

**NHS GRAMPIAN
Infection Control Committee**

**Minutes from meeting held 25 September 2018
Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital
10.00 – 12.00**

Present:

NH - Neil Hendry, Operational Lead Nurse, Aberdeenshire CHSCP (Chair)
FR – Fiona Robertson, Chief Nurse
GP – Gavin Payne, Deputy Director, Facilities & Estates
FM – Fiona Mitchelhill, Safe Team Leader - Quality Governance and Risk Unit
VB – Vhairi Bateman, Consultant Infectious Diseases
DL – Deborah Lockhart, Consultant Microbiologist / Infection Control Doctor
DS – Dawn Stroud, Infection Prevention & Control Nurse
MI – Morven Irving, Infection Prevention & Control Nurse
MM – Malcolm Metcalfe, Deputy Medical Director, NHSG

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>Caroline Hiscox (CH) Amanda Croft (AC) Noha El Sakka (NE) Jane Adam (JA) Leonora Montgomery (LM) Fiona Abbot (FA) Grace McKerron (GMcK) Julie Warrander (JWa) Linda Harper (LH) Diana Webster (DW) Shona Sinkins (SS) Fiona McDonald (FMc) Donal Egan (DE)</p> <p>MM joined during the meeting. NH welcomed MM and asked for introductions to be made by the Committee members.</p>	
2	Minutes of last meeting 25 July 2018	The minutes from 25 July 2018 were ratified by the Committee with some minor amendments to spelling.	AS
3	Action Tracker	<p>Some updates were given via reporting and verbally; the update column will be completed retrospectively.</p> <p><u>Meeting 31 July 2018</u></p> <p>5.1 Sector Report – Acute LB has emailed Andrew Baird but has received no reply. FR will liaise with the Chief Nurse</p> <p>5.1 Sector Report – IPCT A discussion took place regarding the <i>Clostridium difficile</i> infection (CDI) incidence rates remaining above the National average. VB confirmed this had been discussed at the Grampian Medicines Management Group (GMMG) and that she would raise the subject at the next HAI Executive Group meeting.</p>	<p>AS</p> <p>FR</p>

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3	Action Tracker cont..	<p>With the suggestion that antimicrobial prescribing could be reduced FR queried how wards could become more involved in the reduction of CDI.</p> <p>DL replied that all staff should be completing the CDiff elearning module on TURAS. Unfortunately it seems that this module is not as easy to find as it should be and is located within the Foundation Layer of the Scottish Infection Prevention and Control Education Pathway (SIPCEP). The Committee felt that the module should be more prominent, easy to find and be mandatory for all staff to complete. This needs to be discussed with Learning and Development / TURAS.</p> <p><u>Meeting 27 March 2018</u></p> <p>4 PPE Training Plan Update FR suggested that this specific action is completed. The risk assessment process is now available. Close</p> <p>4.3 Water Safety in Non NHSG Premises GP feedback that a response from the Dental Group has now been received and NHS Grampian (NHSG) is now assured with the regulations in place. The GP community have not yet replied and this is being chased up.</p> <p>5.1 Sector Reports – Moray CHSCP – Shower Tray DS reported that it was suggested the work would begin in October. Arrangements have been made for the beds that will be out of use during the period of upgrade and any “snagging” issues will be dealt with as and when they arise</p> <p><u>Meeting 23 January 2018</u></p> <p>5.1 Sector Reports – Facilities – Forres Health Centre Water Safety This action cannot yet be closed as disinfectant flushing continues. GP reported that this is now less of a technical and more an operational issue. There are many water outlets that if not used, pose an infection risk; therefore consideration is being given to closing various outlets in an attempt to reduce the risk.</p>	GMcK
4	Matters Arising Item 4.1	<p>Bed Space Cleaning Checklist (SBAR) DS updated the Committee on the trial within Jubilee Hospital and reported positive feedback. One comment made by nursing staff was that they felt it gave more time for patient focused care.</p> <p>The checklist will now be trialled in Wards 4 and 6 at Dr Gray’s Hospital (DG) and will be in a slightly different format. Codes have been added instead of the checklist being in colour as some wards do not have the facility to colour print.</p> <p>There may be questions raised regarding whose responsibility it is to clean the lockers / bedside cabinets. In DG presently domestic staff clean the outside and nursing staff clean the inside; although in the A-Z documents it states that this is a domestics responsibility.</p> <p>The checklist has also been trialled at Royal Cornhill Hospital (RCH) within Muick and Forensic Rehab wards. Feedback has been positive.</p>	

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5	Standing Items cont.	<p>1 c) Medium – Non compliant wash hand basin. This is located in the kitchen of the Women’s Day Clinic in the Yellow Zone. A Risk Assessment is in place, Estates are involved and this has been discussed at the local HAI meeting.</p> <p>1 d) High – Changes to Face Fit Tester Cascade Training and lack of Face Fit Testers (FFT) Awaiting and update from Health & Safety regarding the process for training the trainers. Doreen May will meet with individual Teams and Chief Nurses to discuss. All areas have submitted risk assessments on this action.</p> <p>1e) Medium – Safety Notice regarding the use of Dyson Fans Mixed information has resulted in some areas withdrawing Dyson fans altogether whilst some are awaiting further guidance before responding. DS reported that the final health protection Scotland (HPS) position statement has been received. The use of fans across NHS Grampian (NHSG) is being assessed and staff have been asked to complete Risk Assessments where needed. CH is reviewing the latest guidance.</p> <p><u>Aberdeenshire H&SCP</u> No report has been submitted however the following items were reported:</p> <p>Stonehaven Renal Unit There is still “snagging” being dealt with regarding paint and the generator It has been questioned as to who is dealing with water safety at the Unit.</p> <p>OPAH / HEI Announced Visit – Fraserburgh Hospital This was announced on 9 October 2018 and will be undertaken using the new methodology. Weekly meetings are being held.</p> <p>Inverurie Health Centre All work on this sit has now been completed, “snagging” has been done and the health centre is now open. 1 building was decommissioned and there is still a decision to be made surrounding the regeneration kitchen and where it will be located.</p> <p><u>Aberdeen City CHP</u> A report was submitted was no one was available to attend the meeting. No New Areas of Concern were noted</p> <p><u>Facilities</u> GP spoke to the report.</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Low – Increase in time taken to cleaning of sanitary areas due to 3 stage process when using 1000ppm Chlorine releasing agent (Antichlor Plus) It is felt that this will impact negatively on other environmental cleaning tasks due to the time taken.</p>	

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5	Standing Items cont.	<p>A timing of the new process (versus the previous process) is being undertaken and should give some idea of the impact this will have on staffing resources. FR questioned whether this cleaning regime would include commodes. DS will investigate this.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>Standard 1 – Leadership in the Prevention and Control of Infection</p> <p>2 a) High – Standard of Refrigeration There have been some issues with patient fridges within some areas of Aberdeen Royal Infirmary (ARI); this will result in an improvement notice from Environmental Health should an inspection take place. Independent audits are being carried out by the Facilities Business Support Team as part of ward HAI inspections.</p> <p>2 b) High – Catering EHO Inspection This action can be removed from the report as it has been dealt with</p> <p>Moray (CHSCP) No one was available to attend to speak to the report</p> <p>1 New Areas of Concern</p> <p>1 a) Interim closure of Leanoil Hospital, Forres A system of flushing water outlets is in place during the closure.</p> <p><u>Mental Health</u> No one was available to attend. No report was submitted</p> <p><u>HAI Education Group</u> No report was available</p> <p><u>Infection Prevention and Control Team</u></p> <p>1 New Areas of Concern</p> <p>1 a) Medium – Screening Compliance Methicillin Resistant Staphylococcus aureus (MRSA) and Carbapenemase Producing Enterobacteriaceae (CPE) screening are below the target compliance of 90%. MRSA, however is above the National average of 84% but CPE remains lower at 72%. DS reported that a teleconference with Health Protection Scotland (HPS) was held 3 September 2018 to discuss a local implementation plan. An SBAR was also submitted via the Acute Sector Clinical Care Quality and Safety</p>	DS

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5	<p data-bbox="271 73 517 97">Standing Items cont.</p> <p data-bbox="555 292 651 316">Item 5.2</p> <p data-bbox="555 1094 651 1118">Item 5.3</p>	<p data-bbox="719 100 1883 236">Group on 5 September to feedback and enable quality improvement. CPE screening will addressed and ensure NHSG are compliant by using the new Patient Placement Tool v10. Use of the tool needs to be reinforced within areas. VB stated that the trend in CPE is increasing and that a new baseline for National compliance may be implemented.</p> <p data-bbox="719 292 1899 376">Risk Register GMcK would like to add the non-compliance with HAI mandatory training to the report but prior to this risk being added it must exist on local HAI Group Risk Registers so that updates can be supplied.</p> <p data-bbox="719 403 1921 515">FM advised the Committee that Price Waterhouse Cooper recently completed a review of NHSG Corporate Risks. Nick Fluck is keen to review and rationalise current Strategic Risk. Probably reducing to 6-7 broad risks with identification of breakdown for each high level risk into sub-risks. FM will send the "Revised Approach to Risk" paper to GMcK and AS for information.</p> <p data-bbox="719 542 1921 595">MM was keen to see the register streamlined and queried why Risk 2316 - Resignation of Infection Control Doctors with no suitable cover was still classed as Very High; it was suggested that the risk level was reduced.</p> <p data-bbox="719 622 1910 707">Risk 2325 – High – Non-compliance with decontamination of ultrasound probes This has not yet been implemented. MM suggested that a timeframe for completion of this risk should be insisted upon.</p> <p data-bbox="719 734 1843 818">Risk 2361 – High – Non-compliance with CPE Screening This should be updated with the information surrounding the new v10 Patient Placement Tool having been embedded and the risk level reduced to medium.</p> <p data-bbox="719 845 1637 898">Risk 2362 – High – Inability to decontaminate ultrasound probes MM asked if this had been resolved. Clarification needed and a review of the risk level.</p> <p data-bbox="719 925 1899 1042">Risk 2453 – High – Increased incidence dates of CDI across Healthcare and Community settings Mutli disciplinary meeting held, liaising with HPS, SBAR issued. CDI Surveillance questionnaire has been rolled out to GPs and the CDI module is available to be completed via TURAS Learn. It was suspected that NHSG will be an outlier in Quarter 2. Update narrative and reassess at the 22 January 2019 meeting.</p> <p data-bbox="719 1094 1048 1153">HAI Executive Group Update Next meeting 11 October 2018</p> <p data-bbox="719 1181 1910 1233">The Governance Structure & Terms of Reference (ToR) will be reviewed again at the next meeting with regard to membership of the NHSG IPCC (which has unfortunately been postponed due to Grace's absence).</p> <p data-bbox="719 1260 1854 1289">The IPC Management Structure will also be discussed and reviewed due to changes within the department.</p> <p data-bbox="719 1316 1865 1369">Once both these documents have been reviewed and updated, copies will be sent to the Committee for their information.</p> <p data-bbox="719 1396 1048 1425">Next meeting 11 October 2018</p>	<p data-bbox="2022 488 2056 512">FM</p>

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6	HAI Report to Clinical Governance Committee / Board Item 6.1	HAI Report to the Board The report was discussed by the Committee and ratified VB spoke to page 7 – Hospital Antimicrobial Prescribing explaining the below 80% target figures for ARI Surgical - General Surgery which sits at 47%. Intervention has been made here and work is ongoing but this in turn has affected the DG Medical figure which sits at 72%. New guidelines will be launched shortly and uploaded to the App. There will be a big focus on this towards the end of the year. MM queried whether there was a National Antimicrobial Policy and VB replied that there was not. NHSG have their own document but National guidance should be referred to. IT will be contacted with a view to ensuring that the App will be available on all desktops across NHSG. Antimicrobial Stewardship for nurses will also be focused on and VB has discussed surgical education with Linda Carmichael. The report will be escalated to the HAI Executive Group.	
6	HAI Report to Clinical Governance Committee / Board cont. Item 6.2	HAI Report to the Clinical Governance Committee The following issues from this meeting will be escalated : <ul style="list-style-type: none"> • CDI rates • Staffing • Ongoing confusion surrounding Dyson fans It was suggested that CPE Screening also be reported but it was decided to wait and ascertain how well the new v10 of the Patient Placement Tool embeds.	
7	AOCB Item 7.1	Issues with Sanitary (Towel) Dispensers MM felt that there are issues, for the disabled, with the height that towel dispensers are affixed to the wall. Why are they mounted so much higher than the sink ? The environment should work for all patients and visitors. DS replied that this could be to mitigate splash risk.	
9	Date of Next Meeting	27 November 2018, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital	