

**NHS GRAMPIAN  
Infection Control Committee**

**Minutes from meeting held on 30 May 2017  
The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital  
11.30 – 13.30**

**Present:**

**PEH – Pamela Harrison**, Infection Prevention & Control Manager (**Chair**)  
**PG – Preston Gan**, Head of Quality and Performance (*attended for Paul Allan*)  
**LM – Leonora Montgomery**, Public Forum Representative  
**JA – Jane Adam**, Public Forum Representative  
**FR – Fiona Robertson**, Chief Nurse for Medicine & Unscheduled Care, Acute (*attended for Caroline Hiscox*)  
**FS – Fiona Smith**, Acting Infection Prevention and Control Senior Nurse  
**FMc – Fiona McDonald**, Antimicrobial Pharmacist  
**AMK – Anne Marie Karcher**, Infection Prevention & Control Doctor / Medical Microbiologist  
**BP – Ben Parcell**, Infection Prevention & Control Doctor / Medical Microbiologist  
**DW – Diana Webster**, Consultant in Public Health Medicine  
**MY – Mandy Young**, Operational Support Nurse Manager, Mental Health Services (*attended for Jenny Gibb*)  
**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 :  Amanda Croft ( <b>AC</b> ) Paul Allan ( <b>PA</b> ), Fiona Mitchelhill ( <b>FM</b> ), Julie Warrender ( <b>JWa</b> ), Linda Harper ( <b>LH</b> ), Fiona Abbott ( <b>FA</b> ), Neil Hendry ( <b>NH</b> ), Ian Esslemont ( <b>IE</b> )	
2	Minutes of last meeting 28 March 2017	The minutes from 28 March 2017 were ratified by the Committee with no amendments to be made.	<b>AS</b>
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 <b>5.1 Sector Reports (Aberdeenshire)</b> - PEH and NH have discussed.  AS will circulate this document for updates from Leads regarding their actions, prior to the next meeting.	<b>AS</b> <b>AS</b> <b>AS</b>
4	Matters Arising  Item 4.1	<b>PPE Training Plan Update</b> CC was not present to speak on the subject. PEH will approach CC out with the meeting for an update.	<b>PEH</b>

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4	Matters Arising	<p><b>Item 4.2</b></p> <p><b>Sharps Update</b>            FS briefed the Committee on actions and progress made during at the HSE Expert and Sharps Management Groups.</p> <p>The rollout of the Toolbox Talks has been successful and the Health and Safety Executive walk rounds are continuing.            The next Sharps Management Group is scheduled for 12 June 2017.</p> <p><b>Item 4.3</b></p> <p><b>Water Safety in Non NHS Grampian Premises</b>            PG confirmed that he and CC had not yet managed to meet to discuss. PG will liaise with CC and an update will be available for the next meeting.</p> <p><b>Item 4.4</b></p> <p><b>Bed Response Team Update</b>            PG feedback that unfortunately no update has been received from Andrea Taylor however feedback received from Wards 102/103 has been positive. Further feedback will be sought from Senior Charge Nurses in the other areas. The deadline for responses was 22 May 2017 – PG will progress this.</p> <p>FR informed the Committee that the timings for terminal cleaning have been later in Ward 103 – Short Stay Medical. Due to the nature of the ward and the high turnover of patients it transpired that terminal cleaning has not been achievable until later on in the day; therefore a discharge lounge has now been introduced so that patients do not have to wait at the bedside and it is hoped that this will enable cleaning to be brought forward to earlier in the day.</p> <p><b>Item 4.5</b></p> <p><b>Facilities Key Performance Indicators (KPIs)</b>            PG showed the Committee a presentation of the Key Performance Indicators data currently being collected and ultimately submitted to Malcolm Wright as a glance report.            He suggested that there could be KPIs aligned to Infection Prevention and Control that could be presented as a balance scorecard and this was discussed during a meeting with PEH.</p> <p>The report was explained extensively to the Committee members and suggested areas for Infection Prevention and Control performance management were Central Decontamination Unit (CDU), SCART, Maintenance, Domestic Services, HAI Audit data and perhaps DATIX Incidents.</p> <p>This will be discussed further but the members considered the report informative and PEH suggested this could be submitted to the Committee via the Facilities Sector report in future.</p> <p>The Committee requested a copy of the presentation for further scrutiny. PG will send the file to AS for dissemination but asked that it was not shared out with the Group.</p>	<p><b>PG / CC</b></p> <p><b>PG</b></p> <p><b>PG / AS</b></p>

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5	Standing Items Item 5.1	<p><b>Sector Reports</b></p> <p><b>Acute</b> FR attended and spoke to the report.</p> <p>The main points raised and discussed were:</p> <p><b>Report from the ARI HAI Group</b></p> <p><b>Ward Moves</b> Recent ward moves to Level 4 and Level 7 - Pink Zone (wards 206, 207, 208, 215 and 217). Ongoing snagging issues relating to Infection Prevention and Control risks are being escalated through Estates.</p> <p>Ward 205 has moved to Ward 504 (Neurosciences).</p> <p>Lack of storage in new Clinical areas is being reviewed.</p> <p><b>Hand Hygiene</b> Concerns were raised regarding hand Hygiene in the Emergency Department (Wards 404 / 405). A Problem Assessment Group (PAG) meeting was held.</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Medium - Cystic Fibrosis Service / Patients</b> There are concerns surrounding increased transmission of Mycobacteria Abcessus (MA) within the clinical area. Consideration may have to be given to patients with MA to be seen in alternative premises. A meeting date is to be arranged shortly.</p> <p>AMK reiterated that the Cystic Fibrosis Trust has a large support network and guidance is produced and adhered to at National level.</p> <p><b>1 b) Medium - Cleanliness and checking of cushions on patient chairs (raised following recent HEI Inspection)</b> Discussions are to take place to raise awareness of the issue. FR to speak to Janice Rollo for guidance on responsibility issues surrounding unzipping of covers and checking internal cleanliness and wear and tear.</p> <p><b>1 c) Medium – Flooring condition throughout Aberdeen Royal Infirmary</b> This remains a concern but specifically surrounding the fact there is no decanting area should flooring be replaced. FR will discuss with Manju Patel. Estates are currently planning to replace flooring in Wards 404/405 after Ian Esslemont attended the most recent meeting and are aware of issues in other areas. Continue to report problems to Estates.</p> <p><b>1 d) Medium – Cleaning of porters chairs</b> FR has discussed this with Ted Reid and he will progress with regard to ensuring chairs are kept inside and appropriate cleaning is performed.</p>	FR

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5	Standing Items cont...	<p><b>1 e) High – Needlestick Injuries suffered by domestics on emptying waste bags</b>  This seems to be an issue across NHS Grampian with 10 DATIX reports recently submitted. FR has spoken with Michael Coulthard regarding a monthly report to be produced for the Acute HAI Group. Audrey Bell will raise this with PA to ensure the HSE Expert Group is aware of the situation. FR will raise safe disposal of sharps at the Safety Brief and suggest measures to be put in place surrounding completing the educational training available for staff.</p> <p><b>1 f) Medium – Reduction in single rooms for Surgical unit following ward moves</b>  Requirement to liaise across wards to place patients appropriately should isolation be required. Appropriate risk assessments / escalation of patient placement should be completed in all instances.</p> <p><b>1 g) Medium – Number of hand washing sinks per patient in multi bedded rooms</b>  PEH thought that National guidance had now changed to 1 sink to be available for 4/6 patients. FS will confirm this and send the relevant information to FR.</p> <p><b>3 Areas of Good Practice</b></p> <p><b>3 e) Use of DATIX System</b>  This has been implemented to record and upload actions resulting from the HAI audits performed to ensure completion and evidence results. This will be shared across the Acute Sector.</p> <p>FR suggested that item <b>3 e) Needlestick Injuries</b> and Good practice item <b>3 e) Use of the DATIX System</b> be included in the report to the Clinical Governance Committee.</p> <p><b><u>Aberdeenshire</u></b>  NH was unable to attend and PEH spoke to the report.</p> <p>Management walk rounds continue and have proved useful especially to Estates on highlighting the number of issues outstanding in the built environment. Action Plans are produced out of each walk round. NH had also invited Janice Roll and Ian Esslemont to participate.  Individual hospital sites are now holding their own meetings to discuss issues and actions to be taken using the recent HEI inspections within Aberdeenshire to base knowledge upon.</p> <p><b><u>Aberdeen City CHP</u></b>  No one was available to attend.</p> <p>The report was taken as submitted although PEH did feedback that improvement is now being shown across the service in relation to Management of Care Equipment which has been an outstanding issue for some time.</p>	FS

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5	Standing Items cont...	<p><b><u>Facilities</u></b> PG spoke to the report and highlighted certain risks to discuss.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Medium – Sinks and Taps Compliance</b> Estates in conjunction with Infection Prevention and Control Committee are to agree a process to allow high risk sinks to be prioritised where needed.</p> <p><b>2 b) High – Standard of Refrigeration</b> The Hazard Analysis &amp; Critical Control Point (HACCP) Plan was confirmed as satisfactory by the Environmental Health Officers and the Remedial Action Notices (RANs) have now been lifted.</p> <p><b>2 c) High – Equipment and Environmental Cleaning</b> The Domestic Services Manager within the Acute sector has contacted Senior Charge Nurses in various wards to seek opinion on whether the revised service model would be beneficial to them within their area. The response due date is 22 May 2017. PG to follow up on this. When the information is available a report will be prepared including recommendations which will then be submitted to the Equipment Management and Environmental Cleaning Group for their approval.</p> <p><b>2 e) High – Waste Management</b> Increasing incidents of non compliance with waste policy, waste segregation and waste storage and security continue to be highlighted. New pictorial stickers are to be affixed to the lids of orange waste stream bins. A poster is to be positioned above all clinical waste bins where applicable and A3 posters positioned in waste storage areas to ensure correct procedures are adhered to.</p> <p><b>2 f) High – Forres Health Centre Water Safety Issue</b> Flushing and disinfection of the water system continues and the users have taken on the flushing regime and kept the records required. Further results will be available at the next Water safety Group meeting 13 June 2017. PG suggested the level of risk be lowered to Medium and the Committee agreed.</p> <p><b>2 g) High – Forres Health Centre Water Safety Issue</b> An update is required on this issue.</p> <p><b><u>Moray (CHSCP)</u></b> Jim Brown was supposed to be VC'ing into the meeting deputising for Fiona Abbott but was unable to.</p> <p><b>Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Medium – Gaps found in Face Fit Testing and capacity for trainers</b> PEH will investigate the risk level and amend the narrative in the Update column.</p> <p><b>2 b) Medium – Failure of certain areas when HAI Audits are carried out</b> PEH will meet with FA to discuss. AS to arrange.</p> <p><b>2 b) Medium – No Local HAI Group in place</b> An HAI Group is still required. PEH will liaise with LH / FA.</p>	<p>PG</p> <p>PG</p> <p>PEH</p> <p>PEH / AS</p> <p>PEH</p>

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5	Standing Items cont....	<p><b><u>Mental Health</u></b> MY spoke to the report.</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Medium – On Site Waste Management.</b> The local Waste Management Group will be meeting with all relevant parties to scope and address issues. Facilities inspections are taking place at present.</p> <p>A discussion then took place on the issue of blue gloves (non contaminated kitchen use) being disposed of in general waste bags and FS advised and reminded the Committee that the National Infection Prevention and Control Manual (NIPCM) base their guidance on the risk of infection. Unless blue gloves are contaminated and pose a risk of infection they should be disposed of via main stream waste.</p> <p><b><u>HAI Education Group</u></b> No report was submitted.</p> <p>FS informed the Committee that the above Group would resume meetings as from 12 June 2017. The Terms of Reference would be reviewed by the Group and the new Standard Infection Prevention and Control Education Pathway modules (SIPCEP) that are replacing the Cleanliness Champions Programme would be on the agenda to be discussed and disseminated.</p> <p><b><u>Infection Prevention and Control Team</u></b></p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Very High – Ultrasound Probe Decontamination</b> This remains static. A “needs assessment” has been compiled and a Short Life Working Group has been assembled and will meet on 31 May 2017 to progress. A decision is still required on who will finance the initiative.</p> <p><b>2 b) High – Rise in the number of <i>Staphylococcus aureus</i> Bacteraemia (SABs)</b> 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"> <li>• 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.</li> <li>• Initiating a mobile app for Vascular Line management in the Community</li> <li>• 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.</li> </ul>	



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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>At this point a zealous discussion commenced between AMK, BP and PEH regarding NHS Grampian staff adherence to the Health Protection Scotland definition of a CDI case. PEH moved the meeting on with some difficulty.</p> <p>DW suggested that context is needed on identifiable factors and any background issues that may be pertinent. FMc offered to supply antibiotic background factors should this be needed.</p> <p>FMc also spoke to the issues in Antimicrobial Prescribing. Dr Gray's medical wards continue to have difficulties with the correct auditing process. BP will visit Dr Gray's to engage staff.</p> <p>Ward 105 have also struggled with the process but a new Team has now been identified and it is hopeful that targets will now be met.</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>PEH will review the Sector Reports and include new risks and updates in the report to the Committee.</p>	PEH
7	AOCB	<p><b>HAI Executive Group</b></p> <p>DW asked for an update on the HEI Executive Group.</p> <p>PEH replied that the Group consisted of herself, Amanda Croft, Nick Fluck, Paul Allan, Dr Alexander McKenzie and Dr Karcher.</p> <p>The Terms of Reference are still in draft format but will be disseminated when finalised.</p> <p>The Group will meet Quarterly and will provide assurance upwards to the Clinical Governance Committee and the Board.</p> <p>The HAI Report will continue to be submitted to the Committee prior to being seen by the Clinical Governance Committee and all risks and issues will be escalated to the HAI Executive Group. This Group will determine the discussions to be had at the Infection Prevention and Control Committee.</p> <p>This Group was formed after the HAI Policy Unit re issued the HDL surrounding Infection Control Managers and their accountability within the organisation.</p> <p><b>NHSG Infection Prevention and Control Committee Meeting times</b> Some members suggested looking at the timings of this meeting so that it does not run across the whole of lunch time. AS to investigate.</p>	AS
	<b>Date of Next Meeting</b>	25 July 2017 11.30 – 13.30 The Conference Room, McGillivray Centre, Aberdeen Maternity Hospital	



