

**NHS GRAMPIAN  
Infection Control Committee**

**Minutes from meeting held on 31 January 2017  
The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital  
11.30 – 13.30**

**Present:**

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

**PEH – Pamela Harrison**, Infection Prevention & Control Manager

**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 via VC*)

**LM – Leonora Montgomery**, Public Forum Representative

**JA – Jane Adam**, Public Forum Representative

**DW – Diana Webster**, Consultant in Public Health Medicine

**JWa – Julie Warrender**, Nursing Services Manager, Aberdeen City CHP

**RAB – Roy Browning**, Infection Prevention & Control Senior Nurse

**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

**VM – Val MacDonald**, Decontamination Services Manager

**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 :  Paul Allan ( <b>PA</b> ), Fiona Mitchelhill ( <b>FM</b> ), Ben Parcell ( <b>BP</b> ), Caroline Hiscox ( <b>CH</b> ), Sue Swift ( <b>SS</b> ), Neil Hendry ( <b>NH</b> ), Antimicrobial Pharmacists, Anne Marie Karcher ( <b>AMK</b> ), Alexander MacKenzie ( <b>AM</b> )	
2	Minutes of last meeting 22 November 2016	The minutes from 22 November 2016 were ratified by the Committee with no amendments to be made.	<b>AS</b>
3	Action Tracker	The Action Tracker was discussed and updated. Actions are still outstanding for CH. AC updates are required at the next meeting.  Some updates were given via reporting and verbally; the update column will be completed retrospectively.  AS will circulate this document for updates from Leads regarding their actions, prior to the next meeting.	<b>AC</b>  <b>AS</b>
4	Matters Arising  Item 4.1	<b>PPE Training Plan Update</b> CC fed back that a list of areas had been received from Acute and plan was being formulated on how to proceed across Aberdeen Royal Infirmary and Dr Gray's Hospital. It is expected that approximately 80 – 100 Face Fit	<b>AC / CC</b>

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4	Matters Arising cont...	<p>testers will be required for training purposes. A plan will then be devised as to how these trainers can be scheduled together to deliver the most effective instruction and maximise the number of staff attending on each cohort. This is a work in progress. An update on developments will be available at the meeting.</p> <p>FR stated that areas selected will not be exclusive to Level 1 category due to the degree of patient movement around the hospital at this present time.</p> <p><b>Item 4.2</b></p> <p><b>Sharps Update</b> RAB explained to the Committee that due to his planned retirement he had not been attending meetings but FS had.</p> <p>FS briefed the Committee on actions and progress made during the meetings that she has attended (HSE Expert Group and Sharps Management Group) and added that another was scheduled for next week. Unfortunately it looks like that the Groups have lost sight of what is happening operationally. This will be addressed.</p> <p>Royal Aberdeen Children's Hospital impressed the Health and Safety Executive on their last visit and procedures put in place here are to be rolled out NHS Grampian. There is definite progress, which is positive and there is optimism that targets will have been reached by the end of Summer.</p> <p>AC asked for confirmation on who was taking the rollout forward and FS replied that this was under the jurisdiction of Annie Ingram.</p> <p>MY then confirmed that she was leading on this within the Mental Health sector. She has met with Stephanie Broadbent and Sue Swift; learning was shared and progress is being made.</p> <p>FR asked for clarity concerning safe sharps. Are risk assessments required ? RAB confirmed this from feedback he had received; MY concurred.</p> <p><b>Item 4.3</b></p> <p><b>Water Safety in Non NHS Grampian Premises</b> CC informed the Committee that he had approached Graham Mutch regarding this and requested a list of premises so that these could be identified.</p> <p>PG felt that this was a case of taking a closer look at how we manage these locations and perhaps negotiate contractual lease agreements with regards to compliance. Physical Planning should be involved in this.</p> <p>CC and PG to meet and discuss a way forward. Update required for next meeting.</p> <p><b>Item 4.4</b></p> <p><b>CDI / SABs Update</b> Neither AMK nor BP were available to speak on this item.</p> <p>PEH updated the Committee that, in summary, NHS Grampian's <i>Clostridium difficile</i> Infections (CDIs) are not out with confidence limits but cases in the 15-64 age group are rising faster than other Scottish Boards and there does not seem to be any specific reason for this that can be found. Resource wise this is proving problematic to investigate.</p> <p>NHS Grampian is higher than the Scottish National Average (of 32.6 per 100,000) at 41.8.</p>	<p>CC</p> <p>CC / PG</p>

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4	<p>Matters Arising cont...</p> <p style="text-align: right;">Item 4.5</p>	<p>AMK and BP achieved great deal regarding Fidaxomicin prescribing but as yet the protocol has not been approved by the Grampian Medicines Management Group (GMMC); this has been requested.</p> <p>AC enquired as to whether the figures showed where the infections were occurring – Hospital or Community acquired ? PEH replied that the figures were much the same but do not seem to be associated with outbreaks or onward transmission.</p> <p>This will be discussed further at the Clinical Governance Committee meeting on 3 February 2017. An update will be required for the next meeting.</p> <p>AS to arrange meeting between AC / PEH / AMK and BP.</p> <p><b>AT Learning Update</b> AC fed back that Gerrie Lawrie has been tasked with taking forward the issues with the system. AS to remove this from Matters Arising.</p>	<p style="text-align: center;">AMK / BP</p> <p style="text-align: center;">AS</p> <p style="text-align: center;">AS</p>
5	<p>Standing Items</p> <p style="text-align: right;">Item 5.1</p>	<p><b>Sector Reports</b></p> <p><u>Acute</u> FR attended for CH and spoke to the report.</p> <p>The main points raised and discussed were:</p> <p><b>New Areas of Concern</b></p> <p><b>1 d) Medium – Increased number of staff off sick with enteric or flu / flu like illnesses</b> There is ongoing monitoring of staff per discipline and staff are being encouraged to participate in the Flu vaccine rollout. Managers are ensuring staff do not return to work until 48 hours symptom free (enteric) and until 48 hrs free of pyrexia (flu like illness).</p> <p><b>1 g) High – PPE and Face Fit Testing issues with regard to training</b> Work is in progress for the training for Face Fit testers and training will be implemented as soon as possible. The situation is being reviewed and a plan implemented by Brydie Du Pon within Dr gray's Hospital.</p> <p><b>1 h) Medium – Hand Hygiene audit failures and resulting Problem Assessment Groups (PAGs)</b> Information is not being shared effectively. This is to become a standing item on the agenda of the newly formed Acute HAI Group.</p> <p>FR will be chairing the new Acute HAI Group; the next meeting will hopefully take place in February 2017. Was happy to take advice on membership from the Committee members. PG will liaise with FR with regards to Facilities attendance. JA asked to be included in this new group.</p>	

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5	Standing Items cont...	<p><b><u>Aberdeenshire</u></b> No report was submitted and NH was unable to attend.</p> <p>AC will follow up attendance and reporting issues.</p> <p><b><u>Aberdeen City CHP</u></b> JWa spoke to the report and advised there were no new areas of concern.</p> <p><b>Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High – Management of Care Equipment remains poor</b> The issue remains the static but the latest Infection Prevention and Control audits do show slow improvement.</p> <p>AC suggested benchmarking at the next round of audits.</p> <p>JA very much liked the fact that the report included the notes from the most recent Woodend HAI Group meeting. She found this informative.</p> <p>AC requested a meeting be set up with all persons responsible for submitting Sector Reports to discuss reporting templates and information to be shared. AS will deal.</p> <p><b><u>Facilities</u></b> PG spoke to the report and highlighted certain risks to discuss.</p> <p><b>Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 f) High - High Legionella results found at Forres Health Centre during routine testing.</b> Recent Legionella results continue to show high counts but this could be due to bio film being released from the pipe work during the intense disinfection which was to be expected. The loose Bio film now needs to be removed from the system. At the last Incident Management Team meeting held all parties brought remedial actions to be put in place. Will update at the next meeting as to progress.</p> <p>During a recent Building User Group meeting the main focus was to confirm the little used outlets and the management responsibility for a flushing regime. Processes are now in place and flushing will be completed weekly by the domestic who will be informed by the clinical users of the area.</p> <p><b>2 g) High – Catering EHO Incident</b> PG has requested an update. Will bring an update on progress to the next meeting.</p>	<p>AC</p> <p>AS</p> <p>PG</p> <p>PG</p>

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5	Standing Items cont..	<p><b><u>Moray (CHSCP)</u></b> No one from Moray attended so PEH spoke to the report.</p> <p><b>Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) Medium – Failure of certain areas when HAI audits carried out in Community Hospitals</b> PEH reported that progress was slow in this area but the Infection Prevention and Control Team are assisting.</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 for an update and to progress.</p> <p><b><u>Mental Health</u></b></p> <p>MY feedback that there were no new risks on the report to be addressed. At present Quality Assurance audits are ongoing and actions will be picked up from feedback received.</p> <p>PEH suggested that the Mental Health sector may wish to take advantage of independent auditors attending to inspect areas, as Royal Aberdeen Children’s Hospital did a year ago. MY will raise the possibility of this with the Mental Health Sector HAI Group to gauge interest.</p> <p><b>Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Low – Usage of “Assure” Alcohol Free Foam</b> 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><b>3 Areas of Achievement / Good Practice</b> <b>a)</b> The local Infection Prevention &amp; Control Group continues to meet monthly and concerns are escalated via Operations Group or Health and Safety Group.</p> <p><b><u>HAI Education Group</u></b></p> <p>RAB informed the Committee that meetings of the HAI Education Group have not been taking place due to erratic attendance and apologies received from the members. An email was sent to the Group asking for suggestions on how to take this Group and associated meetings forward.</p> <p>PEH suggested that perhaps this Group could be more proactive if it was aligned to the Learning and Development Strategy Group and not Infection Prevention and Control ?</p> <p>AC suggested that Jane Ewen be contacted and this be discussed. FS will take this forward and feedback on the discussion at the next meeting.</p>	<p>PEH</p> <p>FS</p>



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5	Standing Items Cont..	<p><b>Action 2.14.1 – Participate in implementation of the framework</b>  This action has been completed but PEH informed the Committee that VM and PEH had met to discuss. Christine Young – Project Lead, National Education for Scotland will be visiting NHS Grampian in March and VM and PEH will meet with them. PEH will update the HAI Work Programme.</p> <p><b>Delivery Area 6 – Quality Improvement</b></p> <p><b>6.14.1 – Development of HAI dashboards at various levels of the Organisation</b>  Donal Egan is working with Matthew Toms on this action</p> <p><b>Delivery Area 8 – Vale of Leven Enquiry Report Actions</b></p> <p><b>62 – Ensure that Senior Managers accompanied by IPC staff visit clinical areas</b>  PEH confirmed that these “walk rounds” need to recommence.</p> <p>AC asked for FR to take the lead on this in the Acute sector, JWa for Aberdeen City CHSCP and MY for the Mental Health sector.  NH to update and feedback on Aberdeenshire walk rounds to the Committee.</p> <p>PEH then feedback that the HAI Work Programme Delivery Group are already considering how this report may look in 2017/18. It is considered that there may be scope to improve the report overall. Happy to receive ideas / views on this.</p> <p>PG also stated that he and PEH had met to discuss performance data; some key performance Indicators (KPIs) are relative to the Infection Prevention and Control Team. Some have already been identified and these could be included in the Sector Report.</p> <p>PG to update the Committee on this at the next meeting.</p> <p>AS to include this as Matters Arising on the next meeting Agenda.</p>	<p><b>PEH</b></p> <p><b>ALL</b></p> <p><b>NH</b></p> <p><b>PG</b></p> <p><b>AS</b></p>
6	<b>Reporting to Clinical Governance Committee and Board</b>  <b>Item 6.1</b>	<p><b>HAI Report to the Board (HAI RT)</b></p> <p>PEH spoke to the report and informed the Committee that <i>Staphylococcus aureus</i> bacteraemia (SAB) rates are below the National Average but still above target hence the Amber status.</p> <p><i>Clostridium difficile</i> Infections (CDIs) are still an issue and above the National Average.</p> <p>Health Protection Scotland (HPS) E-Coli bacteraemia figures are promising and NHS Grampian is well below the Scottish National Average.</p> <p>Meticillin-Resistant <i>Staphylococcus Aureus</i> (MRSA) Screening has returned to amber status but compares relatively well against other Health Boards.</p> <p>Antimicrobial Prescribing figures surrounding compliance with policy for surgical wards continues to be an issue</p>	

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6	<p><b>Reporting to Clinical Governance Committee and Board cont..</b></p> <p style="text-align: right;"><b>Item 6.2</b></p>	<p>with NHS Grampian higher than the Scottish National Average. However the medical wards are performing well and showing 100% compliance.</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>Surgical Site Infections (SSIs) target data is yet to be released.</p> <p>AC stated that the Board approve of the Red, Amber, Green (RAG) layout of the report and find it easy to read.</p> <p><b>HAI Report to the Clinical Governance Committee</b> This report will be updated and submitted to the Clinical Governance Committee.</p> <p>The <i>Clostridium difficile</i> Infections (CDIs) data will be discussed at the next meeting.</p> <p>PEH will review the Sector Reports and make decisions on Very High / High actions to be included in the report to the Committee.</p>	PEH
7	<p><b>New Business</b></p> <p style="text-align: right;"><b>7.1</b></p>	<p><b>NHS Grampian Staff Protocol for the Management of Patients in NHS healthcare settings with Varicella-Zoster Virus (for ratification)</b></p> <p>This is an update of an existing protocol and has had input from the Infection Prevention and Control Team, Infection Prevention and Control Doctors and Virology.</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>	AS
8	<p><b>AOCB</b></p> <p style="text-align: right;"><b>8.1</b></p>	<p><b>Abbreviations</b></p> <p>RAB commented that he had attended the Occupational Health and Safety Committee meeting recently and the use of abbreviations within reports and other documents was discussed. The Committee has advised all attendees against the use of abbreviations and requested that full titles be used.</p>	
9	<p><b>Date of Next Meeting</b></p>	<p style="color: red;">28 March 2017 11.30 – 13.30 The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital</p>	