

**NHS GRAMPIAN  
Infection Control Committee**

**Minutes from meeting held on 29 May 2018  
Conference Room, Lossie / Spey Room, Aberdeen Dental Education Centre  
10.00 – 12.00**

**Present:**

**FR – Fiona Robertson**, Chief Nurse (**Chair**)  
**JA – Jane Adam**, Public Forum Representative  
**LM - Leonora Montgomery**, Public Forum Representative  
**LB – Leighanne Bruce**, (Acting) Lead Infection Prevention and Control Nurse  
**FM – Fiona Mitchelhill**, Safe Team Leader - Quality Governance and Risk Unit  
**DW – Diana Webster**, Consultant in Public Health Medicine  
**NH – Neil Hendry**, Operational Lead Nurse, Aberdeenshire CHSCP  
**GP – Gavin Payne**, Deputy Director, Facilities & Estates  
**SS – Shona Sinkins**, Lead Nurse, Division B, Mental Health & learning Disabilities  
**LH – Linda Harper**, **Associate** Nurse Director, Practice Nursing / Lead Nurse GMED  
**FMc – Fiona McDonald**, Antimicrobial Pharmacist  
**JL – Juliette Laing**, Head of Decontamination and Linen Services, Decontamination Lead

**AS - Anneke Street**, PA to Infection Prevention & Control Manager (Minute taker)  
**WG – Wieslawa (Klaudia) Graczyk**, Infection Prevention & Control Secretary (Trainee 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 (<b>FA</b>) Fiona Smith (<b>FS</b>) Caroline Hiscox (<b>CH</b>) Julie Warrender (<b>JWa</b>) Grace McKerron (<b>GMcK</b>)  Amanda Croft (<b>AC</b>)</p> <p>FR chaired the meeting in GMcK's absence.</p>	
2	Minutes of last meeting 27 March 2018	The minutes from 27 March 2018 were ratified by the Committee with amendments made to the Committee Members present list.	<b>AS</b>
3	Action Tracker	<p>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><b><u>Meeting 27 March 2018</u></b></p> <p><b>5.1 Sector Reports – Acute Clinical Waste - Theatres</b>  FR confirmed that the required SBAR had been sent to GMcK and the HAI Executive Group will be made aware of the risk.</p>	<b>AS</b> <b>AS</b>

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3	Action Tracker cont.	<p><b>5.1 Sector Reports – Aberdeenshire H&amp;SCP</b>  <b>HMP Inspectorate Visit</b>  NH forwarded the HMP Standard paperwork to AS. AS shared with the Committee.</p> <p>The follow actions were also discussed:</p> <p><b><u>Meeting 26 September 2017</u></b></p> <p><b>4 PPE Training Plan Update</b>  LB met with Maha Saeed 9 May 2018 and discussed the possibility of a Standard Operation Procedure (SOP) for Infection prevention &amp; Control actions at the first point of contact e.g. Emergency Department to have as appendix for the Flu Plan.  DW again requested that a formal update was prepared for the Committee due to the length of time this has been a Standing Item for discussion on the Agenda. FR will speak to Sue Swift in GMcK’s absence.</p> <p><b>4.3 Water Safety in Non NHS Grampian Premises</b>  LH approached Sean Coady to enquire. Update was that Sean asked Claire Power to discuss with Independent Contractors however assurance cannot be given meantime that all independent contractors have a policy in place LH also posed the question regarding whether this issue is just GP Practices ? What about Dentists, Optometrists etc.? It was suggested that a formal request is submitted is by the Committee to the Water Safety Group. GP will liaise with PA on a way forward.</p> <p><b>5.1 Sector Reports – Moray CHSCP – Shower Tray</b>  LH feedback that Sheena Lonchay has visited and funding should soon be available.</p>	<p>FR</p> <p>GP</p>
4	Matters Arising	<p><b>Item 4.1</b>  <b>Bed Space Cleaning Checklist (SBAR)</b>  This is being tested within Turriff Hospital at present.  Jan Law is now on Maternity Leave and Alan Milne – Infection Prevention &amp; Control Nurse (IPCN) will be taking this forward.</p> <p><b>Item 4.2</b>  <b>HAI Executive Group Update</b>  The meeting that was to take place 17 April 2018 was cancelled. The next meeting is scheduled for 12 July 2018. An update will be given at the next NHSG Infection Control Committee meeting.</p> <p><b>Item 4.3</b>  <b>PPE Training Plan Update</b>  This was discussed through the Action Tracker. FR will speak to Sue Swift</p> <p><b>Item 4.4</b>  <b>SIPCEP Update</b>  NHS Education for Scotland (NES) held a Health Board Engagement VC 25 April 2018 to update NHS Grampian. LearnPro is no longer utilised; as soon as the TURAS Learn system becomes available a staged process will commence. A communication strategy is being devised for external organisations.</p> <p><b>Item 4.5</b>  <b>Water Coolers</b>  GP reported that the Water Safety Group adopted the SUP05 some time ago and an NHSG protocol is currently being developed.</p>	

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4	Matters Arising cont.	<p>Concerns have been raised at the Occupation Health &amp; Safety Committee meeting and the decision was made that current advice is adhered to until the protocol is ratified and an implementation plan is put in place. FR enquired as to a timescale and GP assured the Committee that this would be progressed as quickly as possible.</p>	
5	<p>Standing Items</p> <p style="text-align: right;">Item 5.1</p>	<p><b>Sector Reports</b></p> <p><b>Acute</b> FR spoke to the Acute Sector (ARI) report highlighting the New Areas of Concern</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Increased number of Clostridium difficile (C Diff) cases within Haematology</b> The area has been audited by the Infection Prevention &amp; Control Team (IPCT) and staff practices were found to be compliant. The likely cause is thought to be antimicrobial prescribing. This is ongoing and will be reviewed.</p> <p><b>1 b) Medium – Demand for Bed Screens in DGH</b> During outbreak situations, when demand increases, disposable screens are being utilised. This is being monitored.</p> <p><b>1 c) Medium – Terminal Cleans in DGH</b> There is confusion regarding terminology and roles between Nursing and Domestic Staff. Terminology has been discussed and agreed and guidelines have been shared with ward teams regarding roles and responsibilities. This is being monitored with ongoing education. Hopefully the Bed Space checklist, currently being tested in Turriff, will assist in the future.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>Standard 1 – Leadership in the Prevention and Control of Infection</b></p> <p><b>1 b) Medium – Non Compliant Hand Hygiene Audits</b> This is being looked into. Agency staff have been utilised and some are failing during Hand Hygiene audits. NHSG are working with agencies to highlight the specifics in the training required and FR has discussed with IPCT colleagues</p> <p><b>Standard 3 – Communication between Organisation and with the Patient or their Representative</b></p> <p><b>3 d) Medium - Documentation for conversation with patients and risk assessments</b> A review is taking place regarding the current Risk Assessments / Patient Placement Tool to ensure Isolation precautions are robust / consistent. Education of staff and patients continues.</p> <p>FR also reported that the issues with clinical waste in Theatres is being addressed. A doorway is being widened (in line with fire regulations) that will ensure the required bins are closer to the point of care. Staff travelling to the loading bay in theatre greens with said bins, will also cease. The ongoing management of this situation has now been handed to the surgical management team to progress having been to the ARI HAI Group, H&amp;S Expert group and the Waste Management Group</p> <p>No update was received from Royal Aberdeen Children's Hospital for this report.</p>	

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5	Standing Items cont. Item 5.1	<p><b><u>Aberdeenshire H&amp;SCP</u></b>            NH spoke to the report highlighting the New Areas of Concern</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) High – HMP Inspectorate to Visit</b>            The HMP Inspectorate are to visit and inspect all areas week commencing 11 June 2018; Standard 4 relates to Health Care with a strong emphasis on Infection Prevention and Control.</p> <p>NH reported that HAI Education has fallen at the facility and this must be rectified however Alan Milne (IPCN) has visited and undertaken an environmental audit; the results of which were favourable.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>Standard 8 – Decontamination</b></p> <p><b>8 a) Medium – Construction work at Kincardine Community Hospital</b>            NH confirmed that this risk would be removed from the report as the construction work has now been completed.</p> <p><b>8 b) Medium – Redevelopment of Inverurie Hospital</b>            Due to ongoing works, in close proximity to the inpatient ward, environmental dust is being monitored. Dust has increased due to the dry weather and the demolition of the old boiler house.</p> <p>NH also informed the Committee that the HEI Inspectors had recently performed a test inspection at Kincardine Community Hospital (the only hospital within Scotland to benefit from this). The inspection went very well and the feedback was good. The HEI are now looking to merge the HAI and Older People in Acute Hospital (OPAH) standards.</p> <p>There was no formal report produced but Aileen Cameron – Clinical Governance Facilitator has extensive notes taken on the day. AS to share these notes with the Committee.</p> <p>There may be a move to pilot another larger hospital in the future and then a full inspection on a cluster of Community hospitals but this would not be as an alternative to formal HEI announced visits.</p> <p><b><u>Aberdeen City CHP (Woodend)</u></b>            JWa was unable to attend the meeting.</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Medium – Staff not recording CAUTI</b>            Work is ongoing surrounding promotion of DATIX recording.            LB reported this had been raised at the last local HAI Group meeting.</p>	AS

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5	Standing Items cont.	<p><b><u>Facilities</u></b> GP spoke to the report.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>Standard 1 – Leadership in the Prevention and Control of Infection</b></p> <p><b>1 b) High – Standard of Refrigeration</b> The Ward Pantry Protocol has now been implemented. Environmental Health are satisfied but will continue to monitor as there are issues in some areas with regard to compliance; audits have been commenced to deal with this. Unannounced HAI inspections will be performed to validate compliance.</p> <p><b>1 f) High - Forres Health Centre Water Safety Issue</b> There is steady progress being made here. A new water flow system is in place and flushing and disinfection is now more effective. Samples sent in April were clear but a sample in May showed a low level of infection. This was retested and we await results. An ongoing programme will continue.</p> <p><b>1 k) Low – Healthcare Environment Condition</b> It has now been decided that the sub-contractor will begin remedial work on the flooring within Aberdeen Royal Infirmary (ARI). Surveying has commenced and GP will update the Committee as to progress at the next meeting.</p> <p><b>2 l) Low – Decontamination of Reusable Medical Devices</b> All incidents relating to decontamination of Endoscopes have been investigated, reported and remedial action taken where needed. JL confirmed that certification has been met and that this action has been completed.</p> <p><b><u>Moray (CHSCP)</u></b> LH spoke to the report</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>Standard 1 – Leadership in the Prevention and Control of Infection</b></p> <p><b>1 a) Medium – HAI Leadership Walk Rounds</b> These have not yet been established within the Community Hospitals.in Moray. NH and colleagues have agreed to assist and are arranging to visit Turner Hospital, Keith to perform a walk round with FA.</p>	

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5	Standing Items cont.	<p><b><u>Mental Health</u></b></p> <p>SS informed the Committee that there was no change to the report although the following points were made.</p> <ul style="list-style-type: none"> <li>• Anti-ligature work is being progressed at present within Huntly ward which is being refurbished</li> <li>• The present HAI Group has now been changed to an Assurance Group. Almost all of Division A has been audited and results are being feedback.</li> <li>• There are fabric and environmental healthcare issues within Royal Cornhill Hospital that are being assessed.</li> <li>• AT Learning compliance / completion is still a concern</li> <li>• During the auditing process issues in the public areas were being attributed to Domestic staff which was incorrect. This should have been reported to Estates as the findings were with the fabric of the building. Correct reporting is essential where HAI audits reveal concerns.</li> </ul> <p>SS will try to capture these points within the report for the next meeting.</p> <p><b><u>HAI Education Group</u></b> No report was submitted.</p> <p><b><u>Infection Prevention and Control Team</u></b></p> <p><b>Progress Against Areas of Concern Previously Reported</b></p> <p><b>Standard 4 – HAI Surveillance</b></p> <p><b>4 a) High – CDI rates in Quarters 1 &amp; 2 above National Average</b> This will breach on the Statistical Process Control (SPC) charts. No outbreaks have been established at this time and the IPCT have responded to real time data. A Multi-Disciplinary Team (MDT) meeting was held 25 May 2018 to discuss all issues but it has been noted that there has been no clear cross contamination found between cases. Dr Camilla Wiuff, Lead for <i>Clostridium difficile</i> Surveillance, Health Protection Scotland (HPS) is happy that procedures have been followed. This may be attributed to antimicrobial prescribing but, at present, this cannot be proven.</p> <p><b>Standard 1 – Leadership in the Infection Prevention &amp; Control of Infection</b></p> <p><b>1 a) Medium – Two Infection Prevention and Control Doctor (IPCD) posts are vacant</b> Interviews are pending for the vacant post,</p> <p><b>1 b) Medium – Shortage of experienced IPC Nurses</b> New staff have commenced / are commencing shortly.</p> <p>LB also reported that Carbapenemase Producing Enterobacteriaceae (CPE) screening commenced in April. Results will be feedback as data becomes available. Compliance on MRSA \ CPE \ MDRO screening was recently feedback to the Acute Sector Clinical Care Quality and Safety Group</p>	

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5	<p>Standing Items cont.</p> <p style="text-align: right;">Item 5.2</p>	<p><b>Risk Register</b></p> <p><b>Risk ID 2316 – Very High - Resignation of Infection Control Doctors with no suitable cover</b> Interviews will be taking place shortly.</p> <p><b>Risk 2325 – High – Non compliance with decontamination of ultrasound probes</b> This is still not fully compliant as only a partial rollout has been achieved due to issues with Trophon machines</p> <p><b>Risk 2361 – High – Non compliance with CPE Screening</b> NHSG commenced CPE Screening in April 2018; data has not yet been released. This risk required an update.</p> <p><b>Risk 2362 – High – Inability to decontaminate ultrasound probes</b> JL reported that use of the Trophon machines has been put on hold at present due to staff reporting splashbacks and minor burns. Issues are being dealt with by Nanosonics. In the interim Tristel wipes are being utilised. JL will liaise with the relevant people / groups to gauge where we are at present and to establish a way forward.</p> <p>It was queried which Risk Register the risks surrounding AT Learning and PPE / RPE sat on. GMcK will investigate and raise at the next HAI Executive Lead meeting on 12 July 2018.</p> <p>FR and AS will update the Risk Register.</p>	<p style="text-align: center;"><b>GMcK</b></p> <p style="text-align: center;"><b>FR / AS</b></p>
6	<p>HAI Report to Clinical Governance Committee / Board</p> <p style="text-align: right;">Item 6.1</p>	<p><b>HAI Report to the Board</b></p> <p>FMc spoke to the Committee regarding the antimicrobial data and concerns with the CDI rates. The Antimicrobial Management Team (AMT) have been tasked with collating data on C diff trends etc. and sending it out to Clinical staff; more focus is needed on the duration and review of prescribing. Areas with higher Cdiff rates (or the potential for) are being targeted. The pharmacists met with Haematology 28 May 2018 to raise awareness around Co-amoxiclav and Piperacillin; more teaching will be performed with junior staff.</p> <p>The pharmacists have also requested a meeting with the Medical and Surgical Admissions Team to take place sometime in June.</p> <p>Finally FMc explained that, having risen, the total antibiotic usage for ARI (page 7) was unlikely to meet the target of a 1% reduction; however the trend is similar to other Scottish hospitals.</p> <p>It was suggested that FMc write to David Lawrie – Divisional Clinical Director and Karen Thomson - Interim Divisional General Manager with regard to data collection on the quality of antimicrobial prescribing in General Surgery wards, each month, which forms part of the national audit programme. Recently the results have fallen considerably below acceptable levels; the suggestion would be that these results are discussed at the next Surgical Divisional Assurance and Accountability meeting.</p> <p>In addition the Antimicrobial Team would be keen to have a surgeon on the group to provide a surgical opinion on the items under discussion and who could also feedback to surgical colleagues.</p>	<p style="text-align: center;"><b>FMc</b></p>

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6	<b>HAI Report to Clinical Governance Committee / Board cont.</b>  <b>Item 6.2</b>	<b>HAI Report to the Clinical Governance Committee</b> The CDI increase will be reported to the Clinical Governance Committee	
7	<b>AOCB</b>  <b>7.1</b>  <b>7.2</b>	<b>Healthcare Environment Inspectorate (HEI)</b> The Safety and Cleanliness Inspection Report for Ayrshire and Arran's unannounced visit 14 & 15 February 2018 is now available on the Healthcare Improvement Scotland (HIS) website.  GP reported to the Committee that at the present time the Environmental Health Officers had arrived at Aberdeen Maternity Hospital (AMH) to re inspect fridges and ward pantries.	
9	<b>Date of Next Meeting</b>	<b>31 July 2018, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital</b>	