NHS GRAMPIAN Infection Prevention & Control Strategic Committee (NHSG IPCSC)

Minutes from meeting held 21 January 2020 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital 10.00 – 12.00

Present:

- GJ Grace Johnston, Interim Infection Prevention & Control Manager (Chair)
- SS Shona Sinkins, Lead Nurse, Division B, Mental Health & Learning Disabilities
- LM Leonora Montgomery, Public Forum Representative
- JA Jane Adam, Public Forum Representative
- AW Andrew Wood, Health and Safety Specialist / Risk Management
- DL Deborah Lockhart, Consultant Microbiologist / Infection Control Doctor
- VB Vhairi Bateman, Antimicrobial Management Team Lead
- JWa Julie Warrender, Nursing Services Manager, Aberdeen City CHP
- GP Gavin Payne, Deputy Director, Facilities
- LB Leighanne Bruce, Acting Technical Lead Infection Prevention & Control Nurse
- Linda Harper, Associate Director of Nursing
- FR Fiona Robertson, Chief Nurse
- JL Juliette Laing, Head of Decontamination and Linen Services, Decontamination Lead
- DW Diana Webster, Consultant in Public Health Medicine
- **DS Dawn Stroud**, Senior Infection Prevention & Control Nurse (VC)
- SMH Sarah Macalister-Hall, Infection Control Doctor

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 : Noha El Sakka (NE) Neil Hendry (NH) Fiona Mitchelhill (FM) Malcolm Metcalfe (MJM) Alison Smart (ASm)	
2	Minutes of last meeting 26 November 2019	The minutes from 26 November 2019 were ratified by the Committee with no amendments	
3	Action Tracker	 <u>Meeting 26 November 2019</u> 5.1 Sector Reports - Aberdeen City CHP VB and JWa will discuss narrative. Close risk and update January Sector Reporting Template instead. <u>Meeting 24 September 2019</u> 5.1 Acute – Water Systems Renal Units This is progressing at Dr Gray's (DG). Joint discussions are being held between GDG and Aberdeen Royal Infirmary (ARI). No confirmed area, as yet. For dialysing patients. 	

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3	Action Tracker cont.	Meeting 23 July 2019	
		3 Action Tracker - Shower Refurbishment Turner Hospital Work is still ongoing. Close this action as it is shown / updated under January 2019.	
		4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 3 – Flushing of Water –Roles and Responsibilities FS still updating Risk Control Notice (RCN) and Toolbox Talks. Alternative flushing regimes are being trialled in various areas.	
		4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System LB and Ian Esslemont are meeting next week to discuss end of year spending.	
		7 AOCB – HAI Risk Matrix It was suggested that this be added to the Agenda for discussion at the March 2020 meeting.	
		Meeting 28 May 2019	
		3 Action Tracker - HEI Inspection Report of GGC Queen Elizabeth Hospital The final report v10 has be submitted to the HAI Executive Committee (HAIEC) for their approval. There are no breached deadlines and actions still outstanding will be transitioned to the HAI Work programme with appropriate timescales. It was decided that an overarching driver diagram was not practical.	
		Meeting 26 March 2019	
		4.1 HEI Inspection Report of Greater Glasgow & Clyde Queen Elizabeth Hospital - Are all completed audits being uploaded to DATIX? Still awaiting feedback from ASm on whether Moray CHSCP are uploading audits.	
		5.1 Sector Reports – Mental Health – Bottled Water Coolers SS feedback that overall guidance regarding costings etc. is still not available; however cleaning schedules are now in place for the free standing coolers that remain. Awaiting SUP05 guidance. Close this risk.	
		5.1 Sector Reports - HAI Education Group – Training for Domestic Support Services This is still ongoing. Not well supported Nationally.	
		Meeting 22 January 2019	
		5.1 Sector Report – Moray CHSCP - Shower Tray – Turner Hospital (from meeting 27 March 2018) Work continues and there is still 1 shower to complete, a complex job due to the underlying structure. Keep action open as a shared learning exercise will be performed by GP once the works are completed.	
		Meeting 27 November 2018	
		5.1 Sector Report – Facilities - Water Safety in Non NHSG Premises As previously minuted NHSG cannot give assurance.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
3	Action Tracker cont.	<u>Meeting 23 January 2018</u> 5.1 Sector Reports – Facilities – Forres Health Centre Water Safety Issue VB reported that there was a meeting of the Forres Water Group scheduled for 22 January 2020. Issues still continue with the chemical dosing plant and as stated previously NHSG are unable to effectively manage the risk surrounding this situation due to Sub Hubco being accountable for water safety in the first instance. GP informed the Committee that NHSG are now moving away from the leasing of buildings to ensure these situations do not reoccur.	
4	Matters Arising Item 4.1	 Decontamination Services compliance in Grampian (relates to Lessons Learned & Recommendations Report On Cowlairs CDU Incident November 2018) JL gave a verbal update with background to the Cowlairs Incident such as the issues found during the audit and the reasons for the unit being closed down. Documents were then received from Health Facilities Scotland (HFS). Meetings are taking place quarterly with PA and discussions are being had with Christine Leith – Theatres. Stability of the Central Decontamination Unit (CDU) can be assured however NHSG cannot expand on the footprint of the Mile End building and therefore must be realistic. JL feels confident that HFS are available to support NHSG if required. AW asked if NHSG's equipment was sent to anywhere else for decontamination. JL replied that NHSG support Albyn Hospital in decontamination and a vanguard unit is available if extra work is required however if the robotics machine broke down NHSG would have to send items to Newcastle. AW also asked how NHSG could assure compliance with decontamination from another unit and JL replied that certification would have to be seen. GP reminded the Committee that formal governance structures regarding Ventilation, Waste etc. are in place and GP / JL will be looking at decontamination also. Purchasing will be discussed by the Equipment & Medical Devices Group. JA sought further information regarding the Cowlairs incident and GP assured that compliance / quality rate is very high within NHSG JL offered JA to visit the CDU for further assurance. JA to contact AS if she would like to attend. 	
	Item 4.2	 HEI Inspection Action Plan – Update This was returned to Health Improvement Scotland (HIS) on 16 January 2020 and a teleconference has been arranged for 31 January 2020. Standard 2 - Education to support the prevention and control of infection Requirement 1 - NHS Grampian must ensure that staff are aware of NHS Grampian's mandatory Infection Prevention and Control education requirements The guidance for mandatory infection prevention and control education will be obvious for staff via the Intranet. This will be uploaded to the IPC Intranet page shortly Agree updated communications and signposting regarding course requirements via Global email and other local briefings. This will be completed by the end of the month. 	

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4	Matters Arising	1.4 Update NHSG Education Delivery Plan July 2019/20 to reflect necessary actions and onward progress. Established to support overarching NHSG HAI Work Programme	
		Requirement 2 - NHS Grampian must be able to evaluate the uptake of infection prevention and control training in order to respond to any unmet educational need.	
		2.1 Implement the manager reporting function on individual teams via Turas Learn. This function will be available shortly. DS feedback that reporting function is not 100% accurate at present and contains duplication	
		2.3 Identification of unmet educational needs will be monitored through sector reporting to the NHSG IPCSC HIS are aware that we are standardising reporting and Terms of Reference (ToR) for the HAI Sub Groups. All Group chairs will provide ToR for the NHSG IPCSC to view	FR / NH / Jwa / ASm / PH / SS
		Requirement 3 - NHS Grampian must ensure there is systematic programme of audits in place, this is clearly communicated to ward staff and they clearly understand their role in this process.	
		3.3 6 Monthly Environmental Audit process to be re-established and Action Plans will be uploaded to DATIX. GJ will liaise with NH regarding this.	
