

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

Minutes from meeting held 26 November 2019
Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital
10.00 – 12.00

Present:

GJ – Grace Johnston, Interim Infection Prevention & Control Manager (**Chair**)
SS – Shona Sinkins, Lead Nurse, Division B, Mental Health & Learning Disabilities
LM – Leonora Montgomery, Public Forum Representative
JA – Jane Adam, Public Forum Representative
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
GM – Graham Mutch, Head of Maintenance and Technical Services
LB – Leighanne Bruce, Acting Technical Lead Infection Prevention & Control Nurse
ASm – Alison Smart, Operational Lead Nurse Moray CHSCP (**VC**)
MJM - Malcolm Metcalfe, Deputy Medical Director

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>Noha El Sakka (NE) Gavin Payne (GP) Neil Hendry (NH) Fiona Robertson (FR) Fiona Mitchelhill (FM) Dawn Stroud (DS) Juliette Laing (JL)</p>	
2	Minutes of last meeting 24 September 2019	The minutes from 24 September 2019 were ratified by the Committee with no amendments	
3	Action Tracker	<p><u>Meeting 24 September 2019</u></p> <p>5.1 Acute – Concerns re use of towels instead of spill kits The Committee decided this was not an infection risk. Risk to be closed.</p> <p>5.1 Facilities (Waste) – lack on information on labels on 60 litre yellow bins Teams have been asked to ensure labelling is correct. This will feature in Robert Hobkirk's report.</p> <p>5.2 Risk Register – Discussion required re risks to be added GJ and AW to meet 5 December 2019 to discuss. Action to be closed</p>	

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3	Action Tracker cont.	<p><u>Meeting 23 July 2019</u></p> <p>3 Action Tracker - Shower Refurbishment Turner Hospital Work is ongoing but the 3rd shower to be refurbished will be completed by Christmas 2019.</p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 3 – Flushing of Water –Roles and Responsibilities AS to amend timeframe to February 2020</p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 8 – Completion of Cleaning Schedules Process is being revised with major updates being made to the Facilities Management Tool. Domestic Services are liaising with Senior Charge Nurses (SCN) and users of the system. This action can be closed.</p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System AS to set up meeting between GJ / LB / GM / Ian Esslemont and Derek Morgan as a matter of urgency.</p> <p>5.1 Sector Reports – Moray CHSCP - Concerns were raised with regard to domestic cover: staff only work in the mornings. ASm feedback that this situation has now improved and cover is no longer limited to mornings. This action can be closed.</p> <p>7 AOCB – HAI Risk Matrix GJ will follow this action up out with the meeting. MJM commented that the disparity in the way persons apply and decide on the level of risks reported was discussed at the NHSG Clinical Governance Committee (NHSG CGC). There is little guidance on how to assess frequency; the process needs to be refined. A discussion then took place regarding this subject.</p> <p><u>Meeting 28 May 2019</u></p> <p>3 Action Tracker - HEI Inspection Report of GGC Queen Elizabeth Hospital This is a large piece of work to be completed and will take time. LB and GJ will work on this together.</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? ASm will investigate and update ASAP.</p> <p>5.1 Sector Reports – Mental Health – Bottled Water Coolers The cost of replacing free standing water coolers in the Recovery Resource Centre (RRC) has gone to projects for costing. Some areas have contracts that if terminated early will incur cost so decision made to wait until contract ends in March 2020. Further discussion on the plumbed water coolers that do not have service contracts to be had by support services. GM added that many of the free standing coolers within NHSG have no cleaning regimes in place and LB remarked that there is a need to ascertain whether the mains coolers are a risk to the water source.</p>	<p>AS</p> <p>AS</p> <p>GJ</p>

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3	Action Tracker cont.	<p>A discussion then took place as to whether the issues raised surrounding water coolers is a “knee jerk” reaction to a single incident. VB replied that that these coolers pose a risk to the entire water system. The Water Safety Group (WSG) are still waiting for the final version of SUP05; if NHSG is to deviate from National Guidance there would have to be good reason to do so. GM advised that at a recent National meeting he attended it was suggested that SUP05 will remain a draft document for Boards to adopt and implement as they feel appropriate. If this is the case it was felt that Health Facilities Scotland (HFS) should implement a National policy and insist on uptake from Boards. JA queried whether risk assessments were completed prior to the removal of the coolers.</p> <p>5.1 Sector Reports - HAI Education Group – Training for Domestic Support Services Gillian Poskitt is feeding back to the National Group. GJ to look at email for an update on current situation.</p> <p><u>Meeting 22 January 2019</u></p> <p>5.1 Sector Report – Moray CHSCP - Shower Tray – Turner Hospital (from meeting 27 March 2018) Work continues (as noted above). Keep action open as a shared learning exercise will be performed by GP once the works are completed.</p> <p><u>Meeting 27 November 2018</u></p> <p>5.1 Sector Report – Facilities - Water Safety in Non NHSG Premises No reassurance can be given.</p> <p><u>Meeting 23 January 2018</u></p> <p>5.1 Sector Reports – Facilities – Forres Health Centre Water Safety Issue VB feedback that there was a failure in the disinfection process which was picked up during sampling and Legionella was detected. There are issues with the flow of water and corrective action is being taken and a complete check of the chemical dosing plant is taking place in December. The Incident Management Team (IMT) meeting needs to be reconvened. DS will visit the practice to investigate and update; VB will liaise with DS with regard to a way forward and the resuming of the IMT. VB to consider inviting MJM to further meetings.</p>	
4	Matters Arising <div style="text-align: right;">Item 4.1</div> <div style="text-align: right;">Item 4.2</div>	<p>Decontamination Services compliance in Grampian (relates to Lessons Learned & Recommendations Report On Cowlairs CDU Incident November 2018) JL unable to attend the meeting. An update is required for January 2020</p> <p>HEI Inspection Action Plan – Update</p> <p>Standard 2 - Education to support the prevention and control of infection</p> <p>Requirement 1 - NHS Grampian must ensure that staff are aware of NHS Grampian’s mandatory Infection Prevention and Control education requirements</p>	<div style="text-align: center;">JL</div>

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4	Matters Arising cont.	<p>1.1 The guidance for mandatory infection prevention and control education will be obvious for staff via the intranet. This is ongoing.</p> <p>1.2 Agree updated communications and signposting regarding course requirements via Global email and other local briefings. This is ongoing.</p> <p>1.3 Ensure that all staff have access to Turas Learn. This is being taken forward.</p> <p>Requirement 2 - NHS Grampian must be able to evaluate the uptake of infection prevention and control training in order to respond to any unmet educational need.</p> <p>2.1 Implement the manager reporting function on individual teams via Turas Learn, following pilot in October 2019. Linda McKerron has confirmed that this is moving forward after the pilot that took place in October 2019.</p> <p>Requirement 3 - NHS Grampian must ensure there is systematic programme of audits in place, this is clearly communicated to ward staff and they clearly understand their role in this process.</p> <p>3.1 Review and update the Healthcare Associated Infection Policy for staff working within NHS Grampian, ensuring this includes clarity on roles, responsibilities and a standardised HAI audit approach. The Policy is in the process of being updated and will be promoted and reinforced. LB commented that there was confusion among staff regarding specific auditing when questioned by the Inspectors. The Water Safety Audit is now complete and the IPCT will implement across NHSG.</p> <p>Recommendation A - NHS Grampian should continue to review the current structure in place to support Aberdeenshire to communicate audit and training results to senior staff in a regular, agreed and consistent way</p> <p>Certain HAI Sub Groups are being re-established to provide governance and assurance and all groups Terms of Reference (ToR) are being updated. Caroline Hiscox requested that any sub group meetings that do not take place are reported on sector reports for information. GJ will liaise with HAI Sub Group Chairs.</p> <p>Requirement 5 - NHS Grampian must ensure the built environment is maintained, including ceiling vents, to allow effective cleaning and to minimise cross infection to patients, staff and visitors</p> <p>5.3 The existing Estates routine planned maintenance programme for vent cleaning will be progressed. Once areas are completed this will be communicated to Domestic Services in order that this can then be adopted into their cleaning schedule. Agreement has been reached on vent cleaning and schedules are being rolled out across NHSG.</p> <p>JWa enquired about the cleaning of shower drains; it was confirmed that if these were easily removed then they are to be cleaned by Domestic Services however if tools are required Facilities should be contacted. This led to a discussion regarding shower hoses and the need for them to be secured using retention clips. Many shower hoses are left unclipped which could result in contamination should they come in contact with shower drains, toilet bowls etc. GM asked that any showers found to be unclipped be reported to Facilities immediately. It was suggested that a Water Week be held; this was considered a good idea.</p>	GJ

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4	Matters Arising cont.	This Improvement Action Plan will be returned with updates by the 28 November 2019.	
5	Standing Items <p style="text-align: right;">Item 5.1</p>	<p>Sector Reports</p> <p><u>Acute</u> FR was unable to attend but the following risks were touched upon.</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 f) Medium - Concerns re the Face Fit Testing attendance VB stated that this is a consistent problem. Sue Swift is now chairing the Face Fit Testing meetings and is aware.</p> <p>3 Areas of Achievement / Good Practice The peer administration of the flu vaccine has improved staff's uptake due to clinics being easier to access.</p> <p><u>Aberdeenshire H&SCP</u> NH was unable to attend the meeting however the following risk was mentioned</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 b) High – Banff Health Centre Water Safety Issue The IMT meeting scheduled for 28 November 2019 has had to be rescheduled due to a number of apologies. It will now take place 6 December 2019.</p> <p>It was commented on that there is sizeable narrative relating to the Inspection at HMP YOI Peterhead.</p> <p><u>Aberdeen City CHP</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – No assurance currently being sought in relation to hand Hygiene procedures in the Community Nursing Teams. JWa feedback that there seems to be no assurance around hand hygiene procedures / mandatory training / auditing within the Community Nursing teams. Helen Mitchell will identify a way of achieving assurance; perhaps shadowing staff to gauge if adequate precautions are being followed. It was suggested that perhaps the IPCT could also become involved and offer some advice? One way to assess hand hygiene compliance would be to monitor how much alcohol gel is being used and use this as a benchmark for future assessments.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Water Samples from the Health Village have shown high levels of Pseudomonas. JWa to obtain narrative from VB to amend wording on this risk – should be noted as Total Viable Counts (TVCs) not Pseudomonas. Once amended AS will resubmit the Sector Report to the Committee. Control measures are still in place for hand hygiene and VB will be attending the user group meeting to liaise with staff.</p>	<p style="text-align: right;">JWA AS</p>

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5	Standing Items cont.	<p><u>Facilities</u></p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Yellow Zone Concerns – Water Safety – Concerns raised regarding the alterations to the water system and potential impact on water quality GM reported that a full disinfection of the block is being commissioned. Still waiting for drawings.</p> <p>2 a) Banff Health Centre – Water Safety – Concerns raised due to post project water samples highlighted high TVCs Water storage tanks have been cleaned and water system disinfected on two separate occasions. Ongoing water sampling indicates raised TVCs and Pseudomonas remain. Risk control measures remain in place pending further actions decided at IMT being held in December 2019.</p> <p>2 c) Kincardine Hospital Renal Unit – Water Safety – Low temperatures being recorded at end of line water outlets. Risk control measures remain in place pending decisions made at IMT meeting.</p> <p>2 d) Inverurie Hospital Renal Unit – Water Safety – Presence of Pseudomonas at levels below action threshold Pipework altered / replaced and disinfected. Water resampling shows negative results for Pseudomonas. The Water Safety Group (WSG) has agreed to close this risk. Remove from the report.</p> <p>2 e) Health Village – Water Safety – Concerns raised by member of staff to the IPCT. IMTs held water / temperature testing undertaken by NHSG and Management contractor. Roles and responsibilities are being revised due to premises being dual managed. IMT on 18 July agreed that IMTs will be replaced by the Aberdeen Health Village Water Safety Group – first meeting took place 8 October 2019. A number of actions have been identified by the group and are ongoing.</p> <p>2 f) Low - Cleaning Sanitary Areas – Increase in time to undertake cleaning in sanitary areas due to 3 stage process when using 1000ppm chlorine releasing agent. Review with the domestic team has confirmed the slight change to order of activity has not resulted in increased cleaning time. Risk can now be closed and removed from the report.</p> <p>2 g) Medium - Sinks and Taps Risk Assessments HEI Inspections have highlighted the need for risk assessments and future plans for dealing with non-compliant sinks and taps. Process is being discussed.</p> <p>2 i) High - Inconsistencies relating to the flushing and recording of little used water outlets RCN 17/05 and 17/06 still being updated and the associated Toolbox Talk will be used to simplify the process> This will be highlighted during Water Safety Week.</p> <p>2 k) High - NHSG received a Notice of Contravention from the HSE following visit in August 2017 This risk can be closed and removed from the report.</p> <p>2 l) Forres health Centre – Water Safety – Ongoing incidences of bio-film in the water system This is ongoing as discussed under Item 3 – Action Tracker</p>	

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5	Standing Items cont.	<p><u>Facilities (Waste)</u> No report was submitted</p> <p>GM informed the Committee that NHSG is still in “contingency mode” surrounding disposal of healthcare waste. TradeBe are now due to commence collections in January 2020.</p> <p>There are still issues with the 60 litre bins regarding multiple waste streams. It has been stressed that the person closing the bin must take responsibility for accuracy regarding waste streams.</p> <p><u>Moray (CHSCP)</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Low – High level dust is an issue some older Community Hospitals This was noted during the recent HAI Inspection; is being managed and monitored by Facilities and Senior Charge Nurses.</p> <p>1 c) Low – Unable to access reports from TURAS to monitor staff training levels The manager reporting is expected to be rolled out soon.</p> <p>1 d) Medium - Non-compliant Hand Hygiene sinks in all hospitals Risk Assessments are in place for all non-compliant sinks and the situation is being managed.</p> <p>1 e) Medium - Non-compliant flooring in all hospitals This has been escalated to Estates.</p> <p>1 f) Medium - Non-compliant equipment in Allied Health Professional (AHP) areas Escalated to lead AHP for action.</p> <p>1 g) Medium - No local HAI meeting in Moray Monthly meeting reinstated</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Replacement of showers at Turner Hospital, Keith As previously discussed these should be completely shortly.</p> <p><u>Mental Health</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Eurobins locks are not robust and are easily broken This will be escalated at the next Waste meeting</p> <p>1 b) Low – No FFP3 face fit testers on site 2 members of staff will be trained.</p>	

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5	Standing Items cont.	<p>Issues were raised that were not included in the Sector Report:</p> <ul style="list-style-type: none"> • VB reported that ligature concerns have been raised within the project work being undertaken in Fraser ward. Russell Arthur is aware of this. • During the flushing of water outlets the electronic sensors are proving to increase flushing times. SS asked if there was a switch that could be used to turn the sensors off whilst flushing takes place ? Neither Costas nor Trevor were aware. • TVC counts show elevated levels in Huntly ward. No flushing records available. Standard Operating Procedures (SOPs) are required for domestic services on cleaning of sinks. <p>Russell Arthur will deal with Action Plan moving forward.</p> <p><u>HAI Education Group</u> Report was submitted but DS encountered issues with VC therefore report was not discussed</p> <p><u>Infection Prevention & Control Team (IPCT)</u></p> <p>1 New Areas of Concern</p> <p>1 a) High – NHSG Community Hospitals Announced HAI Inspection Report The Improvement Action Plan is being completed and must be returned to HEI Inspectorate by mid December 2019.</p> <p>1 b) Very High – High Consequence Infectious Disease (HCID) unified Personal Protective Equipment (PPE) ensemble is changing The unified UK PPE ensemble has been agreed for adoption in Scotland at the High Consequence Infectious Diseases (HCID) NHS Boards meeting. Training materials from Health Protection Scotland (HPS) / NHS Education for Scotland (NES) are expected to be live by December 2019 however delays have been experienced in obtaining hoods. Training will be 6 monthly updates for high risk areas. HPS are liaising with Scottish Government regarding resources and a standardised approach / adaptation period for the rollout of training. Some items of kit are already in stock.</p> <p>1 c) Shared Learning from Norovirus outbreak hot debrief</p> <ul style="list-style-type: none"> • the was a shortage of available curtains which delayed the opening of the ward • visitors ignored hand hygiene control measures put in place and suggested by staff <p>JA stressed that staff need to be assured / feel supported when dealing with visitors.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Infection Control Manager (ICM) to commence employment GJ in post as Interim ICM. This risk can be closed.</p>	

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5	Standing Items cont.	<p>2 d) High – The Built Environment and it’s components e.g. water / ventilation provisions and maintenance IPCT Workforce Plan complete pending Infection Prevention & Control Doctor (IPCD) review. IPCT Risk Assessment for this prioritisation of work streams almost complete. Escalated to be included on Risk Register.</p> <p>2 i) Medium – Compliance with Carbapenemase-producing Enterobacteriaceae (CPE) Swabbing is not always being undertaken. The Acute HAI Group is taking forward quality improvement work surrounding this.</p> <p>2 j) Medium – HEI Requirement 2: Woodend General Hospital (WGH) NHSG require risk assessment for isolation with open doors Risk assessment complete. Patient Placement Tool (PPT) v11 has been updated and reissued across NHSG.</p> <p>2 k) Medium – HEI Requirement 3: Dr Gray’s Hospital (DGH) DGH HAI Sub Group has been reinstated and holds regular meetings.</p> <p>2 m) High – NHSG compliance with National guidance for decontamination of semi-invasive ultrasound probes An audit was completed by IPCT and SBAR report shared with Divisional General Managers (DGM), Clinical Risk Management (CRM) and System Leadership Team (SLT). Significant improvements have been in noted and compliance now sits at 67%.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Fiona Smith Senior IPCN and NHSG theatre colleagues have had a paper published within the Journal of Infection Prevention for hand hygiene moment 5 in the operating room • Soap Second Poster Presentation at Excellence In Care study day in Elgin and at the recent Infection Prevention Society (IPS) Conference • NHSG process for Clostridioides <i>difficile</i> Infection (CDI) surveillance considered exemplary and bespoke by HPS <p>Item 5.3 HAI Work Programme This was not discussed, however it was stressed that updates are required regularly and if not meeting frequency will have to look into.</p> <p>Item 5.4 HAI Executive Group Update – October 2019 No update was given for this item as GJ was not present at the meeting</p> <p>Item 5.5 HAI Inspection of GGC QEH – Progress Update This is ongoing. Updates on water and fans to be input into the report.</p>	

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6	<p>HAI Report to Clinical Governance Committee / Board</p> <p>Item 6.1</p> <p>Item 6.2</p>	<p>HAI Report to the Board (HAI-RT) The Board is happy with the layout of the report.</p> <ul style="list-style-type: none"> • The HAI-RT will now be produced 3 monthly after discussions with Scottish Government • The Incident Management Team (IMT) and Preliminary (formerly Problem) Assessment Group (PAG) tables have been well received. • An extra paragraph was added to the infographic information under CDI to provide year end rate reduction information. <p>This report remains a work in progress.</p> <p>HAI Report to the HAI Executive Committee (HAIEC) Issues to be escalated:</p> <ul style="list-style-type: none"> • High Consequence Infectious Disease (HCID) unified Personal Protective Equipment (PPE) ensemble is changing • HAI SCRIBE requires to be fully completed. • FFT update on meetings to be reconvened • Forres Health Centre – Water Safety Legionella – Sub Hubco (accountability raised) • Standards on Healthcare Associated Infections and Indicators on Antibiotic Use 	
7	<p>AOCB cont.</p> <p>Item 7.1</p> <p>Item 7.2</p> <p>Item 7.3</p> <p>Item 7.4</p>	<p>HAI Education Delivery Plan 2018/19 (ratification) The Committee did not feel this was required to be ratified however it will be evidenced as completed.</p> <p>Bare Below the Elbows Caroline Hiscox has tasked GJ with undertaking a project to raise awareness of Infection Prevention & Control across NHSG titled “Bare Necessities”. A poster devised by Golden Jubilee Hospital was tabled and GJ asked for comments, suggestions and requested involvement from key staff.</p> <p>Antimicrobial Awareness VB feedback that the Antimicrobial Awareness sessions went very well and positive feedback was received. The NES Antimicrobial Stewardship project has been launched.</p> <p>Centre of Excellence GM asked the Committee if they were aware of Centre of Excellence; this topic has been discussed at high level meetings. LB replied that she was aware of this Group and that the new name was to be Reducing Risk and Infection in the Healthcare Built Environment. Meetings will arranged shortly.</p>	
8	<p>Date of Next Meeting</p>	<p>21 January 2020, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital</p>	