## NHS GRAMPIAN Infection Control Committee

## Minutes from meeting held on 23 January 2018 Conference Room, MacGillivray Centre, AMH 10.00 – 12.00

## Present:

GMcK - Grace McKerron, Interim Infection Prevention & Control Manager

FR - Fiona Robertson, Chief Nurse

LM - Leonora Montgomery, Public Forum Representative

JA - Jane Adam, Public Forum Representative

FS - Fiona Smith, Acting Infection Prevention and Control Senior Nurse

LL - Linda Lever, Risk Management Advisor - Patient Safety (attended for Fiona Mitchelhill)

DW - Diana Webster, Consultant in Public Health Medicine

NH - Neil Hendry, Operational Lead Nurse, Aberdeenshire CHSCP

GP - Gavin Payne, Deputy General Manager, Facilities & Estates (attended for Paul Allen)

JL - Juliette Laing, Head of Decontamination and Linen Services, Decontamination Lead

LW - Les Walker, Decontamination Unit Manager

JWa - Julie Warrender, Nursing Services Manager, Aberdeen City CHP

EP - Elaine Pyper - Nurse Manager Woodend General Hospital

CN - Carol Nicol, Health and Safety Facilitator

## 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	Apologies were received from :	
		Fiona Abbott (FA) Preston Gan (PG) Fiona Mitchelhill (FM)	
		GMcK informed the Committee that Pamela Harrison has taken up a new role within the Acute Sector Management Team and will, therefore, no longer be attending the meetings.	
2	Minutes of last meeting 26 September 2017	The minutes from 26 September 2017 were ratified by the Committee with no amendments.	
3	Action Tracker	The Action Tracker was discussed and updated. Some updates were given via reporting and verbally; the update column will be completed retrospectively.  The following long term actions are to be closed as completed:	AS AS
		Meeting 26 July 2017	
		5.1 Sector Reports – Aberdeenshire NH to invite FR to a future unannounced walk round This has been completed.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
3	Action Tracker cont	Meeting 26 September 2017	
		<b>4.3 Water Safety in Non NHS Grampian Premises</b> Update given by GP - Toolbox Talks on Flushing have been disseminated across NHSG and safety walk rounds have proved positive.	
		4.4 Facilities Key Performance Indicators (KPIs) GMcK, PG and FS met to discuss and agreed a way forward with reporting.	
4	Matters Arising Item 4.1	New Sector Reporting Template GMcK explained to the Committee that, due to points having been made regarding the completion of the current Sector Reports, it was suggested that the new reports mirror the HAI Standards. This would also enable any Action Plans, resulting from HEI inspections, to be reported through the template. It would correlate reporting of risks more easily. GMcK presented a draft version, completed by Fiona Smith, which is a worked example of what the ICC would expect from future reports.	
		JWa admitted to being concerned regarding the length of the document but after discussion now realises that not all sections require to be completed by all Sectors. Could be a positive step as the layout requires the Sectors to contemplate all Standards; however to reduce the size of the document the Standard description may not be needed.	
		NH also had concerns as to whether completion of the new template would add to an, already, large workload.	
		FS suggested that it may be a positive step, moving forward, to set the HAI Groups Agenda's to the Standards. This would be helpful to ensure the individual Groups can then assist with the completion of the Sector Reports. FR agreed and added that themes may then become apparent between areas.	
		FS then raised that mandatory HAI Education compliance is not reported on at present due to the issues Leads have experienced when pulling data from AT Learning. At present the HAI Groups feed their data into the HAI Education Group – this would be a duplication of work. If the Sector Report was populated with the compliance data the HAI Lead could then report to the HAI Education Group.	
		For the reporting of Hand Hygiene and SICPs under Standard 6, again the issue was raised of systems not being robust enough but FR considered the HAI Audit perspective good.	
		GMcK suggested that perhaps Michael Coulthard could be approached and asked as to whether he was able to run reports.	
		It was decided that the new template would be tested for the next meeting. GMcK asked the Leads to contact her if any problems arose.	
	Item 4.2	PPE Training Plan Update / FFP3 Mask Shortage CN confirmed that NHS Grampian are trying to obtain a supply of masks. FR confirmed that 15 boxes (of the Plus mask) have been received so far.	
		Areas should continue to order via Procurement.	

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	Item 4.3	Sharps Update CN confirmed that some unsafe sharps are still being used. Areas have been identified and the offending sharp has been placed on the restricted catalogue. Sue Swift is aware. If unsafe sharps are to be used (for specific procedures) a Risk Assessment must be completed and sent to Health & Safety to check and evidence prior to usage.	
		Medical staff continue to alter devices or crack the guard during certain procedures. It has been made clear that the manufacturer will not endorse the device if it has been altered in any way.	
	Item 4.4	Water Safety in Non NHS Grampian Premises GP updated the Committee on the Toolbox Talk – Routine Flushing of Water Outlets that has been disseminated across NHS Grampian and that all staff have been asked to complete. Safety walk rounds have also been undertaken and have proved positive.	
	Item 4.5	AT Learning Update This update was given under the HAI Education Group Sector Report	
5	Standing Items 5.1	Sector Reports	
		Acute FR spoke to the Acute Sector (ARI) report highlighting the New Areas of Concern	
		1 New Areas of Concern raised by Divisions	
		1a) High – Face Fit Testing Surgical Wards Very few staff have received Face Fit testing across the Surgical Wards and some do not have any Face Fit Testers e.g. Wards 205 & 208 Aberdeen Royal Infirmary and Wards 9 & 10 at Woodend General Hospital. This requires organisational discussion on facilitation.	
		<b>Theatres</b> Only 50% of Emergency Care staff and 31% of Recovery staff have been Face Fit tested. More testers required to become compliant.	
		1c) High – Staff Sickness Increasing number of staff off sick with enteric / flu / flu like illness. Monitoring of staff is ongoing, availability of Occupational Health Services if required, encouragement of staff to take up the Flu vaccination, ensure staff do not return to work until 48hrs symptom free (enteric) / 48hrs free of pyrexia (flu like illness)	
		1d) High – Increasing numbers of patients admitted with Flu like symptoms Ongoing discussions taking place with Clinical Teams regarding correct isolation / barrier precautions being put in place. Reviewing the patient Placement Tool and its effective use. Review the status of staff who have been / need to be Face Fit tested.	
		1e) High – Failed hand Hygiene Audit in Ward 105 despite ongoing PAGs and IPCT intervention Ongoing monitoring of Hand Hygiene practice in place with continued support from the Infection Prevention & Control Team (IPCT). Problem Assessment Groups (PAGs) continue to support education learning and ongoing monitoring to improve overall compliance.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont		
	Item 5.1	1f) Medium – Non Compliant hand Hygiene Audits  Audits have been non-compliant in Wards 114 and 112. Education is underway with all staff. Action Plans have been completed PAGs undertaken and IPC Team will re-audit the areas.	ı
		Other issues were discussed specifically  a) Waste Disposal compliance and storage - new swipe card access is now in place to ensure Health & Safety compliance  b) Waste spillage behind Sluice Masters in the Emergency Care Centre (ECC) – following audits, issues were found and Estates will trial wipe boards around the Sluice Master in Ward 102. If successful then this will be rolled out for all 27 within the ECC.  c) CAUTI Self-Assessment and pending HEI unannounced inspection – Self Assessment is to be submitted for NHS Grampian. Education of staff and consistent approach to documentation (a Short Life Working Group (SLWG) has been set up with regard to this work).  d) Flooring and Skirting boards in the ECC – Estates have escalated this and are in discussions with the Contractor regarding defects under building law.	
		3 Areas of Good Practice FR felt that the Influenza PAGs held for ward 306 were very helpful due to the volume of Medical and Clinical staff attending. Pertinent discussions were had and the IPCT were involved and able to advise accordingly.	ı
		GMcK asked whether the on call status of the IPCT had proved helpful during the Flu period over Christmas and New Year? FR confirmed that feedback had been positive – a much needed resource.	
		GMcK also asked if some of the previous concerns, within the report, could be removed as the document is now a large one. FR will look into this.	FR
		FR also reiterated that this report was only submitted for Aberdeen Royal Infirmary (ARI) and not the Acute Sector as stated on the Agenda. AS replied that this report, in the past, had incorporated all Acute areas covering Aberdeen Maternity Hospital (AMH), Royal Aberdeen Children's Hospital (RACH), Dr Gray's Hospital Acute Services etc. GMcK will investigate this.	GMcK
		Aberdeenshire H&SCP  NH spoke to the report highlighting the New Areas of Concern	
		Since this report was written there have been concerns regarding Influenza at Community Hospitals, the Face Fit training of staff and the lack of trained face Fit Testers. Previous Lead Nurse Gladys Buchan raised the issue of Face Fit Testers being trained in 2014 but it was not deemed necessary. NH advises that Janine Langler is progressing this with Doreen May	l
		Ugie Hospital – Full closure (Incident Management Team (IMT) held) Chalmers Hospital – Partial closure Insch Hospital – Partial Closure	ı
		NH will update the report and include the above information regarding Flu and also recent Enteric activity.	NH

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5	Standing Items cont	1 New Areas of Concern	
		I New Areas of Concern	
		1a) High - Announced Inspection by the HEI A letter was received 3 October 2017 regarding the announced inspections of Glen O Dee Hospital, Banchory and Kincardine Community Hospital, Stonehaven between 31 October – 2 November 2017. These were cancelled by the HEI on 11 October 2017 due to restricted capacity within the Inspection Team. These visits are still to take place.	
		On announcement of the inspections, weekly multidisciplinary meetings have been held and improvement plans have been drawn up from environmental audits at both hospitals. Walk rounds have also been undertaken. Since postponement of the visits meetings are now held monthly and teams have made significant progress on the actions identified. Meetings will continue to be monthly until confirmation of a new date for the visit is received (suspected this may be in April?), at which time they will revert to weekly.	
		2 Progress Against Areas of Concern Previously Reported	
		2 a) High – Construction work has commenced at Kincardine Community Hospital on the new Renal Unit The HAI Scribe has been completed and the external metal storage facility has been relocated inside due to works traffic access. Regular visits / checks are still being made by the Operational Lead Nurse (NH) and the Infection Prevention and Control Nurse (IPCN) for the area and it is hoped that the new facility may be opened between April - June 2018.	
		2 b) High – Outstanding Estates Issues within Community Hospitals  This remains ongoing. All issues are escalated to Estates and walk rounds attended by Ian Esslemont have slightly improved things. Risk assessments are in place in all areas concerned.	
		2 c) High – Patient Chair Cushions  As previously reported, during a recent informal walk round at Turriff Hospital patient chair cushions were found to be contaminated. New chairs have been ordered (6 in total to ensure stock is available) and a process put in place for ongoing monitoring of chair cushions.	
		2 d) High – Redevelopment of Inverurie Hospital Recently admin buildings have been closed due to issues with heating and water supplies. Administration staff have been relocated. Work is due to be completed by August 2018.	
		NH will close 2 g) High – Recent Outbreaks of ESBL at Turriff Hospital as completed.	NH
		3 Areas of Good Practice NH felt that JA attending a recent informal walk round at Glen O Dee Hospital was very positive and proved positive for the attendees.	
		The Aberdeenshire HAI Group have been asked to submit a poster at the Infection Prevention Society (IPS) Conference 2018.	
		NH also feedback that the HAI Group Agenda format has been revamped and now follows the Infection Prevention and Control Committee (IPCC) agenda points and themes.	
		GMcK will attend the next Aberdeenshire HAI Group meeting. AS to organise.	AS
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5	Standing Items cont	Aberdeen City CHP	
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		Since this report was written JWa has a new Area of Concern regarding the movement of staff during outbreak situations at Woodend Hospital. Staff are moved between wards should an area encounter staffing issues but is concerned that this may be adding to the risk of transmission. Will continue to speak to Leighanne Bruce Infection Prevention & Control Nurse (IPCN) for advice.  FS confirmed that the control measures put in place at Woodend seem to be working.  GMcK suggested that perhaps a discussion should take place regarding cohorting of staff but this does not help when here is cross cover of Medical and Domestic Services staff also.	
		2 Progress Against Areas of Concern Previously Reported	
		2 a) Medium- Improvement Plans A new spreadsheet has been devised for monthly reference and continues to be a work in progress. Will continue to monitor and review.	
		2 b) High – Concerns surrounding AT Learning Reporting A cleanse of the data being pulled from AT Learning has proved beneficial and the service is confident that accurate figures are now being reported.	
		2 c) High – Management of Care Equipment remains poor Assurance has now been sought that this is now part of the Standard Infection Control Precautions (SICPs) audit.	
		3 Areas of Good Practice HAI integrated walk rounds are to begin in January 2018	
		Facilities GP spoke to report.	
		1 New Areas of Concern	
		1 a) Low – Healthcare Equipment Maintenance This consists of beds, hoists, trolleys etc. and relates to insufficient resources deployed to deliver the planned inspection, maintenance and internal cleaning of healthcare equipment. A discussion paper has been produced and a funding request will be submitted if required. Also being developed is a tracking system for identification and location of equipment.  There are issues within City CHSCP regarding strategy of maintenance and recycling of small equipment. GP will meet with a representative next week to discuss.  1 b) Medium – Healthcare Environment Cleaning The internal Audit Team have identified the poor condition of the floor covering and skirtings in the Matthew Hay building which presents effective cleaning in several areas. This has been escalated to senior management within the contractor's organisation for resolution.	
		1 c) Low – Decontamination of Reusable Medical Devices This risk is to be closed.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont	2 Progress Against Areas of Concern Previously Reported	
		2 a) Medium - Sinks and Taps Compliance This is ongoing. Non-compliant hardware is being replaced from the maintenance backlog	
		b) High – Standard of Refrigeration     All areas are now compliant. Ward Pantry Protocol will be implemented in February 2018.	
		2 d) High	
		Water Safety Toolbox Talks on Flushing have been disseminated across NHSG and safety walk rounds have proved positive.	
		<b>HSE Visit</b> Testing has been increased with additional sampling being undertaken. An external company will attend to complete the 3 <sup>rd</sup> cycle. No Legionella detected so far. There were fabric issues but the health & Safety Executive were invited back to investigate and were happy. This risk can be closed.	
		2 g) High – Catering EHO Inspection An inspection was undertaken in September 2017 and no issues were found. This risk can be removed	
		GP also reported that a mobile bin washer has been procured and is in place. There are no plans, as yet, for it to visit the Shire but the question will be put forward.	
		GP also raised the issue of Laundry risks. Linen coming in from outside Aberdeen Royal Infirmary (ARI) is not being correctly segregated in Alginate bags or if wet not in the appropriate plastic bag.  JL will investigate and have the offending bags removed from the Procurement list. It was also suggested that this be monitored and JL will take pictures of the offending areas linen and feedback to NH and other non-compliant areas.  NH assured the Committee that he would revisit Linen segregation with the Shire to ensure compliance.  GMcK suggested this be added to the Facilities Risk Register. GP will add.	GP
		Moray (CHSCP)  LH / FA were not able to attend but the report was discussed.	
		2 Progress Against Areas of Concern Previously Reported	
		2 a) Medium – Winter Planning Face Fit Testing Training has commenced. To be cascaded to all Community Hospitals.	
		2 c) Medium – Winter Planning Unannounced HAI Inspections with Clinical Governance completed in all areas by January 2018.	
		2 d) Medium – No Moray CH&SCP HAI Group in place FA will attend the Dr Gray's HAI Group meeting 30 January 2018 and thereafter set up a CH&SCP HAI Group commencing February 2018.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont	3 Areas of Good Practice	
		The Unannounced HAI walk round carried out in December / January showed improvement in all areas. Action	
		Plans will be discussed at the Senior Charge Nurse (SCN) meeting on 26 January 2018 to share good practice.	
		Mental Health	
		No one attended from Mental Health but the report was discussed.	
		1 New Areas of Concern	
		1 a) High – Scottish Infection Prevention and Control Education Pathway (SIPCEP)  This is ongoing but the SIPCEP modules are now accessible via LearnPro and NES will be providing completion figures for NHS Grampian staff which will be uploaded by AT Learning.	
		HAI Education Group FS spoke to report.	
		2 Progress Against Areas of Concern Previously Reported	
		2a) High – SIPCEP Modules  The HAI Education Group wrote an SBAR (paper included) which was accepted by Grampian Area Partnership Forum (GAPF) and Learning and Development workforce. This details which modules will be used for mandatory training.	
		Clinical Staff Infection Prevention and Control Refresher Hand Hygiene Clostridium difficile Infections  Non Clinical Staff Infection Prevention and Control Refresher Hand Hygiene Hand Hygiene	
		If staff (with nhs.net) email addresses complete the SIPCEP modules via LearnPro their Personal Development Plans (PDPs) will be updated retrospectively by AT Learning as NES is providing completion figures for NHS Grampian staff. Shortly AT Learning and the SIPCEP modules will be being moved over to TURAS.	
		FS and AS are meeting with Anne Duffy for an update 31 January 2018	
		FS will share all updates via the HAI Education Group	
		Infection Prevention and Control Team FS spoke to the report	
		1 New Areas of Concern	
		1 a) Medium – Vacant Infection Prevention and Control Doctor (IPCD) Posts  These posts remain unfilled. Vacancies will be re advertised February 2018. Noha El Sakka (acting IPCD) remains in close contact with the IPC Team. Protocols / Policies will remain on an interim basis until a full time IPCD is in post.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont	2 Progress Against Areas of Concern Previously Reported	
		2 a) Medium – Water Safety NHS Grampian have decided to adopt the National Services Scotland (NSS) "SUP05 (2015) Provision of Drinking Water" policy with regard to the provision of new water coolers being procured. Decisions have still to be made with regards to existing coolers.	
		Die Control Mandatory Training     This has been discussed above.	
		C) Very High - Ultrasound Probe Decontamination     Trophon machines are now being procured for NHS Grampian and should be in situ by March 2018. More may be ordered at a later date.	
		<ul> <li>2 d) Medium – Clostridium difficile Infections (CDIs)</li> <li>CDI rates were above the National Average for both healthcare and community acquired infections. The upper limit was reached on 22 October 2017 but Quarter 3 showed improvement and is now below the National average.</li> <li>National survey being conducted looking at stool submission rates for all Health Boards.</li> <li>Laboratory testing criteria is being reviewed due to variations.</li> <li>All cases are being discussed in depth at the Surveillance meetings. The IPC team assess the situation and continue to monitor through surveillance for possible cross transmission.</li> <li>Mandatory training may help. The improvement to the surveillance the process includes information for GPs</li> </ul>	
		regarding antimicrobial stewardship and Proton Pump Inhibitor (PPI) prescribing.  2 g) High – Staphylococcus aureus bacteraemias (SABs) Following an identified rise in the number of SABs related to Peripheral Venous Cannula (PVC) insertion a PVC pack is being trialled following Quality Improvement methodology	
		3 Areas of Good Practice Alan Milne has completed his BSc in Infection Prevention and Control and during his studies he has led on publication of Infection Prevention quality improvement projects which have been published.	
	Item 5.2	Risk Register A new risk has been added to the report.	
		ID 2361 – High – Non Compliance with CPE Screening NHSG is only partially compliant. The patient Placement Tool (PPT) section G states "if transferred into NHSG from another Health Board or has received healthcare abroad in the previous 12 months isolate on admission and discuss screening requirements with the IPC Team"	
		To address this issue NHS Grampian has amended TrakCare to allow facilitation of Carbapenemase Producing Enterobacteriaceae (CPE) screening. In addition the Multi Drug Resistant Organisms (MDRO) Protocol has been updated and is pending ratification. An education programme will require to be developed / undertaken to facilitate roll out of the care pathway and updated protocol.	

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5	Standing Items cont	GMcK also informed the Committee that another Risk had been added to the Register (after the papers had been circulated) regarding Decontamination of Ultrasound Probes and the necessity to decontaminate in a dedicated decontamination room. The purchase of the Trophon machines should mitigate this risk as a decontamination room is not required for this method.	
6	Reporting to Clinical Governance Committee and Board Item 6.1	HAI Report to the Board (HAIRT) GMcK confirmed that the relevant KPIs are being reported on via this paper. The report also gives information on the rise in numbers of SABs and E.coli bacteraemias within both Acute and Community settings. The IPCD has been approached for advice and knowledge that could be imparted and the IPC Team will be engaging with Community settings.  The Committee were happy for the report to be submitted to the Board and the Clinical Governance Committee on 9 February 2018.  HAI Report to the Clinical Governance Committee	
		GMcK asked the Sector Leads what should be included in the template submitted to the Clinical Governance Committee.  It was suggested that the Acute Sector's inability to hold timely PAGs be noted and also the shortage of FFP3 masks, although this would primarily sit with Health and Safety not the IPC Team. FR will also add the Acute Sector's inability to complete HAI Audits onto their Risk Register.  NH deemed it necessary to include the decision made in 2014 that Community staff do not require Face Fit Testing training. This is assumed to now be a great risk after the recent Influenza outbreak and subsequent ward closure at Ugie Hospital, Peterhead. GMcK asked NH to ensure this is on Aberdeenshire's risk register before escalating through NHSG IPCC ICC governance structures As stated above Janine Langler is progressing this with Doreen May.  GMcK will include other pertinent information in the report.	FR
7	New Business 7.1	NHSG (Interim) Staff Protocol for the Prevention and Management of Clostridium difficile Infection (CDI) Within NHS Healthcare Settings (for ratification)  This is NHS Grampian's interpretation of the National Protocol; it takes into account local interpretations e.g. CDI Trigger Tool.  Consultation has been had with key Stakeholders and the IPC Team; comments / feedback has been received and incorporated.  SB fedback that the Antimicrobial Pharmacists had not yet had a chance to give feedback and wished the report to go to the Antimicrobial Management Team (AMT) meeting on 22 February 2018 for discussion.  The protocol was not ratified.	
		AS to add the protocol to the Agenda of the next NHSG IPCC meeting on 27 March 2018.	AS

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8	AOCB	HAI Audits  It was explained to the Committee that the assisted HAI Audits had been paused in part due to understaffing within the Team. Support HAI audits have not been restarted as the IPC team are considering how they should focus their efforts to seek assurance around HAI compliance. The IPCT have undertaken CAUTI benchmarking audits and plan to undertake other themed audits. The IPC Team cannot commit to supported auditing as has been the way in the past, however, if a new Senior Charge Nurse were to come into post and requires support with undertaking their first audit, then the Team can be called upon to assist.  Areas are to maintain their audits locally	
9	Date of Next Meeting	27 March 2018 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital.	