

**NHS GRAMPIAN  
Infection Prevention & Control Committee (NHSG IPCC)**

**Minutes from meeting held 22 January 2019  
Lossie / Spey Room, Aberdeen Dental Education Centre  
10.00 – 12.00**

**Present:**

**Grace McKerron**, Infection Prevention & Control Manager (**Chair**)  
**NH - Neil Hendry**, Operational Lead Nurse, Aberdeenshire CHSCP  
**GP – Gavin Payne**, Deputy Director, Facilities & Estates  
**FM – Fiona Mitchelhill**, Safe Team Leader - Quality Governance and Risk Unit  
**MI – Morven Irving**, Infection Prevention & Control Nurse  
**MJM – Malcolm Metcalfe**, Deputy Medical Director, NHSG  
**DE – Donal Egan**, Quality Improvement Facilitator  
**SS – Shona Sinkins**, Lead Nurse, Division B, Mental Health & Learning Disabilities  
**JA – Jane Adam**, Public Forum Representative  
**JWa – Julie Warrender**, Nursing Services Manager, Aberdeen City CHP  
**VB – Vhairi Bateman**, Consultant Infectious Diseases  
**DL – Deborah Lockhart**, Consultant Microbiologist / Infection Control Doctor  
**FS – Fiona Smith**, Senior Infection Prevention & Control Nurse  
**CA – Claire Allinson**, Surveillance Nurse  
**JS – Julie Stewart**, Practice Educator, Professional Practice & Development Unit (VC)  
**AS - Anneke Street**, PA to Infection Prevention & Control Manager (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>Caroline Hiscox (<b>CH</b>) Amanda Croft (<b>AC</b>) Leonora Montgomery (<b>LM</b>) Diana Webster (<b>DW</b>)  Deborah Lockhart (<b>DL</b>) Fiona Robertson (<b>FR</b>) Antibiotic Pharamacists Leonora Montgomery (<b>LM</b>)  Linda Harper (<b>LH</b>) Fiona Abbott (<b>FA</b>)</p> <p>GMcK informed the Committee that she had approached FM to become the “Assistant Chair” and FM had agreed.</p>	
2	Minutes of last meeting 25 September 2018	<p>The minutes from 27 November 2018 were ratified by the Committee with minor amendments to who discussed which topic.</p>	
3	Action Tracker	<p>Some updates were given via reporting and verbally; the update column will be completed retrospectively.</p> <p><b>Meeting 27 November 2018</b></p> <p><b>5.1 Sector Report – Aberdeen City CHP</b>  GP priced services. A comprehensive service would equate to £1200 a year per machine.  MJM questioned whether domestic dishwashers could be utilised instead as a cheaper option.</p>	<b>AS</b>

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3	Action Tracker cont.	<p>DL commented that this may not be an option as domestic machines may not reach the required temperature to disinfect items appropriately. GP will double check the standards surrounding the temperatures required.</p> <p><b>5.1 Sector Report – Facilities - Water Safety in Non NHSG Premises</b> This is ongoing as the National Survey will be conducted over a number of months and no further information at this time.</p> <p><b>5.1 Sector Report – Moray CHSCP – HAI Leadership Walkrounds</b> The first walkround has been arranged for 23 January 2019 at Turner Memorial Hospital. Feedback required for next meeting.</p> <p><b>5.3 HAI Executive Group Update – Safety Notice</b> This has been completed and sent to the Infection Prevention &amp; Control Team (IPCT) for comment. To be shared with VB and DL. Generic ID badges are being used and therefore the individuals using the decontamination rooms cannot be tracked. The situation regarding generic badges must be rectified. GMcK will speak with Jane Raitt regarding this A Level 2 review regarding Trophon damage of probes is ongoing. A provisional report will be available at the end of January 2019, from Sarah Campbell.</p> <p><b><u>Meeting 27 March 2018</u></b></p> <p><b>5.1 Sector Reports – Moray CHSCP – Shower Tray</b> Commencement of work is planned for mid / end of February 2019. LH to formally request why this has been an issue for this length of time. Perhaps a process review is required. VB asked for confirmation that the water outlets are being flushed. NH will establish this tomorrow and feedback. GP / LH will take the issue of time taken forward and contact the relevant parties.</p> <p><b><u>Meeting 23 January 2018</u></b></p> <p><b>5.1 Sector Reports – Facilities – Forres Health Centre Water Safety</b> This action cannot yet be closed as disinfectant flushing continues. A report is expected, from the building operator, after the Forres Water Treatment meeting held 18 January 2019.</p>	<p>GP</p> <p>LH</p> <p>GMcK</p> <p>LH NH</p>
4	Matters Arising	<p><b>Item 4.1</b> <b>Bed Space Cleaning Checklist (SBAR)</b> The checklist was submitted to the Committee. This is ongoing as there is still work to be done.</p> <p><b>Item 4.2</b> <b>Scottish Infection Prevention and Control Education Pathway (SIPCEP) Update</b> There is still an inability to run reports via TURAS however all Booking Desk Administrators (BDAs) should have this facility by the end of January 2019.</p> <p><b>Item 4.3</b> <b>Committee Membership / Roles and Responsibilities (postpone)</b> This was postponed again at the request of GMcK and will be finalised at the next meeting.</p>	

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4	Matters Arising cont.  Item 4.4	<p><b>Aseptic Technique SBAR</b>            JS – Practice Educator attended the meeting to seek the Committee’s endorsement of the suggestion that NHS Grampian (NHSG) adopt the NHS Education for Scotland (NES) Aseptic Technique online learning package and implement their technique. This is due to the difficulties being experienced with the existing Aseptic Non Touch Technique (ANTT) package being migrated to TURAS Learn. The SBAR detailed all relevant information on the suggested change.</p> <p>The Committee felt that, until a “test of change” had been performed, it was not possible to make the decisions required; although it could support the concept in principle. In addition the narrative within the paper, surrounding the challenges of adopting the NES Aseptic Technique (in particular, potential for confusion e.g. when to don Personal Protective Equipment (PPE) and skin cleansing) needed to be made clearer.            JS will take these recommendations forward and bring a revised SBAR to the next meeting, once the “test of change” has taken place.</p>	
5	Standing Items  Item 5.1	<p><b>Sector Reports</b></p> <p><b>Acute</b>            FR was unable to attend but asked for the following issue to be added verbally at the meeting.</p> <ul style="list-style-type: none"> <li>The water systems in Dr Gray’s and Chalmers dialysis units are old and are being reviewed. Clarity required about review.</li> </ul> <p>Risk is present on the Acute Sector Risk Register.</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Lack of side rooms in dialysis satellite units increases risk of cross contamination</b>            GMcK queried whether this was referring to old or new units. NH confirmed that is the case in all Units across Aberdeenshire.</p> <p><b>1 b) High – High risk of cross infection due to minimal spacing between patients in various dialysis units</b>            FS confirmed that there had been no evidence found of cross contamination between patients.            FR to feedback at the next meeting.            DE will run a report on ICNet.</p> <p><b>1 c) High – Capped water pipes in Peterhead Dialysis Unit where coffee bar was removed</b>            VB replied that this should have been dealt with at the time of removal (over a year ago). This needs to be addressed as poses a risk due to potential stagnation.            GP will contact the contractor as this issue is unacceptable. A call needs to be raised with the NHSG Facilities Helpdesk. GMcK will speak to FR.</p> <p><b>1 d) High – Issues with temperature control at Kincardine Community Hospital Dialysis Unit</b>            Heating of the water at the dialysis unit is an issue. The Infection Prevention and Control team (IPCT) are aware and the issue is being reviewed by estates and contractors.</p>	<p>FR</p> <p>FR DE</p> <p>GP GMcK</p>

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5	Standing Items cont.	<p>VB confirmed that there have been issues with temperature sensors. Contractor is involved and valves have been replaced; awaiting repeat temperature testing. Water sampling has been performed and results are pending.</p> <p>GP commented that the mains supply feeds a tank. There is no water flow due to over specification; having to water dump.</p> <p>FS also confirmed that the issues with hand washing sinks are due to the hot water tank having 2 branches of pipes which results in blended hot and cold water.</p> <p>FM insisted that the Committee should be assured that all steps available are being taken to resolve the issue.</p> <p>This will be raised at the NHSG Occupational Health and Safety Committee and GMcK will raise at the next HAI Executive Group (HAIG) meeting.</p> <p><b>1 e) High – Theatres – Vac Sacs considered anatomical waste and must be disposed of vis yellow stream waste. This does not fit with current waste disposal policy.</b> There are issues with disposal and the need to dispose of into 60 litre bins. Discussions had with Neil Duncan. Update required for next meeting.</p> <p><b>1 f) High – Theatres – Disposal / Storage of limbs</b> GP reported that this has been resolved.</p> <p><b>1 g) High – SAB reported in Ward 308 PVC bundle for patient incomplete</b> IPCT performed a Hand Hygiene audit – compliance was 85%. Problem Assessment Group (PAG) advised, still to be completed. Weekly audit on PVC bundle compliance is in progress. A Level 2 review is required VB / DL will discuss.</p> <p><b>1h) Medium – Increased number of patients positive with Influenza</b> Effective isolation of patients is taking place, staff are face fit tested, use of Appendix 11 re guidance for PPE / masks. GMcK investigated and the numbers are lower than last year. A Point of Care Testing (PoCT) discussion then took place.</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Recent non-compliant hand hygiene audit in Kincardine Community Hospital was 85%</b> PAG was held 21 January 2109 and an action plan was put in place. Since the original non-compliant result the area has been re audited and achieved 100%.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High – Issues with temperature control at Kincardine Community Hospital Dialysis Unit</b> This has been highlighted and discussed above.</p> <p><b>2 f) High – Confirmation of full HMP Inspection commencing 4/2/19.</b> NH informed the members that the letter of confirmation had been received by the HMP Peterhead approximately</p>	<p><b>GMcK</b></p> <p><b>FR</b></p> <p><b>VB / DL</b></p>

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5	Standing Items cont.	<p>6 weeks ago. Local meetings have been reconvened and are in the diary and the new standards will be reviewed leading to the completion of the self-assessment document</p> <p>One issue that may be noted is the high agency staff usage (multiple agencies being used).</p> <p><b><u>Aberdeen City CHP</u></b></p> <p>JW confirmed that there were no new areas of concern to report however Community input is still not being received. JW / FS will discuss to hopefully plan a way forward.</p> <p><b><u>Facilities</u></b></p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 e) Medium – Water Safety – SUP05 (2015)</b>  VB reported that the Water Group will be adopting SUP05 (2015) Provision of Drinking Water but at present this document is still in draft format. Implementation within NHSG will be a huge project and currently the use of water dispensers is questionable.</p> <p><b>2 g) High – Water Safety – Forres Health Centre</b>  Sampling in November 2018 showed water to be all clear however further testing in December showed positive for Legionella. NHSG commissioned a consultant to investigate and report – this has raised 21 recommendations. A meeting will be held to discuss the findings of the report.  VB suggested that the report may recommend a chemical disinfection plant be installed for long term treatment.</p> <p><b>2 i) High – Catering EHO Inspection</b>  Royal Cornhill Hospital’s kitchen has recently been inspected, again, and has passed with no issues. There is major work being completed within this area at present.</p> <p><b>2 j) Medium – Healthcare Environment Condition</b>  This relates to the ongoing issues within the Matthew Hay building surrounding the poor condition of floor coverings / skirtings. Remedial work has been agreed with the original installation contractors but delays have occurred due to complexities of safe access to ward areas and contractor availability; this has been raised at the Environmental Management Cleaning Group. The 6 month programme has been extended.</p> <p><b>3 Areas of Achievement / Good Practice</b>  Due to the previous contractor no longer being able to carry out their contractual obligations a Waste Contingency Plan has been put in place and seems to be working well. It will continue until April 2019 when the next contract will begin.  There are pockets of built up waste in small clinics across NHSG but this will be rectified as soon as a contractor is in place; this will be shortly.  However there are issues with the Orange Stream Waste; it has been found that some of the waste put into orange bags is not clinical. This is costing NHSG a great deal of money.  GMcK suggested that a flyer may be required to remind staff, patients and visitors to dispose of their waste appropriately.  FM suggested that this situation be highlighted at Safety Brief; FS will deal and NH will also raise within the Shire.</p>	<p>JW / FS</p> <p>FS / NH</p>

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5	Standing Items cont.	<p><b>Moray (CHSCP)</b> No one was available to speak to the report.</p> <p><b>Mental Health</b> No New Areas of Concern to report.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Ability to access reporting on TURAS</b> This is still an issue but should hopefully resolve shortly with the rollout of TURAS reporting to key members of staff.</p> <p><b>3 Areas of Achievement / Good Practice</b> SS feedback that the 100% compliance on clinical waste storage is being maintained.  Peer audits are to be commenced shortly for 2019.</p> <p><b>HAI Education Group</b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 b) Medium – Staff cannot access the <i>Clostridium difficile</i> module on TURAS easily.</b> This has been discussed above.</p> <p><b>Infection Prevention and Control Team</b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Medium – <i>Clostridium difficile</i> module on TURAS still appearing under “Medical” instead of “Clinical”</b> This has been discussed above</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Medium – Current NHSG neonatal HAI Screening process for Multi Drug Resistant Organism (MDRO) and Meticillin-Resistant <i>Staphylococcus Aureus</i> (MRSA) not fully embedded</b> Wards used the Patient Placement Tool (PPT) to show any healthcare received abroad. Both patients tested positive for Carbapenemase Producing Enterobacteriaceae (CPE). A meeting was arranged with the ward staff and they will begin to use the paper copy of the Clinical Risk Assessment (CRA) from 1 February 2019.</p> <p><b>2 g) High - <i>Clostridium difficile</i> infections (CDI) for Quarter 2 (Q2) and year Ending June 2018</b> Incidence rates were well above the National Average – NHSG was an outlier in Q2. Collaborative working between the IPCT and the Antimicrobial Management Team (AMT) has been ongoing and aimed to reduce antimicrobial consumption (both within hospital and Community settings) which is increasing. Subsequently local CDI rates are on a downward trend and NHSG is no longer an outlier.</p>	

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5	<p data-bbox="271 73 517 97">Standing Items cont.</p> <p data-bbox="555 456 651 480">Item 5.2</p> <p data-bbox="555 815 651 839">Item 5.3</p>	<p data-bbox="719 97 1827 153"><b>2 h) High - <i>Clostridium difficile</i> infections (CDI) positive isolates for NHSG had increased between January – May 2018. Downward trend is now evident.</b> As above collaborative working between the IPCT and the AMT has taken place and local CDI rates are on a downward trend; NHSG is no longer an outlier.</p> <p data-bbox="719 236 1173 260"><b>3 Areas of Achievement / Good Practice</b></p> <p data-bbox="719 296 1697 320">Two members of IPCT have completed their PG Certificate in Infection Prevention &amp; Control.</p> <p data-bbox="719 352 1845 400">The IPCT had a plan in place over the festive period to provide a weekend service should there have been outbreaks; but it wasn't required.</p> <p data-bbox="719 456 875 480"><b>Risk Register</b></p> <p data-bbox="719 512 1507 536"><b>Risk 2528 – Medium - Staff's inability to complete Mandatory Training</b> FM commented that a lot of work has been accomplished surrounding this risk; however the risk should not sit with the NHSG IPCC but rather with the Operational Groups who must add this to their risk registers. Janice Rollo is working on this. FM suggested risk register holders ask Michael Coulthard for his assistance.</p> <p data-bbox="719 679 1648 703"><b>Risk 2316 – High - Resignation of Infection Control Doctors with no suitable cover</b> MJM stated that the service was operating well and suggested this be reduced from high to medium. GMcK will take this to the HAI Executive Group (HAIG) for discussion and a decision.</p> <p data-bbox="719 815 1048 839"><b>HAI Executive Group Update</b> There has been no meeting held since 11 October 2018.</p> <p data-bbox="719 903 1167 927">The next meeting will be 29 January 2019</p>	<p data-bbox="2007 735 2078 759">GMcK</p>
6	<p data-bbox="271 962 636 1010">HAI Report to Clinical Governance Committee / Board</p> <p data-bbox="555 1042 651 1066">Item 6.1</p> <p data-bbox="555 1321 651 1345">Item 6.2</p>	<p data-bbox="719 1042 1099 1066"><b>HAI Report to the Board (HAI-RT)</b> GMcK informed the Committee that she has implemented more changes to the report. Descriptors have been added for each organism and a note of when screening commenced.</p> <p data-bbox="719 1153 1834 1201">HPS has informed all Boards of the change of name. A novel genus <i>Clostridioides</i> has been proposed for <i>Clostridium difficile</i> which will now be known as <i>Clostridioides difficile</i>.</p> <p data-bbox="719 1233 1368 1257">The Committee ratified the report with no suggestions raised.</p> <p data-bbox="719 1321 1283 1345"><b>HAI Report to the Clinical Governance Committee</b></p> <p data-bbox="719 1377 1323 1401">The following issues from this meeting will be escalated:</p>	

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6	HAI Report to Clinical Governance Committee / Board cont.	<ul style="list-style-type: none"> <li>• Quarter 3 CDI Figures have come down and NHSG are no longer an outlier.</li> <li>• Safety Notice for the Decontamination of Ultrasound Probes has been devised.</li> <li>• Clinical Waste Contingency Plan is working well</li> <li>• Good practice has been observed in the Intensive Care Unit with regard to CPE patients and the implementation of the PPT and the MDRO Protocol</li> </ul> <p>The following will be escalated to the HAI Executive Group:</p> <ul style="list-style-type: none"> <li>• Water temperature issue at the Renal Unit at Kincardine Community Hospital</li> <li>• Ongoing works surrounding water safety at Forres Health Centre</li> <li>• Good practice has been observed in the Intensive Care Unit with regard to CPE patients and the implementation of the PPT and the MDRO Protocol</li> </ul>	
7	<p>AOCB</p> <p style="text-align: right;">Item 7.1</p> <p style="text-align: right;">Item 7.2</p>	<p><b><i>Clostridioides difficile</i> versus <i>clostridium difficile</i> (for information)</b>  A novel genus <i>Clostridioides</i> has been proposed for <i>Clostridium difficile</i> which will now be known as <i>Clostridioides difficile</i>. There are no implications with regards the natural history of infection, infection prevention and control or clinical treatment (HPS, September 2018).</p> <p><b>Ongoing NHSG Issues</b>  JA raised a concern about ongoing issues, such as the Water Safety at Forres Health Centre and the length of time it can take to complete works. She queried to what extent NHSG could insist on contractor timeframes for completing the work.</p> <p>It was agreed that this can be a lengthy process due, not only to tendering, but works specifications and securing approved contractors. GP admitted that NHSG tends to over specify works which causes issues – the flaw is in procurement. GP is looking at a small works contractor at present.</p>	
9	Date of Next Meeting	26 March 2019, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital	