

**NHS GRAMPIAN  
Infection Control Committee**

**Minutes from meeting held on 27 March 2018  
Conference Room, MacGillivray Centre, AMH  
10.00 – 12.00**

**Present:**

**GMcK – Grace McKerron**, Interim Infection Prevention & Control Manager  
**FR – Fiona Robertson**, Chief Nurse  
**JA – Jane Adam**, Public Forum Representative  
**LB – Leighanne Bruce**, Acting Infection Prevention and Control Senior Nurse  
**FM – Fiona Mitchelhill**, Safe team Leader - Quality Governance and Risk Unit  
**DW – Diana Webster**, Consultant in Public Health Medicine  
**NH – Neil Hendry**, Operational Lead Nurse, Aberdeenshire CHSCP  
**GP – Gavin Payne**, Deputy General Manager, Facilities & Estates (*attended for Paul Allen*)  
**SS – Shona Sinkins**, Lead Nurse , Division B, Mental Health & learning Disabilities  
**LH – Linda Harper**, Associate Nurse Director, Practice Nursing / Lead Nurse GMED  
**JLa – Jan Law**, Infection Prevention & Control Nurse  
**FMc – Fiona McDonald**, Antimicrobial Pharmacist

**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	Apologies were received from :  Fiona Abbott ( <b>FA</b> ) Fiona Smith ( <b>FS</b> ) Caroline Hiscox ( <b>CH</b> ) Leonora Montgomery ( <b>LM</b> ) Alexander Mackenzie ( <b>AM</b> ) Juliette Laing ( <b>JL</b> ) Carol Nicol ( <b>CN</b> ) Julie Warrender ( <b>JWa</b> )	
2	Minutes of last meeting 25 January 2018	The minutes from 25 January 2018 were ratified by the Committee with no amendments.	
3	Action Tracker	GMcK discussed the closed risks and their final updates to ensure the Committee were happy for them to be closed and removed from the document. Some updates were given via reporting and verbally; the update column will be completed retrospectively.  The following long term actions are to be closed as completed:  <u>Meeting 23 January 2018</u>  <b>5.1 Sector Reports – Facilities</b> <b>Linen Segregation issues to be added to the Facilities Risk Register</b> GP confirmed that this action is complete but will require ongoing management.	<b>AS</b>  <b>AS</b>

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3	Action Tracker cont..	<p><b><u>Meeting 23 January 2018</u></b></p> <p><b>5.1 Sector Reports – Moray CHSCP</b>            FA was unable to attend the February Dr Gray’s HAI Group due to the meeting being cancelled. The suggestion that the Moray CHSCP join the Dr Gray’s HAI Group needs to be revisited and discussed.            LH will liaise with FA and update the Committee</p> <p>The follow actions were also discussed:</p> <p><b><u>Meeting 26 September 2017</u></b></p> <p><b>4 PPE Training Plan Update</b>            Level 1 areas have been concentrated on.            LB informed the Committee that Maha Saeed had requested a meeting with GMcK to discuss and follow up from the results of Exercise SOTERIA, the table top exercise which was carried out in March 2017 to explore the preparedness and planning of NHS Grampian’s response to Pandemic Flu’, focusing on Personal Protective Equipment requirements. Maha would like to meet regarding developing guidance for PPE and Infection Prevention &amp; Control for pandemic flu in the acute setting.            AS will arrange the meeting</p> <p>DW also requested that a formal update was prepared for the Committee due to the length of time this has been a Standing Item for discussion on the Agenda. LB will deal?</p> <p>FR to open a new action surrounding this. GMcK will email Fiona.</p> <p><b>4.3 Water Safety in Non NHS Grampian Premises</b>            Toolbox Talks on Flushing have been disseminated across NHS Grampian.            The Committee were still concerned regarding the issue of whether the “owners” of the buildings (e.g non NHS Grampian surgeries) complete adequate flushing regimes / records to ensure patient / staff safety and are requesting assurance that this is being done.            GP suggested that this action be redefined and a new one opened.            LH will liaise with Sean Coady for Moray CHSCP to gain an insight and perhaps a resolution.            GMcK suggested this be added to the Corporate Risk Register.            AS to open a new action.</p> <p><b>5.1 Sector Reports – Facilities - Forres Health Centre Water Safety Issue</b>            GP feedback that this action remains open and ongoing. Tests are still being performed and will continue until satisfactory results are achieved.</p> <p><b>5.1 Sector Reports – Moray CHSCP – Shower Tray</b>            LH will request and update on progress from FA.</p>	<p>LH</p> <p>AS</p> <p>LB</p> <p>FR / GMcK</p> <p>LH</p> <p>AS</p> <p>LH</p>
4	Matters Arising  Item 4.1	<p><b>Bed Space Cleaning Checklist (SBAR)</b>            JLa attended the meeting to explain the paper and request feedback.            This updated document was drafted after the recent HEI visit to Peterhead Community and Fraserburgh Hospitals; the original checklist having been compiled by Eleanor Murray (although there seem to be many variations across NHS Grampian).</p>	

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4	<p data-bbox="271 73 524 97"><b>Matters Arising cont..</b></p> <p data-bbox="555 515 651 539"><b>Item 4.2</b></p> <p data-bbox="555 903 651 927"><b>Item 4.3</b></p> <p data-bbox="555 1015 651 1038"><b>Item 4.4</b></p>	<p data-bbox="734 97 1928 456">This document has been written in conjunction with Domestic Services who suggested the Health Facilities Scotland (HFS) colour coding for ease (green – domestic staff; blue – nursing staff) but it has not yet been tested within an area. One working document for NHS Grampian as a whole would ensure continuity and consistency. The document has been shared at the Infection Prevention &amp; Control Control Team (IPCT) meeting and has been agreed in principal but ratification is required from this Committee. A discussion then took place regarding designated cleaning duties and the issue that Domestic Services may not be available in certain areas when needed (out with working times). Audrey Bell is looking into this. FR also raised the issue of equipment in certain areas not having been included on the checklist (e.g the monitors in High Dependency Unit (HDU)). It was decided that the colour coding may not be successful but GMcK agreed that a test of change should be completed. It was decided that Turriff Hospital would test the document. JLa will take into account the feedback received from the Committee and make changes to the wording as agreed before circulating to the required people for testing.</p> <p data-bbox="734 515 1066 539"><b>HAI Executive Group Update</b></p> <p data-bbox="734 544 1917 847">GMcK feedback that the first meeting of the new Group took place 20 February 2018. It was decided that the Group would take strategic responsibility whereas the NHSG Infection Prevention &amp; Control Committee (NHSG IPCC) would remain an operational group. Terms of Reference (ToR) and membership were discussed and agreed and draft reporting structures for the IPCT and the NHSG IPCC were submitted; these require slight modification and will hopefully be signed off at the next meeting on 17 April 2018. GMcK raised the issue that the Risk Register contained various risks that date back to 2012 and have not been updated for a period of time. GMcK will close the relevant risks and evidence them. <b>Risk 1560 - staff are unable to be released to undertake mandatory training</b> will be closed and a new risk opened that better explains the current difficulties surrounding mandatory training. DW asked for the ToR and Reporting Structures to be circulated. AS will deal.</p> <p data-bbox="734 903 1223 927"><b>PPE Training Update / FFP3 mask Shortage</b></p> <p data-bbox="734 932 1532 956">There is no longer a mask shortage. This can be removed from the Agenda.</p> <p data-bbox="734 1015 954 1038"><b>AT Learning Update</b></p> <p data-bbox="734 1043 1895 1150">GMcK gave a brief update stating that the SIPCEP modules are available to complete via NES. It was, however, decided by FS, in talks with Learning and Development, that the Hand Hygiene and Standard Infection Control Precautions (SICPs) would continue as elearning packages until TURAS online is launched within NHS Grampian.</p>	<p data-bbox="2018 400 2074 424"><b>JLa</b></p> <p data-bbox="2007 735 2085 759"><b>GMcK</b></p> <p data-bbox="2018 791 2074 815"><b>AS</b></p> <p data-bbox="2018 820 2074 844"><b>AS</b></p>
5	<p data-bbox="271 1185 450 1209"><b>Standing Items</b></p> <p data-bbox="607 1209 651 1233"><b>5.1</b></p>	<p data-bbox="734 1209 904 1233"><b>Sector Reports</b></p> <p data-bbox="734 1265 797 1289"><u><b>Acute</b></u></p> <p data-bbox="734 1294 1592 1318">FR spoke to the Acute Sector (ARI) report highlighting the New Areas of Concern</p>	

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5	Standing Items cont.. Item 5.1	<p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1a) High – Clinical Waste - Theatres</b>            There are major concerns regarding the disposal of clinical waste.            Risks include</p> <ul style="list-style-type: none"> <li>• Current practice involves double handling of clinical waste</li> <li>• Volume of waste generated (overfilling of clinical waste bags)</li> <li>• Use of incorrect containers for transporting waste</li> <li>• Manual handling issues</li> <li>• Placement of Eurobins</li> </ul> <p>Walk rounds have been completed and the layout of the area is a concern. Clinical staff are moving waste to the loading bay in inappropriate workwear. A bin tipper has been allocated but can only hold a limited amount of bags and this piece of equipment also raises moving and handling issues. Risk assessments (regarding spillage) have been completed. Meetings have been held with relevant stakeholders and issues will be revisited; escalated to heads of Health &amp; Safety and Occupational Health &amp; Safety in addition to the Deputy Director of Acute Services. Theatre Teams are composing their own Risk Assessments.</p> <p>GP admitted that space is an issue.            NH added that Community Hospitals experience the same issues; small Eurobins are decanted into the large bins by porters.</p> <p>The Committee felt that the HEI Executive Committee should be made aware of this risk for information.            FR will send the completed SBAR to GMcK who will include this at the next Occupational Health &amp; Safety Group meeting.            FR to check whether this issue is also logged on the Theatres Risk Register            LH also suggested that this could be a full time role. FR feedback that she had asked the Division to take this on board and investigate.</p> <p><b>1b) High – High numbers of patients boarded outwith parent ward due to Clinical and capacity demands</b>            There is a high risk of infection spread throughout the hospital with increased patient journeys. Medical patients are being boarded in Surgical areas; poor communication resulting in patients being inappropriately placed. The Patient Placement Tool is not being used appropriately and staff are failing to update on patients being transferred to new areas. Improved communication is needed to support safe patient placement and effective handover between clinical areas.</p> <p><b>1c) Low – Increase in number of Caesarean Section wound infections</b>            C section rates have increased to above the National average of 1.2% although incidents remain low. More data is needed and review of Infection Control processes. This will be reviewed at the next local meeting on 10 April 2018.</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b>            NH spoke to the report highlighting the New Areas of Concern</p> <p><b>1 New Areas of Concern</b></p> <p><b>1a) High – HMP Inspectorate to Visit</b>            The HMP Inspectorate are to visit and inspect all areas week commencing 11 June 2018. The inspection</p>	<p><b>FR / GMcK</b></p> <p><b>FR</b></p>

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5	Standing Items cont..	<p>Standard 4 relates to health care within HMP YOI Grampian and has strong emphasis on Infection Prevention and Control. NH will work with LB prior to the visit and share the Standard paperwork with the Committee. Weekly meetings are being held. The inspection plan from the previous visit in 20145 is being reviewed and leading to the population of the self-assessment document which will be completed prior to the inspection; there are also plans to conduct an environmental audit and have an expert group convened fortnightly</p> <p><b>1 b) High – Recent Norovirus outbreaks in four Community Hospitals</b>  NH suggested that better communication is needed with the Discharge Hub at Aberdeen Royal Infirmary (ARI) as there is some suggestion that patients may have been transferred to Community hospitals prior to test results being received / confirmed for patients with potential Norovirus.  LB commented that she did not consider this to be the case and that more information is needed.  GMcK asked for NH to liaise with Louise Brodie and update the Committee at the next meeting.  In addition, failed Hand Hygiene audits following the outbreaks have been addressed at Problem Assessment Groups (PAGs)</p> <p><b><u>Aberdeen City CHP (Woodend)</u></b>  JWa was unable to attend the meeting.</p> <p>GMcK will liaise with JWa for an update and highlights of the report</p> <p><b><u>Facilities</u></b>  GP spoke to report.</p> <p><b>1 New Areas of Concern</b>  No new issues were documented.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) High – Standard of Refrigeration</b>  The Ward Pantry Protocol has now been implemented. Environmental Health are satisfied but will continue to monitor.</p> <p><b>2 d) High - Water Safety</b></p> <p><b>Adoption of SUP 50(2015) Guidance</b>  Following discussions at a number of Water Safety Group meetings it has been decided that the SUP 50 (2015) guidance on the Provision of Drinking Water in Healthcare Premises should be adopted by NHS Grampian. In particular it gives clear guidance on the use of free standing water dispensers and the accompanying risk of infection these can present.</p> <p><b>Forres Health Centre Water Safety Issue</b>  Tests are ongoing and will continue until control levels are satisfactory.</p>	<p>NH</p> <p>NH</p> <p>GMcK</p>

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5	Standing Items cont...	<p><b><u>2 g) High – Catering EHO Inspection</u></b></p> <p>ARI pass certificate remains in place following an inspection 1 February 2018. Royal Cornhill Hospital (RCH) was inspected 26 February 2018 and a pass certificate was granted, however there are issues with the flooring within the kitchens and replacement is being looked into; this will impact greatly on service provision.</p> <p>GP also reported that he had met with City CHP regarding the recycling of walking aids. Inadequate arrangements are in place and the current protocol is not fit for purpose</p> <p>GMcK to raise the following issues within the Clinical Governance Committee (CGC) or Occupational Health &amp; Safety (OH&amp;S) reports</p> <ul style="list-style-type: none"> <li>• The Water Safety Group has not met for some time</li> <li>• NHSG’s adoption of SUP 05 (2015) guidance on the Provision of Drinking Water in Healthcare Premises</li> </ul> <p><b><u>Moray (CHSCP)</u></b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Medium – Condition of Flooring in Fleming Hospital</b> Loose flooring has been detected in one single room in Fleming Hospital. This has been reported to FA (16/3/18) and the room will be left unused until Facilities are able to repair or replace.</p> <p><b><u>Mental Health</u></b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Medium – Lack of Clarity and Consistency surrounding Outbreaks</b> There is a lack of clarity in some areas about what constitutes an infection outbreak and a lack of consistency in contacting the Infection Prevention &amp; Control Team (IPCT). There have been situations where Infection Prevention &amp; Control (IPC) have been contacted via email or by non Clinical staff resulting in a delay / incorrect information being feedback. Nurse Managers will give Senior Charge Nurses (SCNs) clear guidance who in turn will ensure reporting processes are adhered to.</p> <p>SS also raised the issue that staff are still confused over the various auditing processes. SS has suggested that an “easy read guide” is developed to assist. SS will share this guide with the Committee. AS to circulate</p> <p><b><u>HAI Education Group</u></b> No report was submitted.</p> <p>GMcK reported that the meeting 13 March 2018 went ahead with Jane Ewen as Chair. Terms of Reference were looked into and discussed. GMcK discussed the use of the wording <b>NHS Grampian</b> with Amanda Croft and it was decided that it should remain.</p>	<p style="text-align: center;"><b>SS AS</b></p>

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5	<p>Standing Items cont....</p> <p style="text-align: right;">Item 5.2</p>	<p><b><u>Infection Prevention and Control Team</u></b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Medium – Shortage of experienced Infection Prevention &amp; Control Nurses (IPCNs)</b>  There is a shortage of experienced staff due to sickness absence and maternity leave.  Actions are in place; external support from nursing agencies has been sought, a temporary post has been advertised and a development post has been internally publicised – both pending recruitment process.</p> <p>The issues surrounding the Scottish Infection Prevention and Control Education Pathway (SIPCEP) modules incompatibility with AT Learning and the inability of NHS Grampian to provide accurate figures on uptake of mandatory training via AT Learning were both raised. We are awaiting the TURAS Learn system to go live.</p> <p><b>HAI Work Programme</b>  GMcK questioned the Committee on the viability of this meeting and whether it should continue as it is ?  It was decided to move to twice yearly meetings.</p> <p>GP replied that actions included in this report would also be found in the Sector Reporting templates which, should, include all risks and actions.</p> <p>GMcK suggested that the report could be sent out to all Leads for update without the need for a meeting and the report would then come to the Committee every 2 months for discussion and ratification.  GMcK will take this suggestion to the HAI Executive Group for their thoughts.</p> <p>The report will be ratified today with removals / additions discussed at the next meeting 18 September 2018.  WG will send the report out to the members for update  GMcK will look at the Terms of Reference (ToR) and membership list.</p>	<p style="text-align: right;"><b>GMcK</b></p> <p style="text-align: right;"><b>WG</b> <b>GMcK</b></p>
6	<p>HAI Report to Clinical Governance Committee / Board</p> <p style="text-align: right;">Item 6.1</p>	<p><b>HAI Report to the Board</b>  Page 6 National Quality Indicator Primary Care Antimicrobial Prescribing.  The Total antibiotic prescribing (primary care) percentage should read 75% and not 71%.</p> <p>Page 7 – add the sentence:  <b>The target for this quality indicators is an annual 1% reduction in total antibiotic use, <u>carbapenem</u> use and <u>piperacillian-tazobactam</u> use from baseline of 2015 data.</b></p> <p>Page 9 – remove the word “update”</p> <p>FM raised the issue that NHSG is above the National Targets for <i>Clostridium difficile</i> infections (CDIs) <i>E Coli</i> Bacteraemias and <i>Staphylococcus aureus</i> bacteraemias (SABs).</p>	

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6	HAI Report to Clinical Governance Committee / Board cont...  Item 6.2	<p>GMcK feedback that the Surveillance Nurse and herself had been visiting the Integrated Joint Boards (IJBs) to give presentations on incidence rates of infections to help engage teams and provide further information. The IPCT are also undertaking <i>E Coli</i> Bacteraemia surveillance</p> <p>The data from this report will be included in the CGC Report which is far more detailed and will assure the Board.</p> <p><b>HAI Report to the Clinical Governance Committee</b> The Committee agreed that the following risks be escalated to the CGC</p> <ul style="list-style-type: none"> <li>• The issue of Waste Management within Theatres ARI</li> <li>• Water Safety in Non NHSG Premises *</li> <li>• NHSG's adoption of SUP 05 (2015) guidance on the Provision of Drinking Water in Healthcare Premises</li> </ul> <p>*The Water Safety in Non NHSG Premises is a potential risk to NHSG Staff and Patients. The Committee will await feedback from LH after investigation; then this issue will be escalated to CGC and the OH&amp;S Committee</p>	LH
7	New Business  Item 7.1	<p><b>NHS Grampian (Interim) Staff Protocol for the Prevention and Management of Clostridium difficile Infection (CDI) Within NHS Healthcare Settings</b> This protocol was ratified by the Committee.</p>	
8	AOCB  8.1  8.2	<p><b>Infection Prevention and Control Doctor</b> DW inquired as to the Infection Prevention and Control Doctor (IPCD) position which remains unfilled. GMcK reported that this was moving forward and interest has been shown in the position.</p> <p><b>HEI Inspection Report</b> GMcK will add this to the agenda for the meeting in May for discussion</p>	GMcK
9	Date of Next Meeting	29 May 2018, 10.00 – 12.00 Lossie / Spey Rooms, Aberdeen Dental Education Centre	