

**NHS GRAMPIAN
Infection Control Committee**

**Minutes from meeting held on 31 July 2018
Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital
10.00 – 12.00**

Present:

GMcK - Grace McKerron, Interim Infection Prevention & Control Manager (**Chair**)
JA – Jane Adam, Public Forum Representative
LM - Leonora Montgomery, Public Forum Representative
LB – Leighanne Bruce, (Acting) Lead Infection Prevention and Control Nurse
JR – Janice Rollo, Clinical Governance Co-ordinator (**attended for Fiona Mitchelhill**)
DW – Diana Webster, Consultant in Public Health Medicine
NH – Neil Hendry, Operational Lead Nurse, Aberdeenshire CHSCP
GP – Gavin Payne, Deputy Director, Facilities & Estates
SS – Shona Sinkins, Lead Nurse, Division B, Mental Health & learning Disabilities
LH – Linda Harper, Associate Nurse Director, Practice Nursing / Lead Nurse GMED
FMc – Fiona McDonald, Antimicrobial Pharmacist
JL – Juliette Laing, Head of Decontamination and Linen Services, Decontamination Lead
VB – Vhairi Bateman, Consultant Infectious Diseases
JWa – Julie Warrender, Nursing Services Manager, Aberdeen City CHP
DL – Deborah Lockhart, Consultant Microbiologist / Infection Control Doctor
DE – Donal Egan, Quality Improvement Facilitator
AM – Alan Milne, Infection Prevention & Control Nurse
MI – Morven Irving, Infection Prevention & Control Nurse

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) Fiona Robertson (FR) Noha El Sakka (NE)</p> <p>GMcK asked for members of the Committee to introduce themselves.</p> <p>JR will now be attending for FM</p> <p>It has also been decided that 1 Senior and 1 Junior Infection Prevention & Control Nurse (IPCN) will attend the meeting moving forward. DE – Quality Improvement Facilitator (QIF) has also been asked to attend.</p>	
2	Minutes of last meeting 29 May 2018	<p>The minutes from 29 May 2018 were ratified by the Committee with amendments made to the Committee Members present list and the name of the Acute Sector Clinical Care Quality and Safety Group.</p>	AS

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3	Action Tracker	<p>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><u>Meeting 27 March 2018</u></p> <p>5.1 Sector Report – Moray CHSCP) The Moray CHSCP HAI Group will merge with the Aberdeenshire HSCP Group and will be reported on by NH. Close as completed.</p> <p>The follow actions were also discussed:</p> <p><u>Meeting 27 March 2018</u></p> <p>4 PPE Training Plan Update Level 1 areas are being prioritised. Risk Assessments have been completed, training plans will be rolled out 31 August 2018. The PPE Group will then take forward all further actions. NH has been asked to join the Group and has accepted.</p> <p>4.3 Water Safety in Non NHSG Premises A letter has been sent to all Primary Care Contracts. No reply has been received from the Dental Group. A reminder will be sent. This has also been raised at the Water Safety Group. GP informed the Committee that NHSG always offers independent contractors water safety support. If this is not taken up assurance, that regulations are in place, has to be provided to NHSG.</p> <p>5.1 Sector Reports – Moray CHSCP – Shower Tray GMcK will ask Dawn Stroud – Infection Prevention & Control Nurse (IPC�) to investigate further.</p> <p>4.2 ToR and Reporting Structures Changes to the documents were required. Once updated and ratified by the HAI Exec Committee these will be forwarded.</p> <p><u>Meeting 23 January 2018</u></p> <p>GP feedback that good progress is being made with Colony Forming Units(CFUs) down to 50 per litre. However 3 consecutive clear samples are needed. Testing began again 18/7/18 (1 week apart). Flushing will continue.</p>	<p>AS</p> <p>AS</p> <p>GMcK</p>
4	Matters Arising Item 4.1	<p>Bed Space Cleaning Checklist (SBAR) AM informed the Committee that the checklist was in fact being trialled at Jubilee Hospital, Huntly and not Turriff Hospital as previously reported. The trial is going well and initial feedback is good. There have been some implementation problems surrounding Domestic cleaning but these have been addressed. AM will ask for an update in 2 weeks.</p> <p>There is a plan to trial the checklist in Dr Gray's Hospital, Elgin next and thereafter, in Royal Cornhill Hospital. SS and AM will liaise regarding this.</p> <p>Results and an update will be brought back to the Committee in due course.</p>	<p>AM</p>

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5	Standing Items cont.	<p>1 c) Medium – Increasing Number of Patients on Trakcare with historic and current positive methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) results. These patients are presenting to Theatres and guidance is unclear on the management due to subsequent testing / negative results. These patients will never be removed from the system and IPCT colleagues are liaising with Theatres to offer advice on historic cases. LB will liaise with FR.</p> <p>1 d) High – Less than 90% Compliance in all Areas of Child Health in relation to HAI Mandatory Training for Medical Staff GMcK will speak to FR and gain an update</p> <p>1e) Skin Surveillance Assurance walk rounds have identified that medical staff have a lack of understanding surrounding this. GMcK to speak to FR regarding this being a health and safety issue.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 1 – Leadership in the Prevention and Control of Infection</p> <p>1 c Low – Macerators Macerators in wards 9 and 10 within Woodend General Hospital (WGH) are out of use. No action plans has been formed due to cost implications for their removal. LB will speak to Andrew Baird regarding this.</p> <p>Aberdeenshire H&SCP NH spoke to the report highlighting the New Areas of Concern</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 6 – Infection Prevention and Control Policies, Procedures and Guidance</p> <p>8 a) High – Announced Inspections NH reported that dates for above announced inspections of Glen O Dee Hospital, Banchory and Kincardine Community Hospital, Stonehaven are still awaited. This now sits as a medium risk.</p> <p>6 b) Medium – HMP Inspection of YOI Grampian The report on this inspection is due to be published 26 August 2018. Infection Prevention and Control (IPC) practices were well received . AM spoke to the Inspectors regarding the development of bespoke IPC training that could be rolled out across all prisons.</p> <p>NH also informed the Committee that the construction of Inverurie Health Centre is now complete. the expected hand over date is 27 August 2018.</p> <p>The annual audit programme has been commended again in Fraserburgh Hospital with no major issues being found.</p>	<p>LB</p> <p>GMcK</p> <p>GMcK</p> <p>LB</p>

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5	Standing Items cont.	<p>Aberdeen City CHP (Woodend)</p> <p>1 New Areas of Concern</p> <p>1 a) Medium – Dishwashers within Services have all broken JW feedback that this is a worrying issue which is resulting in crockery being washed by hand by the Domestic staff. 4 dishwashers have broken since June; this has been escalated to Estates but it seems there are no maintenance / service plans in place for their repair. The same issue has also been found with sluicemasters. LB suggested that a key stakeholder meeting is needed to discuss this. JL replied that the Central Decontamination Unit (CDU) use third party contractors for repairs.</p> <p>GP advised that NHSG have no specialist resources to deal with this issue. JL and GP will liaise as to contractors available for hire.</p> <p>GMcK asked that this come to the next meeting as a Standing Item on the Agenda.</p> <p>Facilities GP spoke to the report.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 1 – Leadership in the Prevention and Control of Infection</p> <p>2 a) High – Standard of Refrigeration Aberdeen Royal Infirmary (ARI) were found to be compliant with regards to ward pantries but some issues remain surrounding temperature monitoring and food packaging. The reports submitted by the Environmental Health Officers (EHOs) are submitted to the Unit Operation Manager (UOM) and is passed through the Hospital Management line. Should serious incidents occur, reports will be sent to the Chief Executive.</p> <p>GMcK enquired as to how long the passes for compliancy last. GP stated that there is no length of time. The EHOs can visit as and when.</p> <p>2 c) Medium – Water Safety – Adoption of SUP05 (2015) Provision of Drinking Water Questions have been posed to Health Protection Scotland regarding why SUP05 remains in draft format. HPS advised that the document is being reviewed but boards should accept the current version as the best guidance available. The plan is for all bottled water dispensers to be removed and replaced with dispensers that are plumbed into the water supply although there are stipulations to their placement e.g. must be placed beside a drain. The Water Safety Group are taking this forward.</p>	<p>JL / GP</p> <p>AS</p>

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5	Standing Items cont.	<p>Moray (CHSCP) LH spoke to the report</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 8 – Decontamination</p> <p>1 a) Medium – Turner Hospital – Shower Tray The shower remains out of use and awaits replacement. Dawn Stroud IPCN will investigate.</p> <p>It has been decided that FA will attend the Aberdeenshire H&SCP HAI Group meetings and that the Moray CHSCP will feed into this group; however a separate report will still be submitted to the NHS IPCC.</p> <p><u>Mental Health</u></p> <p>1 New Areas of Concern</p> <p>Standard 1 – Leadership in the Infection Prevention & Control of Infection</p> <p>1 a) Medium – Annual Audits not always completed on time due to staffing / clinical pressures Since the Sector Report has been published the audits have been brought up to date with the help of bank Senior Charge Nurses.</p> <p>Standard 2 – Education to Support the Prevention & Control of Infection</p> <p>2 a) Medium –Uptake of elearning is compromised due to high level of staff vacancies Measure<u>s</u> are being taken to fill nursing vacancies.</p> <p>2 b) Medium –Issues with navigation around the TURAS platform Staff will continue to be supported to undertake mandatory elearning via the new system.</p> <p>2 c) Low – Dress code not being adhered to by all disciplines SS will raise this at the next Operational meeting to be held.</p> <p>2 d) Low – Donning and Doffing of personal Protective Equipment (PPE) not always being observed and carried out correctly A corridor event will be held to coincide with training on Clinical Waste and Hand Hygiene. AM and MI assist with the event.</p> <p>A discussion also took place regarding the uptake and completion of mandatory training. SS felt that high levels of locum medical staff added to the issue. This is documented on the Mental Health Risk Register.</p>	DS

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5	Standing Items cont.	<p><u>Infection Prevention and Control Team</u></p> <p>1 New Areas of Concern</p> <p>Standard 1 – Leadership in the Infection Prevention & Control of Infection</p> <p>1 a) Medium –Inability to collate Local / Corporate training figures since the SIPCEP launch Awaiting implementation of reporting options on TURAS. Recommend local reports are run / kept prior to AT Learning shutting down.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>Standard 4 – HAI Surveillance</p> <p>4 a) High – CDI incidence rates remain above the National average The upper confidence limit was breached in May 2018; however there is no evidence of outbreak activity.</p> <ul style="list-style-type: none"> • an IPC investigation was undertaken and no ongoing risks were identified. • a Multi Disciplinary Team (MDT) took place 24 May 2018 followed by a teleconference between NHSG and Health Protection Scotland (HPS) • an SBAR was issued by the Antimicrobial Management Team (AMT) explaining the connection of CDI incidences to the usage of Co-amoxiclav and Quinolones <p>GMcK agreed that much work had been done but this was still a concern. HAI Sub Groups need to be engaged and disseminate findings to staff; in addition the CDI elearning module is to be encouraged.</p> <p>VB stated that antimicrobial prescribing was the biggest driver here and needs to be reduced. Other Scottish Boards have electronic prescribing but it is not known when NHSG will obtain this.</p> <p>VB will escalate this to the HAI Executive Group. FMc will speak to David Phleger due to NHSG's rates.</p> <p>DL also reported that Cdiff isolates are being sent to HPS for typing and preliminary findings show no relations in cases and no outbreak scenario. A new data form is being trialled but compliance is only at 50%; this needs to be revisited.</p> <p>VB also feedback that Prof Livermoor will be speaking at the Suttie Centre 2 October 2018. Perhaps an antimicrobial awareness day could also be arranged for staff to promote better practice.</p> <p>Standard 6 –Infection Prevention & Control Policies, Procedures and Guidance</p> <p>6 a) High – Compliance with <i>Carbapenemase-producing Enterobacteriaceae</i> (CPE)</p> <ul style="list-style-type: none"> • Risk Assessment produced by the IPCT 	<p>VB FMc</p>

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5	<p>Standing Items cont.</p> <p style="text-align: right;">Item 5.2</p> <p style="text-align: right;">Item 5.3</p>	<ul style="list-style-type: none"> • NHS Grampian Staff Protocol for the Screening and Management of Patients Within NHS Healthcare Settings with Multi-drug Resistant Organisms (MDRO); protocol is awaiting sign off by HAI Executive Lead and Chief Executive • roll out of screening uptake on surveillance commenced April 2018 <p>Standard 8 – Decontamination</p> <p>8 b) High – Decontamination of Semi-Invasive Ultrasound probes This is being progressed and JL has met with Graeme Caie – Clinical Technologist to discuss the issues with the probe cables.</p> <p>HAI Work Programme 2017/18 (for sign off) The Committee ratified this document.</p> <p>HAI Executive Group Update The Group last met 12 July 2018 with Caroline Hiscox taking over the Chair as the new Interim HAI Executive Lead for NHSG.</p> <p>The following issues from this meeting will be escalated at the next meeting 11 October 2018</p> <ul style="list-style-type: none"> • CDI rates (has been escalated to the Clinical Governance Committee (CGC)) • the inability to report on the uptake of the CDI elearning module on Turas • the inability to report on mandatory HAI elearning modules on Turas (this will also be added to the Risk Register) • face to face mandatory training for certain staff is required (e.g. facilities) • compliance with CPE screening • MRSA (CRA) screening is below the National Average • Could NHSG, potentially become, an early implementer for Hospital Electronic Prescribing and Medicines Administration (HEPMA) 	
6	<p>HAI Report to Clinical Governance Committee / Board</p> <p style="text-align: right;">Item 6.1</p>	<p>HAI Report to the Board The report was discussed by the Committee and ratified pending amendments to be made on page 6</p> <ul style="list-style-type: none"> • ARI Surgical – General Surgery – Policy Compliant – figure should be amended from (6/8) to (4/5) <p>The amended report will be escalated to the HAI Executive Group.</p>	

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6	HAI Report to Clinical Governance Committee / Board cont. Item 6.2	HAI Report to the Clinical Governance Committee The following issues from this meeting will be escalated : <ul style="list-style-type: none"> • CDI rates • the inability to report on the uptake of the CDI elearning module on Turas • MRSA (CRA) screening is below the National Average 	
7	New Business Item 7.1	NHS Grampian Staff Protocol for the Screening and Management of Patients Within NHS Healthcare Settings with Multi-drug Resistant Organisms (MDRO) After some discussion on the content this protocol was ratified by the Committee. It will now be escalated to the HAI Executive Group for their approval before being signed off by the Interim HAI Executive Lead and the Chief Executive.	
8	AOCB	There was no other business raised.	
9	Date of Next Meeting	25 September 2018, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital	