

**NHS GRAMPIAN  
Infection Control Committee**

**Minutes from meeting held on 26 September 2017  
Spey / Lossie Room, Aberdeen Dental Education Centre  
10.00 – 12.00**

**Present:**

**FR – Fiona Robertson**, Chief Nurse (**Chair**)  
**LM – Leonora Montgomery**, Public Forum Representative  
**FS – Fiona Smith**, Acting Infection Prevention and Control Senior Nurse  
**MY – Mandy Young**, Operational Support Nurse Manager, Mental Health Services (**attended for Jenny Gibb**)  
**FM – Fiona Mitchelhill**, Safe Team Leader, Quality Governance and Risk  
**DW – Diana Webster**, Consultant in Public Health Medicine  
**NH – Neil Hendry**, Operational Lead Nurse, Aberdeenshire CHSCP  
**AB – Audrey Bell**, Head of Domestic / Support Services

**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 (<b>PEH</b>) Alexander MacKenzie (<b>AMcK</b>) Jane Adam (<b>JA</b>) Julie Warrander (<b>JWa</b>)            Fiona Abbott (<b>FA</b>) Preston Gan (<b>PG</b>) Linda Harper (<b>LH</b>) Carol Nicol (<b>CN</b>)</p> <p>FR explained that she was chairing the meeting as GMcK was on annual leave and asked the Committee to Introduce themselves.</p>	
2	Minutes of last meeting 25 July 2017	The minutes from 25 July 2017 were ratified by the Committee with no amendments.	
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 long term actions are to be closed as completed:</p> <p><b>Meeting 28 March 2017</b>  <b>5.1 Sector Reports – Acute Sidhill Beds</b> – The final SBAR is now complete and has been escalated to Richard Stubbs via Stephanie Broadbent to identify funds to replace some of the beds.</p> <p><b>Meeting 31 January 2017</b>  <b>4.3 Water Safety in Non NHSG Premises</b>            After a meeting between PG and Stephen Merchant (SM) a letter of support has been received.</p>	<p><b>AS</b></p> <p><b>AS</b></p>



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4	<p data-bbox="271 73 524 97"><b>Matters Arising cont..</b></p> <p data-bbox="495 236 589 260"><b>Item 4.5</b></p> <p data-bbox="495 708 589 732"><b>Item 4.6</b></p>	<p data-bbox="663 100 1816 204">compiling and submitting KPIs to the creation of a “dashboard” look and feel previously suggested by PEH. The Committee suggested that, although the original action relating to this has been completed and closed, a new action is required to show progression. AS to add the new action to the Action Tracker.</p> <p data-bbox="663 236 1339 260"><b>Implementation of National Cleaning Specifications Update</b> AB attended the meeting and gave a presentation on the new National Cleaning Specifications explaining the sharing of the new specification, the challenges to be faced, objectives to be met and the key principles. The new document is a more output and risk based approach focusing on the risk of infection, public perception, refers to standard risk assessments and will be used to prepare and update work schedules. AB feedback that the challenges faced by NHS Grampian are surrounding recruitment, absence records, the development of new protocols and Board revenue. The coding structure has been removed and now refers to only Clinical and non Clinical. Boards are now required to risk assess on Red / Amber / Green (RAG) status and an excerpt from the National RAG Rating table was shown and explained. In addition each task performed has a Standard Operating Procedure (SOP). The benefits are a more robust and flexible way of working, to aid communication between staff members, and a collaborative approach to environmental cleaning. Domestic and Nursing staff should feel more comfortable due to increased input and development of a safe system of working. Reviews in key areas (Wards 102 / 103) have been In summary the revised specifications should allow a more efficient deployment of domestic services hours.</p> <p data-bbox="663 708 801 732"><b>ATL Update</b> JWa was unable to attend the meeting but submitted a written update. JWa spoke to Linda McKerron who explained the Short Life Working Group (SLWG) are looking at what system is to replace ATL as the contract for ATL and eKSF expires in March 2017. At present the favoured option is TURAS Appraise and TURAS Learn which work in conjunction with one another and is used in other Boards.  The concerns raised by JWa regarding inaccuracies with reporting from the ATL system are being dealt with by Linda McKerron; a meeting will take place this week to look at the issues being experienced and how these can be overcome so that accurate reporting can be pulled from the system. In addition FS will liaise with Gerry Lawrie regarding a way forward.</p>	<p data-bbox="1944 180 1984 204"><b>AS</b></p> <p data-bbox="1944 959 1984 983"><b>FS</b></p>
5	<p data-bbox="271 1018 450 1042"><b>Standing Items</b></p> <p data-bbox="495 1042 589 1066"><b>Item 5.1</b></p>	<p data-bbox="663 1042 831 1066"><b>Sector Reports</b></p> <p data-bbox="663 1098 734 1121"><b><u>Acute</u></b> FR spoke to the Acute Sector (ARI) report highlighting the New Areas of Concern.</p> <p data-bbox="663 1185 1160 1209"><b>1 New Areas of Concern raised by Divisions</b></p> <p data-bbox="663 1241 1093 1265"><b>1a) High – Hand Hygiene Compliance</b> Hand Hygiene within Ward 112 was non-compliant within the reporting period. Initial Problem Assessment Group (PAG) meeting was undertaken in July but following further non-compliance another PAG will be arranged and an Action Plan completed.</p>	

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5	Standing Items cont..	<p><b>1b) Low – Cupboards in sluice for Clinical Pharmacology are no longer fit for purpose.</b> To be discussed with Estates and costing required for use of sluice. Also discuss with Clinical Pharmacology Team as to whether a full sized sluice is required. Ongoing.</p> <p><b>1c) High – Audit Compliance within Theatres</b> Theatre 14 non-compliant and observations not being completed due to sick leave. Further audits to take place and stop checks to be completed on a regular basis.</p> <p><b>1d) High – Leaking Roof in Doctors Room and 5 bedded room in Ward 210</b> Escalated to Estates and 5 bedded room closed until situation resolved.</p> <p><b>Areas of Concern / Changes to Practice raised by ARI HAI Group 11/9/17</b></p> <p><b>Waste Disposal Compliance and Storage</b> New swipe access to disposal rooms within Emergency Care Centre (ECC) to improve compliance with Health and Safety and Infection Control.</p> <p><b>Waste and Spillage behind Sluice Masters within ECC</b> Issue identified following audits . Estates will trial using wipe boards around the sluice in Ward 102; this will hopefully improve cleaning. If successful this will be implemented for all 27 sluice masters within the ECC.</p> <p><b>CAUTI Self Assessment and pending HIS Unannounced Inspection</b> Self assessment to be submitted for NHS Grampian. Education of staff and consistent approach re documentation a SLWG has been established to take this forward.</p> <p><b>HAI Walk Rounds</b> Multidisciplinary walk rounds to commence with members of the ARI HAI Group attending.</p> <p><b>Issues with Skirting Boards within the ECC</b> Issues continue with skirting boards and flooring and have been escalated to Estates. This is considered to be a contractual problem and is being progressed. Awaiting an update.</p> <p><b>3 Areas of Good Practice</b> Alistair McGowan (HEI Inspector) recently visited NHSG to inform and support the Interim Infection Prevention and Control Manager (GMcK) around the expectations of an HEI inspection. Feedback and question session was very informative and relevant to Infection Prevention and Control (IPC) practice.</p> <p><b><u>Aberdeenshire</u></b> NH spoke to the report</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) High – Construction work has commenced at Kincardine Community Hospital on the new Renal Unit</b> The HAI Scribe has been completed however external metal storage facilities have had to be relocated due to works traffic access. This storage is now unfit for purpose and alternative measures will be looked into. Construction will take approximately 6 months with only mild disruption to patients on site expected. Regular visits / checks are being made by the Operational Lead Nurse (NH) and the Infection Prevention and Control Nurse for the area,</p>	

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5	Standing Items cont...	<p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High – Outstanding Estates Issues within Community Hospitals</b> This remains ongoing. All issues are escalated to Estates and walk rounds attended by Ian Esslemont have slightly improved things. Risk assessments are in place in all areas concerned.</p> <p><b>2 b) High – HEI Visits</b> During a recent informal walk round at Turriff Hospital patient chair cushions were found to be contaminated. The chairs were taken out of use and new ones have been ordered via the National Distribution Centre (NDC) but are going to be a minimum of 6 weeks from the supplier. This may impact on patient flow and is also a significant risk should chair cushions become contaminated in the future. NH will raise the issue of the 6 week turnaround from the NDC with Stephen Glass / Stephanie Broadbent. A reminder has been sent to all regarding the procuring of non-compliant equipment and this is being looked into by the Area Support Managers.</p> <p><b>2 c) High – Redevelopment of the Inverurie Hospital Site</b> The water and heating issues have now been resolved and NH will lower the risk level from High to Low on the report.</p> <p><b>2 d) High – Level of HAI Activity within Community Hospitals</b> FS feedback that the assisted HAI Audit Programme has had to be put on hold due to staff shortages within the Infection Prevention and Control Team. This being discussed at a meeting tomorrow A discussion took place surrounding the reduction in Infection Prevention &amp; Control doctor availability, due to recent resignations. FR queried whether this should be added to the Corporate Risk Register. DW will liaise with Susan Webb as to whether this has been added and if not how to progress.</p> <p><b>2 f) High Recent Outbreaks of ESBL at Turriff Hospital and <i>Clostridium difficile</i> at Kincardine Community</b> An Action Plan has been developed for both sites and staff continue to work through these.</p> <p>The Committee raised the question of Medical Microbiology / Infection Prevention and Control Doctor support. FS replied That it could potentially be March / April before the post is filled. Cameron Matthew is dealing with this,</p> <p><b>3 Areas of Good Practice</b> Ashcroft Ward at Inverurie Hospital has had a poster submission, along with the Infection Prevention Control Team, accepted to the Infection Prevention Society Conference in Manchester. They have since been approached to publish their work.</p> <p><b><u>Aberdeen City CHP</u></b> JWa was unable to attend the meeting and the report was taken as submitted.</p> <p>An update will be required on New Areas of Concern for the next meeting.</p>	<p>NH</p> <p>DW</p> <p>JWa</p>

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5	Standing Items cont...	<p><b>Facilities</b> PG was not able to attend but some risks were discussed.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) High – Standard of Refrigeration</b> The Committee queried why this risk was still noted in the report when the Action states that all areas are no compliant. PG to update at the next meeting.</p> <p><b>2 f) High – Forres Health Centre Water Safety Issue</b> There is no narrative in the Update or Level of Risk Now columns. PG to update at the next meeting.</p> <p><b>2 g) High – Catering EHO Incident</b> There is no narrative in the Update or Level of Risk Now columns. PG to update at the next meeting.</p> <p>It was decided at this point that the Sector Reports have become somewhat confusing and guidelines should be issued on how to complete and update the reports for each meeting. Each Sector seems to be doing something different.</p> <p>GMcK will liaise with PA / PG re the Facilities Report</p> <p><b>Moray (CHSCP)</b> LH / FA were not able to attend but the report was discussed.</p> <p>The issue was raised that there were no New Areas of Concern noted. NH was approached by FA regarding shower trays at Turner Hospital and asked if he could perform a walk round. This should be reported under this section. FA to update at the next meeting</p> <p><b>Mental Health</b> MY spoke to the report.</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) High – Scottish Infection Prevention and Control Education Pathway (SIPCEP)</b> This is ongoing due to the difficulties in ensuring the modules can be accessed via ATL. The Learning and Development Team are working with NHS Education for Scotland (NES) to progress this. Until this has been resolved NHS Grampian cannot collate figures on how many staff have completed the training. These figures will have to be supplied by NES.</p> <p><b>Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Low – The Service has been unable to run reports from AT Learning</b> Directorates are being made aware of the importance of ensuring the Hand Hygiene and Standard Infection Control Precautions (SICPs) elearning packages are being completed by staff. This has full CMB support.</p>	<p>PG</p> <p>PG</p> <p>PG</p> <p>GMcK / PA / PG</p> <p>FA</p>

