

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

**Minutes from meeting held 23 March 2021
Via Teams
10.00 – 12.00**

Present:

GJ – Grace Johnston, Interim Infection Prevention & Control Manager (**Chair**)
LM – Leonora Montgomery, Public Forum Representative
AW – Andrew Wood, Health and Safety Specialist / Risk Management
CC – Caroline Clark, Chief Nurse, Combined Child Health
DL – Deborah Lockhart, Infection Prevention & Control Doctor
VB – Vhairi Bateman, Infection Prevention & Control Doctor / Chair of the Antimicrobial Management Team (AMT)
WM – William Moore, Consultant in Public Health Medicine
JR – Janice Rollo, Quality Improvement & Assurance Advisor
DV – Diane Vass, Nurse Manager, Dr Gray's Hospital
FM – Fiona Mitchell, Senior Charge Nurse, Elderly Services
NH – Neil Hendry, Operational Lead Nurse, Aberdeenshire HSCP

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>Juliette Laing (JL) Linda Oldroyd (LO) Fiona Robertson (FR) Dawn Stroud (DS) Gavin Payne (GP) Gillian Poskitt (GPO)</p>	
2	Minutes of last meeting 12 January 2021	<p>The minutes from 12 January 2021 were ratified by the Committee with 2 amendments under 4 Matters Arising – COVID Reflection – IPCT Service / Feedback</p> <p>4. Change the word Pleas to Plea</p> <p>13. Change the wording “risk of infection” to “risk of transmission of SARS-COV”</p>	
3	Action Tracker	<p><u>Meeting 24 November 2020</u></p> <p>4.1 Changes to Sector Reporting (Exception Reporting) Discussions have not yet taken place between GJ / LB / GM /GP.</p> <p>LB’s suggestions on the layout of the report have been progressed and the template updated.</p>	

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3	Action Tracker cont.	<p>4.2 Decontamination of Equipment – Education The action remains for ASm to progress this for Dr Gray’s Hospital (DGH). DV offered to take this forward.</p> <p>5.1 Sector Reports</p> <p>Moray CHSCP – High – Outstanding Flooring Works GM investigated. Project Team obtained costs and advised service however a completed Project Request Form has not been submitted for the works. Update required.</p> <p><u>Meeting 22 September 2020</u></p> <p>5.2 HEI Inspection Improvement Action Plan – update This will be discussed under matters Arising Item 4.1.</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. The HAI Investment list is currently being updated by Estates and when complete they will advise</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) Version 5 of the Sector Reporting Template was tabled for the Committee’s feedback. The information required will provide assurance to the Board. This needs to be embedded as soon as possible.</p> <p>AS will provide DV and FM with the email that was sent some time ago explaining the need for exception reporting, as at the time, they were not members of the Committee</p> <p>GJ explained the changes in layout and what was expected for each section of the report, highlighting the importance of sections 3 and 4 to ensure compliance is being met.</p> <p>The Committee ratified the template and AS will send the final version to the HAI Sub Group Leads for onward dissemination at local meetings.</p> <p>4.2 HAIRT Local / National Reporting discussion GJ explained that the HAIRT now comprises of 2 reports: one detailing local data, which still requires to be ratified by the NHSG IPCSC and the other detailing National data which continues to show information from the previous quarter (3 months behind). The National report will be sent to Committee Chairs for distribution at Governance meetings once the data has been published.</p>	<p>AS</p> <p>AS</p>

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4	Matters Arising	<p>GJ asked the Committee for their feedback on the reports.</p> <ul style="list-style-type: none"> • DL replied that it seemed useful to split the reports however it may be difficult to ratify the local data if no raw data is available to view. GJ agreed with the point made but stressed that there must be an element of trust where this data is concerned. • LB suggested that perhaps the National HAIRT should be named the NHSG National HAIRT as just “National” could be seen as Scotland wide data? A discussion then took place and it was decided that the wording NHSG would be included in the title. • VB suggested that if reading the 2 reports together it could look like there was a problem in the national report that was not reflected in the local version. Always going to be an issue with the timeframes of the data. Perhaps comment or graph required to explain exceedance figures? DL highlighted the issues of trying to put data into a 1 page executive summary. Should say whether NHSG is a potential outlier or not rather than look at reporting above or below the National incidence rate. JR might be prudent to highlight the fact that comparison data is used. <p>GJ / VB / DL will discuss wording for future reporting.</p> <ul style="list-style-type: none"> • DL suggested a graph showing a timeline over a period of quarters. Visuals showing current state with National targets • LB suggested perhaps a graph showing local data with National data in the background. This would show “where we have been and where we are now” <p>GJ will progress all suggestions</p>	<p style="text-align: center;">GJ / VB / DL</p> <p style="text-align: center;">GJ</p>
5	<p>Standing Items</p> <p style="text-align: right;">Item 5.1</p>	<p>Sector Reports</p> <p><u>Acute</u> Report was submitted however representation was not able to attend to speak to the report</p> <p><u>Children’s Services</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Low – Medium – Ventilation System Dental Suite The ventilation system in the Dental suite is inadequate for Aerosol Generating Procedures (AGPs). Currently patients are being operated on in Royal Aberdeen Children’s Hospital (RACH) theatres. A Short Life Working Group (SLWG) has been established to look into solution as the suite is no longer fit for purpose.</p> <p>DL queried whether the SLWG included IPC representation? CC unsure but will chase up. This Risk should be moved to section 2.</p>	<p style="text-align: center;">CC</p>

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5	Standing Items Item 5.1	<p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 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>VB asked if Kath Sangster had been involved with the risk assessment (RA). CC confirmed. VB will follow up with KS, the IPCT and the Ventilation Safety Group. Risk level should perhaps be amended to High / Very High - requires investigation. GJ suggested that once this has been investigated it may be prudent to add this risk to the local Risk Register</p> <p>2 b) Low – Neonate COVID testing being commenced There is only 1 isolation room in the unit. In the event of there being more than 1 neonate testing positive babies may need to be cohorted. Will liaise with the IPC Team with regard to patient placement.</p> <p>3 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>LB informed the Committee that the IPCT are working closely with Projects colleagues in relation to ongoing projects within NHSG, however, a prioritisation system is being used regarding attendance at these meetings / discussions due to workload and the sheer number of projects currently ongoing.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Good uptake for peer to peer vaccinations. 2nd doses are now being administered <p><u>Women’s Services</u> No report was submitted.</p> <p><u>Aberdeenshire H&SCP</u></p> <p>NH feedback that there were no new issues to report however he would like some guidance from the Committee on a couple of points.</p> <p>1 New Areas of Concern raised by Divisions LB asked for Louise Dingwall’s name to be removed from the report.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Outbreak at Mintlaw Group Practice This has now been resolved and work has been completed to the built environment and physical distancing can now be maintained. Can this now be removed from the report? GJ confirmed that the ownership of the report belonged to NH and that the decision was his in respect of what should be reported.</p>	VB

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5	<p>Standing Items</p> <p>Item 5.1</p>	<p>2 b) Legionella Levels higher than expected during routine testing at Jubilee Hospital Risk control measures were put in place and staff were advised to use hand gel. Retesting has taken place in the affected outlet and in other outlets across the site. A Preliminary Assessment Group (PAG) meeting was held and after discussions risk control measures were lifted. NH asked VB if this could now be removed from the report? VB confirmed that there was nothing more to do and that this would now be followed up by the Water Safety Group (WSG); note that it has been dealt with, no concerns over patient safety.</p> <p>2 e) Turas reporting issues Remains an issue for Lead Nurses to pull one total report for Aberdeenshire. GJ asked for NH and other Lead Nurses to ensure they are able to view and pull reports for when an inspection is taking place. These figures will also be required for section 3 of the new reporting template.</p> <p>2 g) High – Level of input into HMP YOI Issues remain. Historic from inspection of prisons. Ongoing since June / July 2019. LB suggested there was not a lack of IPC input, it's substantive over the areas that IPC cover. Have Quality Assurance (QA) audits started? NH confirmed audits have started however this has been left on the report as issue not resolved. LB is happy to meet with NH and resolve issue before next meeting. LB / NH will liaise</p> <p><u>Aberdeen City CHP</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Additional beds opened in Stroke Rehab wards due to pressure in frailty pathway This involved converting a bay (being used for office space) back into a patient bay. Staff now feel there is a further reduction in space to enable social distancing. SBAR has been written. MDT to ensure recommendations have been carried out. There was a plan to close the beds as 6 patients have been discharged.</p> <p>1 b) Facilities and Estates walk round carried out of the public spaces within Woodend General Hospital (WGH) A number of issues were highlighted particularly around flooring and window ledges due to poor state of repair. Escalated and a detailed action plan will be followed up via the local HAI Sub Group.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Chipped paintwork on bed and toilet rails This is ongoing and poses an infection control risk as the equipment is unable to be maintained. RA to be completed once guidance is provided by IPCT. Plan is to assess all beds when Ward 16 closes and remove ones with chipped rails. Deputy Service Manager will liaise with Bed Team.</p> <p>2 b) Social distancing remains a concern due to lack of space Masks being worn where social distancing is not possible and also in all corridors. Daily reminder to staff in relation to hand hygiene and disposal of masks. External walk rounds have been undertaken and specific members of staff spoken to. Wards advised to purchase trolleys to avoid staff congregating at nurse's station. Staff asked to work differently. AHPs to plan workload with each other so not all present within the office space at the same time.</p>	<p>LB / NH</p>

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5	Standing Items cont. Item 5.1	<p>2 c) TURAS reporting issues This is ongoing, however, the movement of staff to Rosewell House has worsened the issue. Wards have been requested to pull reports to check for accuracy</p> <p>2 d) Medium – 6 Monthly HAI Audits being re-established Audits planned for end of April 2021; these are working well. If completed and action plans submitted appropriately this issue can be removed from the report for the next meeting.</p> <p>2 e) High – No clear person identified at the Health Village with oversight of auditing Walk round at the Health Village has been put on hold at present due to Operation Snowdrop. Named individual to attend the next HAI Sub Group meeting to provide assurance.</p> <p>2 f) High – Water flushing not being consistently recorded in WGH or the Health Village Consistent plan now in place and this can be removed from the report</p> <p>VB informed the Committee that the WSG were picking up this issue. Kevin Lackie to emphasise the need for recording of water flushing as this is done by Sub Hubco. With regards to ventilation the route of responsibility is to be explored. Ongoing concerns with regard to structure.</p> <p>2 g) If clinically well COVID19 patients may remain on the WGH site Some wards have had to operate red and amber pathways but have managed to separate changing rooms etc. safely. Wards have clear red pathway signage and access to scrubs and gowns.</p> <p>GJ asked whether unresolved actions are added to the local Risk Register. FM will investigate.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • One ward at WGH able to operate both red and amber pathways successfully • Links at WGH to trial rapid testing device. Communication ongoing with VB as to how data will be collected • Hand Hygiene audits have been compliant during outbreaks <p>Facilities No one was available to attend the meeting therefore this report was not discussed</p> <p>Moray (CHSCP) No report was received</p> <p>Dr Gray's</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Very High – Poor compliance with physical distancing in some departments This is particularly evident at nurses stations and doctors rooms / offices. Safer Workplaces completed an assurance visit. Stickers and posters have been updated and capacity on door posters are being progressed.</p>	

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		<p>PPE Champions and managers are receiving feedback</p> <p>1 b) Low – Refurbishment within Ward 7 – General Medical has commenced Commenced 15/3/21. This is to improve multi-bay facilities and safety throughout the ward. HAI Scribe completed. Works are expected to be ongoing for some time. DV will update the Committee as work progresses.</p> <p>1 d) High – Recent PAG showed poor completion of Patient Placement Tool (PPT) This involved patients with Escherichia coli (E. coli) and Extended Spectrum Beta Lactamase (ESBL). Action plan written and the meeting was positive. Work ongoing with wards to provide assurance around completion of paperwork. IPCT are providing support.</p> <p>Recent hand hygiene audit was non-compliant at 45%; this was discussed at the PAG. Ward to work on practical training sessions with the Glitterbug. Peer to peer hand hygiene audits to be recommenced.</p> <p>1 e) Medium – Inappropriate items left on patient meal trays These include facemasks. Trays to be cleared of all items except crockery and utensils. Nurse in charge will sign off trays returning to the kitchens for 1 month. Will be done for the whole of the hospital.</p> <p>1 f) High – Lack of changing facilities Safer Workplaces walk rounds raised this issue. Not sure of what can be done to mitigate this unless external accommodation can be found. Being taken back to the Safer Workplaces Group for advice on how to move forward.</p> <p>1 g) Medium – Difficulty to achieve quorate for DGH HAI Sub Group Next meeting is 24 march 2021 and it is hoped the attendee numbers will rise. May consider amalgamating this Group with the Moray CHSCP HAI Sub Group. This is on the agenda to be discussed</p> <p>1 h) High – Nosocomial beds being utilised due to pressures on bed capacity The Standard Operating Procedure (SOP) written by Linda Oldroyd for ARI, has been used to create a procedure for DGH; this has still to go through Acute Sector Leadership Team (ASLT) for comment / ratification. Were previously at 4 beds, 1 bed removed for spacing requirements however, due to capacity, these beds have been used on occasion. GJ asked if this was a regular occurrence and DV confirmed that it was not. HAI Executive Lead is keen to be made aware of when / where this is happening across NHSG. GJ asked DV to inform her if this became a regular occurrence so that it could be feedback. LB asked for the beds not to be classed as “nosocomial”. VB stressed the point that the physical distancing of beds was not due to the COVID pandemic and was in fact to increase compliance with bed spacing as standard. Perhaps the use of the beds supposed to be removed should be reported on DATIX to show capacity issues.</p> <p>GJ will raise this issue at the HAI Executive Committee meeting 21 April 2021</p> <p>3 Mandatory HAI Education Training Compliance Figures Apologies but these were not available for this meeting. Will be provided for the next.</p>	<p style="text-align: center;">GJ</p>

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5	Standing Items cont.	<p>4 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Work commencing in General Medical ward • Workstations being created in different areas on some wards to reduce crowding in high use areas • Peer to peer immunisation – one more session due next week. Sessions have been well organised with a high percentage of staff being immunised • second lot of LFT kits being issued to staff • working with NHSG Face Fit Hub to ensure testing in DGH <p><u>Mental Health</u> No one was available to attend the meeting therefore this report was not discussed</p> <p><u>HAI Education Group</u> No one was available to attend the meeting therefore this report was not discussed (report was not updated as no HAI Education Group has been held)</p> <p><u>Infection Prevention & Control Team (IPCT)</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Very High – COVID19 clusters / outbreaks involving staff and patients These have continued throughout the second wave with 30 Incident Management Team (IMT) established which has equated to 80 - 90 meetings having been held since November 2020. This has resulted in multifaceted health service disruption, within multiple locations, impacting staffing levels in both non-care & care delivery teams therefore many descriptors used to show the impact on NHSG as a whole.</p> <p>1 b) High – Dr Gray’s HAI Subgroup have met minimally during 2020/21 DV now in attendance at the NHSG IPCSC and hopefully this will be rectified for the year 2021/22.</p> <p>1 c) High – HAI Work Programme for 2021/22 introduction will be delayed Met this week to explore the 2019/20 programme and since meeting have managed to achieve more work streams than anticipated, good news; however there are still some work streams to be migrated across to the 2021/22 Programme. Aiming to introduce the 2021/22 Programme by June. Important that the Committee are aware that due to the pandemic there was no Work Programme for 2020/21.</p> <p>1 d) For awareness – water Safety issues These (highlighted in grey) will be removed from this report and added to the Water Safety report.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – COVID19 response This has impacted on the IPC and organisational work streams which were paused / altered from February 2020 onwards. We await National guidance on when these will recommence.</p>	

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5	<p data-bbox="286 73 533 97">Standing Items cont.</p> <p data-bbox="573 236 667 260">Item 5.2</p> <p data-bbox="573 347 667 371">Item 5.3</p> <p data-bbox="573 735 667 759">Item 5.4</p>	<p data-bbox="734 100 1921 177">At this point LB was called regarding the arrival of the Healthcare Improvement Scotland (HIS) Inspectors to ARI to carry out an unannounced visit and had to leave the meeting The report was not discussed further.</p> <p data-bbox="734 236 1803 292">HAI Work Programme Delivery Group – Update GJ feedback that the report will be submitted for ratification at the next IPCSC meeting (25 May 2021).</p> <p data-bbox="734 347 1937 483">Risk Register Risk ID 2362 - Inability to decontaminate ultrasound probes in a dedicated decontamination room GJ has discussed with the Corporate Risk Advisor and this will be closed, added to the local Risk Registers and a SOP required.</p> <p data-bbox="734 515 1937 592">Risk ID 2654 - IPC Team’s inability to provide through HAI Scribe too all built environment projects across NHS Grampian. Work to be done has been prioritised so IPCT can focus on issues deemed as high risk to the Organisation</p> <p data-bbox="734 624 1798 679">Risk ID 2839 – New PPE for High Consequence Infectious Diseases (HCID) No further movement. Action plan to be developed. No National guidance has been rolled out as yet.</p> <p data-bbox="734 735 1921 962">HAI Executive Committee (HAIEC) – Update Meeting held 3 February 2021. This was the first meeting with June Brown as Chair. Issues were escalated from the last IPCSC meeting were:</p> <ul data-bbox="779 850 1727 962" style="list-style-type: none"> • Lateral Flow Devices can give false assurances. • Staff fatigue • Risk of Transmission rise; concern is that due to pressures IPC measures may lapse • Risk to staff and patients with changing pathways <p data-bbox="734 994 1904 1050">GJ commented that there have been many actions taken across the Organisation in response to these issues. Concerns raised from this meeting will be escalated to the next HAIEC to be held 29 July 2021.</p>	
6	<p data-bbox="286 1080 651 1128">HAI Report to Clinical Governance Committee / Board</p> <p data-bbox="573 1160 667 1184">Item 6.1</p> <p data-bbox="573 1272 667 1295">Item 6.2</p>	<p data-bbox="734 1160 1581 1216">Local HAI Report to the Board (HAI-RT) – January 2021 The new local report was tabled. The Committee were happy to ratify the report.</p> <p data-bbox="734 1272 1619 1327">National HAI Report to the Board (HAI-RT) – January 2021 The new National report was tabled. The Committee were happy to ratify the report.</p>	

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6	<p>HAI Report to Clinical Governance Committee / Board</p> <p style="text-align: right;">Item 6.3</p>	<p>HAI Report to the HAI Executive Committee (HAIEC) Issues to be escalated:</p> <ul style="list-style-type: none"> • Increased bed utilisation to be acknowledged DV suggested that DGH are trying to address this issue and would prefer to leave this escalation until the next meeting to gauge whether the situation improves. • LFD concerns potentially still ongoing • Built / Physical Environment issues that cannot be resolved, bed spacing, changing areas, physical distancing 	
7	AOCB	<p>For Information</p> <p>a) Mandatory Facemasks – Coverings within Healthcare settings during COVID19 Leaflet This has been disseminated via Control Rooms / Daily Brief / on IPC Intranet page and copies have been given to wards. Can be scanned via iPhones / iPads via the QR code</p> <p>b) ARHAI Scotland Lessons Learned Report 10/3/21 This comes out on a weekly basis. All IMTs are reported to a national database. Lessons learned are then shared to the ICM Managers Network and disseminated down across NHSG. Also goes to Safer Workplaces Group.</p> <p>If the Committee members have any suggestions on how this data could be more widely shared please let us know.</p>	
8	Date of Next Meeting	25 May 2021 10.00 – 12.00 via Teams	