

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

**Minutes from meeting held 28 May 2019
Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital
10.00 – 12.00**

Present:

GMcK – Grace McKerron, Infection Prevention & Control Manager (**Chair**)
LB – Leighanne Bruce, Acting Technical Lead Infection Prevention & Control Nurse
SS – Shona Sinkins, Lead Nurse, Division B, Mental Health & Learning Disabilities
VB – Vhairi Bateman, Consultant Infectious Diseases
LM – Leonora Montgomery, Public Forum Representative
FR – Fiona Robertson, Chief Nurse
NH - Neil Hendry, Operational Lead Nurse, Aberdeenshire CHSCP (**VC**)
GP – Gavin Payne, Deputy Director, Facilities & Estates
DW – Diana Webster, Consultant in Public Health Medicine
MJM – Malcolm Metcalfe, Deputy Medical Director
AM – Alan Milne, Senior Infection Prevention & Control Nurse
AW – Andrew Wood, Health and Safety Specialist

AS - Anneke Street, PA to Infection Prevention & Control Manager (Minute taker)

JK – Jennifer Kane, Bank 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 : Caroline Hiscox (CH) Deborah Lockhart (DL) Juliette Laing (JL) Suzanne Brittain (SB) Fiona McDonald (FMc) Jane Adam (JA) Julie Warrender (JWa) Alison Smart (ASM) Linda Harper (LH) Fiona Mitchelhill (FM)	
2	Minutes of last meeting 26 March 2019	The minutes from 26 March 2019 were ratified by the Committee with no amendments.	
3	Action Tracker	Some updates were given via reporting and verbally; the update column will be completed retrospectively. <u>Meeting 26 March 2019</u> 4.1 HEI Inspection Report of Greater Glasgow & Clyde Queen Elizabeth Hospital Are ongoing Estates issues being captured during the auditing process? GP feedback that issues are picked up regularly by Lisa Leslie during the facilities audits. The message to staff is report all issues via the helpdesk and if not progressed they must be escalated until Estates attend. NH informed the Committee that the informal walk rounds being undertaken within the Shire are helping to pick up any issues; Ian Esslemont regularly attends therefore this assists in the reporting and escalation process that the Senior Charge Nurse (SCN) undertakes.	AS

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3	Action Tracker cont.	<p>IPCT working on various other related work streams which leads to creating an overarching document to provide assurances regarding all aspects of the HAI agenda. GMcK & LB to create an action plan.</p> <p>Are all completed audits being uploaded to DATIX? Mental Health and Learning Disabilities will commence uploading from June 2019. Aberdeen Royal Infirmary (ARI) uploads all completed audits to DATIX. FR will investigate other areas. Aberdeenshire CHP upload formal audits but not informal. NH has found that keeping the walk rounds (process) informal works well within the Community.</p> <p>5.1 Sector Reports – Mental Health – Bottled Water Coolers SS stated that plumbed water coolers and other options are being costed. No other update is available at present but this matter is included on agenda of the HAI Sub Group.</p> <p>5.1 Sector Reports - HAI Education Group – Training for Domestic Support Services The clinical Scottish Infection Prevention and Control Education Pathway (SIPCEP) modules contain too much “medical terminology” for the staff to comprehend, however, they do work within the clinical areas and with patients, therefore the non-clinical module would not contain the sufficient learning. GP agreed that there was a piece of work to be completed surrounding this. Gillian Poskitt has been in touch with NHS Education for Scotland (NES) to discuss the issues faced by Domestic, and Porters handling clinical waste.</p> <p><u>Meeting 22 January 2019</u></p> <p>5.1 Sector Report – Moray CH&SCP – HAI Leadership Walk rounds ASM supplied the HEI Management Walkabout Actions document from walk round performed 23/1/19 Close action.</p> <p>Shower Tray – Turner Hospital (from meeting 27 March 2018) Work has commenced on the shower tray at Turner Hospital, Keith. GP has promised, due to the time taken for this work to be commenced, that a learning exercise will be performed once the works are completed.</p> <p>Anita Kreft contacted Linda Henderson – Facilities Supervisor regarding whether the shower was being flushed whilst inactive. Linda Henderson confirmed that flushing had been taking place once a week but not recorded. Practice has now been amended to twice a week and recoded appropriately. Close this part of the action.</p> <p>5.1 Sector Report – Acute – Water Systems in Renal Units This continues to progress with Dr Gray’s Hospital (DGH) being prioritised and then Chalmers Hospital, Banff. Cathy Young - Unit Operational Manager (UOM) is leading on this from a divisional perspective. FR will update at the next meeting.</p> <p>Capped Pipes in Peterhead Renal Dialysis Unit VB feedback that Tony Atkiss is leading on this and GP confirmed that a job has been issued for pipe removal. VB also noted that access restrictions can hold up planned works. Is there a process in place to report this issue? FR will liaise with the Senior Charge Nurse (SCN). GP will investigate whether Facilities are making notes and feeding back to the owner of the area.</p>	GMcK / LB

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3	Action Tracker cont.	<p>Staphylococcus aureus bacteraemia (SAB) reported in Ward 308 – PVC Bundle incomplete MJM asked for clarification on this action. FR confirmed Margaret Meredith has completed a Level 2 review. LB explained that on discovery of a SAB and SBAR is sent to the Clinical Team. LB has run a report on DATIX recently for device related infections and found no data. Clinical teams require to ensure utilisation of DATIX to record device related infections, this will enable targeted improvement works and route cause analysis locally</p> <p>5.2 Risk Register – Risk 2316 – High – Resignation of Infection Control Doctors with no suitable cover Risk has been reduced to medium by Divisional General Manager (DGM). Close action.</p> <p>5.3 HAI Executive Group Update – Generic ID Badge Use Current action no longer relevant as Trophon machines no longer in use. Close action.</p> <p><u>Meeting 27 November 2018</u></p> <p>5.1 Sector Report – Facilities - Water Safety in Non NHSG Premises This is ongoing as the National Survey will be conducted over a number of months and no further information at this time.</p> <p><u>Meeting 27 March 2018</u></p> <p>5.1 Sector Report – Moray CH&SCP Work has commenced on the shower tray at Turner Hospital, Keith.</p>	
4	Matters Arising Item 4.1	<p>HEI Inspection Report of Greater Glasgow & Clyde (GGC) Queen Elizabeth Hospital The self-assessment and Action Plan have been completed.</p> <p>Requirement 1 – Governance Structures IPC Governance & reporting structures to be ratified at HAI Executive meeting 8th April 2019. This has been completed</p> <p>The Facilities & Estates Sector subscribes to the National Cleaning Services Specification. Clinical stakeholders are engaged to agree (and update where needed) individual area cleaning schedules with the Domestic Services Management Team. This is on track to be completed by 31 October 2019.</p> <p>Requirement 2 – Negative pressure Isolation Rooms The existing <i>NHS Grampian Protocol for the Isolation of Patients within the NHS Hospital Setting with a Known or Suspected Transmissible Infection</i> (which is currently under review), advises staff on where and how to isolate appropriately. This includes an isolation facility flow chart as an appendix, which informs negative pressure use. The updated Isolation protocol will require a communication strategy with relevant educational components identified to ensure organisational awareness of any relevant changes. LB is currently working on this and it will be sent out for comment the key stakeholders</p> <p>Requirement 3 – Running of Water Assurance is required that Risk Control Notices (RCN) are currently in place, maintained and can be evidenced</p>	

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4	Matters Arising cont.	<p>during management safety walk rounds. The Workplace Inspection Checklist has been updated with Water Safety added. It was disseminated 10 May 2019.</p> <p>Requirement 4 – Use of bladeless fans Bladeless fans to be placed onto to the risk register until assurance can be evidenced. Assurance is required that these risk assessments are in place and can be evidenced during Management safety walk rounds. Assurance is required that there are not bladeless fans within clinical areas and that this can be evidenced during Management safety walk rounds. These subjects have been discussed at the Health and Safety Expert Group and Cheryl Rodriguez - Head of Occupational Health & Safety Services will write out to all Managers.</p> <p>Requirement 5 – Expressed breast milk storage and recording charts Assurance required on recording charts and alignment to National guidance. This is being taken forward with Maternity Services.</p> <p>Requirement 6/7 – Emergency Department & general patient environment and equipment is clean and ready for use Six monthly implementation of the HAI audit tool within the Acute Service is an established process. The SCN or equivalent departmental manager coordinates this locally, collating the report and uploading it to DATIX with a relevant action plan generated. The DATIX system does not currently allow the organisation to pull key themes from the audits uploaded or merge relevant data. LB is exploring platforms for data monitoring with Matthew Toms.</p> <p>Requirement 8 – Completion of cleaning schedules The Facilities Management Tool (FMT) is completed by the area Domestic Supervisors on a periodic basis and the results reviewed by the Domestic Services Management Team. Gillian Poskitt is taking this forward.</p> <p>Requirement 9 – Domestic equipment Current equipment levels are not optimal but actively managed to avoid an impact on cleaning quality. Equipment has not been currently raised as an audit issue for domestics carrying out their duties.</p> <p>Requirement 10 – Domestic services rooms Action: Assurance process on the level of compliance requires to be formalised LB and Gillian Poskitt did a first audit 27 May 2019</p> <p>Requirement 11 – Domestic services rooms Cleaning of hand wash basins and sanitary fittings Gillian Poskitt working on audit programme as present.</p> <p>Requirement 12 – Built environment allows for effective cleaning The Facilities Management Tool (FMT) is completed by the area Domestic supervisors on a periodic basis and the results reviewed by the Domestic Services management team. Any issues relating to the built environment affecting the ability to clean are reported through the Facilities & Estates help desk and resolution is tracked.</p>	

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4	<p data-bbox="271 71 517 97">Matters Arising cont.</p> <p data-bbox="555 847 651 873">Item 4.2</p>	<p data-bbox="719 97 1816 154">Where an FMT result that falls below 90% for a specific location as a result of built-environment issues, the relevant maintenance manager is informed. This is ongoing</p> <p data-bbox="719 180 1218 205">Requirement 13 – Estates reporting system</p> <p data-bbox="719 209 1910 266">Investment issues are collated, prioritised based on risk and funding sought as appropriate from NHS Grampian through the Asset Management Group.</p> <p data-bbox="719 269 1910 400">Reactive maintenance issues are given an initial priority by the helpdesk and the reporter give a reference number which is then validated or amended by the Estates Office/Supervisor. Maintenance work is assigned to Estates staff and once complete the Planet Enterprise system is updated. Reporters can access the Planet Enterprise system directly to review the job priority, status and work planning dates. Completion of reactive maintenance issues is reviewed as part of the formal F&E Quarterly Performance Review.</p> <p data-bbox="719 403 1451 429">GP will discuss with Graham Mutch and prioritisation will looked into.</p> <p data-bbox="719 454 1137 480">Requirement 14 – Ventilation panels</p> <p data-bbox="719 483 1868 566">Action: There is a difference in approach at Dr Gray’s hospital where all ventilation panels are cleaned by Domestic Services. This is consistent with the NHSG A-Z for Decontamination moving to a more consistent approach should be considered. What happens across NHSG ?</p> <p data-bbox="719 569 1921 652">FR feedback that there had been an issue in Surgical with regards to build up within the vents. It was agreed that Estates would deal in the first instance and subsequently the Domestic Services would ensure that they were kept clean. GP suggested a group be formed to discuss and take this forward (Graham Mutch / Gillian Poskitt).</p> <p data-bbox="719 655 1458 681">The HAI sub groups need to be aware of who cleans what and when.</p> <p data-bbox="719 684 1895 764">VB also reported that there is airborne precaution information displayed on the departmental noticeboard for temporary staff to read. Perhaps a ward level policy is required. There is also no written plan to assist should a negative pressure room suffer complete failure.</p> <p data-bbox="719 818 1211 844">Flushing Regimes in Renal Dialysis Points</p> <p data-bbox="719 847 1637 873">This was raised during the Kincardine Community Hospital Renal Dialysis water issue.</p> <p data-bbox="719 876 1895 933">There are a multitude of dialysis points on disinfection loops; however some of the “raw” dialysis points are not and should therefore be included on flushing regimes for Legionella preventions as little used outlets.</p> <p data-bbox="719 936 1883 987">VB confirmed that routine sampling is done and includes testing for Legionella. Risk Assessments need to be completed on “raw” points to check infection status.</p>	
5	<p data-bbox="271 1016 450 1042">Standing Items</p> <p data-bbox="555 1042 651 1067">Item 5.1</p>	<p data-bbox="719 1042 904 1067">Sector Reports</p> <p data-bbox="719 1099 797 1125"><u>Acute</u></p> <p data-bbox="719 1150 1234 1176">1 New Areas of Concern raised by Divisions</p> <p data-bbox="719 1208 1155 1233">1 b) Medium – Expressed Breast Milk</p> <p data-bbox="719 1236 1872 1287">LB commented that the IPCT would like to be have been included, for comment, in the “NHSG Guideline for Expressing, Storing and Using Breast Milk” guidance document.</p> <p data-bbox="719 1345 1529 1370">1 d) Failure to complete HAI Audits in ARI Theatre Suite and Recovery</p> <p data-bbox="719 1374 1503 1399">External contractors will be attending to complete audits. Will benchmark</p>	

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5	Standing Items cont.	<p>1 e) Increased heat from closed windows Issues ongoing. Risk Assessments being completed by VB and the IPCT.</p> <p>3 Areas of Good Practice Multi Drug Resistant Organism (MDRO) Standard Operating Procedure (SOP) devised. LB commented that the IPCT would like to be sighted in this document also.</p> <p>MJM stated that the risk levels within the sector reports were not consistent. A discussion then took place on risk levels and how to ensure that they are clearer to those assessing the issue.</p> <p>GMcK asked for FR to readdress the risks within the Acute Sector Report. FR will do this. The Risk Matrix document will be brought to the next meeting for discussion.</p> <p>FR also raised the issue of Royal Aberdeen Children's Hospital not supplying updates for the report. FR will liaise with the relevant person.</p> <p><u>Aberdeenshire H&SCP</u> NH attended via video conferencing (VC).</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 b) High – New car park at Fraserburgh Hospital Construction work on this should have been completed by now but a new area of concern is that it is being built directly outside the ward and that this will produce excess dust within the patient areas. Planned action is that windows in the wards directly adjacent to the area are to remain closed of the duration of the construction. Risk Assessment in place and bladed fans to be utilised for the cooling of the areas. There is also an issue with the drains under the new car park site which has been highlighted . There was no IPC involvement during the SCRIBE process. VB reported that an HAI SCRIBE review is being performed to ensure staff are more educated in the process, moving forward. FR commented that this had been raised at Safety Brief.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Kincardine Community Hospital – Renal Unit The Committee asked for the level risk for this to be updated. NH will deal and resend the report to GMcK.</p> <p>2 e) High – HM Inspectorate of Prisons (HMIP) inspection February 2019 The draft inspection report has been received and an action plan is being developed. NH to send the report to GMcK. The level risk for this to be updated also.</p>	<p>FR</p> <p>FR</p> <p>NH</p> <p>NH NH</p>

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5	Standing Items cont.	<p><u>Aberdeen City CHP</u> JWa was not able to attend the meeting.</p> <p>There were no New Issues reported.</p> <p>2 a) Medium – Staff unable to find time to complete mandatory training The Committee suggested that the “Level of Risk Now” column should not be shown as high. The level of risk needs to be updated. GMcK will liaise with JWa on the Sector Report contents.</p> <p><u>Facilities</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Kincardine Community Renal Unit – Water Safety Two outlets in non-patient areas have identified with high levels of Total Viable Colonies (TVC's); however these have not indicated positive for Legionella or Pseudomonas. Actions are ongoing.</p> <p>1 b) High – Inverurie Hospital Renal Unit – Water Safety Water sampling indicated the presence of Pseudomonas at levels below the action threshold in a non-patient area. The pipework at the affected sinks has been altered / replaced and disinfected. Resampling has shown negative for Pseudomonas aeruginosa (Pa).</p> <p>A discussion took place surrounding Water Safety and who should effectively assume the risk to ensure that it is not reported in every Sector report submitted to the Committee. GMcK suggested that she would like to see a general Water / Ventilation report being submitted at each Committee meeting. MJM suggested that there be a Standing Agenda item – “Water” however GP felt that this subject could “swamp” the meeting.</p> <p>GMcK will benchmark with other ICMs and report back at the next meeting The levels of risk require to be reassessed, updated and the report resubmitted.</p> <p><u>Moray (CHSCP)</u> Alison Smart was unable to attend this meeting</p> <p>It was feedback that Anita Kreft had joined the Moray CHSCP HAI Group which has joined with the Aberdeenshire HSCP</p>	<p>GMcK</p> <p>GMcK GP</p>

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5	Standing Items cont.	<p><u>Mental Health</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Poor condition of the shower / bathroom facilities within Forensic Rehab This is ongoing. Support Services are to cost and action. Is on the local Risk Register.</p> <p>Allan Leslie has visited to assess and will compile a report to support funding for refurbishment</p> <p><u>HAI Education Group</u> No report was submitted.</p> <p><u>Infection Prevention & Control Team (IPCT)</u></p> <p>1 New Areas of Concern</p> <p>1a) Medium – Water Safety – Risk Control Notice contains list of high risk areas There need to be a process to update this list to incorporate new builds or relevant changes in clinical function. Noted to make Committee aware. Escalate to the Water Safety Group.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 h) High – HEI Requirement 2 Woodend General Hospital (WGH) – Require risk assessment for isolation with open doors Patient Placement Tool (PPT) v 11 has been updated and is still on trial within Acute Medicine. Feedback positive so far. Will be shared across NHSG when finalised.</p> <p>Risks to be reviewed and report to be resubmitted.</p> <p>Risk Register AW suggested that the risks on this document require re-evaluating. Add this to the Agenda under Matters Arising for the next meeting.</p> <p>HAI Executive Group Update The next meeting will be held 31 July 2019.</p> <p>The following topics will be highlighted at the next meeting.</p> <ul style="list-style-type: none"> • NHSG Action Plan that evolved from the Greater Glasgow & Clyde Queen Elizabeth Hospital Inspection has been commenced and continues to be updated. • an update on the closed windows situation and completed risk assessment. 	<p>IPCT</p> <p>LB</p> <p>AS</p>
	Item 5.2		
	Item 5.3		

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5	Standing Items cont.	<ul style="list-style-type: none"> the particular concern within ward 307, ARI regarding increased heat within a clinical area partially due to a plant room housed within the area an increase in the transmission of infections and the use of Dyson Fans (this has been raised, via report, at the Clinical Risk Management meeting) 	
6	HAI Report to Clinical Governance Committee / Board Item 6.1 Item 6.2	HAI Report to the Board (HAI-RT) The Committee ratified the report with no suggestions raised. HAI Report to the Clinical Governance Committee No issues to be escalated were discussed.	
7	AOCB Item 7.1 Item 7.2	HAI Common Themes This was not discussed. GMcK to speak to Fiona Smith regarding her attendance at the next meeting to update the Committee. Bed Space Checklist This needs to be reviewed due to the number of queries and level of feedback received since the document was ratified and disseminated.	GMcK
9	Date of Next Meeting	23 July 2019, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital	