

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

**Minutes from meeting held 22 September 2020**  
**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  
**LB – Leighanne Bruce**, Acting Technical Lead Infection Prevention & Control Nurse  
**GP – Gavin Payne**, General Manager, Facilities & Estates  
**FR – Fiona Robertson**, Chief Nurse  
**LO – Linda Oldroyd**, Interim Chief Nurse  
**DS – Dawn Stroud**, Senior Infection Prevention & Control Nurse  
**DL – Deborah Lockhart**, Infection Prevention & Control Doctor  
**VB – Vhairi Bateman**, Infection Prevention & Control Doctor  
**LB – Leighanne Bruce**, Acting Technical Lead Infection Prevention and Control Nurse  
**RW – Becky Wilson**, Infection Prevention & Control Doctor  
**MJM – Malcolm Metcalfe**, Deputy Medical Director  
**ASm – Alison Smart**, Service Manager  
**JR – Janice Rollo**, Quality Improvement & Assurance Advisor  
**NH – Neil Hendry**, Operational Lead Nurse

**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	<b>Introduction and Apologies</b>	<p>Apologies were received from :</p> <p>Caroline Hiscox (<b>CH</b>) Julie Warrender (<b>JWa</b>) Noha El Sakka (<b>NE</b>)</p> <p>GJ welcomed Allana Spence – Nurse Manager to the Committee and thanked Shona Sinkins for her attendance and participation in the Committee over the years.</p>	
2	<b>Minutes of last meeting 26 November 2019</b>	<p>The minutes from 21 July 2020 were ratified by the Committee with 3 amendments:</p> <p><b>Item 4.7 - Water Safety Feedback</b> Remove the wording “it is thought that” (page 5)</p> <p><b>Item 5.1 - Sector Reports – Acute</b> <b>1 c) Low Level of air exchanges in procedure rooms within Women’s Day Clinic</b> Amend wording in 2nd paragraph (page 5)</p> <p><b>Item 5.2 – HAI Work Programme</b> Amend GK to GJ (page 11)</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
3	Action Tracker cont.	<p><b><u>Meeting 21 January 2020</u></b></p> <p><b>4.2 HEI Inspection Plan Update</b> NH still to submit Aberdeenshire HSCP ToR to the Committee. These will be sent this week as soon as comments have been taken into account regarding the flowchart.</p> <p><b><u>Meeting 24 September 2019</u></b></p> <p><b>5.1 Acute – Water Systems Renal Units</b> FR updated that Dr Gray’s dialysis refurbishment work had commenced. The unit is due to move into the Surgical area 27/9/20 with the completion estimated as end of December 2020 No dates for the other satellite refurbishment as yet. Banff is likely to be the next. Close this action as the original action has been completed.</p> <p><b><u>Meeting 23 July 2019</u></b></p> <p><b>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 3 – Flushing of Water –Roles and Responsibilities</b> FS and Michael Black have completed the flushing records and Toolbox Talks however there is now pending National guidance – this will be discussed and actioned by the Water Safety Group (WSG). Close this action as the original action has been completed.</p> <p><b>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System</b> LB and Ian Esslemont have not been able to meet due to COVID19. GJ asked for this to be focused on.</p> <p><b><u>Meeting 22 January 2019</u></b></p> <p><b>5.1 Sector Report – Moray CHSCP - Shower Tray – Turner Hospital (from meeting 27 March 2018)</b> Keep action open as a shared learning exercise will be performed by GP now that the works are completed</p>	
4	Matters Arising	<p><b>Item 4.1</b></p> <p><b>HEI Inspection – Woodend Unannounced HEI Visit 11 – 13 August 2020</b> JR informed the Committee that the draft report was due 25 September 2020; comments to be made and sign off must be by the 7 October 2020. The final report will be published on 20 October 2020. JWa has already begun the Action Plan.</p> <p><b>Item 4.2</b></p> <p><b>HAI Risk Matrix</b> LB compiled an SBAR which was sent to MJM for comment. The SBAR explained that NHSG currently uses the NHS Scotland core risk assessment matrices (also referred to as the 5 x 5 matrix). Discussions at various forums, involving the Tactical Leadership Team (TLT) have taken place and these discussions acknowledged that risks, on occasion, could be over assessed or inflated therefore the use of the HAI Risk Matrix could be more beneficial. When using this matrix on reported issues that remained live between May and September 2019, of the 14 original issues there was</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
4	Matters Arising	<ul style="list-style-type: none"> <li>• a reduction in risk consequences for 5 reported issues (36%)</li> <li>• the status quo in risk consequences for 8 reported issues (57%)</li> <li>• an increase in risk consequences for 1 reported issue (7%)</li> </ul> <p>LB suggested that if the Committee were happy to progress with this change in reporting that she, herself, would be available to assist other Sector Leads in re-vamping their sector reports.</p> <p>MJM agreed that this was an improvement to the previous way of risk assessing and stated this should be embedded as soon as possible to provide more meaningful reporting.</p> <p>The Committee agreed to adopt the new way of reporting.</p>	
5	Standing Items  <div style="text-align: right;">Item 5.1</div>	<p><b>Sector Reports</b></p> <p><u>Acute</u></p> <p>FR informed the Committee that there were issues that had arisen that were not included in the report</p> <p><b>a)</b> At present there are individual HAI meetings for each Division within Acute. Would it be preferable to have one Acute HAI meeting instead and if so, how would this be progressed? Each Division would then submit a Sector Report to the Committee. GJ will liaise with CH and confirm that this to be the new way of working moving forward.</p> <p><b>b)</b> The issue of dust in the Yellow Zone has prompted feedback at Executive level. Ophthalmology has been moved but there are still concerns surrounding the potential infection risk. GP replied that there has been no update on the Yellow Zone ventilation issues as yet. An infrastructure survey report is expected towards the end of October; once this is received a plan can then be formulated and moved forward.</p> <p><b>c)</b> Non Invasive Ventilation (NIV) patients on an Amber pathway and receiving Aerosol Generating Procedures (AGPs) some are still being seen within the Infection Unit however the staff who have the skill set to look after these patients are based within Ward 107. Ongoing discussions being had. Christine Hemming, DCD Medicine, has raised at Acute Leadership Team meeting and communication with IPCT colleagues for advice on NHSG approach to changes in AGP admissions and possible pathway changes.</p> <p>LB suggested that the newly received COVID Addendum could help risk assess patients – a decision needs to be taken Nationally.</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 j) Medium – Flooring condition on entrance to the Emergency Care Centre (ECC)</b> There seems to be a continual issue with flooring. This has been raised with Ian Esslemont as both a Health and Safety (H&amp;S) and HAI risk. FR has asked Judith McLennan to raise at the next Acute H&amp;S meeting due to potential trip hazard.</p> <p>GP suggested that for serious issues the contractor could be diverted to deal or interim repairs be made. GP will liaise with Ian Esslemont and provide support to enable progress.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	<p>Standing Items cont.</p> <p>Item 5.1</p>	<p><b><u>Aberdeenshire H&amp;SCP</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Legionella found at Jubilee Hospital during routine water testing</b>  A Preliminary Assessment Group (PAG) meeting was held. Risk control measures were put in place – showers and baths were not permitted and bottled drinking water was supplied.  There was confusion over flushing and no records could be found. This has now been rectified and all records will be signed.  Levels are now back within range and risk control measures have been lifted. Testing of water outlets will continue for the next 3 months</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 d) Medium – 6 monthly audits being re-established</b>  Audits have been completed and uploaded. HMP YOI still to complete</p> <p>NH also confirmed that the risk surrounding the car park at Fraserburgh Hospital had been removed as all works complete.</p> <p><b><u>Aberdeen City CHP</u></b>  JWa was unable to attend the meeting and the report was not discussed</p> <p><b><u>Facilities</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) New Healthcare Waste Contract</b>  GPo feedback that NHSG has now gone live with the new Tradbe contract 7 September 2020 however there have been changes to the waste streaming practices across NHS Scotland and therefore no sharps bins or orange waste should be sent to Tradbe at present and must be kept in-house. There have been some teething problems but overall the service has been going well.</p> <p><b>1 c) Pre-Acceptance Audits</b>  These are required to be carried out on all waste producers. Some members of staff have volunteered to be trained auditors, but as we require to audit every wards and department in every hospital, health centre and all community premises (Pharmacies, GP's, Dentists etc.) over the next 12 months, so more staff will be required to be trained to facilitate the audits.</p> <p><b>3 Areas of Achievement / Good Practice</b>  GJ asked if the training statistics could be shown as a percentage. GP will ask someone to look into this.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont. Item 5.1	<p><b><u>Moray (CHSCP)</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – Outstanding Flooring Works</b>            Outstanding works have been postponed at Seaford Hospital; this has been escalated to Moray management Team, Moray Clinical Governance Group and the NHSG IPCSC.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Medium – Sinks and Taps in Clinical Areas</b>            Notices and risk assessments in place. Is already on the Moray risk register.</p> <p><b>2 b) High – Flooring in Community Hospitals</b>            This is progressing at Turner Hospital</p> <p><b>2 d) Medium – New Moray Management Arrangements</b>            issues with access to reporting on various systems (TURAS / Illuminate / CAT) due to the transition to a new management structure. ASm suggested that compliance sits at approximately 92% but this figure has been produced manually.</p> <p><b>2 g) Medium – Lack of face Fit Testers</b>            This has been highlighted by the COVID19 pandemic. At present on 1 member of staff is a trained face fit tester; the aim is to have 4 staff members trained by October 2020.</p> <p>GJ asked if any of the Committee had any ideas on how to improve attendance at the HAI Sub Group meetings' this needs to be addressed.</p> <p><b><u>Dr Gray's</u></b>            No report received.</p> <p><b><u>Mental Health</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – Lack of Beds for Boarders</b>            The Eden Unit (eating disorders unit) are concerned with regard to accepting adult mental health boarders when there is a lack of beds within the hospital due to COVID19. An SBAR has been completed which suggests that all staff and patients should be COVID tested on a regular basis. This has been submitted at various Groups for comment.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) Low – Flushing regimes</b>            There is the potential for flushing to be missed when wards are decommissioned for refurbishments therefore <b>all</b> such wards are to have a flushing regime in place 2 weeks prior to closure.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p><b>3 Areas of Achievement / Good Practice</b></p> <ul style="list-style-type: none"> <li>• Assurance walk rounds have recommenced and there are more planned moving forward.</li> <li>• HEI audits have been arranged to commence in September 2020</li> </ul> <p>ASp also informed the Committee that TURAS reporting was still an issue for Managers</p> <p><b><u>HAI Education Group</u></b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) High – Tissue Viability</b>  How to promote tissue viability training for all staff but especially those working on wards where there is a higher risk of pressure sores occurring. The use of “sound bites” is planned to deliver the relevant education / information. Training can also be accessed through the Standard Infection Prevention and Control Education Pathway (SIPCEP) guidance and FAQs (which are in development) via the Intermediate Layer where there is a tissue viability module and associated resources.</p> <p>The Aseptic Non Touch Technique (ANTT) Short Life Working Group (SLWG) has been on hold due to the COVID pandemic. It was decided to allow NHS Education for Scotland (NES) to update 3 of the Aseptic Touch Technique (ATT) modules for the SLWG to comment on before these went live on TURAS. Once this has been finalised NHSG will move forward with the rollout of the change from ANTT to ATT.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 e) Medium – Training for Domestic Support Services (DSS)</b>  The Clinical SIPCEP modules contain too much medical terminology but as DSS staff work in clinical areas and with patients the non-clinical SIPCEP modules are not sufficient. Domestic Services have commenced a phased approach to training being delivered online rather than face to face. A trial has taken place in Peterhead however access to IT systems remains challenging</p> <p><b>2 f) Medium - Concern that not all NHSG staff are aware of Mandatory IPC Education</b>  NES have asked to be able to share the NHSG flowchart with the SIPCEP Advisory Group. DS has spoken with Sabine Nolte and will forward the flowchart to the Group.</p> <p><b>2 h) Low - Corporate Induction Delivery in Elgin by IPC Team</b>  DS suggested that this be removed as this training is now online. The team will continually review the content of the presentation and update if necessary.</p> <p><b>2 i) Very High - COVID19 PPE Training Sessions</b>  This risk level can be reduced as training is underway.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p><b><u>Infection Prevention &amp; Control Team (IPCT)</u></b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Low – Approved waste containers are not being used consistently within Community</b> Information being received that not all Healthcare Workers (HCWs) are consistently using UN approved containers for transporting infectious waste from home settings to clinical bases. Neil Duncan has been made aware. Additions to the Waste Segregation Chart may be considered. Community Teams may require to review safe systems of work</p> <p><b>1 b) Low – Birthing Pool at Inverurie Community Birthing Unit temporarily out of service</b> Incident Management Team (IMTs) held and are still in progress however conclusions have been made that there was no definitive sepsis or infection; however drainage system may require modification</p> <p>IPC investigations have been undertaken and results have required the application of risk control measures to be implemented for other outlets within the building due to high Total Viable Counts (TVCs)</p> <p><b>1 c) Low – Legionella identified at Rothieden – Jubilee Hospital, Huntly</b> Control measures were put in place, PAG held 3 September 2020 root cause identified and actions undertaken. Water will be tested monthly for 3 months.</p> <p><b>1 d) Unannounced HEI Inspection – Woodend General Hospital</b> An Action Plan will be commenced when the final report is received</p> <p><b>1 e) PPE Champions support</b> This ended 16 September 2020. Health &amp; Safety have submitted an options paper to the Operational Response Team (ORT); await outcome</p> <p><b>1 f) COVID19 Outbreaks / Clusters</b> Any NHSG staff who have been identified have been followed up as part of the Test &amp; protect process. Occupational Health Service (OHS), Health Protection Team (HPT) and the IPCT have collaborated throughout. Lessons learned have been presented to the Clinical Governance Committee in August 2020. IPC have actively participated in the City Cluster IMT which concluded 8 September 2020.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High – COVID19 response has paused or altered IPCT work streams</b> This may impact on the HAI Work programme for 2020/21 and completion of outstanding actions. Business continuity response and service recovery are now underway coinciding with remobilisation of work streams locally and nationally. Waiting for Scottish Governments (SGHD) to advise on recommencement of national surveillance which was paused due to the COVID pandemic.</p> <p><b>2 c) Very High – Increased incidence of Ophthalmitis cases within Eye Outpatient Department (EOPD)</b> IMTs have been held and are ongoing and IMT report has been submitted to the HAI Executive Committee for the Board to consider recommendations; however the latest case is thought to have no connection with previous cases within the EOPD.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p><b>2 d) Medium – Cardiac Catheterisation Suite Ventilation</b> VB informed the Committee that issues have been identified and will be dealt with prior to patient's being seen within the area.</p> <p><b>2 f) High – High Consequence Infectious Disease (HCID) unified Personal Protective Equipment (PPE) ensemble is changing</b> Risk rating amended to high. Agreed ensemble will now be for both Contact and Airborne spread organisms. 6 monthly training programme has been proposed and will include Ward 111, Intensive Care (ICU), Theatre teams and Emergency Departments at Aberdeen Royal Infirmary (ARI) Dr Gray's (DG) and Royal Aberdeen Children's Hospital (RACH). LB is composing the Implementation Plan and the PPE cell will take this forward once complete.</p> <p><b>2 g) Medium – Eye Outpatients Department (EOPD) raised TVC counts within samples from blended water outlets</b> Disinfection of water system undertaken September 2020 and further samples will be obtained after this.</p> <p><b>2 i) Medium – Issues regarding NHSG cannot accrue IPC Training figures</b> Managers now have reporting functions. Remove from report for next meeting.</p> <p><b>2 j) Medium – Inability to collate training figures following Standard Infection Prevention and Control Pathway launch</b> Managers now have reporting functions. Remove from report for next meeting.</p> <p>2 k) Medium – Local Screening Methicillin-Resistant <i>Staphylococcus Aureus</i> (MRSA) CRA compliance dropped last Quarter to 82%</p> <p><b>2 l) High - Decontamination of Semi- Invasive Ultrasound Probes</b> There has been improvement however being used now is the Tristel 2 step wipe method rather than the 3 step. Report available, hopefully, for the next meeting.</p> <p><b>2 p) Medium – Raised TVCs in Ward 217 blended water supply</b> Water Safety Audit undertaken September 2020. Almost ready to close risk</p> <p><b>2 q) Medium – Elevated Legionella counts Forres Health Centre</b> Repeat sampling required for assurance. IMT will meet again. Ongoing</p> <p><b>3 Areas of Achievement / Good Practice</b></p> <ul style="list-style-type: none"> <li>• HAI Audit Tool upgrade is in progress and should hopefully be launched (under a different name) by December 2020</li> </ul> <p><b>Item 5.2 HEI Inspection Improvement Action Plan – Update</b> This is from the Inspection of the Community Hospitals in August 2019. GJ will send out the document and template for updates still required</p> <p><b>Item 5.3 HAI Work Programme (for information)</b> GJ informed the Committee that a meeting of the HAI Work Programme Delivery Group will be organised shortly to discuss how the Group will meet moving forward. The HAI Work Programme will become a “live” document on Teams so that it can be updated in real time.</p>	GJ

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	<p>Standing Items cont.</p> <p>Item 5.4</p> <p>Item 5.5</p>	<p><b>Risk Register</b></p> <p><b>Risk ID 2654 - IPC Team's inability to provide through HAI Scribe too all built environment projects across NHS Grampian.</b> This has been escalated and a request made for more IPC support.</p> <p><b>Risk ID 2528 – Staff's inability to complete mandatory training</b> This should be present on all Sector's Risk Registers; if not please add</p> <p>LO suggested that this should be an organisational risk. AW suggested that GJ contact Mike Sevenoaks to discuss and perhaps this is an opportunity to invite him to future NHSG IPCSC meetings.</p> <p><b><u>HAI Executive Group Update</u></b> No recent meeting held therefore no update at this time.</p>	
6	<p>HAI Report to Clinical Governance Committee / Board</p> <p>Item 6.1</p> <p>Item 6.2</p>	<p><b>HAI Report to the Board (HAI-RT)</b> The August 2020 report was submitted.</p> <p>No issues were noted. The Committee were happy with the content and ratified the report.</p> <p>GJ feedback that the HAI Executive Committee were still keen to present the report in a different format so that it is more informative / easier to understand for non-clinical Board members. Once changes have been made it will be sent to the Committee for comment. GJ also reported that it may be an option to submit certain validated National data at an earlier date. Will liaise with JB</p> <p><b>HAI Report to the HAI Executive Committee (HAIEC)</b> Issues to be escalated:</p> <ul style="list-style-type: none"> <li>• Awareness that HAI Risk Matrix is now being used to consider risk level in the Sector Reports submitted. SBAR written by LB to be put on the Agenda for the next meeting 21 October 2020</li> <li>• Flooring issues within the Emergency Care Centre (ECC)</li> </ul> <p>AW suggested that the flooring issues were a health &amp; safety risk as well as being an Infection Control risk so why has this issue not been escalated via the local Health &amp; Safety Groups?</p> <p>FR confirmed that she has spoken with Judith McLennan – Divisional General Manager regarding escalation.</p> <p>GP stressed that NHSG does not have specific capacity for flooring but maintenance and repair are completed on a priority basis and logging these issues with the helpdesk to ensure they are input into the system is important.</p> <ul style="list-style-type: none"> <li>• Antimicrobial Team (AMT) SBAR regarding Antibiotic Consumption. Discussion needed as to which risk register this should sit on. GJ / VB / Mike Sevenoaks will liaise.</li> </ul>	<p>GJ / VB</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
7	<p>AOCB cont.</p> <p>Item 7.1</p> <p>Item 7.2</p> <p>Item 7.3</p> <p>Item 7.4</p>	<p><b>NHSG tactical Plan of Action – Living with COVID Objective Workbook v2</b> This was submitted to the Committee for information and to ensure awareness</p> <p><b>COVID19 IPC Guidance Final 20/8/20</b> This was submitted to the Committee for information and to ensure awareness</p> <p><b>Incident management Team Reporting</b> GJ reported to the Committee that the IMTs and their reporting was being trialled on DATIX however there were issues with compatibility therefore they are now being trialled on PALS.</p> <p><b>Antimicrobial Management Team (AMT) Activity and Antibiotic Consumption during COVID-19 pandemic SBAR</b> The Committee are asked to</p> <ul style="list-style-type: none"> <li>• recognise and acknowledge that AMS activities will be limited at this time and local antimicrobial consumption figures are expected to rise</li> <li>• recognise the potential for increased HAI rates e.g. Clostridioides difficile and increased prevalence of drug-resistant organisms and address accordingly</li> <li>• align AMT activities to work with IPCT in terms of mitigating identified outbreaks.</li> <li>• consider adding these concerns to the relevant risk register</li> </ul> <p>LB commented that NHSG should recognise the potential for increased HAI rates during the COVID19 pandemic. DL replied that Extended Spectrum Beta Lactamase (ESBL) activity had picked up however she hadn't noticed a rise in multi-drug resistant organisms (MDROs).</p> <p>If the content of this paper is acknowledged now, then in the future the Committee can confirm that were aware of potential issues due to the COVID experience. The Committee agreed to ratify the SBAR and will escalate the document to the HAI Executive Committee (HAIEC). Please narrative above under Item 6.2.</p>	
8	<b>Date of Next Meeting</b>	24 November 2020, 10.00 – 12.00 via Teams	