

**NHS GRAMPIAN
Infection Control Committee**

**Minutes from meeting held on 27 September 2016
The Conference Room, MacGillivrey Centre, Aberdeen Maternity Hospital
11.00 – 13.00**

Present:

PEH – Pamela Harrison, Infection Prevention & Control Manager (**Chair**)
PG – Preston Gan, Head of Quality and Performance (*attended for Paul Allan*)
MY – Mandy Young, Operational Support Nurse Manager, Mental Health Services (*attended for Jenny Gibb*)
CH – Caroline Hiscox, Associate Director of Nursing (Acute)
CC - Chris Carden, Deputy Head of Health and Safety
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
DW – Diana Webster, Consultant in Public Health Medicine
AMG – Alison McGruther, Unit Nurse Manager, Elderly and Rehabilitation Services

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), Anne Marie Karcher (AMK) Alexander MacKenzie (AM), Amanda Croft (AC), Roy Browning (RAB), Jane Adam (JA), Karen Wares (KDW) Antibiotic Pharmacists	
2	Minutes of last meeting 26 July 2016	The minutes from 26 July 2016 were ratified by the Committee with no amendments	AS
3	Action Tracker	The Action Tracker was discussed and updated. Actions are still outstanding for CH and CC. CH will forward narrative to AS to update the document. AS will circulate this document for updates from Leads regarding their actions, prior to the next meeting.	CH AS
4	Matters Arising Item 4.1 Item 4.2	PPE Training Plan Update An update for this is required from CC at the next meeting. Sharps Update Unfortunately RAB was unable to attend. PEH stated that RAB has been involved in the Health and Safety Executive visits to NHS Grampian and also sits on the HSE Expert Group. RAB will update the Committee at the next meeting. Education for all staff regarding sharps is going forward and a long term plan for medical staff is being investigated.	CC RAB

Item	Subject	Action to be taken and Key Points raised in discussion	Action
4	<p data-bbox="271 73 524 97">Matters Arising cont..</p> <p data-bbox="495 129 589 153">Item 4.3</p> <p data-bbox="495 655 589 679">Item 4.4</p> <p data-bbox="495 767 589 791">Item 4.5</p> <p data-bbox="495 879 589 903">Item 4.6</p>	<p data-bbox="663 129 1059 153">Sinks and Taps Compliance SBAR</p> <p data-bbox="663 156 1843 264">PG reported that the SBAR document had been circulated surrounding the use of non compliant sinks and taps and the implications for NHS Grampian. Audits were completed by staff but the resulting actions were found to be confusing. This SBAR was formulated to highlight the issues and advise the Water Safety Group on how to proceed.</p> <p data-bbox="663 296 1827 344">PEH reminded the members that this issue had begun in Woodend Hospital with lead raising concerns via the Sector Report. It is important to ascertain compliance for each area and if non compliance exists then a risk assessment must be completed and be in place. There is a requirement for NHS Grampian to know the extent of the cost implications here.</p> <p data-bbox="663 464 1839 544">AMG requested that this risk be removed from the Aberdeenshire CHP sector report now that it would be included in the NHS Grampian Risk Register. The Sector will of course continue to monitor the compliance and discuss the implications locally.</p> <p data-bbox="663 568 1274 592">The Water Safety Group will be taking this action forward.</p> <p data-bbox="663 655 1050 679">Training Material for Agency Staff</p> <p data-bbox="663 683 1630 707">KDW has taken this forward with the agencies and resources will be shared as appropriate.</p> <p data-bbox="663 767 1081 791">Water Safety in Non NHSG Premises</p> <p data-bbox="663 794 1070 818">An update is required from CC on this.</p> <p data-bbox="663 879 797 903">CDI Update</p> <p data-bbox="663 906 1854 1289">Neither AMK nor BP were available to update on this. PEH explained that this matter arose from the increase in <i>Clostridium difficile</i> infections in the 15 – 64 age range during the last quarter of 2015. An action plan has been in place since this time. Unfortunately the increase was also present in n the quarter January – March 2016 however it is now considered to be back within normal range (although no national figures are available from Health Protection Scotland as yet). Much work has been completed by the antimicrobial pharmacists and the Infection Prevention Control Doctors surrounding treatment of recurrence and a protocol has been submitted to the Grampian Medicines Management Group on the use of Fidaxomicin. Prescribing practices surrounding Co-amoxiclav have also been concentrated on and areas have been targeted for education by GMac and FMc. GP Practice sample sending has also been looked into to evaluate whether more samples than usual have been being submitted but this was inconclusive and unproven. There are still actions to be taken which are ongoing.</p>	<p data-bbox="1944 791 1984 815">CC</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items Item 5.1	<p>Sector Reports</p> <p><u>Acute</u> No report was submitted but will be sent retrospectively CH spoke to the report explaining that the content</p> <p>Hand Hygiene continues to be monitored for compliance and shows great improvement. Should there be a score of <90% an action plan is present.</p> <p>C Section rates control limits look acceptable however no additional data is available at this time.</p> <p><i>Clostridium difficile</i> rates are showing within control limits.</p> <p>Staphylococcus <i>aureus</i> bacteraemia rates are within control limits across all sites</p> <p>There are no new risks. Mandatory compliance of Personal Protective Equipment remains challenging and the issue of soiled uniforms being laundered is an ongoing action to be investigated.</p> <p>Decontamination of ultrasound probes is also ongoing.</p> <p>The new Aberdeen Royal Infirmary Infection Control Group has now been established and Fiona Robertson will chair these meetings.</p> <p>It was decided that staff's access to training and education should be featured in the report to the Clinical Governance Committee as the main risk.</p> <p><u>Aberdeenshire</u> No report was submitted</p> <p><u>Aberdeen City CHP</u> AMG spoke to the report and advised there were no new risks identified.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 a) High - Sinks and Taps Compliance This will now be removed from the report, as mentioned above and will be dealt with via the Risk Register.</p> <p>2 b) High – Management of Care Equipment remains poor Root cause analysis has been undertaken in a couple of wards and further HAI audits were completed in April showing some slight improvements but not consistently. The issue remains the same and it is hoped that the introduction of the A-Z manual will have a positive impact. Will continue to monitor.</p>	CH

Item	Subject	Action to be taken and Key Points raised in discussion	Item
5	Standing Items cont...	<p>AMG also raised the issue of submitting mandatory training figures suggesting that they are not accurate and that the AT Learning System is not user friendly or fit for purpose. CH replied that all sectors seem to be experiencing the same issues with the system; therefore a Short Life Working Group has been set up to investigate and resolve issues reported by users. CH will chair this Group and Geraldine Lawrie will attend. Malcolm Wright has requested an update as soon as possible on how this is moving forward.</p> <p><u>Facilities</u></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</p> <p>2 b) High – Inappropriate standard of refrigeration equipment in some ward kitchens An SBAR has been prepared and submitted and this issue is logged on the Risk Register. It is ongoing.</p> <p>2 c) High - Equipment and Environmental Cleaning A review of the Bed Response Team will be completed after the WTE hours from wards 102/103 have been assessed. A move forward from the pilot scheme is required and a conclusion must be formulated as to whether NHS Grampian can afford to provide the service. An update is needed from Sub Working Group 2 who are overseeing this work. PG will contact Andrea Taylor for a discussion and to suggest that the group meet as soon as possible so that this can be taken forward.</p> <p>2 d) High – Water Safety PG attended a meeting 20/9/16. PA will be writing to all responsible persons regarding the Risk Control Notice surrounding Pseudomonas asking for any anomalies in the water testing to be fed back immediately. A review of all free standing bottled water units is to be commenced.</p> <p>2 e) High - Waste Management PG informed the Committee that the sharps containers contract is up for renewal at present. Recycling has shown a promising increase from 26% to 42%</p> <p>PG then shared the Facilities Independent Audit Themes document and associated photographs to show some of the recurring themes found and actions taken; he reiterated that responsibility for these will lie with the local HAI Groups.</p> <p>The A – Z document pilot should now be complete and will be ready for trial. It will reviewed quarterly and updated 6 monthly. PG to advise AS when it is ready to be uploaded to the Infection Prevention and Control Intranet page</p>	<p>CH</p> <p>PG</p> <p>PG / AS</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont..	<p>DW raised the issue of 2 incidents being led on by the Health Protection Team. SBARs will be produced for both these events when appropriate and posed the question of whether issues like this should be fed up through the Public Health Governance structure or the NHSG Infection Prevention and Control Committee; or both ? DW will supply narrative to PEH to include in the report to the Board so that they may be advised. CH suggested that both these risks should be included in the Facilities Sector Report. PG will give an update regarding progress on both incidents at the next meeting. PEH will speak to AC regarding processes and as to whether a robust mechanism is needed to ensure incidents are reported on via the correct pathway. Would reporting of these incidents be duplication or cross referencing ?</p> <p>Items to be included in the report to Clinical Governance Committee are the Audit Themes document, the A – Z document progress and for good practice items PG fed back that the Facilities poster had been shortlisted for the IHM.</p> <p><u>Moray (CHSCP)</u></p> <p>New Areas of Concern</p> <p>1 a) Medium – Winter planning process had identified a gap in face fit testing and the capacity for trainers Measures surrounding this have been put in place and staff to be face fit tested have been identified. The Moray CHSCP HAI Group will soon be up and running, Anne McKenzie is leading on this.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Annual Environmental Audits supported by the Infection Prevention and Control Team Fiona Abbot and LH are leading on this and have performed the necessary audits. Community Hospitals are now taking the lead and follow up visits will be initiated to ensure compliance.</p> <p>Good practice to be reported to the Clinical Governance Committee should include the reinstating of the Moray CHSCP HAI Group.</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 MY informed the Committee that progress on the installation of replacement dispensers is slow but is progressing. Staff continue to use individual hand gels meantime.</p> <p>2 b) Unable to run reports from AT Learning regarding mandatory training compliance This has been escalated to Linda McKerron but no resolution has been found therefore there are no training figures submitted this quarter. This will be progressed via the short life working group that CH is chairing.</p> <p>Issues to be reported to the Clinical Governance Committee should include the concerns surrounding the AT</p>	<p>DW</p> <p>PG</p> <p>PEH</p>

		been updated at a recent meeting.	
Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont..	<p>PEH then discussed some of the actions within the report</p> <p>Delivery Area 1 – Antimicrobial Prescribing and Resistance There will be new Key Performance Indicators around prescribing in the Acute sector 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. When targets are met within an area the area is department is deemed compliant and a new area is then selected to visit and concentrate on. The focus at present is on Co-amoxiclav and Prophylaxis prescribing.</p> <p>Delivery Area 2 – Cleaning, Decontamination and the Built Environment</p> <p>2.03.4 – Review Local Procurement of Cleaning Products A pilot in Woodend General Hospital is being identified to trial Titan Plus but this may have cost implications for NHS Grampian.</p> <p>Delivery Area 3 – Infection, Prevention and Control Guidance and Practice</p> <p>3.05.1 – WHO Saves Lives Campaign Plans to participate in the National Hand Hygiene week are underway</p> <p>3.05.2 – Review HPS Literature to assess impact This is done weekly to ensure updates and information on product changes as new guidance is released regularly</p> <p>3.25.1 – Carry out baseline assessment of uptake of sharps safety devices and injury data This is felt to be widely disseminated and discussed</p> <p>3.25.2 – Devise comprehensive training solutions around sharps practice including DATIX reporting The Infection Prevention and Control Doctors are undertaking sharps training during FY1 and FY2 induction sessions and with more senior staff.</p> <p>Delivery Area 4 – Organisational Structure</p> <p>4.08.1 - Review Enteric Illness Outbreak Tools The Clostridium <i>difficile</i> infections (CDI) Escalation Plan has been devised and is out for consultation.</p> <p>Delivery Area 6 – Quality Improvement</p> <p>6.14.1 – Development of HAI dashboards at various levels of the Organisation SPC Charts for Clostridium <i>difficile</i> infections and <i>Staphylococcus aureus</i> bacteraemias are sent out monthly. In addition the Quality Improvement Facilitator – Donal Egan is investigating the use of ICNet to produce Healthcare Associated Infection dashboard reports.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont..	<p>Delivery Area 7 – Surveillance</p> <p>7.01.1 – Implementation of Surgical Site Infection Surveillance (SSI) for colorectal and vascular surgery Systems are in place to monitor this but there are many different procedures for colorectal surgery. National guidance is not forthcoming, which is a concern.</p> <p>Delivery Area 8 – Vale of Leven Enquiry Report Actions</p> <p>42 – An NHS Grampian system for robust monitoring of uptake of mandatory training Mandatory training for <i>Clostridium difficile</i> is required and needs to be incorporated into already present training applications. This needs to be resolved as soon as possible so that training can be monitored.</p> <p>55 – A system of sign off by the Chief Executive should be considered An update is needed on this.</p> <p>57 – Review reporting template to allow audit and training reporting PEH to add narrative into progress column</p> <p>62 – Consider barriers to increased Senior Management involvement in this system This was discussed at the Scottish Antimicrobial Resistance and HAI Group (SARHAI). SARHAI have been asked to provide advice or a solution. Feedback is awaited. PEH to add narrative as timescale is unachievable.</p> <p>69 – NHS Grampian will provide further information and awareness raising to clinicians around this recommendation that if a patient dies with CDI either as a cause of death or as a condition contributing to the death relatives are provided with a clear explanation An update is required. PEH will liaise with Nick Fluck and add narrative.</p>	<p>PEH</p> <p>PEH</p> <p>PEH</p>
6	<p>Reporting to Clinical Governance Committee and Board</p> <p>Item 6.1</p> <p>Item 6.2</p>	<p>HAI Report to the Board (HAI RT)</p> <p>PEH spoke to the report and explained that no National data on <i>Clostridium difficile</i> infections (CDIs) or <i>Staphylococcus aureus</i> Bacteraemia (SABs) was available from Health Protection as yet. RAG status shown was as in last report.</p> <p>MRSA Screening rates are showing as compliant for the 1st time.</p> <p>PG was sceptical with regards to the Cleaning and Estates RAG status and therefore PEH will endeavour to source ward level data for the next report.</p> <p>HAI Report to the Clinical Governance Committee Inclusions to this report have been discussed above and PEH will add</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
7	New Business Item 7.1	<p>Healthcare Associated Infection Policy PEH advised the Committee that this policy had been extensively rewritten therefore it would show as a new policy altogether.</p> <p>Within the document changes included</p> <ul style="list-style-type: none"> • new HAI Standards • new NHS Grampian / National Guidance • reference to Vale Of Leven • new SCRIBE narrative • updated Roles and Responsibilities • remit of the Infection Prevention and Control Committee and structure <p>The Policy is due to be impact assessed and hopefully prior to the HEI Inspection at Peterhead Hospital in October.</p> <p>Some members of the Committee had been unable to read the document in full therefore a decision was made that any remarks were to be forwarded to PEH within 48 hours.</p> <p>The Policy was ratified subject to impact assessment and any further comments.</p>	
8	AOCB	Nothing was raised under this item.	
9	Date of Next Meeting	22 November 2016 11.00 – 13.00 The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital	