

**NHS GRAMPIAN
Infection Control Committee**

**Minutes from meeting held on 28 March 2017
The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital
11.30 – 13.30**

Present:

PEH – Pamela Harrison, Infection Prevention & Control Manager (**Chair**)
AT – Andrea Taylor, Interim Head of Domestic/Support Services (*attended for Preston Gan*)
LM – Leonora Montgomery, Public Forum Representative
JA – Jane Adam, Public Forum Representative
NH – Neil Hendry, Operational Lead Nurse
CL – Carol Low, SPSP Coordinator (*attended for Fiona Mitchelhill*)
KMa – Keith MacKay, Senior Charge Nurse, Stephen Hospital (*VC'd for Fiona Abbott*)
FR – Fiona Robertson, Chief Nurse for Medicine & Unscheduled Care, Acute (*attended for Caroline Hiscox*)
FS – Fiona Smith, Acting Infection Prevention and Control Senior Nurse
CC - Chris Carden, Deputy Head of Health and Safety
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 : Amanda Croft (AC) Paul Allan (PA), Fiona Mitchelhill (FM), Ben Parcell (BP), Diana Webster (DW) Anne Marie Karcher (AMK), Alexander MacKenzie (AM) Julie Warrender (JWa), Mandy Young (MY) Val MacDonald (VM), Linda Harper (LH)	
2	Minutes of last meeting 31 January 2017	The minutes from 31 January 2017 were ratified by the Committee with no amendments to be made. PEH went on to explain that changes are to take place within the structure of the Committee. AC has requested that an HAI Executive Group be formed to take forward more strategic elements of the HAI agenda. PEH will now chair the Infection Prevention and Control Committee meetings and the remit / format of the Committee may need to be refreshed	AS
3	Action Tracker	The Action Tracker was discussed and updated. Some updates were given via reporting and verbally; the update column will be completed retrospectively. Close action 5.2 HAI Work Programme – PEH to take ongoing actions to AMT as complete AS will circulate this document for updates from Leads regarding their actions, prior to the next meeting.	AS AS AS

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4	Matters Arising	<p>Item 4.1 PPE Training Plan Update CC fed back that a programme of testing for face fit testers has been devised and dates were advertised. These were not well attended across the Acute sector due to staff being unable to be released from ward areas. New dates are being looked into and training needs to take place imminently so that level 1 staff can be progressed before Level 2 staff are commenced.</p> <p>FR confirmed that the dates available would be republished and queried about staff refresher training. CC confirmed that all staff must complete the whole course again. This will continue to be progressed.</p> <p>Item 4.2 Sharps Update FS briefed the Committee on actions and progress made during at the HSE Expert and Sharps Management Groups.</p> <p>The required Health and Safety Executive walk rounds are commencing soon within the Acute Sector. The visit to Aberdeen Royal Children's Hospital went well and therefore and the same approach will be used across NHS Grampian for similar visits / assessments.</p> <p>Safe Disposal of Sharps walk rounds will also be being scheduled in the near future.</p> <p>Item 4.3 Water Safety in Non NHS Grampian Premises CC informed the Committee that this item was part of a much larger piece of work being looked into by Facilities. The project will not only take into account water safety but the current asbestos position, compliance, fire regulations etc. A list of all non NHS Grampian premises is being devised but is not yet complete; however letters have been sent to confirmed contacts and service managers are being approached. This is being progressed and a more in depth update will be available for the July 2017 meeting.</p> <p>Item 4.4 CDI / SABS Update Neither AMK nor BP were available to speak on this item.</p> <p>PEH confirmed that various initiatives are being looked into and put into place surrounding the rise of these infections within NHS Grampian. Further data and narrative is contained in the HAI Report.</p> <p>Item 4.5 Bed Response Team Update Andrea Taylor (AT) updated the members by explaining the recent trial regarding Cleaning on Discharge Service (response only) in Wards 102 / 103 is about to end. Unfortunately the recent meeting scheduled to discuss findings was cancelled. AT will meet with Helen Paddon and latterly Audrey Bell to discuss the findings surrounding the trial's effectiveness.</p>	<p>FR</p> <p>CC</p>

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4	Matters Arising cont... Item 4.6	Facilities Key Performance Indicators PG was unable to attend the meeting. PG will present this piece of work at the next meeting in May 2017.	PG
5	Standing Items Item 5.1	Sector Reports <u>Acute</u> FR attended for CH and spoke to the report. The main points raised and discussed were: Progress Against Areas of Concern Previously Reported Clinical Support Services 1 d) High – Estates Issues There are ongoing issues with non compliance within areas due to estates issues; these include flooring within Theatres, sinks within Outpatient clinics and carpeted areas within clinics. All concerns have been risk assessed, escalated and reported to Estates but they remain part of the backlog maintenance programme. Surgical Division 2 a) medium – Ward 217 (Cardiothoracic HDU) location sub-optimal for cleaning and stock rotation This is still causing concern after the areas temporary move. This should improve in April when relocation of the unit is scheduled. In the meantime stock levels are being kept at a safe minimum and improvements suggested by the Infection Prevention and Control Team have been implemented. Risks continue to be monitored prior to the unit's relocation. Children's Services 2 a) Very High – Non Compliance of Hand Hygiene Non compliance with hand hygiene by a member of medical staff within the Neonatal Unit has caused concern. The member of staff was asked to address the issue by a senior nurse but has not complied. This is not an isolated incident. There is still progress to be made regarding this; when the Infection Prevention and Control Team visited in January it was identified that medical staff are failing to take the opportunity. New Areas of Concern Medicine and Unscheduled Care 1 a) Outstanding Hand Hygiene Problem Assessment Group Meetings There are still 2 outstanding Problem Assessment Group meetings to be scheduled for wards 104 and 108. There are challenges in ensuring the appropriate members of staff are attending. FR has met with LB regarding the Patient Placement Tool and discussed its viability to be used as an improved communication tool. LB will be assisting.	

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5	Standing Items cont...	<p>FR also informed the Committee that the newly formed ARI HAI Group meetings were going well, two have taken place so far and discussions have been surrounding reporting on HAI audits and action plans.</p> <p>It has been suggested that the results could be input into the DATIX system, therefore Michael Couthard and Mathew Toms will attend the meeting on 10 April 2017 to discuss a way forward.</p> <p>There has been an issue raised with the cleaning of the electrical boxes on the Sidhil beds. Lisa Forbes is currently producing an SBAR on this with the help of Leighanne Bruce – Infection Prevention and Control Nurse. FS also feedback that Leighanne Bruce was now on the CAP panel for any new equipment brought for NHS Grampian.</p> <p>NH requested a copy of the SBAR and any further information available once complete. FR will forward.</p> <p><u>Aberdeenshire</u> NH spoke to the report.</p> <p>NH confirmed that the recent HEI visit, in March, to Fraserburgh, Peterhead Community and Ugie hospitals went well and informal feedback was complimentary. The draft report is expected by 12 April 2017 with the published report being available by 10 May 2017.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 b) High – Redevelopment of the Inverurie Hospital Site This is gathering pace with the old Ashcroft Ward now having been demolished. Risks are being managed.</p> <p>2 c) High – Level of HAI activity within Community Hospitals – Assurance System Walk rounds are being continued by the HAI Group every second month. There is no set tool being used for these visits but the topics generally covered are HAI, HSE and Fire regulations. An Action Plan has now been devised for Ugie Hospital and Senior Charge Nurses are now being asked to take ownership of their individual action plans.</p> <p>2 d) Medium – Hand Hygiene opportunities for Patients and Visitors Staff continue to offer hand hygiene opportunities. Hand washing signage will be inspected during walk rounds but at present no issues have arisen surrounding a lack of posters.</p> <p>2 e) High – Recent outbreak of Extended Spectrum Beta-Lactamase (ESBL) Problem Assessment Groups (PAGs) have been convened and action plans are being formulated.</p> <p>NH fed back that he was concerned that the element of risk surrounding HAI / HEI issues may get lost with the implementation of the new area structure. PEH and NH will liaise to discuss this and plan a way forward with regard to raising awareness of this.</p>	<p>FR</p> <p>NH / PEH</p>

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5	Standing Items cont...	<p><u>Aberdeen City CHP</u> No one was available to attend. The report was taken as submitted.</p> <p><u>Facilities</u> No one was available to attend. The report was taken as submitted.</p> <p>PG will bring an update regarding progress on the Catering EHO incident and the Legionella results at Forres Health Centre to the next meeting - however the Forres Water Management Action Plan paper was submitted to the Committee for information.</p> <p><u>Moray (CHSCP)</u> Keith Mackay (KMa) vc'd into the meeting deputising for Fiona Abbott but was unable to speak to the report.</p> <p>There still does not seem to be any movement surrounding the establishing of a Moray CHSCP HAI Group. PEH will liaise with LH / Fiona Abbott for an update and to progress.</p> <p><u>Mental Health</u> MY was unavailable to attend. The report was taken as submitted</p> <p><u>HAI Education Group</u> No report was submitted from this Group. FS is liaising with NHS Education for Scotland (NES) at present to obtain information so that this Group can be refreshed and a new way forward found.</p> <p><u>Infection Prevention and Control Team</u> FS updated the Committee on the report</p> <p>New Areas of Concern</p> <p>1 a) Ultrasound Probe Decontamination NHS Grampian is not yet fully compliant with the Health Protection Scotland (HPS) guidance for decontamination surrounding probes.</p>	<p>PG</p> <p>PEH</p>

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5	Standing Items cont....	<p>The Trionic wipes do not comply with the Health and Safety Executive's guidelines therefore a Short Life Working Group has been convened and the first meeting has been held. A needs assessment has been completed for procurement of high level disinfection machines for Acute and Community hospitals and the new Trophon machines are expected to be in situ by Summer 2017.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Rise in the number of <i>Staphylococcus aureus</i> Bacteraemia (SABs) Following the identified rise in the number of <i>Staphylococcus aureus</i> bacteraemias (SABs) which has been related to PVC insertion / maintenance, work has begun to “build a pack” with all PVC requirements pre packaged including the PVC bundle. Work surrounding IT is also ongoing to put in place the systems to build bundles online so they can be tracked and audited successfully.</p> <p>Update from Donal Egan includes</p> <ul style="list-style-type: none"> • Cannulation packs have been priced and a Project Group has been commenced to initiate a trial for end of May / June. Sterilised packs have been given to Wards 401 and 504 with FY1's given questionnaires for qualitative measures pre trial. Donal met with Steve Stott 10 March 2017 and the meeting proved positive. Trial packs are being arranged. • Initiating a mobile app for Vascular Line management in the Community • ICNet to be used for reporting in wards and creating dashboards. Working with Greg Cook from IT into pulling reports from 80% of IT systems used on the wards and on handover from nurses per huddle. • SSI reporting underway for April rollout for the new Surgical Site Infections (SSI) modules (Colorectal and Cardio Vascular) • Developing on the treatment logs with SCI stores and Opera to have the necessary information in pre operative i.e. infections, operation codes etc. The project has been put on hold by a higher authority but Donal will be investigate the option of proceeding. It has been requested that this be trialled in Recovery a attest on SCI Store has been designed for this feed and has been working well. • Have 2 wards participating in the Standard Infection Control Precautions (SICPs) education bundle and developing on package. Lesson plans have been written however they need to be cross referenced with the new HAI Learning Pathway developed by NHS Education for Scotland (NES). • A PVC champion in every ward and staff who have undertook PVC awareness sessions have completed. • The Waste Aide Memoire is now complete and stickers for bins and monitoring of said bins is now being investigated. <p>3 b) Areas of Good Practice FS praised the work of staff in Wards 504, 506, ITU, 108 and Cornhill Hospital for preventing onward transmission of Norovirus to other patients and staff. This is no mean feat during an outbreak and staff have been given feedback on the good precautions having been put in place. The Committee agreed that this was a significant achievement and PEH will include this in the reports to the Clinical Governance Committee and the Board.</p> <p>PEH will also inform the Clinical Governance Committee and the Board of the risks surrounding the Decontamination of Ultrasound Probes via the reporting system.</p>	<p>PEH</p> <p>PEH</p>

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5	<p>Standing Items Cont..</p> <p>Item 5.2</p>	<p>Risk Register PEH spoke to the report</p> <p>Risk 1881 – Very High - Failure to maintain a safe clean environment Work has progressed locally surrounding this with the A-Z having been developed but perhaps this could extend beyond patient reusable equipment to include reusable medical devices. The risk level here may be able to be lowered. PEH will investigate this and email the Committee for information and agreement before this takes place.</p> <p>This opened up a discussion where CC queried whether a risk should be opened surrounding equipment and built environment issues being found during walk rounds. PEH replied that this would depend on the theme. Should it be concerning e.g. sinks, risk assessments are already in place to defend outstanding works. The main risk may be that the Facilities log of outstanding projects may never be completed; would this be an acceptable risk for the Infection Prevention and Control Committee to assume? PEH suggested that Ian Esslemont be invited to the next meeting to give an update on said projects list. PEH will email Ian to invite him to the next meeting.</p> <p>Risk 1560 – High – Staff unable to be released to undertake mandatory training This risk will also sit on the Organisational Risk Register. This is an ongoing issue within NHS Grampian. PEH will update narrative within gaps and controls columns.</p> <p>Risk 2094 – High – Staff unable to be released for personal Protective Equipment (PPE) Training This is ongoing and has been discussed earlier in the meeting with dates to be republished for trainers to be trained. PEH will update narrative.</p> <p>Risk 2094 – Medium – Risk that Hand Hygiene compliance is not sustained at Clinica Team Level This is an outstanding issue from the original risk surrounding Hand Hygiene Problem Assessment Groups not being convened and non maintenance of hand Hygiene compliance. PEH will update narrative</p>	<p>PEH</p> <p>PEH</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>HAI Report to the Board (HAI RT)</p> <p>PEH spoke to the report and informed the Committee that, at the time of producing the report there was no new National data for <i>Staphylococcus aureus</i> bacteraemia (SAB), <i>Clostridium difficile</i> Infection (CDI) or E-Coli bacteraemia rates therefore the RAG status is not present.</p> <p>Meticillin-Resistant <i>Staphylococcus Aureus</i> (MRSA) Screening is not reaching targets but is above the Scottish average.</p> <p>Cleaning rates also show NHS Grampian is above target level.</p> <p>Antimicrobial Prescribing figures surrounding compliance for Medical wards has dropped, however FMac advised that there has been an issue with data being collected.</p>	

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6	<p>Reporting to Clinical Governance Committee and Board cont..</p> <p>Item 6.2</p>	<p>The antimicrobial pharmacists are working with the data collectors to ensure correct procedure is followed surrounding data collection.</p> <p>Surgical ward compliance continues to be below the target figures for documentation data and Antimicrobial Stewardship ward rounds will be commencing during May 2017.</p> <p>Antimicrobial prescribing within the Community during Quarter 3 (October – December 2016) shows 60/75 practices have either met the targets set or have achieved an acceptable shift; however this data does not necessarily predict the likelihood of meeting the target in Quarter 4 (January – March 2017).</p> <p>HAI Report to the Clinical Governance Committee This report will be updated and submitted to the Clinical Governance Committee.</p> <p>PEH will review the Sector Reports and include new risks and updates in the report to the Committee.</p>	PEH
7	<p>New Business</p> <p>Item 7.1</p> <p>7.2</p>	<p>NHS Grampian Staff Protocol for Visiting / Residential Animals within NHS Healthcare Settings (for ratification)</p> <p>The Committee had some specific issues surrounding cleaning and the visitation of animals to Restricted Areas / Situations (page 3). It was also suggested that it was to be made clear that the Infection Prevention and Control Team should have specific input and be involved in the decision making surrounding the protocol's content.</p> <p>The Policy Review Group will revisit the Protocol and consider the Committee's suggestions.</p> <p>NHS Grampian Staff Protocol for the Screening and Management of Patients with Meticillin – Resistant Staphylococcus aureus (MRSA) within NHS Healthcare Settings (Excluding Care Homes) (for ratification)</p> <p>The Committee were happy with the Protocol and it was ratified.</p> <p>AS to obtain signatures and upload to the Infection Prevention and Control Intranet page as soon as possible.</p>	<p>Policy Review Group</p> <p>AS</p>
8	<p>AOCB</p> <p>8.1</p>	<p>Carbapenemase-producing Enterobacteriaceae (CPE)</p> <p>FR raised the issue of CPE Screening. Professor Currie recently attended a meeting on Health Board compliance. How can we improve?</p> <p>PEH replied that NHS Grampian are partially compliant and completes some screening but not in high risk areas and in order to proceed local processes and protocols need to be looked into.</p> <p>PEH suggested a Short Life Working Group be set up to discuss the issues.</p>	

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8	AOCB cont..	<p>PEH will email FR for input into who should be included in the Group to be set up.</p> <p>An update will be provided at the next meeting on 30 May 2017.</p>	<p>PEH</p> <p>PEH</p>
9	Date of Next Meeting	<p>30 May 2017 11.30 – 13.30 The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital</p>	