

**NHS GRAMPIAN  
Infection Prevention & Control Committee (NHSG IPCC)**

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

**Present:**

**FM – Fiona Mitchelhill**, Safe Team Leader - Quality Governance and Risk Unit (**Chair**)

**LB – Leighanne Bruce**, Senior Infection Prevention & Control Nurse

**SS – Shona Sinkins**, Lead Nurse, Division B, Mental Health & Learning Disabilities

**JA – Jane Adam**, Public Forum Representative

**VB – Vhairi Bateman**, Consultant Infectious Diseases

**LM – Leonora Montgomery**, Public Forum Representative

**FR – Fiona Robertson**, Chief Nurse

**SB – Suzanne Brittain**, Antibiotic Pharmacist

**JS – Julie Stewart**, Practice Educator, Professional Practice & Development Unit

**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 :  Caroline Hiscox ( <b>CH</b> ) Diana Webster ( <b>DW</b> ) Deborah Lockhart ( <b>DL</b> ) Gavin Payne ( <b>GP</b> ) Neil Hendry ( <b>NH</b> ) Grace McKerron ( <b>GMck</b> ) Juliette Laing ( <b>JL</b> ) Fiona Smith ( <b>FS</b> ) Malcolm Metcalfe ( <b>MJM</b> )	
2	Minutes of last meeting 22 January 2019	The minutes from 22 January 2019 were ratified by the Committee with no amendments.	
3	Action Tracker	Some updates were given via reporting and verbally; the update column will be completed retrospectively.  <b><u>Meeting 27 March 2018</u></b>  <b>5.1 Sector Report – Moray CH&amp;SCP</b> GP updated via email letting the Committee know that the Project Manager is meeting with Anita Kreft 26/3/19 to finalise arrangements for works to be executed. This involved reducing hospital capacity to allow the Project Team to perform the necessary work.  <b><u>Meeting 22 January 2019</u></b>  <b>5.1 Sector Report – Moray CH&amp;SCP – HAI leadership Walk rounds</b> No update from LH on the recent walk round at Turner Hospital 23 January 2019.  <b>Shower Tray – Turner Hospital (from meeting 27 March 2018)</b> See above narrative. GP has promised, due to the time taken for this work to be commenced, that a learning exercise will be performed once the works are completed.	<b>AS</b>

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3	Action Tracker cont.	<p>There has been no feedback from NH on whether the water outlets have been being flushed during the time the shower has been out of use. FM will email Anita Kreft directly to ascertain this information and will feedback at the next meeting. VB added that there should be pre and post project water sampling being completed.</p> <p><b>5.1 Sector Report – Acute – Water Systems in Renal Units</b> In the Renal Unit at Dr Gray’s Hospital (DGH) the Team have escalated the requirement to replace elements of the water system.. This is not currently causing a patient safety issue and the equipment is working, however, it has passed the timeframe for replacement. This is being looked into as part of the renal replacement plan and Cathy Young will be taking this forward and identifying funding.</p> <p><b>Capped Pipes in Peterhead Renal Dialysis Unit</b> FR commented that she was still waiting for Estates to feedback. VB offered to take this forward and highlight to Graham Mutch as a water risk. Contractor may have to complete remedial work to ensure safety.</p> <p><b>Staphylococcus aureus bacteraemia (SAB) reported in Ward 308 – PVD Bundle incomplete</b> This is being investigated through the Surveillance Team. FR will speak with Margaret Meredith as to whether a level 2 has been completed,</p> <p><b>5.2 Risk Register – Risk 2316 – High – Resignation of Infection Control Doctors with no suitable cover</b> GMcK is taking this to the HAI Executive Group for discussion / decision on whether to lower the risk to Medium. VB did report that, recently, the service has been dealing with extraordinary demands on their time and is struggling. VB will raise this at the HAI Executive Group (HAIG) meeting JA asked for clarity on the increase in workload. VB explained that there have been various incidents across NHS Grampian (NHSG) which have resulted in Problems Assessment Groups (PAGs), Incident Management Team (IMT) meetings and risk assessments / reports required.</p> <p><b>5.3 HAI Executive Group Update – Generic ID Badge Use</b> GMcK to speak with Jane Raitt with regards to generic ID badges being used to enter decontamination rooms. No update received.</p> <p><b><u>Meeting 27 March 2018</u></b></p> <p><b>5.1 Sector Report – Facilities - Water Safety in Non NHSG Premises</b> This is ongoing as the National Survey will be conducted over a number of months and no further information at this time.</p>	<p>FM</p> <p>VB</p> <p>FR</p> <p>VB</p>
4	Matters Arising  Item 4.1	<p><b>HEI Inspection Report of Greater Glasgow &amp; Clyde (GGC) Queen Elizabeth Hospital</b> This report is to be taken back to the Sectors for discussion / action</p> <p>LB feedback that an email was received from Scottish Government (SGHD) on 8 March 2019. An action plan is necessary to address all requirements and recommendations, detailed within the report, so that NHSG can provide assurance. This will be compiled by the Infection Prevention &amp; Control Team (IPCT) / Estates and Domestic Services and audits will be undertaken in the next few weeks.</p>	

SS informed the Committee that the Mental Health & Learning Disabilities Sector are using the “Care Assurance Reflection Tool” to gather data from patients and staff about their experience of receiving / delivering care and with regards to the built environment, the Senior Charge Nurses (SCNs) are escalating issues and outstanding jobs to Estates. FM stated that teams should be able to evidence things have been reported.

Discussion held on the report. Some potential gaps have been identified for NHSG.

There is no electronic platform that captures Healthcare Environment Inspection (HEI) audits, this gives a challenge to identify common themes. FR suggested that perhaps Lisa Leslie could assist.

FR also reported that within the Acute Sector all audits are entered onto Datix and action plans are uploaded. Some are still outstanding and these are being reviewed; the process is not fool proof and there is work ongoing to address the gaps.

LB raised the question of ongoing issues being dealt with by external contractors / Estates department. GP to give an update as to whether these being captured during the auditing process.

FM asked for an action to be added to the Tracker with regard to whether all completed audits are being uploaded to Datix. If not, where are they being kept ? Are we person dependant on accessing audits ? Updates are requested for the next meeting.

SS asked for some assistance surrounding Datix recording for HEI audits. FR will send SS documentation which will give instruction.

VB raised the topic of decision making surrounding estates works that need to be progressed but require beds to be vacated. These decisions need to be made with the appropriate operational teams as planning is required.

FM queried whether audits are progressed through the Governance structures. FR will investigate.

The Emergency Department (ED) was identified in the report as an area for improvement. Assurance has been obtained from staff that current auditing is available and up to date. An unannounced inspection will be undertaken within ED, followed by thematic audits throughout NHSG (timeline to be established).

A discussion on water safety also took place. VB stated this is discussed at many Committees / Groups.

FM stated that more information is required at this meeting in order for leads to take back to their individual Sectors e.g.

- Has the governance structure within the Water Safety Group (WSG) been determined ?
- Who gives assurance on policies / protocols written ?
- An update is needed regarding what staff education is needed regarding water safety
- Communication to staff regarding water related issues / risks needs to be given

LB reported that the HAI Audit Tool is being updated and should be available within the next 3 months.

JA commented that, unfortunately, she felt the report was full of “blame” and offered little constructive criticism.

**GP**

**ALL**

**FR**

Item	Subject	Action to be taken and Key Points raised in discussion	Action
4	<b>Matters Arising cont.</b>  <b>Item 4.2</b>	<p><b>Aseptic Technique SBAR</b>            JS – Practice Educator attended the meeting to seek the Committee’s endorsement of the suggestion that NHSG adopts and implements the NHS Education for Scotland (NES) Aseptic Technique online learning package. This is due to the difficulties being experienced with the existing Aseptic Non Touch Technique (ANTT) package being migrated to TURAS Learn. The SBAR detailed all relevant information on the suggested change.</p> <p>JS spoke to the updated SBAR and informed the Committee that a trial had been put in place in Ward 2 – DGH with which Dawn Stroud – IPCN assisted; feedback was good.</p> <p>The Committee decided that the proposed was a sound suggestion and ratified the SBAR. This will now go to the HAIEG for discussion.</p> <p>The HAI Education Group will assist with planning the rollout across NHSG</p>	
5	<b>Standing Items</b>  <b>Item 5.1</b>	<p><b>Sector Reports</b></p> <p><b><u>Acute</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Increased Influenza within haematology patients</b>            Isolated confirmed patients, Patient Placement Tool (PPT) utilised, droplet precautions applied when required, Personal Protective Equipment (PPE) is available and Hand Hygiene (HH) scores are compliant. PAG has been held – Health Protection Scotland (HPS) supporting. IMT held – incidence closed.</p> <p><b>1 h) High – 60ltr bins being used to dispose of suction liners left in a main corridor at Woodend General Hospital (WGH) and the new cardboard boxes with liners used within Aberdeen Royal Infirmary (ARI) do not lock.</b>            Issues still exist. Advice being sought from Neil Duncan – Waste Manager.</p> <p><b>1 j) Medium – IPC Practices noted as a concern in recent Ombudsman report</b>            This surrounds the use of correct PPE, use of hand gel for <i>Clostridioides difficile</i> (C diff), placement of patient with Shingles. The report covered a number of areas within the Emergency Care Centre (ECC). The Ombudsman need to see action has been taken. FR met with Teams and an action plan was formulated and submitted. FR feedback that the Patient Placement exercise that was raised with regard to the patient with Shingles helped greatly in the recent Carbapenemase Producing Enterobacteriaceae (CPE) issue. VB stressed that feedback should be given to that staff with regard to the excellent team working during the recent outbreak; this was an episode where good practice was implemented.</p> <p><b>1 k) High – Issues with temperature control at Kincardine Community Hospital Dialysis Unit</b>            Ongoing review by Estates / contractors and IPCT.            VB confirmed that bottled water has been distributed and a flushing record is in place</p> <p><b>Aberdeenshire H&amp;SCP</b>            No report was submitted and no one attended.</p>	

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5	Standing Items cont.	<p><b><u>Aberdeen City CHP</u></b>            JWa was not able to attend the meeting.</p> <p>FM queried the fact that there were no New Issues reported.</p> <p>VB commented that Flu vaccination discussions have been undertaken and the service is looking to vaccinate patients during their stay in hospital.</p> <p><b><u>Facilities</u></b>            GP was not able to attend the meeting</p> <p>Again FM queried the fact that there were no New Issues reported.</p> <p>GP had submitted an email with updates to the Action Tracker :</p> <ul style="list-style-type: none"> <li>• I have researched ward dishwashers and it is clear that a domestic or standard commercial dishwasher won't meet the NHS Scotland recommendation (SHTM 2030). I will be proposing a long term strategy on these based on suitable machine with the recommended high temperature final rinse for effective thermal disinfection.</li> <li>• I haven't managed to speak to Anita Kreft directly regarding the showers at Turner Hospital but know our project manager is expecting to meet her tomorrow to finalise the practical arrangements for the works to be executed. This involved reducing the hospital capacity temporarily to allow the project team to access the areas. As promised, I will complete a learning exercise after the work is completed.</li> <li>• We continue to have issues with hot water at the Kincardine Community Hospital (KCH) renal unit and further testing was planned last week. Additional precautions (bottled drinking water) have been put in place pending the test results.</li> <li>• Work is ongoing at Forres HC with the developer proposing a new technical water management solution. Additional precautions (bottled drinking water) are still in place.</li> <li>• Facilities &amp; Estates are collaborating with the IPCT to transfer the learning from a recent inspection visits in Greater Glasgow &amp; Clyde.</li> </ul> <p>VB will liaise with PA with regards to the contractor's ownership of flushing; this links to the GGC Inspection Report. VB suggested that water requirements should never be underestimated but always overestimated.</p> <p>FM raised the issue of water in the new Baird Hospital and asked if it had been taken into account in the early stages. VB replied that there are issues with water coolers and plumbing. Meetings need to be had with Derek Morgan and Graham Mutch with regard to how NHSG carry out projects and how / when the IPCT and the Infection Prevention &amp; Control Doctors (IPCDs) are involved.</p> <p><b><u>Moray (CHSCP)</u></b>            No report was submitted and no one attended.</p>	

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5	Standing Items cont.	<p><b>Mental Health</b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – Poor condition of the shower / bathroom facilities within Forensic Rehab</b>  Has not addressed in the past due to funding issues. Following a walk round this has been raised again and put on the local risk register. An SBAR has been produced and will be submitted for consideration for funding.</p> <p>SS also feedback that bottled water coolers in disrepair have been found by a support manager. A piece of work is being undertaken but at present there is no solution.</p> <p>VB feedback that the SUP05 protocol is being reviewed and is being adopted in line with all new projects by ensuring</p> <ul style="list-style-type: none"> <li>• all free standing (bottled) units are removed</li> <li>• a maintenance contract is in place for all plumbed units</li> </ul> <p>SUP05 is due to be tabled at the National Policies Guidance and Outbreaks Programme Consensus (NPGO) Group 28 March 2019.</p> <p>SS will identify where all coolers are housed within the Service and formulate a plan.</p> <p><b>HAI Education Group</b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Training for Domestic Support Services (DSS)</b>  The clinical Scottish Infection Prevention and Control Education Pathway (SIPCEP) modules contain too much “medical terminology” for the staff to comprehend, however, they do work within the clinical areas and with patients, therefore the non-clinical module would not contain the sufficient learning.</p> <p>DS will create a short life working group (SLWG) to review the SIPCEP modules for the potential of face to face training rather than online. An SBAR will be produced with recommendations noted and taken to the HAI Education Group meeting 21 May 2019.</p> <p>This will also be raised with Elaine Boyd at the annual video conference meeting with NHS Education for Scotland (NES) 29 April 2019.</p> <p>This risk is to be added to the Facilities and Estates Risk Register.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High – Mandatory Training</b>  Staff's inability to undertake mandatory training due to staffing gaps, accessibility to online material and nursing staff vacancies. Infection Prevention &amp; Control Manager (IPCM) is requesting feedback from HAI Sub Groups. 200 IT devices have been secured and are being held in hubs around the Organisation.</p>	<p>SS</p> <p>GP</p>

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5	Standing Items cont.	<p>These can be accessed by any member of staff wishing to utilise them to undertake training. Staff education risk should sit on the sector / partnership risk registers.</p> <p><b>Infection Prevention &amp; Control Team (IPCT)</b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 b) Flushing of systems within little used Renal Dialysis Units</b> Areas found to be lacking and assurance is sought. IPCT to liaise areas to establish appropriate flushing regimes. WSG and responsible person for water issues are aware.</p> <p><b>1 c) Student Nurses noted to be wearing PPE when not required</b> Staff have been reported to be using PPE "just in case". IPCT have discussed on a case to case basis. Standard Infection Control Precautions (SICPs) application to be raised at HAI Groups.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 f) Screening Compliance</b> MDRO screening for Quarter 4 (not yet ratified by HPS) shows</p> <ul style="list-style-type: none"> <li>• MRSA Clinical Risk Assessment (CRA) compliance is down to 86%</li> <li>• MRSA swabbing compliance is down to 71%</li> <li>• CPE CRA compliance is down to 96%</li> <li>• CPE swabbing compliance is 0%</li> </ul> <p>The HAI Education Group are considering gaps in compliance and any requirements for education.</p> <p><b>2 i) Medium - <i>Clostridioides difficile</i> infections (CDI) positive isolates for NHSG</b> Had increased between January – May 2018. Downward trend is now evident. NHSG is no longer an outlier</p> <p><b>2 j) High – HEI Requirement 2 Woodend General Hospital (WGH) – Require risk assessment for isolation with open doors</b> Document has been updated and once ratified will be uploaded to the IPC intranet page.</p> <p><b>2 k) Medium – HEI Requirement 3 DGH. Document and decision making to evidence care and maintenance of peripheral venous catheters (PVCs)</b> Assurance cannot be established at present via the audit process.</p> <p><b>2 m) High – Compliance with National guidance for the decontamination of ultrasound probes</b> IPCT will conduct a focused audit around the decontamination method used for semi invasive probes in April / May 2019. The audit report will then be shared with the Divisional General Managers (DGMs) for action and shared with the Senior Leadership Team (SLT) and at the Clinical Risk Management (CRM) meeting for Information.</p>	

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5	<p>Standing Items cont.</p> <p style="text-align: right;"><b>Item 5.2</b></p> <p style="text-align: right;"><b>Item 5.3</b></p>	<p><b>3 Areas of Achievement / Good Practice</b></p> <p>All Clinical services have been supportive and engaged with the IPCT during the recent infection related incidents; attending all meetings and embracing temporary service adjustments.</p> <p>Staff in DGH and ITU at Aberdeen Royal Infirmary (ARI) recently identified and effectively managed CPE cases by correctly applying the patient Placement Tool (PPT)</p> <p><b>HAI Work Programme</b></p> <p>Some of the timescales are overdue and have not been updated since July 2018.</p> <p>This document will come back to the Committee for ratification at the next meeting and the 2019/20 programme will be aligned to the HAI Standards.</p> <p><b>HAI Executive Group Update</b></p> <p>No update was given.</p> <p>The next meeting will be 8 April 2019</p>	
6	<p>HAI Report to Clinical Governance Committee / Board</p> <p style="text-align: right;"><b>Item 6.1</b></p> <p style="text-align: right;"><b>Item 6.2</b></p>	<p><b>HAI Report to the Board (HAI-RT)</b></p> <p>The Committee ratified the report with no suggestions raised. This will now be tabled at the HAIEG meeting 8 April 2019.</p> <p><b>HAI Report to the Clinical Governance Committee</b></p> <p>No issues to be escalated were discussed.</p>	
7	<p>AOCB</p> <p style="text-align: right;"><b>Item 7.1</b></p> <p style="text-align: right;"><b>Item 7.2</b></p>	<p><b>HAI Common Themes</b></p> <p>This was not discussed.</p> <p>FS to update the Committee at the next meeting.</p> <p>LB asked that if any Committee member knew of any staff member with IPC experience would they please inform her as bank vacancies are available.</p> <p><b>Attached for information and ratification – Bed Space Cleaning Checklist</b></p> <p>The Committee were supplied with an update on the Bed Space Cleaning Checklist, which explained feedback / changes that have been made to the document during the trial period, and the Bed Space Cleaning Checklist document itself. The Committee were happy with the final version and ratified the document</p>	



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9	Date of Next Meeting	28 May 2019, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital	