RAB also added that the Toolbox Talks are progressing and this information is being entered onto AT Learning; however greater uptake on the talks is required.</p> <p>Item 4.3 Water Safety in Non NHSG Premises No update was available from CC. AC will follow this up and an update will be available for the next meeting</p> <p>Item 4.4 CDI / SABs Update AMK explained to the Committee that <i>Clostridium difficile</i> infections in the 15 – 64 age range dropped during Quarter 2 April – June 2016 from 64 to 37 cases but unfortunately, due to other Boards also experiencing a drop in figures this still meant that NHS Grampian were slightly above the Scottish average. In the over 65s category NHS Grampian have, disappointingly, been above the Scottish average for the year end June 2016 due to other NHS Boards improving further. In the Action plans there are still outstanding actions to be addressed which AMK suggested had not been targeted / enforced robustly enough. There are various factors, for instance in the Community, that may be having an effect. Proton Pump Inhibitors (PPIs) are available for sale in pharmacies across NHS Grampian and antibiotics are available for sale over the internet; therefore GPs may not be fully aware of patient's history when they present for an appointment. AMK went on to discuss the compliance surrounding <i>Staphylococcus aureus</i> bacteraemia rates. These have been fairly static but there are still avenues that can be targeted e.g. intravenous drug users, training at Induction programmes and efforts surrounding PVCs / CVCs, within the healthcare setting, that Donal Egan – Quality Improvement Facilitator is currently working on. JA added that the issue is keeping the momentum going once an initiative has been put in place; this is important to monitor. PEH added that as shown in the HAI Reporting Template NHS Grampian are below the Local Delivery Plan target and the National average; this is not just an issue with NHS Grampian, all Boards are struggling with <i>Clostridium difficile</i> infection rates. KDW had been looking into the area of wipes for usage across NHS Grampian but this has so far been inconclusive. The lead, for this, has now been taken over by the Professional and Personal Development Unit as part of the Aseptic Non Touch Technique initiative.</p>	<p>AC / CC</p> <p>RAB / AS</p> <p>AC / CC</p>

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4	<p>Matters Arising cont...</p> <p>Item 4.5</p>	<p>Another issue may be that Chloraprep is not being utilised in certain areas due to budgetary constraints. PEH will try to establish in which areas this is happening in and gain information.</p> <p>AT Learning SLWG Update AC advised the Committee that a new NES learning platform "Turas" is being rolled out; this will be piloted in due course communication is ongoing with AC, Annie Ingram and NES as to when this will be ready to roll out. AC will present a strategic review to the Committee at the next meeting in January.</p> <p>The Cleanliness Champions Programme is also coming to an end with last registrations being taken November 2016. This will be replaced by a new 3 tier learning approach. NES will introduce this for registration in March 2017. The Infection Prevention and Control Team will continue to inform staff as we know more. AS informed the Committee that NES will be having their yearly video conference with NHS Grampian (to update on and discuss all learning available) on 22 December 2016. The HAI Education Group will compose transition narrative for staff regarding the new learning package as soon as information is gained. AC will provide an AT Learning update from the Sub Group at the next meeting.</p>	<p>PEH</p> <p>AC</p> <p>AC</p>
5	<p>Standing Items</p> <p>Item 5.1</p>	<p>Sector Reports</p> <p><u>Acute</u> The report was submitted late and CH was unable to attend the meeting to speak to its contents.</p> <p><u>Aberdeenshire</u> NH was unable to attend so PEH spoke to the report.</p> <p>New Areas of Concern</p> <p>1 a) High – Announced HEI Inspections cancelled – awaiting a new date The Inspection set for October 2016 was cancelled and so was the subsequent date in November; a new date should be forthcoming and will likely be set for January 2017. Mechanisms need to be put in place with regard to communication with the Inspectors. An extensive Action Plan has been put in place for Peterhead Community Hospital but unfortunately things have slowed slightly therefore regular meetings will recommence shortly for the anticipated visit in the new year.</p> <p>1 b) Medium – Potential for further unannounced HEI Inspections in Community Hospitals Walk rounds are being completed across Aberdeenshire CHP for this very reason and the Infection Prevention and Control Team are carrying out weekly audits. The next walk round is scheduled for January and will be at Fraserburgh Hospital. A summary will be available after a number of walk rounds have been completed.</p> <p>1 c) High – Recent Hand Hygiene Audits have resulted in PAG meetings having to be convened It is a difficult to maintain compliance in Community Hospitals often due to the turnover of staff but processes for escalation are in place.</p>	

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5	Standing Items cont...	<p>2 a) High – Outstanding Estates Issues with Community Hospitals Unfortunately this is an issue within Community hospitals. If issues are not routine then they are added to a list of projects and if the budget is not available then the project will not be commenced. Issues should be monitored and outstanding risks escalated so that they sit within the Risk Register and not with the Senior Charge Nurse; these will then come under the umbrella of major refurbishment. Feedback is essential so that everyone is aware of the issues present.</p> <p>2 c) High – Level of HAI Activity within Community Hospitals No specific HAI risks are present at the moment</p> <p>The HAI Group will progress with their own Risk Register.</p> <p>3 Areas of Achievement / Good Practice Effective collaboration is in place with Health & Social Care Partners and Local Authority care home liaison contact attends the regular HAI meetings.</p> <p><u>Aberdeen City CHP</u> AMG spoke to the report and advised there were no new areas of concern.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Management of Care Equipment remains poor The issue remains the same and it is hoped that the introduction of the A-Z manual will have a positive impact. Lisa Leslie attended the local HAI Group recently and gave a talk on Standard 8. The talk was helpful and informative. The poor reviews continue but show some signs of slight improvement; work on this will continue.</p> <p>3 Areas of Achievement / Good Practice</p> <p>a) A multi disciplinary walk round has been arranged for the public areas within Woodend Hospital with a plan to create action plans to highlight risks and address any outstanding issues. This has been scheduled for 2 December 2016</p> <p>b) Excellent attendance at local Infection Control meetings continues with good engagement and discussion</p> <p>FMc offered to attend an HAI meeting in the future to give a talk on Standard 1 – Antimicrobial Prescribing.</p> <p><u>Facilities</u></p> <p>New Areas of Concern</p> <p>1 a) Medium - EHO identified food safety issues at ARI main kitchen and wards There is a lack of awareness from ward staff not knowing about allergens during inspection when documentation was available in the ward areas. The EHOs found various procedural and maintenance issues the vast majority of which have been addressed.</p>	

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5	Standing Items cont..	<p>NHSG Catering Department are working closely with EHOs to complete the remaining issues in a mutually agreed timeframe. EHOs are happy with the progress achieved so far. An Action Plan has been prepared and updated accordingly.</p> <p>1 b) Medium – High Legionella results found at Forres Health Centre during routine testing. System was flushed but when re-tested, levels remained to be high and this presents a significant risk to both patients and staff. Risk Control Notice was issued to all NHS staff and GPs based at Forres. An Action Plan was created and remedial actions taken. A flow and return system has been put in place to enable circulation. A chiller has been installed and the pipework is now complete. Initial full disinfection took place on the 12th/13th Nov and a final disinfection took place on the 3rd/4th Dec following installation. Initial sampling on all outlets for legionella took place on the 5th Dec carried out by GTFM and results will be retrieved on the 16th Dec. Second sampling activity will take place on the 12th Dec as advised by Dr. Maria Rossi and it is hoped that results will be retrieved before the Christmas break. A flushing regime of little used outlets as per RCN is required for local management to identify and take responsibility. This is currently still in discussion.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Sinks and Taps Compliance This being covered by the SBAR produced and acted on by the Water Safety Group. A decision is awaited from the Group after the meeting to be held on 13 December 2016.</p> <p>2 b) High – Inappropriate standard of refrigeration equipment in some ward kitchens This is still work in progress. A paper was prepared, funding approved and orders being placed. RAB raised the issue that recently during an audit in the Aberdeen Maternity Hospital a large fridge was found to be standing in the corridor ready for return. This was due to it not being able to fit into the area it was supposed to be in. It seems that in some areas spaces for equipment are not being measured correctly.</p> <p>2 c) High - Equipment and Environmental Cleaning No feedback as yet is available from Andrea Taylor. PG continues to try and get an update on Wards 102 / 103. AC offered to speak to CH regarding this to see if it can be progressed as soon as possible</p> <p>2 d) High – Water Safety All relevant parties will be meeting again in December 2016 to address the incidents.</p> <p>2 e) High - Waste Management The Clinical Waste cost had risen therefore another contractor was sourced. Costs should now be reduced due to more accurate tonnage being applied. An audit of all Clinical Waste bins has been completed and any requiring replacement or repair will be attended to.</p> <p>The compactor at Woodend General Hospital will be moved to the Royal Cornhill Hospital site</p> <p>Work is ongoing with regard to recycling and will be rolled out to Clinical areas in due course. Larger bins will be supplied.</p> <p>3 Areas of Achievement / Good Practice The A-Z is now live and published on the Intranet. This document will be kept up to date by the A-Z Sub Working Group who will meet on a quarterly basis.</p>	AC

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5	Standing Items cont....	<p><u>Moray (CHSCP)</u></p> <p>Progress Against Areas of Concern Previously Reported</p> <p>1 a) Medium – Winter planning process had identified a gap in face fit testing and the capacity for trainers Awaiting an update on this.</p> <p>2 a) High – Seafield Hospital failed Hand Hygiene Audit October 2016 A re-audit was completed and action plans are in place. Review commenced of orientation of pre-reg students / new starts. Senior Charge Nurse trained in Cascade Training. Training is ongoing.</p> <p>Audits are being completed now with the help of the Infection Prevention and Control Team. Cleanliness of equipment at Stephen Hospital was disappointing but is being actioned. Fleming Hospital is due to be audited 7 December 2016. All action plans will come to the Senior Charge Nurse meeting.</p> <p>3 Areas of Achievement / Good Practice</p> <p>a) Stephen Hospital's refurbishment has been completed and has greatly improved the environment and the will support the prevention of healthcare Associated Infections.</p> <p>b) Unannounced walk rounds at Community Hospitals are to recommence shortly. Fiona may benefit from speaking to Neil Hendry for advice.</p> <p>It has been discussed that the individual HAI Groups should be feeding into the main Dr Gray's HAI Group. This will be progressed.</p> <p><u>Mental Health</u></p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 a) Low – Usage of “Assure” Alcohol Free Foam The gel dispensers are now in situ and are being used.</p> <p>JG also feedback that it has been found that, unfortunately, some areas are not inputting their Hand Hygiene scores into LanQuip. This comes down to staffing, clinical demand etc but is being picked up and addressed through the local group</p> <p>3 Areas of Achievement / Good Practice</p> <p>a) The local Infection Prevention & Control Group continues to meet monthly and concerns are escalated via Operations Group or Health and Safety Group</p>	

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5	Standing Items cont..	<p><u>HAI Education Group</u></p> <p>New Areas of Concern</p> <p>1 a) High – With changes to staff availability and attendance the membership and direction of Group to be reviewed RAB feedback that an email has been sent to all members, with regards to their membership / role within the Group, to formulate a way forward for the Group as a whole.</p> <p>1 b) Mandatory Status of Standard Infection Control Precautions (SICPs) elearning package A decision is needed on whether the package is mandatory for just Clinical staff or for all NHS Grampian staff. Follow up and identify</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Ongoing issues with non compliant hand hygiene audits led to an elearning training package being launched Increased Hand Hygiene education opportunities throughout MBChB curriculum via the University of Aberdeen. Quality assurance audits continue with the involvement of the Senior Charge Nurses / Midwives.</p> <p>2 b) High – Ongoing Issues with Staff being able to attend / complete HAI Education Sessions The Group is looking at alternative ways of training and the feedback, so far, shows that Toolbox talks are well received and well attended.</p> <p>2 c) Medium – Incomplete implementation of PVC bundles / stickers across the Organisation PVC / CVC bundles have been incorporated into the University 2106/17 workbooks. There is now a PVC champions in almost every ward within NHS Grampian. This is being progressed by Donal Egan – QIF.</p> <p>2 d) Medium - Cleanliness Champions Programme due to cease The Cleanliness Champions Programme will cease to be a National Education Scotland (NES) training package and will resume in March 2017 as a 3 tiered learning package to be completed via LearnPro. The final dates for registration of the old Cleanliness Champions Programme have now ended. More information will be available when NES have visited NHS Grampian for their yearly video conference in December 2016.</p> <p>2 e) Medium – Healthcare Waste elearning poster and communication The communication of this elearning package was put on hold following the recent Health & Safety visit. The poster will now be uploaded to the Infection Prevention & Control Intranet page and a communication will be sent from the generic email address.</p> <p>3 Areas of Achievement / Good Practice Members of the Group have had posters presented at conference; 1 local conference and 2 national conferences The subjects matter was Hand Hygiene and Staphylococcus aureus bacteraemias (SABs).</p>	<p>RAB</p> <p>AS</p>

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5	Standing Items Cont..	<p>Risk ID 1626 – High – A requirement for Hand Hygiene audit results to meet National 90% target</p> <p>PEH feedback that the original risk was different and is now nonexistent. Should this risk be closed and a new one opened around local hand hygiene results and sustainability of compliance ? The Committee agreed that this risk be closed. PEH to open new risk and add narrative.</p> <p>Risk ID 2094 – High – A risk that staff are unable to be released for Personal Protective Equipment Training</p> <p>There is a plan in place for FFP3 training. PEH suggested reducing the likelihood of staff not being able to be released. RAB replied that when the new masks arrive staff will need to be retrained and this will potentially slow down the whole process. PG informed the Committee that Keith Williamson has confirmed that the out of date masks will be collected and removed from NHS Grampian this week. This risk will be reviewed at the next meeting.</p> <p>Risk ID 1782 – Medium – A risk that new equipment / products are not being reviewed / accessed by the IPCT prior to being brought into service</p> <p>PEH asked that the Committee to consider closing or reducing this risk. There is a structure in place now on procurement and cleaning and it is considered that the IPCT have as much control over this as is possible. The Committee agreed to close this risk.</p>	<p>PEH</p> <p>ALL</p> <p>PEH</p>
6	<p>Reporting to Clinical Governance Committee and Board</p> <p>Item 6.1</p>	<p>HAI Report to the Board (HAI RT)</p> <p>PEH spoke to the report and informed the Committee that in Quarter 2 April – June 2016 the <i>Clostridium difficile</i> infections in the 15 – 64 age range dropped during Quarter 2 April – June 2016 from 64 to 37 cases but unfortunately, due to other Boards also experiencing a drop in figures, this still meant that NHS Grampian does not look as though it has performed as well as other Boards.</p> <p>Staphylococcus <i>aureus</i> bacteraemia rates are still below the Local Delivery Plan Target; all Boards seem to be struggling with these figures.</p> <p>Both <i>Clostridium difficile</i> and Staphylococcus <i>aureus</i> bacteraemia rates are under review at National Level at present due to targets being based on Occupied Bed Days which is a disadvantage to smaller Boards. Population based reporting would perhaps be more rational.</p> <p>There may also be new additional reporting required by Boards on E-Coli; this is yet to be decided at National Level.</p> <p>There was no new data available for MRSA (CRA) Screening available at the time the report was compiled.</p> <p>FMc reported on the Antimicrobial Prescribing data informing the Committee that there was a pause in data collection whilst the National Point Prevalence Survey was being undertaken in September and October; this has now recommenced.</p>	

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6	<p>Reporting to Clinical Governance Committee and Board cont..</p> <p style="text-align: right;">Item 6.2</p>	<p>Total Antibiotic Prescribing data for Community is at an acceptable level</p> <p>The annual Antibiotic Point Prevalence Survey on Surgical wards in Aberdeen Royal Infirmary and Woodened General Hospital was carried out in February 2016 and the report is now available to view. The survey shows that there has been an improvement in documentation of indication (91%) in the medical notes and / or drug kardex. There is still work to be done but these figures look promising.</p> <p>PEH then went on to speak to the figures on page 13 for Hand Hygiene which show local audit results versus the Infection Prevention & Control Team's Quality Assurance audits; the Team have a new approach to targeting high risk areas.</p> <p>Areas targeted during July – September 2016 were those seeing an increased incidence of Extended Spectrum Beta – Lactamase producers (ESBLs) and Vancomycin Resistant Enterococci (VRE) and also an outbreak of Norovirus.</p> <p>HAI Report to the Clinical Governance Committee This report will be updated and submitted to the Clinical Governance Committee in February 2017.</p>	
8	AOCB	<p>PG wished to inform the Committee that the Independent Audit Team's poster entitled " NHS Grampian's Healthcare Environment Hit Squad" was shortlisted and exhibited at the recent Institute of Healthcare Management (IHM) Scotland conference.</p>	
9	Date of Next Meeting	<p>31 January 2017 11.30 – 13.30 The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital</p>	