

**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	<p>Apologies were received from :</p> <p>Fiona Abbott (FA) Preston Gan (PG) Fiona Mitchelhill (FM)</p> <p>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.</p>	
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	<p>The Action Tracker was discussed and updated. Some updates were given via reporting and verbally; the update column will be completed retrospectively.</p> <p>The following long term actions are to be closed as completed:</p> <p><u>Meeting 26 July 2017</u></p> <p>5.1 Sector Reports – Aberdeenshire NH to invite FR to a future unannounced walk round This has been completed.</p>	<p style="text-align: center;">AS</p> <p style="text-align: center;">AS</p>

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	<p data-bbox="481 97 577 121">Item 4.3</p> <p data-bbox="481 347 577 371">Item 4.4</p> <p data-bbox="481 486 577 510">Item 4.5</p>	<p data-bbox="651 97 824 121">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.</p> <p data-bbox="651 264 1834 317">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.</p> <p data-bbox="651 347 1167 371">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.</p> <p data-bbox="651 486 882 510">AT Learning Update This update was given under the HAI Education Group Sector Report</p>	
5	<p data-bbox="275 568 450 592">Standing Items</p> <p data-bbox="539 600 577 624">5.1</p>	<p data-bbox="651 600 824 624">Sector Reports</p> <p data-bbox="651 655 719 679"><u>Acute</u> FR spoke to the Acute Sector (ARI) report highlighting the New Areas of Concern</p> <p data-bbox="651 735 1155 759">1 New Areas of Concern raised by Divisions</p> <p data-bbox="651 791 958 815">1a) High – Face Fit Testing</p> <p data-bbox="651 823 831 847">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.</p> <p data-bbox="651 959 757 983">Theatres Only 50% of Emergency Care staff and 31% of Recovery staff have been Face Fit tested. More testers required to become compliant.</p> <p data-bbox="651 1070 943 1094">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)</p> <p data-bbox="651 1206 1509 1230">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.</p> <p data-bbox="651 1350 1733 1374">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.</p>	

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5	<p data-bbox="271 73 577 97">Standing Items cont..</p> <p data-bbox="483 129 577 153">Item 5.1</p>	<p data-bbox="667 129 1240 153">1f) Medium – Non Compliant hand Hygiene Audits</p> <p data-bbox="667 156 1845 209">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.</p> <p data-bbox="667 240 1099 264">Other issues were discussed specifically</p> <p data-bbox="667 268 1845 320">a) Waste Disposal compliance and storage - new swipe card access is now in place to ensure Health & Safety compliance</p> <p data-bbox="667 323 1845 400">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.</p> <p data-bbox="667 403 1845 480">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).</p> <p data-bbox="667 483 1845 536">d) Flooring and Skirting boards in the ECC – Estates have escalated this and are in discussions with the Contractor regarding defects under building law.</p> <p data-bbox="667 568 958 592">3 Areas of Good Practice</p> <p data-bbox="667 595 1823 647">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.</p> <p data-bbox="667 679 1823 732">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.</p> <p data-bbox="667 764 1823 817">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.</p> <p data-bbox="667 849 1845 956">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.</p> <p data-bbox="667 1011 931 1035"><u>Aberdeenshire H&SCP</u></p> <p data-bbox="667 1038 1330 1062">NH spoke to the report highlighting the New Areas of Concern</p> <p data-bbox="667 1094 1823 1201">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</p> <p data-bbox="667 1233 1397 1310">Ugie Hospital – Full closure (Incident Management Team (IMT) held) Chalmers Hospital – Partial closure Insch Hospital – Partial Closure</p> <p data-bbox="667 1342 1778 1366">NH will update the report and include the above information regarding Flu and also recent Enteric activity.</p>	<p data-bbox="1944 791 1989 815">FR</p> <p data-bbox="1928 903 2004 927">GMcK</p> <p data-bbox="1944 1342 1989 1366">NH</p>

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5	Standing Items cont..	<p>1 New Areas of Concern</p> <p>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.</p> <p>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.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>NH will close 2 g) High – Recent Outbreaks of ESBL at Turriff Hospital as completed.</p> <p>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.</p> <p>The Aberdeenshire HAI Group have been asked to submit a poster at the Infection Prevention Society (IPS) Conference 2018.</p> <p>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.</p> <p>GMcK will attend the next Aberdeenshire HAI Group meeting. AS to organise.</p>	<p>NH</p> <p>AS</p>

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5	Standing Items cont...	<p><u>Aberdeen City CHP</u></p> <p>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.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>3 Areas of Good Practice HAI integrated walk rounds are to begin in January 2018</p> <p><u>Facilities</u> GP spoke to report.</p> <p>1 New Areas of Concern</p> <p>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.</p> <p>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.</p> <p>1 c) Low – Decontamination of Reusable Medical Devices This risk is to be closed.</p>	

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5	Standing Items cont....	<p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium - Sinks and Taps Compliance This is ongoing. Non-compliant hardware is being replaced from the maintenance backlog</p> <p>2 b) High – Standard of Refrigeration All areas are now compliant. Ward Pantry Protocol will be implemented in February 2018.</p> <p>2 d) High</p> <p>Water Safety Toolbox Talks on Flushing have been disseminated across NHSG and safety walk rounds have proved positive.</p> <p>HSE Visit Testing has been increased with additional sampling being undertaken. An external company will attend to complete the 3rd 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.</p> <p>2 g) High – Catering EHO Inspection An inspection was undertaken in September 2017 and no issues were found. This risk can be removed..</p> <p>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.</p> <p>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.</p> <p><u>Moray (CHSCP)</u> LH / FA were not able to attend but the report was discussed.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Winter Planning Face Fit Testing Training has commenced. To be cascaded to all Community Hospitals.</p> <p>2 c) Medium – Winter Planning Unannounced HAI Inspections with Clinical Governance completed in all areas by January 2018.</p> <p>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.</p>	GP

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5	Standing Items cont....	<p><u>3 Areas of Good Practice</u> 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.</p> <p><u>Mental Health</u> No one attended from Mental Health but the report was discussed.</p> <p>1 New Areas of Concern</p> <p>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.</p> <p><u>HAI Education Group</u> FS spoke to report.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>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.</p> <table border="0" data-bbox="651 762 1767 874"> <tr> <td data-bbox="651 762 1288 874"> Clinical Staff Infection Prevention and Control Refresher Hand Hygiene Clostridium difficile Infections </td> <td data-bbox="1288 762 1767 874"> Non Clinical Staff Infection Prevention and Control Refresher Hand Hygiene </td> </tr> </table> <p>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.</p> <p>FS and AS are meeting with Anne Duffy for an update 31 January 2018</p> <p>FS will share all updates via the HAI Education Group</p> <p><u>Infection Prevention and Control Team</u> FS spoke to the report</p> <p>1 New Areas of Concern</p> <p>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.</p>	Clinical Staff Infection Prevention and Control Refresher Hand Hygiene Clostridium difficile Infections	Non Clinical Staff Infection Prevention and Control Refresher Hand Hygiene	
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8	AOCB	<p>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.</p> <p>Areas are to maintain their audits locally</p>	
9	Date of Next Meeting	<p>27 March 2018 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital.</p>	