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5	Standing Items cont....	<p><b>2b) Medium – Onsite Waste Management</b> There are still issues regarding this. The Local Waste Management Group now meet monthly and have planned assurance walk rounds.</p> <p><b><u>HAI Education Group</u></b> FS spoke to report.</p> <p><b>1 New Areas of Concern</b></p> <p><b>1a) High – Infection Prevention and Control Mandatory Training</b> As previously discussed the SIPCEP modules are not yet available on the ATL system and NES is working with the Learning and Development Department on progressing this. No uptake figures are available. FS is having a teleconference with Elaine Boyd (NES) Thursday 28 September and will raise the issue again. FS will also speak to Gerry Lawrie (as actioned above under Item 4.6 ATL Update)</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) High – Ongoing Issues with Staff being able to attend / complete HAI Education Sessions</b> FS questioned whether this was the case due to incorrect reporting from ATL. Is this a mandatory training issue or a reporting issue ? This is yet to be established.</p> <p>The HAI Education Group felt that the 100% compliance rate set for the Hand Hygiene elearning package should be reduce to 80% to bring it in line with National learning. Jan Law (IPCN) is leading on this.</p> <p><b><u>Infection Prevention and Control Team</u></b> FS spoke to the report</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) High – Infection Prevention and Control Mandatory Training</b> Currently the SIPCEP modules are not compatible with ATL. NHSG are unable to monitor or report on staff uptake and NNH Grampian does not have a <i>Clostridium difficile</i> module as per recommendation by the Vale of Leven Report 2014. NHSG learning and Development Team are working with NES to ensure integration of the SIPCEP modules onto the ATL system. Until such time as the modules are available via ATL the Infection Prevention and Control team will continue to direct staff to the existing mandatory elearning modules.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Very High – Ultrasound Probe Decontamination</b> This risk has been investigated by the Reusable Medical Devices Short Life Working Group and has since been downgraded to High. The “needs assessment” has been compiled and will be submitted to Finance this week.</p>	FS

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5	<p>Standing Items Cont..</p> <p style="text-align: right;">Item 5.2</p>	<p>2 options have been suggested</p> <ul style="list-style-type: none"> <li>• Trophon Machines</li> <li>• Tristel Wipes</li> </ul> <p>The Trophon machines are considered the best option as usage will impact less on staff time and the use of Hydrogen Peroxide being deemed superior at deep disinfection.</p> <p>Discussion took place regarding the reports submitted by Sectors and the need to review the reporting process as many reports did not reflect the level of risk or had been updated with changes to the level of risk FR to discuss further a way forward with GMcK</p> <p><b>HAI Work Programme</b> The report was submitted but due to it not having been updated it was not discussed.</p>	FR / GMcK
6	<p>Reporting to Clinical Governance Committee and Board</p> <p style="text-align: right;">Item 6.1</p> <p style="text-align: right;">Item 6.2</p>	<p><b>HAI Report to the Board (HAI RT)</b> There was no report submitted due to Health Protection Scotland (HPS) data not yet released. The report will be updated and explained at the next meeting.</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>FR will review the Sector Reports and discuss with GMK inclusion of the new risks and updates in the report to the Committee. These will include</p> <ul style="list-style-type: none"> <li>• Concerns regarding ATL reporting inaccuracies and the fact the Scottish Infection Prevention and Control Education Pathway (SIPCEP) modules are, at present, incompatible with the ATL system.</li> <li>• Issues surrounding the sourcing of patient equipment from the National Distribution Centre (NDC) within Aberdeenshire CHSCP.</li> <li>• The backlog of maintenance across NHS Grampian surrounding Infection Control issues and the built environment. This could be seen as a patient safety risk.</li> </ul> <p>Areas of Good Practice will include</p> <ul style="list-style-type: none"> <li>• Ashcroft Ward's poster submission, along with the Infection Prevention Control Team's was accepted for the Infection Prevention Society Conference in Manchester. They have since been approached to publish their work.</li> </ul>	FR / GMcK

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7	AOCB	<p><b>NHSG Discharge Clean / Bed Response Team, ECC SBAR</b>  AB spoke to the paper and informed the Committee that is has been submitted for information. It will be going to the Equipment Management and Cleaning Group for ratification.  The purpose of the paper was to explain the trial being undertaken within the ECC Wards 102 / 103 and explain the changes and progress made since the beginning of the Bed Response Team exercise. It has been very well received. In the future, similar exercises / trials will commence in other areas with a high turnover of patients.</p> <p><b>Appendix 11 – National Infection Prevention and Control Manual</b>  <b>List of infectious agents and / or diseases that require Transmission Based precautions (TBPs) in addition to Standard Infection Control Precautions (SIPCs)</b>  FS raised this to highlight that staff should refer to this document (present on the Infection Prevention and Control Intranet page) as and when needed. The document contains a table listing transmissible diseases and which type of respiratory and facial protection is needed for healthcare workers whilst the patient is considered infectious.</p>	
9	Date of Next Meeting	28 November 2017 10.00 – 12.00 Lossie / Spey Room, Aberdeen Dental Education Centre (ADEC)	