		Requirement 4 - NHS Grampian must ensure that leadership and executive teams see all audit results so as to provide assurance, drive improvement and communicate any remaining risks.	
		Recommendation A - NHS Grampian should continue to review the current structure in place to support Aberdeenshire to communicate audit and training results to senior staff in a regular, agreed and consistent way AW queried that Location Managers are assessing any risks surrounding HAI issues – they are not medical staff. This has been highlighted.	
	Item 4.3	Bare Necessities – IPC Awareness Poster (update) GJ reported that a meeting had been held on 13 January 2020 and was well attended by clinical staff. Work continues and is concentrating on how to encourage and enable visitors / volunteers to become involved and participate.	
5	Standing Items Item 5.1	Sector Reports	
		<u>Acute</u> FR confirmed that from this point forward Dr Gray's would be submitting a Sector Report of their own. This will begin in March 2020.	
		1 New Areas of Concern raised by Divisions	
		1 b) Medium – Increased incidence of Flu within the Gordon dialysis unit. A Preliminary Assessment Group (PAG) was held and actions have been taken with regard to patient movement and the management of effective isolation.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.		
		1 e) High - Concerns re Face Fit Testing compliance	
		Dates for 2020 have been set up for the re-established Face Fit Testing Group and there will be an increased	
		focus on staff compliance. Lisa Forbes – Nursing representative will be sitting on this group.	
		1 f) Medium – Clinical waste concerns	
		Health & Safety walk rounds are focusing on waste management and concerns regarding non-compliance have	
		been raised at the Acute Sector Clinical Governance Group.	
		1 g) Medium - Flooring within the Emergency Care Centre (ECC)	
		Flooring continues to fail local audits. Level 6 has now been completed and a meeting is to be held to discuss commencement of Level 5 works. The Senior Charge Nurse (SCN) is taking the lead on this.	
		commencement of Level 5 works. The Senior Charge Nurse (SCN) is taking the lead on this.	
		1 j) Medium – Water issues in Ward 217	
		Water testing and cleaning of taps has taken place. Ongoing precautions are in place. Water is to be re tested.	
		1 k) Medium – Flushing	
		Ward 204 has been unoccupied but there are no flushing records; being addressed by ward staff in conjunction with Estates.	
		FR also informed the Committee that hand hygiene PAGS have been held and as a result all areas are now	
		compliant; this is a big improvement.	
		3 Areas of Achievement / Good Practice	
		The peer administration of the flu vaccine has been a great success and has improved staff's uptake greatly. Data can be obtained from Occupational Health Services (OHS)	
		Data can be obtained from Occupational Freatures (OFIS)	
		DW queried whether the uptake figures for 2019 included community pharmacies.	
		VB queried whether staff absence figures (due to Flu) were available.	
		Aberdeenshire H&SCP	
		NH was unable to attend the meeting.	
		GJ will liaise with NH	
		Aberdeen City CHP	
		1 New Areas of Concern raised by Divisions	
		1 a) High – No one person identified with an oversight of auditing within the Aberdeen Health Village	
		JWa will visit and do assurance checks on the governance processes. The manager has no oversight. JWa	
		suggested she may need support from the NHSG IPCSC	
		AW asked if there was a Workplace Inspection Programme in place and who has oversight of this ?	
		VB also stated that there were no governance of flushing procedures at clinical level; this has since been put in	
		place. The Endoscopy Service at the Health Village is sub contracted therefor an email was sent to the Lead asking for jurisdiction.	
		GJ suggested asking Jane / Alison for assistance	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	2 Progress Against Areas of Concern Previously Reported	
		2 a) High – Water Samples from the Health Village have shown high levels of Pseudomonas. JWa will liaise with VB to obtain narrative and amend wording on this risk within the January 2020 report. Will resend to AS and AS will forward to the Committee.	JWa AS
		Facilities	
		1 New Areas of Concern raised by Divisions	
		 1 a) High (TBC) – Lessons learned from being under waste contingency measures 1) NHS Scotland has been wrongly segregating clinical waste for many years. SEPA will be now be auditing NHSS via the wastes coming into Tradebe's plant in Glasgow. NHSG must be compliant by the time the new contract commences March / April 2020. Guidelines set by SEPA must be adhered to and streaming practices within NHSG will need to be updated. Issues to addressed immediately are: 	
		• Far greater number of wastes needing to be disposed of in Purple lidded waste streams (immune- suppressants, anti-virals, antineoplastic and some contraceptives as they should always have been in purple stream.	
		Purple stream sharps in different containers to purple stream wastes	
		Blue stream sharps should also be in different containers to blue stream pharmacy waste.	
		Pre acceptance audits require to be completed at every producers in NHSG (all hospital wards / departments, GP's, Health Centres, Pharmacies, and Opticians etc.). Every level of waste stream will now rise.	
		2) The 60 litre Wiva bins are still not being labelled correctly. A global email was sent advising that any bins received labelled incorrectly would be returned to the user to be completed correctly.	
		 1 b) (TBC) – Water Issue – The Oaks, Elgin Water sampling has shown a high level of Total Viable Counts (TVCs). A PAG meeting took place on 8 January 2020 and it was a decided a full disinfection was needed. 	
		1 c) (TBC) – Cardiac Suite, ARI – Existing ventilation capacity A PAG was held on 2 December 2019. The area is still able to provide a full clinical service; inspections and improvements made will require the area to be closed for a time. GP feedback that annual verification tests are due shortly.	
		GP informed the Committee that he was chairing the Ventilation Group which has been tasked to identify compliance in air changes, filtration rates etc. At present it is not fully clear what some areas use their rooms for, this needs to be established so that compliance can be achieved. Remembering that around 60% of NHSG's buildings are over 30 years old and are now, not often being used in the way they were planned for, more structure is needed regarding designated use.	
		GJ queried whether the recent outcome of the clinical bin audit (which revealed only 33% of bins across Foresterhill were locked when checked) was still an issue. GP was unsure as the audit had been carried out 6 weeks previously.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	Moray (CHSCP)	
		1 New Areas of Concern raised by Divisions	
		1 a) Low – Mandatory hand hygiene compliance 91% This is being monitored monthly by the Lead Nurse and is being discussed at the Senior Charge Nurse (SCN) meetings.	
		 1 b) Medium - HAI Environmental Audits These are to take place in January 2020 and local assurance for Standard Infection Control Precautions (SICPs) monitoring is being undertaken by the SCNs. LH stated that this is not real time and discussions are being had. 	
		LH also infirmed the Committee the HAI Sub Group meetings have been re-established and are being held on a monthly basis.	
		2 Progress Against Areas of Concern Previously Reported	
		2 b) Low – High level dust a problem in older Community Hospitals	
		LB asked how this was being taken forward. LH will investigate and risk assess as to how to tackle the issue.	LH / ASm
		2 e) Medium – Non compliant hand hygiene sinks This is ongoing, risk assessments are in place and has been escalated to Estates.	
		VB commented that this was a common theme. There are no drinking water facilities in the hospitals? Are there water coolers? Ice machines have now been decommissioned. LH will replied that the only taps with drinking water in Community hospitals are in the kitchen. LH will check and confirm this.	LH / ASm
		2 f) Medium – Non compliant flooring in all hospitals This is ongoing; has been reported to Estates and identified on the report run by the Lead Nurse.	
		Mental Health	
		1 New Areas of Concern raised by Divisions	
		1 a) Low – Potential for flushing regime to be missed All wards rescheduled for refurbishment are to have a flushing regime established 2 weeks post occupancy.	
		1 b) Low – No FFP3 face fit testers on site 2 members of staff will be trained however training not available until march 2020 as Royal Cornhill Hospital (RCH) is deemed low risk.	
		3 Areas of Achievement / Good Practice The local Infection Prevention & Control group were undertaking bi monthly assurance visits to support staff in clinical waste management. Feedback was given immediately, face to face and staff have found this helpful.	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.		
		HAI Education Group	
		1 New Areas of Concern	
		1 a) Low – Corporate Induction delivery by IPCT in Elgin Due to the change in Corporate Induction from January 2020 the Elgin session now commences 10 minutes earlier than in Aberdeen meaning that should there be sickness or annual leave of the SIPCN in Elgin there would be no cover to deliver the training. Prior to this the IPCN based in Aberdeen had linked via VC to Elgin. Whilst this was not ideal the presentation could be delivered to Elgin staff. Further recruitment to the Elgin office will ensure training can be delivered.	
		2 Progress Against Areas of Concern Previously Reported	
		2 b) medium – Education required around lack of compliance with swabbing for Carbapenemase- producing Enterobacteriaceae (CPE) following a positive Clinical Risk Assessment (CRA). A member of the ICT undertook the NES Screening module which include CPE and this should help with the understanding of the screening process. Managers and staff will be signposted to the Intermediate Layer modules on TURAS Learn.	
		Infection Prevention & Control Team (IPCT)	
		1 New Areas of Concern	
		Not noted in report LB reported that there was a meeting taking place 22 January 2020 to discuss Coronavirus; the risk to Scotland is considered low.	
		1 a) Very High – E.coli bacteraemia infection rates above Scottish average for Quarter 3 June – September 2019	
		LB and DL are cleansing this data and rates for quarter 4 are expected to be within acceptable levels.	
		1 b) Low – CNO letter received from Scottish Government – October 2019 re Standards on Healthcare Associated Infections and Indicators on Antibiotic Use	
		DL is leading on these work streams and antibiotic quality improvement actions being established for local delivery plan targets are being added to the HAI Work programme April 2019 – March 2020.	
		1 c) Medium – Ventilation system within the Cardiac Catheterisation Suite, ARI is not providing the required air changes per hour	
		PAG was held 2 December 2019. Clinical service is still currently being provided without restriction. Interventions to inspect / improve the system will require suite to be out of use; annual verification tests are due shortly.	
		2 Progress Against Areas of Concern Previously Reported	
		2 b) Very High – High Consequence Infectious Disease (HCID) unified Personal Protective Equipment (PPE) ensemble is changing The unified UK PPE ensemble has been agreed for adoption in Scotland at the High Consequence Infectious Diseases (HCID) NHS Boards meeting. Training materials from Health Protection Scotland (HPS) / NHS Education for Scotland (NES) are expected to be available by December 2019.	

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5	Standing Items cont.		
		Ensemble has now been agreed and will now be for both contact (such as Ebola) and airborne spread organisms (such as Mers CoV & SARS). A 6 monthly training programme has been proposed and will include Ward 111, Intensive Care Unit (IUC), Emergency Department (ED) ARI, ED Dr Gray's, ED Royal Aberdeen Children's Hospital (RACH),, Theatre Teams and all associated support services. The IPC Team are working on this at present and all issues etc. will be feedback via National meetings.	
		 2 d) Medium – Eye Outpatients Water Quality Raised TVCs within samples obtained from blended water outlets. Full system disinfection was to be undertaken and water resampled once all outstanding interventions are complete. DW raised the issue of Ventilation within the Department which resulted in an IMT meeting being held. The concerns from this meeting are being reported upwards to the HAIEC. 	
		2 i) Medium – Compliance with Carbapenemase-producing Enterobacteriaceae (CPE) CRA compliance / CPE Swabbing CPR CRA compliance sits at 88% which is a decrease however CPE swabbing compliance has increased to 67%. The raising of awareness is required with the Acute Sector to ensure swabbing is undertaken (following CRA process) where relevant. A date is awaited for IPC to attend the Acute Practice Education Facilitator (PEF)	
		meeting to discuss. Submission of quarterly reported to the Acute HAI Sub Group by the Surveillance Nurses has now been established. HAI screening quick reference guide will be implemented shortly.	
		3 Areas of Achievement / Good Practice	
		Continually high compliance with application of CPE CRA and increased compliance with CPE swab screening within Acute Sector	
		 Good uptake of peer vaccination reported for Influenza season 2019/2020 Water Safety Audits are now live on SNAP survey and are being implemented with IPCN support, during Health and Safety Management walkabouts 	
		AS will remove DRAFT watermark from the report and re-send to the Committee	
	Item 5.2	Risk Register	
		ID 2325 - Non-compliance with decontamination of ultrasound probes FS will re-audit this to provide assurance of compliance.	
		ID 2362 - Inability to decontaminate ultrasound probes in a dedicated decontamination room Dedicated decontamination rooms are limited.	
		ID 2528 - Staff's inability to complete mandatory training A wider discussion around learning is required	
		ID 2567 - Bladeless Fans in Clinical Areas Updated paperwork is almost completed and ready for dissemination and upload to the IPC Intranet page	
		ID 2654 - IPCT's inability to provide thorough HAI Scribe to all built environment projects across NHSG Awaiting decision of SBAR submitted requesting additional resources to support the increased workload and enable IPC input.	
1			1

Item		Action to be taken and Key Points raised in discussion	Action
	Standing Items cont. Item 5.3	HAI Executive Group Update – meeting 15 January 2020	
		 DL (2019) 23 - Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) Policy Requirements This has not yet been discussed at the NHSG IPCSC but will form part of the Agenda for the meeting in March 2020. This will also be presented / discussed at the NHSG CGC in February 2020. CH commented that the assurance requested by Health Improvement Scotland (HIS) regarding performance on HAI Standards is not being provided by the HAI Sub Groups. The HAIEC must receive assurance that the Sub Groups are meeting regularly and are quorate. 	
		• NHSG Improvement Action Plan 18 week update This was submitted 16/1/20. Momentum needs to be maintained.	
		• Ventilation Governance GP has established this meeting and will be chairing the Group.	
		 Built Environment Group This group is engaged around National design work LB reported that the blue print from this group is to be submitted to Scottish Government at the end of March 2017. VB insisted that more assurance steps are needed for the acquisition of large items / products GP stated that a retrospective review visit is anticipated for the Baird & Anchor new build. 	
	ltem 5.4	HAI Inspection of GGC QEH – Progress Update The HAIEC ratified v10 of the report. There are no breached deadlines and actions still outstanding will be transitioned to the HAI Work Programme with appropriate timescales.	
6	HAI Report to Clinical Governance Committee / Board Item 6.1	HAI Report to the Board (HAI-RT) No report was available to submit due to reporting now being 3 monthly. The next report will be produced in February 2020. GJ feedback that the National data supplied within this report was vastly out of date by the time the report is submitted to Committees. This needs to be discussed at a National level. It is also thought that the report could be made more user friendly.	
	ltem 6.2	HAI Report to the HAI Executive Committee (HAIEC) Issues to be escalated:	
		 Responsible person required to be aware of flushing regimes Water Safety Report New waste contractor's waste streaming practices Processes around new builds Face Fit Training (FFT) and access to training Roles and Responsibilities for medical staff Clearer processes for escalation 	

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7	AOCB cont. Item 7.1 Item 7.2	 HAI Education Delivery Plan 2018/19 (ratification) This document recently came to the Committee for ratification however the Committee did not want to ratify retrospectively. It will be evidenced as completed. Infection Prevention & Control Reporting Structure GJ informed the Committee that Dr Gray's HAI Sub Group will be added to the organogram as a stand-alone group and will begin sending Sector Reports to the NHSG IPCSC. 	
8	Date of Next Meeting	24 March 2020, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital	