

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

Minutes from meeting held 23 November 2021
Via Teams
10.00 – 12.00

Present:

GJ – Grace Johnston, Interim Infection Prevention & Control Manager (**Chair**)
CC – Caroline Clark, Chief Nurse, Combined Child Health
GP – Gavin Payne, General Manager of Facilities & Estates
VB – Vhairi Bateman, Chair of the Antimicrobial Management Team / Infection Prevention & Control Doctor
DL – Deborah Lockhart, Infection Prevention & Control Doctor
JL – Juliette Laing, Head of Decontamination and Linen Services, Decontamination Lead, Technical Services Sterile Services
WM – William Moore, CPHM, Public Health
AW – Andrew Wood, Risk Management Advisor, Corporate Health and Safety
DV – Diane Vass – Nurse Manager, Dr Gray’s Hospital
ASp – Allana Spence, Interim Nurse Manager, Old Age Psychiatry
JR – Janice Rollo, Quality Improvement & Assurance Advisor, Quality Improvement & Assurance Team
LB – Leighanne Bruce, Lead Technical Infection Prevention & Control Nurse
LM – Leonora Montgomery, Public Forum Representative
AL – Allison Lister, Nurse Manager, Moray
MJM – Malcolm Metcalf, Deputy Medical Director for NHS Grampian

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	No apologies were received	
2	Minutes of last meeting 21 September 2021	The minutes from 21 September 2021 were ratified by the Committee with no amendments	
3	Action Tracker	<p><u>Meeting 21 September 2021</u></p> <p>5.1 Sector Reports – MH&LD Issue of mould and staining to the showers. Dialogue with Estates regarding the works required; may be that new fitments are required therefore will be a project request. Advice required from Estates. GP advised that work has been started; shower heads have been cleaned and cracked tiles have been replaced. Will update regarding mould at next meeting.</p> <p>5.1 Sector Reports – All Issues continue with the pulling of reports from TURAS for reporting of mandatory training. GJ advised that those pulling reports should not click “Mandatory Training”, instead click “All” and then “Courses”. Close action. ASp replied that the system still only allows Managers to run reports on those staff that they manage.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
3	Action Tracker	<p><u>Meeting 13 July 2021</u></p> <p>6.1 Local HAIRT – July 2021 This is being complied at present and almost complete.</p> <p><u>Meeting 23 March 2021</u></p> <p>5.1 Sector Reports</p> <p>Children’s Services</p> <p>1a) Ventilation System Dental Suite. CC to confirm this will speak with Kath Sangster – Senior IPCN.</p> <p>2a) AMH Theatre Ventilation No update from VB</p> <p>Aberdeenshire CHSCP</p> <p>2 g) Level of input into HMP Young Offenders Institution (YOI) No update. GJ will liaise with NH.</p> <p><u>Meeting 24 November 2020</u></p> <p>5.1 Sector Reports</p> <p>Moray CHSCP – High – Outstanding Flooring Works No update. Claire Power to contact Leslie Duncan – Estates.</p> <p><u>Meeting 23 July 2019</u></p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System AS arranged meeting for 10/9/21 however this did not take place. AS will rearrange</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. GJ suggested that perhaps Toni Younie could assist? Will liaise with GP.</p>	
4	Matters Arising Item 4.1	<p>Draft Infection Prevention & Control (IPC) Standards Consultation GJ wished to make the Committee aware that the Standards have been reviewed and updated. The process for feedback end 7 December 2021; there is an open session 30 November 2021 that can be booked onto to participate in the feedback process.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
4	Matters Arising <div style="text-align: right;"> Item 4.2 tem 4.3 Item 4.4 Item 4.5 </div>	<p>Safer Workplace Update A report was submitted however no one was able to attend the meeting to talk to the report.</p> <p>Implementation of Winter Respiratory Guidance (WRG) This is to be implemented by 29 November 2021. COVID will be incorporated into “winter viruses”. There has been a Short Life Working Group (SLWG) set up around communication. The original Q&A sessions have been renamed “Awareness Sessions” and continue to be held. The sessions planned for 24 & 25 November 2021 will be set up by AS but booking will be facilitated by the Safer Workplaces Team.</p> <p>Winter Planning LB advised that going forward into Winter we must be cognisant that there will Norovirus cases occurring within NHSG. Staff must be aware of when to stay at home and not come to work during periods of illness and those who are unvaccinated (COVID) should be advised to accept the offer of vaccination.</p> <p>MJM raised the issue of cohorting all COVID cases together in single wards rather than them be present in wards across the hospital. LB replied that part of the IPC team’s investigations will explore with clinical areas when it is safe to cohort patients and reopen wards. Safety is key; early patient placement and triage is important to aid flow & capacity. MJM felt that the message was not getting through to staff and suggested that patients be classed as “red pathway” unless testing proves otherwise. LB replied that reliance on testing could prove dangerous and that staff need to be actively recognising symptoms and acting appropriately; the message to staff is apply the Patient Placement Tool (PPT) methodology for all patients. GJ reminded the Committee that the Red, Amber, Green pathways will no longer exist and that they will be replaced with respiratory & non respiratory under the new Winter Respiratory Guidance.</p> <p>Shared Learning IMT / PAG Process GJ suggested that there should be ways found to share learning to reduce transmission and outbreaks. Recurring themes identified from the above process include:</p> <ul style="list-style-type: none"> • staff attending work whilst classed as a household contact and awaiting PCR results (flowchart required?) • patients on wards not utilising Fluid Resistant Surgical Masks (FRSMs). Staff to continue encouraging patients and distribute the available leaflet • staff and patients removing FRSMs when inappropriate • patients moving about within bays • staff congregating in areas (reiterate guidance to staff) • over reliance on the use of lifts (over capacity) • declutter wards to aid cleaning process <p>Communication routes to convey guidance and support include:</p> <ul style="list-style-type: none"> • weekly System Connect meeting • daily Brief • ad-hoc routes (e.g. Clinical Governance Committee) 	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items <p style="text-align: right;">Item 5.1</p>	<p>Sector Reports</p> <p><u>ARI</u> A report was submitted however no one was available to attend the meeting</p> <p>Key issues – Mandatory Training (Nursing) Update</p> <ul style="list-style-type: none"> • Divisions are working on TURAS reporting of mandatory training with varied compliance and concerns regarding workload and sustainability in current pressures • Document shared with ARI HAI group re TURAS reports. Plan for L&D to attend meeting was cancelled and will be re-scheduled for a later date. <p>CPE/ MRSA compliance is less than the target of 90%. Staff workload and capacity noted as contributory factors.</p> <p>A more in depth report will be submitted for the January meeting.</p> <p><u>Children's Services</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Low – Expectations regarding the reinstatement of beds previously removed due to COVID spacing Expectations will be managed</p> <p>1 b) Medium - Inadequate cubicles in the ward during winter for respiratory illness leading to confusion about safe patient placement between DGH ED & Children's Ward Dr Gray's are not admitting babies. Conversation needs to be pragmatic regarding unsafe practices in patient placement. The IPC Team will provide a refresher for nursing staff.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 c) Medium - Numbers of mothers & babies requiring isolation in NNU due to COVID. Becomes high risk when there are AGPs as physical layout makes this difficult Kath Sangster – Senior IPCN will assist on a case by case basis</p> <p>3 Mandatory HAI Education Training Compliance Figures CC will send training figures after this meeting.</p> <p><u>Women's Services</u> No report was received and no representation available.</p> <p><u>Aberdeenshire H&SCP</u> No report was received and no representation available</p> <p><u>Aberdeen City CHP</u> A report was submitted however no one was available to attend the meeting</p>	<p style="text-align: center;">CC</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont. <p style="text-align: right;">Item 5.1</p>	<p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – General Assistant staff at Rosewell House require training on use of NHS products / cleaning schedules etc. in order to meet required standards. Training commenced and ongoing</p> <p>1 b) High - Advised to open three surge beds within Orthopaedic Rehabilitation Risk assessment in place. Staff advised to consider patient placement using the updated PPT.</p> <p>LB added that she was concerned that the risk assessment would be seen as acceptable to go against IPC advice and risk of infection.</p> <p><u>Facilities</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) TBC – Spynie Dental Unit – High Total Viable Counts (TVCs) TVCs were detected throughout, action plan is to tackle recommendations from RA, remove dead legs, flexible hoses, etc. Baseline sampling to be carried out and then repeated once works are complete. Incident Management Team (IMT) will be reconvened.</p> <p>1 b) TBC – Fraserburgh – High Total Viable Counts (TVCs) Flushing has been carried out. Sinks removed and capped. No further work to be undertaken until further sampling results have been received for the rest of the system. IMT will reconvene once these have been received. Temperatures are also being taken and will be compared with sample results.</p> <p>The following items will be removed from the report as complete</p> <p>2 b) High TVCs – Ward 305 & 306</p> <p>2 f) Inappropriate standard of Refrigeration - Ward kitchens</p> <p>2 I) Water Safety – Aberdeen Health Village</p> <p>GJ suggested the Water Report be appended to this meeting. GP will do so for the next meeting.</p> <p><u>Moray (CHSCP)</u> No report was received.</p> <p><u>Dr Gray's</u></p> <p>No new Areas of Concern were noted on the report.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 b) High – Ventilation in General Medical Ward found to be an issue Works are ongoing and should be completed by February 2022</p> <p>2 c) High – Hand Hygiene Audits show poor compliance A Problem Assessment Group (PAG) meeting has been undertaken to address</p> <p>2 d) Medium – Face Fit Testing A tester has been on site to test staff. Awaiting updates for staff who's status is about to expire.</p> <p>2 e) Medium – Varying compliance of patient's use of masks on wards Leaflets distributed to patients. Senior Charge Nurse (SCN) to observe, ensure discussion is had with patient on admission and that this noted in their care record.</p> <p>2 f) High – Breakdown of process through whole journey of a COVID positive patient including checks on entering Dr Gray's Reminder given to all Emergency Department (ED) staff and discussions had with Scottish Ambulance Service (SAS) regarding the breach.</p> <p>2 g) Very High – Poor compliance with physical distancing in some departments Safer Workplaces have completed an assurance visit. Posters / stickers have been updated. Management is receiving feedback.</p> <p>2 i) High – Lack of changing facilities This will be discussed at the local Health & Safety Committee</p> <p>2 j) High – Nosocomial beds being utilised due to pressures with capacity Cannot increase further – all beds in use.</p> <p>3 Mandatory HAI Education Training Compliance Figures No figures submitted. DV will send retrospectively to AS before the next meeting</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2) Continuing to encourage staff across the site to use LFTs and report results; this includes medical staff.</p> <p><u>Mental Health & Learning Disabilities</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Raised level of TVCs detected in hot water supply to 2 wards that are currently closed for refurbishment PAG meetings / further water investigations continue. There is a delay in the refurbished wards opening; dates to be confirmed.</p> <p>1 b) Medium –Staining to Dart Valley toilets seemingly caused by the use of Titanchlor sanitiser Discussions with manufacturers and they have instructed that Actichlor solution be used. Although a temporary</p>	DV

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont. Item 5.1	<p>suggestion this means that they were not being cleaned as per the National Cleaning Specifications. Discussions had with Project Manager to secure a way forward - are now being cleaned as per National guidance.</p> <p>LB queried whether these toilets had been procured due to the Ligature Reduction works as IPC involvement variable. Had they been chosen for a specific LR reason? ASp replied that she would find this out for the next meeting. It seems the Titanchlor sanitiser has removed the gel covering; has this has been reapplied by the manufacturers.</p> <p>3 Mandatory HAI Education Training Compliance Figures No figures submitted. ASp required proxy access.</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2) Attendance at local HAI Sub Group meetings has dropped. This may be down to staffing challenges; attendance has been encouraged.</p> <p><u>HAI Education Group</u></p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 d) Medium – Inability to provide Aseptic Non-Touch technique (ANTT) training to staff across the Organisation The HAI Education Group decided to pause the rollout of this poster. The Education Delivery Plan will come to this Committee electronically, when complete.</p> <p><u>Infection Prevention & Control Team (IPCT)</u></p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Infection Risk identified in Ward 201, ARI water system IMT currently ongoing and has identified more than 1 organism of concern to be present. Control measures remain in place</p> <p>2 b) High – The COVID19 response has meant several National and local work streams have been paused / altered. There is no change to this at the present time</p> <p>2 c) Medium – COVID19 clusters / outbreaks involving staff and patients are continuing Operation Snowdrop has concluded and Operation Iris has been launched for Winter 2021/22. As noted above lessons learned have been discussed.</p> <p>2 d) High – Senior IPCN cover reduction impacts COVID19 response and delivery of HAI agenda Actively recruiting Band 6 IPCN at present – 1.6 wte position already filled.</p> <p>2 g) High – High Consequence Infectious Disease (HCID) Personal Protective Equipment (PPE) ensemble is changing This has been paused meantime</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<ul style="list-style-type: none"> • Staff testing in Extremis – this has been thoroughly investigated and communications will follow <p>CC commented that no communication is becoming an issue. Is there a timeline for this to be shared? GJ advised that she had met with Public Health and a process and governance is required. Will liaise with the relevant people and source advice.</p> <ul style="list-style-type: none"> • Red / Amber / Green pathways will be changing as soon as the Respiratory Guidance has been updated and launched Nationally. 	GJ
6	HAI Report to Clinical Governance Committee / Board cont. <p style="text-align: right;">Item 6.1</p> <p style="text-align: right;">Item 6.2</p> <p style="text-align: right;">Item 6.3</p>	<p>Local HAI Report to the Board (HAI-RT) – October 2021 This will be circulated electronically as soon as it is available.</p> <p>National HAI Report to the Board (HAI-RT) – October 2021 This will be circulated electronically as soon as it is completed.</p> <p>HAI Report to the HAI Executive Committee (HAIEC) (new escalations)</p> <ul style="list-style-type: none"> • Bed Spacing and Pressures Clarity required surrounding rationale and process • VB suggested that we were to complete some red pathway works surrounding the DL(2021)23 Ventilation in Healthcare Premises document that was received in March and was unsure as to whether these works had been fully completed. GP has been dealing with scoping, compliance and audits but would NHSG as an Organisation be able to provide a response to that letter at present? Issues of ventilation and heat stress are being raised at this committee and are fundamentally down to the fact that NHSG are not providing climate controlled air through the ventilation system in most areas. 	
7	AOCB	<p>JR advised the Committee members that the HEI will be commencing the new Safe Delivery of Care Inspections imminently.</p> <p>These will be now be over 2 days. The Inspectors will attend Safety Huddles and concentrate on various topics including</p> <ul style="list-style-type: none"> • equipment • hand hygiene • respiratory pathways • care needs of the patient • capacity <p>JR will send information to AS when available and notes from the meeting held 19 November 2021.</p> <p>AS will forward this paperwork to the Committee.</p>	<p>JR</p> <p>AS</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
7	AOCB cont.	<p>LB added that the new process has been described as a “strength based approach” and will mean more input will be required from the Team than before.</p> <p>AS to send the Committee members the email that contains the link to book onto the HAI Standards consultation Webinar session.</p>	AS
8	Date of Next Meeting	11 January 2022 10.00 – 11.50 via Teams (with a 10 minute comfort break)	