NHS GRAMPIAN Infection Control Committee

Minutes from meeting held 27 November 2018 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital 10.00 – 12.00

Present:

Grace McKerron, Infection Prevention & Control Manager (Chair)

NH - Neil Hendry, Operational Lead Nurse, Aberdeenshire CHSCP

FR - Fiona Robertson, Chief Nurse

GP - Gavin Payne, Deputy Director, Facilities & Estates

FM - Fiona Mitchelhill, Safe Team Leader - Quality Governance and Risk Unit

AL - Allan Leslie, Infection Prevention & Control Nurse

MJM - Malcolm Metcalfe, Deputy Medical Director, NHSG

FMc - Fiona McDonald, Antibiotic Pharmacist

DE - Donal Egan, Quality Improvement Facilitator

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

JA - Jane Adam, Public Forum Representative

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

LH - Linda Harper, Associate Nurse Director, Practice Nursing / Lead Nurse GMED

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

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 : Caroline Hiscox (CH) Amanda Croft (AC) Leonora Montgomery (LM) Diana Webster (DW) Deborah Lockhart (DL) GMcK informed the Committee that she had approached FM to become the "Assistant Chair" and FM had agreed.	
2	Minutes of last meeting 25 September 2018	The minutes from 25 September 2018 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. Meeting 25 September 2018	AS
		5.1 Sector Report – IPCT GMcK has spoken with Linda McKerron and the Clostridium difficile (CDiff) elearning module will be moved to ensure all NHS Grampian (NHSG) staff are able to locate and complete it as recommended. Close this action as complete.	AS

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3	Action Tracker cont.	 5.1 Sector Report – Acute Concerns were raised that the Sector reporting template was too lengthy and although it was agreed that assurances are important it was felt that a shorter report would have a higher impact. It was decided to revert back to previous reporting template (not based on the HAI Standards). AS to send a copy of the previous template to all Sector Leads. Close the action as complete. 	AS
		Meeting 27 March 2018	
		4.3 Water Safety in Non NHSG Premises GP explained that a process letter had been sent to all General Practitioners (GPs) but this has now been superseded by a National survey of all GP Practices seeking assurance on all aspects of day to day running. Close and open a new action.	AS
		5.1 Sector Reports – Moray CHSCP – Shower Tray No further meetings have been held with regard to this work	
		Meeting 23 January 2018	
		5.1 Sector Reports – Facilities – Forres Health Centre Water Safety This action cannot yet be closed as disinfectant flushing continues. There are many water outlets that if not used, pose an infection risk; therefore infrastructure, showers etc. are being removed. Low levels of Legionella have been found so bottled water is being used. Further involvement of users required to manage a sustainable solution.	
4	Matters Arising Item 4.1	Bed Space Cleaning Checklist (SBAR) An SBAR, written by Alan Milne and Dawn Stroud was submitted to the Committee. Alan Milne will attend the next meeting to give an update.	
	Item 4.2	Scottish Infection Prevention and Control Education Pathway (SIPCEP) Update There is still an inability to run reports via TURAS. This should be rectified in the next few weeks. This risk is present on the NHSG Infection Prevention & Control Committee (IPCC) Risk Register.	
	Item 4.3	Committee Membership / Roles and Responsibilities (postpone) This was postponed at the request of GMcK and will be discussed at the next meeting.	
	Item 4.4	HAI Sub Group Risk Registers This formed part of a discussion, surrounding mandatory training, at the recent HAI Executive Group meeting. CH asked that the Sectors provide the number of the risk (surrounding mandatory training) that is noted on each register. This can then be aligned to the main Risk Register held by the IPCC.	
		FR replied that she did not hold the register for Acute but only Divisional. She also feedback that due to issues with reporting via TURAS it is unclear as to whether staff's inability to complete mandatory training is an issue. GMcK replied that should Sectors require reports the Learning and Development Team can assist in the interim.	

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4	Matters Arising cont.	GP stated that there is no issue with facilities Staff being unable to complete as training is delivered in a different way as "classroom style" with training data then being uploaded into the system manually.	
		SS reported that within Mental Health & Learning Disabilities this is now less of an issue since staffing levels have improved.	
		NH commented that he has no access to the Aberdeenshire Community Health & Social Care Partnership (CHSCP) Risk Register. He also added that, in some areas, the risk is high surrounding mandatory training due to severe staffing issues.	
		FM suggested that the clinical implications should be considered and the risk to NHS Grampian due to the potential impact on care within the organisation.	
5	Standing Items Item 5.1	Sector Reports	
		<u>Acute</u>	
		1 New Areas of Concern raised by Divisions	
		1 a) Medium – Increased number of wound infections in Ward 216 IPC Team colleagues have been working on this. Morven Irving and Niamh Broder were investigating timelines.	
		b) Medium – Adherence to Dress Code Policy Staff have been questioning the policy with regard specifically to "wipeable shoes" and mesh trainers in particular. Nurse Managers have been working proactively with staff to ensure understanding; Partnership have also been involved.	
		AL mentioned that there was a Health Protection Scotland (HPS) Literature Review available surrounding this subject and offered to send it to FR for information.	AL
		2 Progress Against Areas of Concern Previously Reported	
		Standard 2 – Education to Support the Prevention and Control of Infection	
		2 a) High – HAI Mandatory Training Compliance. This is challenging due to staffing gaps / accessible on line material. Current available courses do not cover all aspects of SIPCEP. ER admitted that there were no exact figures on current staff but newly qualified nurses are now completing.	
		FR admitted that there were no exact figures on current staff but newly qualified nurses are now completing Induction and all mandatory training required.	
		JA informed the Committee that she recently undertook a walk round and issues with a ward roof leaking were found. FR will investigate.	FR

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5	Standing Items cont.	Al I I IIOOOD	
		Aberdeenshire H&SCP	
		2 Progress Against Areas of Concern Previously Reported	
		Standard 2 – Education to Support the Prevention and Control of Infection	
		2 a) High – SIPCEP Modules on TURAS Mandatory training not being completed by all staff. Awaiting all staff to access their TURAS accounts. NH reported that the risk level of this should, hopefully, reduce soon.	
		Standard 3 - Communication between Organisation and with the Patient or their Representative	
		3 a) High – Hand Hygiene Opportunities for patients and Visitors in Aberdeenshire Community Hospitals NH asked the Committee's opinion on whether this should be removed as the Hand Hygiene audits are now embedded although no further audits have yet been planned. It was decided to leave on as a low risk until a re-audit can be performed in January 2019; after this the risk can be re-evaluated or removed.	
		Standard 6 - Infection Prevention and Control Policies, Procedures and Guidance	
		6 a) High - Pending HEI Announced Visit Still awaiting confirmation of an announced visit. Previous inspection using the new standards went well with positive feedback at Fraserburgh Hospital regarding Infection Prevention & Control. The Older People in Acute Hospitals (OPAH) standard requires some ongoing work. No report has been received as yet. FM confirmed that a formal report will not be received only informal feedback. NH suggested that the next visit could be a cluster of hospitals and may be in Moray.	
		Standard 8 – Decontamination	
		8 a) High – Renal Unit – Kincardine Community Hospital The unit reopened but have had water filtration issues. NH will investigate and update the Committee as soon as possible.	
		Aberdeen City CHP	NH
		2 Progress Against Areas of Concern Previously Reported	
		Standard 2 – Education to Support the Prevention and Control of Infection	
		2 a) High – Staff unable to complete Mandatory Training Staffing levels are such that staff are unable to complete training. Tried to set aside training days but no uptake. This will be attempted again and protected learning time is being included in the off duty. This risk returns to High level.	

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5	Standing Items cont.	Standard 8 – Decontamination	
		8 a) Medium – Contingency Plan for Dishwashers within the Service that have broken This risk remains unchanged. Dishwashers have been repaired but still o contingency plan in place. GP will investigate and price services. AS to add this to the Action Tracker.	GP AS
		<u>Facilities</u>	
		GP updated the Committee on the Environmental Health Officer (EHO) visit to the Aberdeen Royal Infirmary (ARI) kitchen in October 2018. Now satisfied inspections will recommence 6 monthly.	
		A lack of segregation was revealed with the use of the 60 litre containers for many waste streams in ARI Theatres, including the lack of temperature controlled storage. There is no easy way to store anatomical waste but procurement of refrigerated storage has taken place and these new freezer unite will be housed in Phase 1 loading bay.	
		An audit performed on clinical waste bins showed that they are still being overfilled and only a third of bins were found to be locked. NH reported that areas have had issues with the locking mechanisms on these bins. FM enquired as to whether there were different bins that could be procured – is there an option to source a more easily lockable container? GP stated that the contract is up for renewal in May 2019 however after recent coverage of the contractor, Healthcare Environmental Services (HES), being unable to complete their contractual obligations NHSG has a robust Contingency Plan which, if needed to be implemented, would remain in place until the new contract begins (April / May 2019).	
		Moray (CHSCP)	
		2 Progress Against Areas of Concern Previously Reported	
		Standard 2 – Education to Support the Prevention and Control of Infection	
		2 a) Medium – HAI Leadership Walkrounds A timeframe and update is needed on this issue.	FA
		Standard 8 - Decontamination	
		8 a) Medium – Turner Hospital – Shower Tray The shower remains out of use and awaits replacement. No date yet available for commencement of work.	
		Mental Health No report was submitted.	
		SS updated the Committee on the main issues :	

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5	Standing Items cont.	No New Areas of Concern to report.	
		Mental Health and Learning Disabilities Services are now in a better position with regard to staffing and mandatory training feedback is encouraging.	
		The Hand Hygiene Awareness corridor event went well and was well attended.	
		Dress code is on the agenda and being discussed by the Sub Group.	
		Clinical Waste Audits are at 100%; Peer and Quality Audits also show good results.	
		HAI Education Group	
		1 New Areas of Concern	
		1 a) High – Mandatory Training Staff have highlighted inability to undertake mandatory training. GMcK has requested feedback from HAI Sub Groups and gap analysis of work to be undertaken. New initiative announced surrounding the procurement of 200 devices to be held in "hubs" across the Organisation; these can accessed by any member of staff. This risk is being dealt with through the HAI Education Group.	
		1 b) High – HAI Education Lead Unable to fulfil the HAI Education Lead role. GMcK and Jane Ewen are dealing with this and it will hopefully become a joint role.	
		1 c) High – Lack of Compliance with swabbing for Carbapenemase-producing Enterobacteriaceae (CPE) following a positive Clinical Risk Assessment (CRA) Multi-drug Resistant Organism (MDRO) screening for Methicillin Resistant Staphylococcus aureus (MRSA) and CPE forms part Excellence in Care. This is being worked on in conjunction with Jill Ferbrache.	
		2 Progress Against Areas of Concern Previously Reported	
		Standard 2 – Education to Support the Prevention and Control of Infection	
		2 a) High – SIPCEP Modules In relation to the Clostridium difficile Infections (CDI) elearning package this has to be moved to the clinical area as well as the medical staff area to ensure it is more visible and so that all relevant NHSG staff can complete.	
		Infection Prevention and Control Team	
		1 New Areas of Concern	
		1 a) Medium – Current NHSG Neonatal HAI Screening Process for MDRO and MRSA not fully embedded Leighanne Bruce and Kath Sangster are looking at adapting the National Infection Prevention Control Manual (NIPCM) addendum / guidelines.	

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5	Standing Items cont.	A gap analysis is required for the Neonatal Unit and how mothers are screened prior to admission. Leighanne and Kath will be attending Senior Charge Nurse meeting 17 January 2019 to discuss implementation of Neonatal Unit Clinical Risk Assessment screening.	
		2 Progress Against Areas of Concern Previously Reported	
		Standard 4 – HAI Surveillance	
		4 a) High – Increase in CDI for Quarter 2 Ending June 2018 There has been an increase in cases to 38 for the Quarter ending June 2018. GMcK pointed the Committee to page 9 of the HAI Reporting Template (HAIRT) a funnel chart showing that NHSG is a big outlier. Significant work has been done and shows no outbreak status and no common Ribotype.	
		FMc highlighted that NHSG is known to be an outlier in terms of the total number of antibiotics prescribed and high risk antibiotics, particularly Quinolones. The Antimicrobial Team (AMT) circulated an SBAR in May highlighting increased Co-amoxiclav and Quinolone use and recent CDI increase. The AMT have also visited a number of clinical areas in the last 6 months, areas with high antibiotic prescribing and also those who had higher than usual CDI numbers. Recently antibiotic use for hospital in-patients overall has plateaued and there has been a reduction in Levofloxacin and Co-amoxiclav - but this may be partly seasonal variation.	
		The AMT have been working to review the empirical antimicrobial guidelines and changes have been made to reduce co-amoxiclav, quinolones and macrolides where possible. Posters are being printed and the plan is to relaunch in the next 2 - 3 weeks.	
		Dr Bateman led activities during Antibiotic Awareness Week and there was very good staff engagement.	
		GMcK reported that the NSS Discovery system still shows NHSG as the highest user of antibiotics. However local Statistical Process Charts (SPC) show a downward trend for CDI.	
		FMc also informed the Committee that the Antimicrobial Team will be visiting GP Practices. There is also to be a new Prescribing Group for GPs – the cluster leads thought this would prove helpful.	
		The Hospital Electronic Prescribing and Medicines Administration (HEPMA) system will also help when launched. GMcK is to speak with Caroline Hiscox regarding a HEPMA / ICNet interface.	
	Item 5.2	HAI Work Programme GMcK explained that this was the updated Programme for 2018/19 and included ongoing improvement works surrounding Venous Access Devices (VADs). Anyone is welcome to attend the meetings and have input into the document.	
		JA queried page 13 of the report – 5.2 Ensure NHSG recruit and Infection Control Doctor and asked why it was highlighted.	
		GMcK replied that it had not yet been decided whether there was a need for this item to be included in the programme	

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5	Standing Items cont.	With regard to item 2.03 Decontamination of Hospital Environment and Communal Patient Care Equipment more discussions between the IPCT and Domestic Services need to take place regarding the cleaning of sanitary ware with Actichlor to be implemented across the Organisation. Does this include commodes? AL will investigate and feedback. With regard to item 2.14.2 Develop a training package for staff involved in decontamination of reusable medical equipment JA queried the mention of burns and asked for clarification. JL explained the issue and confirmed that all information on staff burns has been submitted to Health Facilities Scotland via their Incident Reporting system and has been collated; in addition Nanosonics have done further training with staff. However there are now 10 broken probes and the decision has been made to rollout Tristel 3 step wipes in the interim.	
	Item 5.3	HAI Executive Group Update The last meeting was held on 11 October 2018 GMcK updated the Committee on the main discussions There is to be a meeting held to discuss the feed up antimicrobial prescribing data into the NSS Discovery system. CDI rates were deliberated upon. GMcK was asked to formulate a more concise outlook around the risk associated with mandatory training.	
		The SBAR - NHS Grampian Compliance with NHS Scotland Guidance for Decontamination of Semi-Critical Ultrasound Probes; Semi-invasive and Non-invasive Ultrasound Probes 2017 [relates to Risk Register ID 2362] was shared with the Group and the Senior Leadership Team all of whom were happy to proceed with the Tristel 3 step wipes. A level 2 review in ongoing with the Aberdeen Maternity Hospital (AMH) GMcK and MM were to meet to compose a Safety Notice. MM stated that he was still not convinced with the effectiveness of Tristel wipes. JL assured the Committee that the Central Decontamination Unit (CDU) will continue to decontaminate scopes however some of the new equipment being purchased by NHSG cannot be decontaminated by CDU due to the way they are assembled.	MJM / GMcK
6	HAI Report to Clinical Governance Committee / Board Item 6.1	HAI Report to the Board GMcK asked for the Committee's ratification of this report. FMac reported that the National Quality Indicators for Hospital Antimicrobial Prescribing are in the process of being revised. They will no longer include Piperacillin / Tazobactam and Carbapenem prescribing (most boards were either close to or achieved these) and the focus will move to achieving a plateau in total hospital antibiotic use and limiting use of intravenous (IV) antibiotics.	

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6	HAI Report to Clinical Governance Committee / Board cont.	Data for antibiotic audits at ward level are still being collected but there has been a gap in data collection due to changes in the Antimicrobial Companion app. Post meeting note: The other indicator is likely to be: WHO access list ≥60% of total antibiotic use in acute hospitals by 2021 (WHO access UK list - mainly narrow spectrum agents - avoids broad-spectrum use)	
		GMcK and FMc will meet and discuss further in the New Year. The report will be escalated to the HAI Executive Group.	GMcK / FMc
	Item 6.2	HAI Report to the Clinical Governance Committee	
I		 CPE Screening NHSG were tasked to commence surveillance due to the increase in Scotland from 73 cases in 2016 to 108 cases in 2017. Screening began April 2018 and has been incorporated into the Patient Placement Tool. This will form part of the EiC dashboard. HPS are, at present, producing educational tools for use within NHSG. MRSA screening and compliance figures consistently below national average. The most recent CDI update will be escalated to the HAI Executive Group,	
7	AOCB Item 7.1	Tamiflu	
	Item 7.2	FMc highlighted new prescribing restrictions for Fluoroquinolones from the Medicines and Healthcare Products Regulatory Agency (MHRA) following a response to reported adverse drug reactions. The AMT plan	
9	Date of Next Meeting	to cascade this information to staff via an SBAR but this should also help reduce Quinolone use and aid efforts to reduce CDI.	
3	Date of Next Meeting	22 January 2019, 10.00 – 12.00 Lossie / Spey Rooms, Aberdeen Dental Education Centre	