

NHS GRAMPIAN
Infection Prevention & Control Strategic Committee (NHSG IPCSC)

Minutes from meeting held 24 September 2019
Conference Room, Dugald Baird Suite, Aberdeen Maternity Hospital
10.00 – 12.00

Present:

FM – Fiona Mitchelhill, Safe Team Leader - Quality Governance and Risk Unit (**Chair**)
SS – Shona Sinkins, Lead Nurse, Division B, Mental Health & Learning Disabilities
LM – Leonora Montgomery, Public Forum Representative
JA – Jane Adam, Public Forum Representative
FR – Fiona Robertson, Chief Nurse
AW – Andrew Wood, Health and Safety Specialist / Risk Management
DL – Deborah Lockhart, Consultant Microbiologist / Infection Control Doctor
VB – Vhairi Bateman, Antimicrobial Management Team Lead
JWa – Julie Warrender, Nursing Services Manager, Aberdeen City CHP
NH – Neil Hendry, Operational Lead Nurse, Aberdeenshire CHSCP
GM – Graham Mutch, Head of Maintenance and Technical Services
FS – Fiona Smith, Senior Infection Prevention & Control Nurse
ASi – Amy Sim, Infection Prevention & Control Nurse

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 : Diana Webster (DW) Noha El Sakka (NE) Gavin Payne (GP)	
2	Minutes of last meeting 23 July 2019	The minutes from 23 July 2019 were ratified by the Committee with the following amendments to wording. <ul style="list-style-type: none"> Page 5 – VB commented that the design might not be suitable and has contacted HPS for guidance 	AS
3	Action Tracker	<u>Meeting 23 July 2019</u> 4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 3 – Flushing of Water –Roles and Responsibilities AS to amend the narrative in this Action. VB stated that the decision was made that this is a local management team responsibility and local arrangements should be made. What was still unclear was at what level the responsibility should be set at and how to communicate this Grampian wide. The Risk Control Notice (RCN) could be disseminated as soon as possible, with narrative attached, to confirm procedure. FS will update the Risk Control Notice (RCN) 17.05, 17.06 and the Toolbox Talk	AS FS

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3	Action Tracker cont.	<p>5.1 Sector Reports – Acute Sector – Royal Aberdeen Children’s Hospital (RACH) still not submitting Sector Report Data After discussion this was still an issue. Someone has now been identified and this action can be closed.</p> <p>5.1 Sector Reports – Aberdeen City CHP – lack of engagement from City in relation to HAI meetings JWa feedback that agreement had been reached that attendance will commence at the HAI meetings. The Terms of Reference (ToR) for the Group will be looked into and the meetings will be revamped. This action can be closed.</p> <p>5.1 Sector Reports – Moray CHSCP - Concerns were raised with regard to domestic cover: staff only work in the mornings. LH was to raise this with Gillian Poskitt. FM stressed that an update must be received for the next meeting.</p> <p><u>Meeting 26 March 2019</u></p> <p>4.1 HEI Inspection Report of Greater Glasgow & Clyde Queen Elizabeth Hospital - Are all completed audits being uploaded to DATIX? An update was not received at the meeting. An update is required from LH at the meeting in November.</p> <p>5.1 Sector Reports – Mental Health – Bottled Water Coolers All but 1 cooler have been removed. Still awaiting guidance and costings.</p> <p>5.1 Sector Reports - HAI Education Group – Training for Domestic Support Services No update was received at the meeting. An update is required for the meeting in November.</p> <p><u>Meeting 22 January 2019</u></p> <p>Shower Tray – Turner Hospital (from meeting 27 March 2018) Work continues. Keep action open as a shared learning exercise will be performed by GP once the works are completed. AS to change the timeframe to the meeting on 21 January 2020.</p> <p>5.1 Sector Report – Acute – Water Systems in Renal Units FR reported that there is to be a complete refurbishment of the water plant room in Dr Gray’s (DG) and the whole unit will be being refurbished. VB stressed that water checks will need to be performed post commissioning and FR and VB will liaise with Dawn Stroud around the HAI Scribe process. Close this action and open another specifically aligned to Chalmers Renal Unit and the work required.</p> <p><i>Staphylococcus aureus</i> bacteraemia (SAB) reported in Ward 308 – PVC Bundle incomplete FR presented the shared learning that came out of the completed Level 2 Review. This action can now be closed.</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>LH</p> <p>LH</p> <p>GP</p> <p>AS</p>

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5	Standing Items cont.	<p>Graham Mutch confirmed that they can be accessed via the shift Engineer. Malcolm Ewen can advise the Service.</p> <p>A discussion then took place regarding water related spills. The Committee felt that patient towels should not be utilised in these situations however it was agreed that to provide a spill kit or colour coded towels for such spills would be incur a great cost to NHSG. FR will liaise with Gillian Poskitt to discuss possible alternatives.</p> <p>1 b) Low – Ultraviolet light method of decontamination of transvaginal probes is available A 6 month trial of an ultraviolet light unit commenced within Rubislaw Ward, Aberdeen Maternity Hospital (AMH) in September 2019.</p> <p>1 c) Low – Flooring Issues Flooring in Ward 307 is flood damaged. Being replaced over the next 2 weeks; ward has been temporarily relocated to Ward 305.</p> <p>1 d) Low – Concerns re water in Eye Out Patients Department (EOPD) The EOPD IMT has been closed . Disinfection is taking place and risk control measures have been lifted; drinking water outlets are now safe but remedial work will need to be completed on scrub sinks Change level of risk to low.</p> <p>GMcK enquired as to whether the risks within the report had been re-assessed as requested at the last meeting. FR confirmed that they had.</p> <p>1 e) Low – Theatres –Wiva 60litre bins – Leakage issues These bins are now to be used again for gelled vac sac containers due to leakage from cardboard bins. This was a National decision. Issues have now arisen regarding manual handling of these bins due to weight. FR has asked Neil Duncan to attend the next Acute HAI meeting on 25 September 2019.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 j) High – Increase in patients identified with Mycobacterium Abscesses (MA) requiring isolation It was pointed out that the narrative surrounding the use of negative pressure facilities for MA positive patients has changed and negative pressure rooms are not being used; patients are just being isolated.</p> <p><u>Aberdeenshire H&SCP</u> Report was not submitted at the meeting</p> <p>1 New Areas of Concern raised by Divisions The HEI Inspection report from the recent visit in August 2019 is expected tomorrow. NH implied that there may be requirements / recommendations surrounding governance structures.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Banff Health Centre Water Safety Issue NH asked for clarity surrounding the IMTs regarding this as there have been no further meetings since June 2019. VB advised that actions are being undertaken by Tony Atkiss who will then be taking forward further testing. A PAG will then take place to discuss findings.</p>	FR

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5	Standing Items cont.	<p>2 b) High – Renal Dialysis – Kincardine Community Hospital This issue is now closed</p> <p>NH also confirmed that there would be a re-inspection of HMP Young Offenders Institution (YOI) in December 2019. There is to be a joint meeting for all involved; Allan Leslie is organising this.</p> <p>FM then informed the Committee that although the Inspector's report was positive and highlighted exceptional cleanliness of equipment and the environment and good patient feedback improvements need to be undertaken</p> <ul style="list-style-type: none"> • no consistency with regard to IPCT audits • non-compliance escalation is lacking • there are many Estates issue however environmental audits are showing 100% • the need for very clear governance structures within Sector's Terms of Reference (ToR) <p>AS to send the ToR for this meeting to Sector Leads for consideration and reflection in their sector ToR's.</p> <p><u>Aberdeen City CHP</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Engagement from City HSCP. A meeting took place with JWa Heather MacRae / Sandy Reid and Helen Smith on how to progress with this from a Partnership perspective. A more robust procedure is now in place regarding engagement with all parts of the Integrated Joint Board (IJB).</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Water Samples – Health Village Water samples have shown high levels of Pseudomonas. Bottled water has been provided for drinking, alcohol gel is being used for hand washing and disinfection wipes to be used for cleaning of equipment. Public notices have been posted within the Health Village.</p> <p>This area of concern risk level can now be changed to Low. VB informed the Committee that the bottled water decision has now been lifted and confirmed that only 1 tap had been found with Pseudomonas. A Group was formed at which contractors and providers were present; recommendations and further testing being taken forward. Flushing records have improved since measures were put in place.</p> <p>2 c) Medium – Staff unable to find time to complete mandatory training The risk level for this has risen again to High with staff still experiencing issues with completion of elearning. Quality Improvement work is being done surrounding this.</p>	AS

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5	Standing Items cont.	<p><u>Facilities</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Water Safety – Concerns raised re alterations to water system in the Yellow Zone This has the potential to impact on water quality in specific areas; this was discussed at a recent IMT meeting. High levels of Total Viable Counts (TVCs) have been found at certain water outlets. A Short Life Working Group (SLWG) is to be formed to review a number of related issues in the yellow zone. Further sampling to commence and full disinfection is being commissioned.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Banff Health Centre – Water Safety Graham Mutch queried if there were any actions required prior to the IMT next week? VB will liaise with Tony Atkiss.</p> <p>2 b) Kincardine Hospital Renal Unit – Water Safety This is now closed. Remove from report</p> <p>2 c) Inverurie Hospital Renal Unit – Water Safety This is now closed. Remove from report</p> <p>2 g) High - Inconsistencies relating to the flushing and recording of little used water outlets The IPCT are working with Michael Black surrounding this. Update of RCN 17/05 and 17/06 and the associated Toolbox Talk will be used to help clarify the confusion.</p> <p>2 h) Medium - Adoption of SUP05 (2015) – Provision of Drinking Water This is being reviewed again Nationally.</p> <p>2 i) High - NHSG received a Notice of Contravention from the HSE following visit in August 2017 Legionella testing taken place 6 monthly due to high risk.</p> <p>2 m) Medium – Healthcare Environment Condition The internal Healthcare Environment Audit Team identified the poor condition of floor coving / skirting in the Matthew Hay building. Graham Mutch confirmed that 1 area has been completed however access to the remaining areas is challenging due to patient turnaround. It was suggested this is highlighted clearly in reports so it can be escalated as a risk through the governance structure.</p> <p><u>Facilities (Waste)</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) NHSG remains in contingency more for disposal of healthcare wastes Logistics issues have caused further delays. The new contractor Tradebe was due to commence collections 2 August 2019 but this has been delayed for up to 3 months. Portering Services are struggling with the extra work.</p>	

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5	Standing Items cont.	<p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 b) lack of information on labels on the 60 litre yellow bins This is being discussed at high level meetings. If bins are not labelled correctly they should be returned to the labeller. FR will investigate this Smaller bins can't be used due to manual handling issues.</p> <p><u>Moray (CHSCP)</u></p> <p>The report that was received was more informative than previous reports however no one was available to speak to the content.</p> <p><u>Mental Health</u></p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 b) Medium – Poor Condition of shower / bathroom facilities within Forensic Rehab. Tentative approval for funding has been agreed.</p> <p>2 c) Medium – Bracken ward refurbishment This has been on hold for nearly a year awaiting agreement. The division are pursuing this through Asset Management due to the size and cost of the project. Risk assessments are in situ.</p> <p><u>HAI Education Group</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Staff not aware of the mandatory IPC education requirements The HAI Education Group are working on the components of what should be done and when. An easy to read and robust flowchart will be created.</p> <p>1 b) High – Concerns that Divisions / Sectors / IJBs do not have oversight and governance of mandatory IPC education, audits and compliance tools. IPCM to formulate a letter to all Chief officers requesting a review and / or implementation of IPC governance arrangements. HAI Sub Group Chairs to amend their ToR to reflect oversight.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 c) Medium – Education required around the lack of compliance with swabbing for Carbapenemase-producing Enterobacteriaceae (CPE) following a positive Clinical Risk Assessment (CRA). This is ongoing</p> <p>2 d) SIPCEP Modules Reporting partially implemented. No Manager reporting at present.</p>	FR

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	<p data-bbox="555 707 651 730">Item 5.3</p> <p data-bbox="555 818 651 842">Item 5.4</p> <p data-bbox="555 1074 651 1098">Item 5.5</p>	<p data-bbox="714 97 1581 121">Risk ID 2325 – Non Compliance with Decontamination of Ultrasound Probes Audit completed and sent to Divisional General Managers.</p> <p data-bbox="714 180 1850 204">Risk ID 2362 – Inability to Decontaminate Ultrasound Probes in a Dedicated Decontamination Room Ongoing</p> <p data-bbox="714 263 1420 287">Risk ID 2528 –Staff’s Inability to complete Mandatory Training This risk is closed and should not have been present on the report.</p> <p data-bbox="714 346 1256 370">Risk ID 2567 – Bladeless Fans in Clinical Areas FS waiting for feedback from the Health and Safety Expert Group. Ensure assurance is present before removing from the register.</p> <p data-bbox="714 458 1912 481">Risk 2654 - IPCT’s Inability to provide thorough HAI Scribe to all built environment projects across NHSG This risk should have been present on the report, however it was not, and therefore not discussed under this item.</p> <p data-bbox="714 542 1906 595">AW stated that he had spoken with GMcK with regard to other risks that should perhaps be added to the register e.g. Pandemic Flu. To be discussed.</p> <p data-bbox="714 627 1921 651">VB confirmed that the Antimicrobial Management Team (AMT) would take responsibility for the antimicrobial risks.</p> <p data-bbox="714 710 1061 734">HAI Work Programme 2019/20 Report was submitted however the Chair asked for this to be rolled over to the November meeting for discussion.</p> <p data-bbox="714 818 1308 842">HAI Executive Committee (HAIEC) Update July 2019 FS feedback that a discussion was had regarding Health Protection Scotland (HPS) not recognising NHSG’s Patient Placement Tool(PPT) as a workable document; however the tool works well within NHSG. CH had asked whether we could evidence this and VB had explained how the tool assisted during a CPE situation within Dr Gray’s Hospital (DGH); clear guidance was given on where to place the patient ensuring there was no onward transmission – audit data is available. An SBAR will be submitted to the HAIEC on the subject.</p> <p data-bbox="714 1069 1664 1093">HEI Inspection Report of Greater Glasgow & Clyde (GGC) Queen Elizabeth Hospital The SNAP platform will be utilised for the storage and recording of HAI audits, at present, specifically Water based audits.</p>	
6	<p data-bbox="275 1182 638 1233">HAI Report to Clinical Governance Committee / Board</p> <p data-bbox="555 1265 651 1289">Item 6.1</p>	<p data-bbox="714 1265 1095 1289">HAI Report to the Board (HAI-RT) The only comment made on the report was the acronym TOBD’s was used and not referred to as Total Occupied Bed Days. This was not clear to some who were reading the report.</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>HAI Report to the HAI Executive Committee (HAIEC) Issues to be escalated:</p> <ol style="list-style-type: none"> 1. HAI Scribe - The IPCT do not have complete oversight and cannot provide assurance for new builds 2. Good Practice within the IPCT Sector Report <ul style="list-style-type: none"> • Ward 111 and Acute Management response to recent admission of a potential High Consequence Infectious Disease (HCID) • Escalation from Nursing team in ARI theatres regarding adequate decontamination of critically invasive probes • A recent IPCT audit has shown RACH/ AMH and Aberdeen City Clinics are 100% compliant with local IPCT recommendations for RCN 19-01 and therefore NHS Scotland Guidance for Decontamination of Semi-Critical and Ultrasound Probes; Semi-invasive and Non-invasive Ultrasound Probes. • Another board have requested permission to utilise the NHS Grampian Patient Placement Tool process 	
7	<p>AOCB cont.</p> <p style="text-align: right;">Item 7.1</p> <p style="text-align: right;">Item 7.2</p>	<p>NHS Grampian Healthcare Associated Infection Education Delivery Plan July 2018 – July 2019 (for ratification) The Committee did not feel able to ratify this document without further information</p> <ul style="list-style-type: none"> • Why is the Committee required to ratify completed work? • Gaps in timescales? <p>Refer back to the HAI Education Lead for more information; however the Committee was happy with the work undertaken and felt it showed good evidence on Team involvement.</p> <p>Bed Space Cleaning Checklist v2.4 July 2019 (for ratification) The Committee ratified this document. This has had positive feedback from the HEI Inspectors and is used appropriately within areas.</p> <p>AS will source narrative and ensure an email is sent Grampian wide to inform staff of the updated document. This will also be included in the Bulletin and will be uploaded to the IPCT Intranet page.</p>	AS
9	Date of Next Meeting	26 November 2019, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital	