

**NHS GRAMPIAN
Infection Control Committee**

**Minutes from meeting held 27 November 2018
Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital
10.00 – 12.00**

Present:

Grace McKerron, Infection Prevention & Control Manager (**Chair**)
NH - Neil Hendry, Operational Lead Nurse, Aberdeenshire CHSCP
FR – Fiona Robertson, Chief Nurse
GP – Gavin Payne, Deputy Director, Facilities & Estates
FM – Fiona Mitchelhill, Safe Team Leader - Quality Governance and Risk Unit
AL – Allan Leslie, Infection Prevention & Control Nurse
MJM – Malcolm Metcalfe, Deputy Medical Director, NHSG
FMc - Fiona McDonald, Antibiotic Pharmacist
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
LH – Linda Harper, Associate Nurse Director, Practice Nursing / Lead Nurse GMED
JL – Juliette Laing, Head of Decontamination and Linen Services, Decontamination Lead

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 (CH) Amanda Croft (AC) Leonora Montgomery (LM) Diana Webster (DW) Deborah Lockhart (DL)</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	The minutes from 25 September 2018 were ratified by the Committee with no amendments.	
3	Action Tracker	<p>Some updates were given via reporting and verbally; the update column will be completed retrospectively.</p> <p><u>Meeting 25 September 2018</u></p> <p>5.1 Sector Report – IPCT GMcK has spoken with Linda McKerron and the <i>Clostridium difficile</i> (CDiff) elearning module will be moved to ensure all NHS Grampian (NHSG) staff are able to locate and complete it as recommended. Close this action as complete.</p>	<p>AS</p> <p>AS</p>

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4	Matters Arising cont.	<p>GP stated that there is no issue with facilities Staff being unable to complete as training is delivered in a different way as “classroom style” with training data then being uploaded into the system manually.</p> <p>SS reported that within Mental Health & Learning Disabilities this is now less of an issue since staffing levels have improved.</p> <p>NH commented that he has no access to the Aberdeenshire Community Health & Social Care Partnership (CHSCP) Risk Register. He also added that, in some areas, the risk is high surrounding mandatory training due to severe staffing issues.</p> <p>FM suggested that the clinical implications should be considered and the risk to NHS Grampian due to the potential impact on care within the organisation.</p>	
5	Standing Items Item 5.1	<p>Sector Reports</p> <p><u>Acute</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Increased number of wound infections in Ward 216 IPC Team colleagues have been working on this. Morven Irving and Niamh Broder were investigating timelines.</p> <p>1 b) Medium – Adherence to Dress Code Policy Staff have been questioning the policy with regard specifically to “wipeable shoes” and mesh trainers in particular. Nurse Managers have been working proactively with staff to ensure understanding; Partnership have also been involved.</p> <p>AL mentioned that there was a Health Protection Scotland (HPS) Literature Review available surrounding this subject and offered to send it to FR for information.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 2 – Education to Support the Prevention and Control of Infection</p> <p>2 a) High – HAI Mandatory Training Compliance. This is challenging due to staffing gaps / accessible on line material. Current available courses do not cover all aspects of SIPCEP. FR admitted that there were no exact figures on current staff but newly qualified nurses are now completing Induction and all mandatory training required.</p> <p>JA informed the Committee that she recently undertook a walk round and issues with a ward roof leaking were found. FR will investigate.</p>	<p>AL</p> <p>FR</p>

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5	Standing Items cont.	<p><u>Aberdeenshire H&SCP</u></p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 2 – Education to Support the Prevention and Control of Infection</p> <p>2 a) High – SIPCEP Modules on TURAS Mandatory training not being completed by all staff. Awaiting all staff to access their TURAS accounts. NH reported that the risk level of this should, hopefully, reduce soon.</p> <p>Standard 3 – Communication between Organisation and with the Patient or their Representative</p> <p>3 a) High – Hand Hygiene Opportunities for patients and Visitors in Aberdeenshire Community Hospitals NH asked the Committee’s opinion on whether this should be removed as the Hand Hygiene audits are now embedded although no further audits have yet been planned. It was decided to leave on as a low risk until a re-audit can be performed in January 2019; after this the risk can be re-evaluated or removed.</p> <p>Standard 6 – Infection Prevention and Control Policies, Procedures and Guidance</p> <p>6 a) High - Pending HEI Announced Visit Still awaiting confirmation of an announced visit. Previous inspection using the new standards went well with positive feedback at Fraserburgh Hospital regarding Infection Prevention & Control. The Older People in Acute Hospitals (OPAH) standard requires some ongoing work. No report has been received as yet. FM confirmed that a formal report will not be received only informal feedback. NH suggested that the next visit could be a cluster of hospitals and may be in Moray.</p> <p>Standard 8 – Decontamination</p> <p>8 a) High – Renal Unit – Kincardine Community Hospital The unit reopened but have had water filtration issues. NH will investigate and update the Committee as soon as possible.</p> <p><u>Aberdeen City CHP</u></p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 2 – Education to Support the Prevention and Control of Infection</p> <p>2 a) High – Staff unable to complete Mandatory Training Staffing levels are such that staff are unable to complete training. Tried to set aside training days but no uptake. This will be attempted again and protected learning time is being included in the off duty. This risk returns to High level.</p>	<p>NH</p>

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5	Standing Items cont.	<p>Standard 8 – Decontamination</p> <p>8 a) Medium – Contingency Plan for Dishwashers within the Service that have broken This risk remains unchanged. Dishwashers have been repaired but still o contingency plan in place. GP will investigate and price services. AS to add this to the Action Tracker.</p> <p>Facilities</p> <p>GP updated the Committee on the Environmental Health Officer (EHO) visit to the Aberdeen Royal Infirmary (ARI) kitchen in October 2018. Now satisfied inspections will recommence 6 monthly.</p> <p>A lack of segregation was revealed with the use of the 60 litre containers for many waste streams in ARI Theatres, including the lack of temperature controlled storage. There is no easy way to store anatomical waste but procurement of refrigerated storage has taken place and these new freezer unite will be housed in Phase 1 loading bay.</p> <p>An audit performed on clinical waste bins showed that they are still being overfilled and only a third of bins were found to be locked. NH reported that areas have had issues with the locking mechanisms on these bins. FM enquired as to whether there were different bins that could be procured – is there an option to source a more easily lockable container ? GP stated that the contract is up for renewal in May 2019 however after recent coverage of the contractor, Healthcare Environmental Services (HES), being unable to complete their contractual obligations NHSG has a robust Contingency Plan which, if needed to be implemented, would remain in place until the new contract begins (April / May 2019).</p> <p>Moray (CHSCP)</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 2 – Education to Support the Prevention and Control of Infection</p> <p>2 a) Medium – HAI Leadership Walkrounds A timeframe and update is needed on this issue.</p> <p>Standard 8 – Decontamination</p> <p>8 a) Medium – Turner Hospital – Shower Tray The shower remains out of use and awaits replacement. No date yet available for commencement of work.</p> <p>Mental Health No report was submitted.</p> <p>SS updated the Committee on the main issues :</p>	<p>GP AS</p> <p>FA</p>

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5	Standing Items cont.	<p>No New Areas of Concern to report.</p> <p>Mental Health and Learning Disabilities Services are now in a better position with regard to staffing and mandatory training feedback is encouraging.</p> <p>The Hand Hygiene Awareness corridor event went well and was well attended.</p> <p>Dress code is on the agenda and being discussed by the Sub Group.</p> <p>Clinical Waste Audits are at 100%; Peer and Quality Audits also show good results.</p> <p>HAI Education Group</p> <p>1 New Areas of Concern</p> <p>1 a) High – Mandatory Training Staff have highlighted inability to undertake mandatory training. GMcK has requested feedback from HAI Sub Groups and gap analysis of work to be undertaken. New initiative announced surrounding the procurement of 200 devices to be held in “hubs” across the Organisation; these can accessed by any member of staff. This risk is being dealt with through the HAI Education Group.</p> <p>1 b) High – HAI Education Lead Unable to fulfil the HAI Education Lead role. GMcK and Jane Ewen are dealing with this and it will hopefully become a joint role.</p> <p>1 c) High – Lack of Compliance with swabbing for Carbapenemase-producing Enterobacteriaceae (CPE) following a positive Clinical Risk Assessment (CRA) Multi-drug Resistant Organism (MDRO) screening for Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA) and CPE forms part Excellence in Care. This is being worked on in conjunction with Jill Ferbrache.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 2 – Education to Support the Prevention and Control of Infection</p> <p>2 a) High – SIPCEP Modules In relation to the <i>Clostridium difficile</i> Infections (CDI) elearning package this has to be moved to the clinical area as well as the medical staff area to ensure it is more visible and so that all relevant NHSG staff can complete.</p> <p>Infection Prevention and Control Team</p> <p>1 New Areas of Concern</p> <p>1 a) Medium – Current NHSG Neonatal HAI Screening Process for MDRO and MRSA not fully embedded Leighanne Bruce and Kath Sangster are looking at adapting the National Infection Prevention Control Manual (NIPCM) addendum / guidelines.</p>	

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5	<p data-bbox="275 78 517 105">Standing Items cont.</p> <p data-bbox="555 467 651 491">Item 5.3</p>	<p data-bbox="719 105 1917 217">With regard to item 2.03 Decontamination of Hospital Environment and Communal Patient Care Equipment more discussions between the IPCT and Domestic Services need to take place regarding the cleaning of sanitary ware with Actichlor to be implemented across the Organisation. Does this include commodes ? AL will investigate and feedback.</p> <p data-bbox="719 245 1899 411">With regard to item 2.14.2 Develop a training package for staff involved in decontamination of reusable medical equipment JA queried the mention of burns and asked for clarification. JL explained the issue and confirmed that all information on staff burns has been submitted to Health Facilities Scotland via their Incident Reporting system and has been collated; in addition Nanosonics have done further training with staff. However there are now 10 broken probes and the decision has been made to rollout Tristel 3 step wipes in the interim.</p> <p data-bbox="719 467 1216 520">HAI Executive Group Update The last meeting was held on 11 October 2018</p> <p data-bbox="719 552 1301 576">GMcK updated the Committee on the main discussions</p> <p data-bbox="719 608 1928 632">There is to be a meeting held to discuss the feed up antimicrobial prescribing data into the NSS Discovery system.</p> <p data-bbox="719 663 1070 687">CDI rates were deliberated upon.</p> <p data-bbox="719 719 1839 743">GMcK was asked to formulate a more concise outlook around the risk associated with mandatory training.</p> <p data-bbox="719 775 1917 935">The SBAR - NHS Grampian Compliance with NHS Scotland Guidance for Decontamination of Semi-Critical Ultrasound Probes; Semi-invasive and Non-invasive Ultrasound Probes 2017 [relates to Risk Register ID 2362] was shared with the Group and the Senior Leadership Team all of whom were happy to proceed with the Tristel 3 step wipes. A level 2 review is ongoing with the Aberdeen Maternity Hospital (AMH) GMcK and MM were to meet to compose a Safety Notice.</p> <p data-bbox="719 967 1895 1078">MM stated that he was still not convinced with the effectiveness of Tristel wipes. JL assured the Committee that the Central Decontamination Unit (CDU) will continue to decontaminate scopes however some of the new equipment being purchased by NHSG cannot be decontaminated by CDU due to the way they are assembled.</p>	<p data-bbox="1966 911 2112 935">MJM / GMcK</p>
6	<p data-bbox="275 1107 640 1160">HAI Report to Clinical Governance Committee / Board</p> <p data-bbox="555 1192 651 1216">Item 6.1</p>	<p data-bbox="719 1192 1335 1244">HAI Report to the Board GMcK asked for the Committee's ratification of this report.</p> <p data-bbox="719 1276 1895 1382">FMac reported that the National Quality Indicators for Hospital Antimicrobial Prescribing are in the process of being revised. They will no longer include Piperacillin / Tazobactam and Carbapenem prescribing (most boards were either close to or achieved these) and the focus will move to achieving a plateau in total hospital antibiotic use and limiting use of intravenous (IV) antibiotics.</p>	

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6	<p>HAI Report to Clinical Governance Committee / Board cont.</p> <p style="text-align: right;">Item 6.2</p>	<p>Data for antibiotic audits at ward level are still being collected but there has been a gap in data collection due to changes in the Antimicrobial Companion app.</p> <p><i>Post meeting note: The other indicator is likely to be: WHO access list ≥60% of total antibiotic use in acute hospitals by 2021 (WHO access UK list - mainly narrow spectrum agents - avoids broad-spectrum use)</i></p> <p>GMcK and FMc will meet and discuss further in the New Year.</p> <p>The report will be escalated to the HAI Executive Group.</p> <p>HAI Report to the Clinical Governance Committee</p> <p>The following issues from this meeting will be escalated :</p> <ul style="list-style-type: none"> • CPE Screening NHSG were tasked to commence surveillance due to the increase in Scotland from 73 cases in 2016 to 108 cases in 2017. Screening began April 2018 and has been incorporated into the Patient Placement Tool. This will form part of the EiC dashboard. HPS are, at present, producing educational tools for use within NHSG. • MRSA screening and compliance figures consistently below national average. <p>The most recent CDI update will be escalated to the HAI Executive Group,</p>	<p style="text-align: center;">GMcK / FMc</p>
7	<p>AOCB</p> <p style="text-align: right;">Item 7.1</p> <p style="text-align: right;">Item 7.2</p>	<p>Tamiflu</p> <p>NH updated the Committee surrounding Tamiflu – each Community Hospital will have stock in place by 30 November 2018</p> <p>Prescribing Restrictions</p> <p>FMc highlighted new prescribing restrictions for Fluoroquinolones from the Medicines and Healthcare Products Regulatory Agency (MHRA) following a response to reported adverse drug reactions. The AMT plan to cascade this information to staff via an SBAR but this should also help reduce Quinolone use and aid efforts to reduce CDI.</p>	
9	<p>Date of Next Meeting</p>	<p style="color: red;">22 January 2019, 10.00 – 12.00 Lossie / Spey Rooms, Aberdeen Dental Education Centre</p>	