

**NHS GRAMPIAN
Infection Control Committee**

**Minutes from meeting held on 25 July 2017
The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital
11.30 – 13.30**

Present:

GMcK – Grace McKerron, Interim Infection Prevention & Control Manager (**Chair**)
CN – Carol Nicol, Health and Safety Facilitator (**attended for Stephen Merchant**)
LM – Leonora Montgomery, Public Forum Representative
JA – Jane Adam, Public Forum Representative
FS – Fiona Smith, Acting Infection Prevention and Control Senior Nurse
AMK – Anne Marie Karcher, Infection Prevention & Control Doctor / Medical Microbiologist
BP – Ben Parcell, Infection Prevention & Control Doctor / Medical Microbiologist
JWa – Julie Warrender, Nursing Services Manager, Aberdeen City CHP
MY – Mandy Young, Operational Support Nurse Manager, Mental Health Services (**attended for Jenny Gibb**)
VM – Val MacDonald, Decontamination Services Manager
LH – Linda Harper, Associate Nurse Director, Practice Nursing / Lead nurse GMED
CL – Carol Low, SPSP Coordinator (**attended for Fiona Mitchelhill**)

AS - Anneke Street, PA to Infection Prevention & Control Manager (**Minute taker**)
WG – Wieslawa (Klaudia) Graczyk - Infection Prevention & Control Secretary (**Trainee Minute Taker**)

Item	Subject	Action to be taken and Key Points raised in discussion	Action
1	Introduction and Apologies	<p>Apologies were received from :</p> <p>Pamela Harrison (PEH) Fiona Robertson (FR) Alexander MacKenzie (AMcK) Diana Webster (DW) Suzanne Brittain (SB)</p> <p>Grace McKerron introduced herself as the Interim Infection Prevention & Control Manager and asked that all the Committee Members introduce themselves.</p> <p>Carol Nicol (attending for Stephen Merchant) will attend by request only. GMcK requested that CN attend the meeting on 26 September to feedback on issues raised.</p>	
2	Minutes of last meeting 30 May 2017	<p>The minutes from 30 May 2017 were ratified by the Committee with the following amendments to be made as requested by AMK and BP – Infection Prevention and Control Doctors.</p> <p>“As stated at the IPCC Meeting, there are ongoing issues regarding the communication, interpretation and discussion of management of new <i>Clostridium difficile</i> results by the microbiology laboratory - one part of which appears to be confusion regarding case definition. This is also in relation to a written request received from another Consultant Microbiologist requesting a change in the NHSG Laboratory Protocol on <i>Clostridium difficile</i> on diagnosis, assessment, treatment and prevention of <i>Clostridium difficile</i> infection Standard Operating Protocol due to their misinterpretation of the new Health Protection Scotland (HPS) guidance.”</p> <p>The word “heated” is to be removed.</p>	AS

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3	Action Tracker	<p>The Action Tracker was discussed and updated. Some updates were given via reporting and verbally; the update column will be completed retrospectively.</p> <p>The following actions are to be closed as completed:</p> <p><u>Meeting 30 May 2017</u> 5.1 Sector Reports (Moray) – A local HAI Group for Moray CHSCP has been put in place the first meeting will take place 26 September 2017.</p> <p><u>Meeting 28 March 2017</u> 4.1 PPE Training Plan Update – Training dates have been republished and courses are now present on the AT Learning system up to then end of Summer 2017. It is hoped that dates will extend, in the future, up to March 2018.</p> <p>AS will circulate this document for updates from Leads regarding their actions, prior to the next meeting.</p>	<p>AS</p> <p>AS</p>
4	<p>Matters Arising</p> <p>Item 4.1</p> <p>Item 4.2</p>	<p>PPE Training Plan Update CN attended the meeting in place of Stephen Merchant (SM) and updated the Committee.</p> <p>CN has spoken to Laura Kluzniak and a draft action plan has been devised and is being worked to. As stated above training dates are now present on AT Learning up to the end of Summer 2017 but hopefully further dates will be added up to the end of March 2018.</p> <p>Sharps Update FS explained to the Committee that the Sharps Group is a sub committee of the HSE Expert Group. Recently discussions have been taking place surrounding seeking assurance from the sectors that roll out plans have been delivered across NHS Grampian.</p> <p>NH stated that, unfortunately, Aberdeenshire CHSCP have not had an invitation to attend these meetings. Within Aberdeenshire the roll out plans have been circulated in the last few weeks. Random safety checks have been performed, issues have been found and these have been dealt with appropriately. CN will ensure that NH receives and invitation to the next Sharps Group meeting.</p> <p>GMcK queried whether the Toolbox Talks have been available to staff in Aberdeenshire CHSCP to complete and has completion been evidenced ? NH confirmed that they had and that he holds the evidence locally but this data was also sent to Learning and Development to be added to the AT learning system.</p> <p>CN also stressed that Risk Assessments must be completed for any unsafe sharps that may exist and explained that the protocol gives guidance on the procedure to be followed. A risk assessment must be completed and forwarded to CN, this is then evidenced, authorisers and the names of staff ordering unsafe sharps are then recorded and passed to Procurement for their information. The Risk Assessment paperwork has recently been updated (May 2017) therefore any new assessments must be completed via the new documentation. These records must be kept for a minimum of 10 years.</p>	<p>CN</p>

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4	Matters Arising	<p>CN will forward the Records Management document, that states this, to AS AS will disseminate this document to the Committee.</p> <p>Item 4.3 Water Safety in Non NHS Grampian Premises PG was not present at the meeting but the action tracker updated stated that PG and SM were due to meet 20 July 2017.</p> <p>CN will follow up this matter with SM for an update and suggested that this was in fact a “co-operation / co-ordination” matter which all employees of shared premises should adhere to with regard to Health and Safety matters.</p> <p>LH suggested that PG could obtain a list of Community based - non NHS Grampian sites (where NHS Grampian staff are currently employed) from Sue Hay.</p> <p>Item 4.4 Bed Response Team Update PG was not present at the meeting but the recent update given for the HAI Work Programme Delivery Group was:</p> <p>Positive feedback has been received from SCNs Wards 102 and 103, stating that they would welcome the retention of the revised service model. That is the later shift for Domestic staff involved in the cleaning of bedrooms, nurses cleaning beds on discharge and domestic staff undertaking the environmental cleaning on discharge.</p> <p>Approval in principle to continue service provision in both wards. SBAR relating to bed response changes submitted to Equipment Management & Environmental Cleaning Group on 05/07/17 and there was approval in principle to continue service.</p> <p>Head of Domestic Service to seek formal approval to consolidate the service and associated funding.</p> <p>Item 4.5 Facilities Key Performance Indicators (KPIs) PG was not present at the meeting so this matter was not discussed.</p> <p>AS had forwarded the Facilities Key Performance Indicators document to the Committee that was presented by PG at the last meeting.</p> <p>An action is still outstanding for the Infection Prevention and Control Manager and PG to meet and explore / conclude the inclusion of certain KPIs into the Sector Reports as some of these are relative to the Infection Prevention and Control Team.</p> <p>GMcK will liaise with PG regarding this.</p>	<p>CN AS</p> <p>CN</p> <p>GMcK / PG</p>

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5	Standing Items cont...	<p><u>Aberdeen City CHP</u> JWa spoke to report.</p> <p>1 New Areas of Concern</p> <p>1 a) High – Concerns regarding Mandatory Training Figures JWa feedback that this was highlights from a recent unannounced visit. There are concerns within the service that the data extracted from AT Learning is unreliable / inaccurate. This has been evidenced via cross checking of records.</p> <p>GMcK stated that she was aware that a Short Life Working Group had been set up to investigate the issues. She will request an update from the Group. FS suggested adding this as a risk to the Risk Register.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Management of Care Equipment remains poor This remains an issue but improvements are being made and the recent HEI Inspection of Woodend General Hospital in June 2017 showed no areas of concern regarding the cleanliness of equipment.</p> <p>There were 5 Requirements highlighted from the recent HEI Inspection including flushing within areas not consistent, domestic cleaning and Patient Placement risk assessments. These have been addressed and Improvement Plans have been put in place.</p> <p><u>Facilities</u> PG was not able to attend but some risks were addressed.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 b) High – Standard of Refrigeration NH updated the Committee by informing them that this was an issue within Summers Ward, Peterhead Community Hospital; the kitchen was deemed unsuitable. Work is now being undertaken here with Risk Assessments having been completed. A project has been drawn up and funding has been identified. This is ongoing.</p> <p>2 c) High – Equipment and Environmental Cleaning This refers to the Bed Response Team Update which was discussed above under item 4.4</p> <p>2 d) High – Water Safety This refers, in part, to the Water Safety in Non NHS Grampian Premises which was discussed above under Item 4.3. CN is progressing this.</p>	<p>GMcK</p> <p>CN</p>

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5	Standing Items cont...	<p>2 e) High – Waste Management CN feedback that this is an ongoing issue within all areas but is improving. The Health& safety Executive (HSE) will be returning to NHS Grampian to reassess the issues therefore time is of the essence in ensuring all staff are aware of protocols and procedures and that waste management in general must be given the highest priority. This is a substantial risk to NHS Grampian.</p> <p><u>Moray (CHSCP)</u> LH spoke to the report.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 c) Medium – Failure of certain areas when HAI Audits are carried out Unannounced walk rounds are now being carried out in each Community Hospital based on previous Action Plans; cleaning of equipment continues to raise concerns. This is being addressed.</p> <p>2 d) Medium – No Local HAI Group in place The Moray CHSCP HAI Group is in the process of being set up and the first meeting will take place in September 2017. Fiona Abbott will also be attending the Dr Gray’s HAI Group meetings.</p> <p><u>Mental Health</u> MY spoke to the report.</p> <p>1 New Areas of Concern</p> <p>1 a) Medium – On Site Waste Management This is ongoing. A local Waste Management Group as now been set up and are meeting monthly. In addition unannounced visits to areas are being progressed to provide the group with assurance.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 a) Low – The Service has been unable to run reports from AT Learning The service is encountering the same issues with AT learning as other areas with incorrect / unreliable data being produced by the system. This has been escalated to Linda McKerron.</p> <p>3 Areas of Good Practice Lisa Leslie has been undertaking Quality Assurance audits and these are progressing well. Common themes include domestic issues which are being escalated to the appropriate people.</p> <p>GMcK suggested Audrey Bell attend the Committee meetings ? AS replied that Audrey used to attend but now it is expected that the Manager of the Service i.e. Paul Allan is the key member.</p>	

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5	Standing Items cont....	<p><u>HAI Education Group</u> FS spoke to report.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Ongoing Issues with AT Learning Assurance has been sought that the Standard Infection Prevention and Control Education Pathway (SIPCEP) modules will be available as elearning packages on the AT Learning system. Caroline Hiscox is working with Linda Mckerron on a deadline for this action.</p> <p>FS will add the SIPCEP modules issue to the sector report as a new “stand alone” risk</p> <p>A discussion then took place regarding LearnPro, TURAS and AT Learning and the inefficiencies encountered.</p> <p>JWa agreed to take forward the issues services are experiencing with AT Learning. She will enquire as to the issues raised at the Short Life Working Group (SLWG) and take responses back to the Committee for the next meeting.</p> <p>AS to add AT Learning Update to Matters Arising on the Agenda for the September meeting.</p> <p><u>Infection Prevention and Control Team</u> FS spoke to the report</p> <p>1 New Areas of Concern</p> <p>1 a) Medium – Increase in <i>Clostridium difficile</i> Infection Cases The Infection Prevention and Control Team are assessing the situation and continue to monitor, through surveillance, for possible cross transmission. An antimicrobial awareness week was run 26 – 30 June within Aberdeen Royal Infirmary due to concerns surrounding antimicrobial prescribing.</p> <p>BP feedback that a productive meeting had been held between the Infection Prevention and Control Doctors, Pharmacists and Nursing staff in the areas concerned.</p> <p>Camilla Wiuff - Lead for <i>Clostridium difficile</i> Surveillance, Health Protection Scotland recently attended NHS Grampian to speak and advise on C. difficile infection: “The Current Situation in Scotland”</p> <p>AMK also feedback that it has been suggested that the use of Proton Pump Inhibitors (PPIs) could be directly attributed to as much as 40% of cases within the Community.</p> <p>There is ongoing work surrounding <i>Clostridium difficile</i> infections.</p> <p>AMK also suggested that the Healthcare Associated Infections Report section on <i>Clostridium difficile</i> infections be split to show individual figures on 15-64 and 65 years and over. GMcK will address this for the next meeting.</p>	<p>JWa</p> <p>AS</p> <p>GMcK</p>

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6	<p>Reporting to Clinical Governance Committee and Board cont..</p> <p>Item 6.1</p> <p>Item 6.2</p>	<p>CN also offered to liaise with SM with regard to this risk.</p> <p>HAI Report to the Board (HAI RT) GMcK will submit this report to the Board highlighting the relevant issues.</p> <p>HAI Report to the Clinical Governance Committee This report will be updated and submitted to the Clinical Governance Committee.</p> <p>GMcK will review the Sector Reports and include new risks and updates in the report to the Committee. These will include</p> <ul style="list-style-type: none"> • Concerns regarding AT Learning and the Standard Infection Control Education Pathway (SIPCEP) modules incompatibility with the system • Good practice surrounding Aberdeenshire CHSCP announced visits to Community Hospitals and progress made surrounding Infection Control issues and the built environment. • Progress being made regarding Face Fit Testing, <i>Clostridium difficile</i> infections and the decontamination of Ultrasound Probes 	<p>CN</p> <p>GMcK</p> <p>GMcK</p>
7	AOCB	<p>Sharps BP suggested that some form of rewards system could be employed to assist in the challenge surrounding sharps bins. CN agreed this could be a possibility and will take the suggestion to the Expert Group under the “Rewards and Recognition” subject.</p> <p>Hand Hygiene Signage JA raised the issue of the lack of Hand Hygiene signage around the gel dispensers in the main corridor of Aberdeen Royal Infirmary again. It had previously been agreed that this was to be dealt with by Domestic Services. GMcK will liaise with Audrey Bell and Andrea Taylor FS will raise at the morning Safety Brief meetings.</p> <p>Juliette Watson Returning to Work VM informed the Committee that Juliette Watson (JW) will be returning to work shortly after Maternity / Annual Leave. FS thanked VM for all her assistance with the Equipment and Reusable Medical Devices Group.</p> <p>Chairing of the next Meeting GMcK informed the Committee that she will be on annual leave on the date of the next meeting in September. GMcK will liaise with FR to Chair the meeting.</p>	<p>CN</p> <p>GMcK FS</p> <p>GMcK</p>
9	Date of Next Meeting	26 September 2017 10.00 – 12.00 Lossie / Spey Room, Aberdeen Dental Education Centre (ADEC)	