

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

**Minutes from meeting held 12 January 2021
Via Teams
10.00 – 12.00**

Present:

GJ – Grace Johnston, Interim Infection Prevention & Control Manager (**Chair**)
ASp – Allana Spence, Nurse Manager, Division B, Mental Health & Learning Disabilities
LM – Leonora Montgomery, Public Forum Representative
AW – Andrew Wood, Health and Safety Specialist / Risk Management
GP – Gavin Payne, General Manager of Facilities & Estates
CC – Caroline Clark, Chief Nurse, Combined Child Health
GV – Gill Valentine, Clinical Midwifery Manager for Maternity Services in Moray
MJM – Malcolm Metcalf, Deputy Medical Director
DL – Deborah Lockhart, Infection Prevention & Control Doctor
WM – William Moore, Consultant in Public Health Medicine
JR – Janice Rollo, Quality Improvement & Assurance Advisor
NR – Nichola Russell, Nurse Manager, Dr Gray's Hospital
SC – Steven Caie, Health & Safety Facilitator

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>Fiona Mitchell (FM) Leighanne Bruce (LB) Dawn Stroud (DS)</p> <p>AW invited and introduced Steven Caie – Health and Safety Facilitator to the Committee.</p>	
2	Minutes of last meeting 24 November 2020	<p>The minutes from 24 November 2020 were ratified by the Committee with 1 amendment:</p> <p>Remove CC (Caroline Clark) from list of attendees.</p>	
3	Action Tracker	<p><u>Meeting 24 November 2020</u></p> <p>4.1 Changes to Sector Reporting (Exception Reporting) Meeting was arranged between GJ / LB / GM / GP however had to be postponed. Will attempt to liaise electronically before the next meeting.</p> <p>4.2 Decontamination of Equipment – Education FR has discussed with Eleanor Binnie-McLeod regarding ARI. No updated from ASm regarding Moray CC feedback that discussions had been progressed and although this is not mandatory education it is essential. Reminders will be issued. Close action.</p>	

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3	Action Tracker cont.	<p>5.1 Sector Reports</p> <p>Acute - HAI Audits FR shared Illuminate report with GJ as requested. Close action</p> <p>Moray CHSCP – High – Outstanding Flooring Works Area at Seafield Hospital has been surveyed however outstanding works have not been taken forward. GM to investigate. No update, as yet, from GM</p> <p><u>Meeting 22 September 2020</u></p> <p>5.2 HEI Inspection Improvement Action Plan – update Version 4 of the Reporting template was tabled at the last meeting however further discussions are needed regarding the layout and expectations in reporting. This is ongoing.</p> <p>6.2 HAI Report to the HAIEC Antimicrobial Team (AMT) SBAR regarding Antimicrobial Consumption – discussion required as to which Risk Register this should sit on. VB / GJ will liaise with Mike Sevenoaks. This is ongoing.</p> <p><u>Meeting 23 July 2019</u></p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System LB and Ian Esslemont have not been able to meet due to COVID19. GJ asked for this to be focused on as requires to be progressed.</p> <p>AS will send an updated copy of the Action plan when available</p> <p><u>Meeting 22 January 2019</u></p> <p>5.1 Sector Report – Moray CHSCP - Shower Tray – Turner Hospital (from meeting 27 March 2018) Keep action open as a shared learning exercise will be performed by GP now that the works are completed. There has been no movement on this due to the pandemic.</p>	
4	Matters Arising	<p>4.1 Changes to Sector Reporting (Exception Reporting) GM raised issues with the Built Environment section and stressed that the Committee must be clear on what is expected from the Facilities and Estates report. GJ / LB / GM / GP to meet and discuss. Unfortunately the meeting had to be postponed. Will attempt to liaise electronically, finalise and send updated Sector Reporting template out to the HAI Leads before the next meeting.</p> <p>4.2 COVID Reflection – IPCT Service / Feedback GJ explained that this was an opportunity for sharing good / bad points and learning outcomes.</p> <p>The IPCT have produced a “Lessons Learned” list from Preliminary Assessment Group (PAG) and Incident Management Team (IMT) meetings.</p>	

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4	Matters Arising	<p>1. Testing - is not a substitute for correct Infection Prevention and Control (IPC) precautions; it creates a false sense of security. Vaccinations should be focused on.</p> <p>WM expressed concerns regarding the lateral flow testing within care homes and the number of negative results; the Health Protection Team (HPT) would not want to support further rollout of this testing across NHSG.</p> <p>DL shared these concerns adding these results are giving false reassurance.</p> <p>AW commented that this should be shared with Gareth Evans and the Safer Workplaces Group</p> <p>2. Leadership – although procedures have been put in place in many areas unfortunately when managers are absent staff revert back to behaviours pre pandemic. This has been witnessed on several occasions.</p> <p>3. Physical distancing – this is key within the work environment and outside of it. Staff must implement these rules.</p> <p>4. Pleas for staff to use the NHSG testing sites and not the site at the airport to ensure results are received timeously</p> <p>5. Clinical waste bins – ensure that the correct size is being used for the specific area. Cross contamination, especially whilst disposing of large items such as visors, could have occurred should the bin not be fit for purpose.</p> <p>6. Reiterate the message for staff “stay at home” even if experiencing mild symptoms of illness</p> <p>7. Teams should consider a “Safe to Work” check at start of day / shift to support staff affirming that they have no symptoms</p> <p>8. The moving of Services to enable better patient flow. Often the IPCT have not been involved if this has happened quickly. Please remember to involve the IPCT in all changes</p> <p>9. Certain specialties are not swabbing patients with pyrexia / cough due to these symptoms being considered part of underlying medical condition. Must swab!!</p> <p>10. Visitors to NHSG hospitals should be essential visitors only. There seems to be a reluctance to comply with Personal Protective Equipment (PPE) and physical distancing</p> <p>11. Safer Workplace – this seems to be largely embedded across NHSG</p> <p>12. Communication with patients to self-isolate on discharge from hospital. A leaflet is available from NHS Inform https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/communications-toolkits-and-leaflets/coronavirus-covid-19-communications-toolkit and patients should be advised of this or given one on leaving the ward</p> <p>13. Increased risk of transmission of SARS-COV when patients are moved constantly from ward to ward; this also includes patients who explore their surroundings</p> <p>14. Low staff awareness of atypical presentations of COVID-19 illness in the frail elderly population</p>	

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4	Matters Arising	<p>15. Pathways have been a challenge to implement and there is still work to be done. Any queries regarding pathways should be directed to the IPCT</p> <p>16. If Amber pathway patients become symptomatic they must be moved to the red pathway and PPE adjusted accordingly</p> <p>WM queried whether eye protection was still on the basis of risk assessment in care homes and Community hospitals even though changes have been made across NHSG.</p> <p>DL confirmed that Community hospitals are under NHSG and therefore should follow present guidance. Many do not want to risk assess and would rather overuse PPE to keep the message simple for staff.</p> <p>MJM reiterated that the colour coding of pathways should be dispensed with, it has a detrimental effect. GJ agreed that this may yet happen – HPS are evaluating. A discussion was had on all patients being considered red however WM did comment that this would be hard to implement within a care home setting.</p> <p>17. Car sharing should be avoided if at all possible. Guidance is available to reduce the risk if this is not viable</p>	
5	Standing Items <p style="text-align: right;">Item 5.1</p>	<p>Sector Reports</p> <p><u>Acute</u> FR spoke to the Committee of the key issues within the report</p> <ul style="list-style-type: none"> • COVID19 Social distancing remains a concern across many clinical areas due to space and especially with regard to available staff break out areas. Nosocomial spread and recent outbreaks across many wards is impacting on patient wellbeing. Impact of staff absences. Mixed communication regarding eye protection usage is leading to breaches in PPE and staff having to self-isolate. Increase in patient movement across multiple wards due to capacity and alignment of COVID areas. Identification of amber pathway beds. Increase in COVID red pathway beds and some areas half amber / half red pathway beds; this is causing increased risk of staff segregation across 2 pathways. • Mandatory Training Divisions are aligning staff to correct areas and working on TURAS reporting. Increase in training compliance rates in most areas although still some data cleansing required regarding reports to ensure accuracy. • Scrutiny Guidance required on completion of HAI Audits and use of DATIX; reporting now available on Illuminate. <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Very High - Ward 112 – PPE eye protection issue This has resulted in significant staff contacts and isolation and has impacted on service delivery. Ward closed 6/1/21. Managed under IMT with identified actions. Staff began returning to work 8/1/21.</p>	

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		<p>1 b) Very High – Multiple COVID cluster outbreaks Managed under IMT with identified actions. Ward closure for isolation period of 14 days. Staff isolation resulted in workforce challenges. Patients were moved to Red pathway areas. Domestic support was received for deep cleaning.</p> <p>The Committee discussed the need for reiteration of key infection control measures and the potential for outbreaks due to overcrowding and shortcuts being taken with PPE.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Divisional Teamwork to support absence of staff in Ward 112 following high number of staff self-isolating Including Ward 114, CNS support, PEF support , Unit and Divisional triumvirate support • Safer workplace action plans in place in Unscheduled Care • COVID areas – minimal staff impacted by COVID positive tests – good adherence to PPE <p><u>Children’s Services</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Low – AMH Theatre 2 ventilation Air changes are not adequate amounting to only 10 changes per hour when this should be 22-25 to effectively disperse COVID. Mitigated risk by using Theatre 1 for patients requiring general anaesthetics.</p> <p>1 b) Low – Neonate COVID testing This is being commenced however there is only 1 isolation room within the unit; this could become an issue in the event of more than 1 neonate tests positive. Babies may need to be cohorted. Liaising with IPC regarding patient placement.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Staff break areas – risk of COVID spread There is regular auditing of the spacing within these areas and additional areas are being explored. Ongoing monitoring in place.</p> <p><u>Women’s Services</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Summerfield Ward AMH – water ingress These issues continue resulting in bed closures. Work on the roof is planned for January 2021. Contractors will require 4 weeks to complete the task and be undertaken in 5 phases; this will result in ongoing closure of beds.</p> <p>1 c) High – Safer Workplace walk rounds These have identified staff changing areas as unable to support physical distancing however a large area on the 3rd floor of Aberdeen Maternity Hospital (AMH) has been identified as a changing area and is in operation.</p>	

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5	Standing Items cont. Item 5.1	<p>1 d) Medium - Adherence to Hand Surveillance policy It has been highlighted that it is important to maintain this during the pandemic. New staff are required to undertake this; areas to identify staff members to undergo training.</p> <p>1 e) Medium – Introduction of COVID testing for admissions to divisions >24 hours This has been rolled out quickly. Liaising with Highland Health Board.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Since Community midwives have been offering pregnant women the Flu vaccine there has been a significant increase in uptake; have now surpassed the National target of 75% Shire = 88% and Moray = 83% <p><u>Aberdeenshire H&SCP</u> No report was received</p> <p><u>Aberdeen City CHP</u> No one was available to attend the meeting therefore this report was not discussed</p> <p><u>Facilities</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Low – Ward 204 Project works Ongoing works continue to remove unused showers and create a dedicated wet room. IPC continue to be involved</p> <p>1 b) Low – Ward 305 and 306 – Total Viable Count (TVCs) identified High TVCs have been identified despite being fully occupied. Maintenance will carry out Increased daily flushing for 1 month increase water turnover; sampling will then take place. If levels continue, disinfection of the system will be required and the ward decanted.</p> <p>1 c) Low – Neonatal Unit Showers GP feedback that these works have now been completed. Subsequent testing for Pseudomonas was carried out at a sink in a non-clinical area which returned a positive result; a blended outlet has been replaced. An outlet in the milk room also returned high TVCs and has been disinfected. System has returned to normal and issue has now been closed.</p> <p>There are other ongoing Water and Ventilation issues noted in the report that could potentially be closed however GP feedback that the pandemic was hindering progress and closure.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • GJ acknowledged the training statistics for period 15/7/20-26/10/20 however commented that this did not give the Committee enough assurance for Facilities and Estates due to the number of staff working within NHSG not being shown in relation to staff trained. GP replied that this was difficult to obtain. 	

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5	Standing Items cont. Item 5.1	<p><u>Moray (CHSCP)</u> No report was received</p> <p><u>Dr Gray's</u> No report was received</p> <p><u>Mental Health</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Recent Outbreak of COVID19 - Face Masks In a recent outbreak it was found that staff were not always wearing the correct Personal Protective Equipment (PPE) (face masks) during handovers or in break areas. Communication has been sent to all areas to reiterate to staff the importance of this. A letter has also been sent from the Head of Service to Chief Nurses reminding them of their responsibilities and conduct.</p> <p>1 b) Medium – Lack of changing facilities There is a lack of facilities on the Royal Cornhill Hospital (RCH) site for staff to change in / out of uniforms before / after their shifts. Staff working within “red areas” or using public transport are required to use changing facilities. It has been agreed that staff working in the “amber pathway” can travel whilst in uniform if their journey is direct and must change as soon as they arrive home. Staff working in the “red pathway” or using public transport will be expected to use the changing areas available on site. This will minimise congregation of staff in the limited space available.</p> <p>1 c) High – Use of eye protection due to ocular transmission of COVID19 This commenced 7 January 2021. Reports have been received from staff regarding feeling claustrophobic and panicky whilst using visors. Goggles unable to be ordered as out of stock 8 January 2021. Goggles require to be ordered ASAP as supplies on site are limited. A large order of visors has been made and awaiting delivery. Advice and support regarding the wellness of staff has been sought and processes put in place to support staff. This issue should be resolved in due course.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Mental Health & Learning Disabilities (MH&LD) would like to acknowledge the continued support and input provided by the IPCT. • Staff asymptomatic surveillance testing in going well and the Lateral Flow Testing (LFT) is also being made available to all staff • Peer Flu Vaccine Programme in progress and working well • The local IPC HAI Sub Group meeting is to move to alternate days each month to assist with attendance from key Group members 	

