

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

**Minutes from meeting held 24 November 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, Technical Lead Infection Prevention & Control Nurse
GM – Graham Mutch, Head of Maintenance and Technical Services
FR – Fiona Robertson, Chief Nurse
LB – Leighanne Bruce, Acting Technical Lead Infection Prevention and Control Nurse
MM – Margaret Meredith, Nurse Manager, Gynaecology
NH – Neil Hendry, Operational Lead Nurse
FM - Fiona Mitchell, Senior Charge Nurse, Elderly Services
CR – Caroline Reid, Clinical Nurse Manger - Community Teams, Child Health

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 : Julie Warrender (JWa) Noha El Sakka (NE) Dawn Stroud (DS) Alison Smart (ASm) Janice Rollo (JR) Jane Raitt (JRa)	
2	Minutes of last meeting 22 September 2020	The minutes from 22 September 2020 were ratified by the Committee with no amendments:	
3	Action Tracker	<p><u>Meeting 22 September 2020</u></p> <p>5.2 HEI Inspection Improvement Action Plan – update The proposed Sector Reporting template was included in the papers and exception reporting will be discussed under item 4.1. Close action</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.</p> <p><u>Meeting 21 January 2020</u></p> <p>4.2 HEI Inspection Plan Update NH still to submit Aberdeenshire HSCP ToR to the Committee. Sent 24/11/20. Close Action</p>	GJ / VB

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5	<p>Standing Items</p> <p style="text-align: right;">Item 5.1</p>	<p>Sector Reports</p> <p>Acute 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 especially with regard to available staff break out areas. Nosocomial spread and recent outbreaks across many wards is impacting on patient wellbeing. Staff require to be re Face Fit tested (FFT). • Mandatory Training Divisions are aligning staff to correct areas and working on TURAS reporting. Training compliance rates are still low and work is ongoing in this area – specifically surrounding the C. diff elearning module. • HAI Audits HAI Audits reporting is now available on Illuminate as is the guidance regarding audit completion / use of DATIX. GJ asked if FR could forward an Illuminate report to her for information. • Emergency Care Centre (ECC) Flooring These works are ongoing and discussions continue at the ARI HAI Sub Group meetings. This has also been escalated via Health and Safety, NHSG IPCSC and HAIEC meetings. <p><u>Royal Aberdeen Children’s Hospital (RACH)</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Low – Replacement of lower ground floor carpets after flooding Industrial cleaning took place after flooding, smell remains therefore all carpets to be replaced, CC confirmed this had been completed.</p> <p>1 b) High – Staff break areas and risk of COVID spread Regular auditing of spacing within break areas was completed and new areas have now been found that can be utilised to ensure correct distancing</p> <p>1 c) Low – Bed spacing restrictions This is an ongoing challenge. Bed spacing was reviewed due to issues with Surgical beds and staffing</p> <p>CC also raised the issue of the Baird and Anchor building works due to commence 7/12/20; this could have implications with regards to the opening of windows. HAI Scribe completed 23/11/20.</p> <p>LB advised that official communication should be imminent and will come from the Project Team.</p>	FR

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5	<p>Standing Items cont.</p> <p>Item 5.1</p>	<p><u>Women's Services</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Low – Store room in Women's Day Clinic damaged by heavy rainfall Reported to Estates - awaiting repair. Move to Orange Zone has been postponed until Spring 2021</p> <p>1 b) Medium - Flooding continues to be an issue in Summerfield Ward A further 4 beds are out of commission. Roof issues have been identified. Estates and contractor actively involved and repairs have been agreed.</p> <p>1 c) High – Inverurie Midwives Unit currently closed Unit closed due to high levels of Total Viable Counts (TVCs) in water outlets. IPCT are actively supporting, daily flushing continues, additional hand Hygiene measures are in place and a holding statement is in place. This has been escalated to the HAIEC.</p> <p>3 Areas of Achievement / Good Practice Bi monthly unannounced supportive walk rounds have recommenced September 2020 – next one scheduled for November 2020. Issues with high dust continue however mattress inspections have improved</p> <p>HAI meetings have resumed again</p> <p>HAI sprint audits recommenced in September 2020. LB enquired as to the topic. MM feedback that they are using the HAI Inspection Audit Tool which is a rotational programme of auditing.</p> <p><u>Aberdeenshire H&SCP</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – 1 member of staff tested positive for COVID19 at Mintlaw Group Practice Preliminary Assessment Group (PAG) meeting was held. No Personal Protection Equipment (PPE) breaches were found and all staff have been reminded about physical distancing whilst in an office environment. Staff have been encouraged to stagger working times in the office or work from home if able to; however this is difficult due to IT procurement issues. Looking into the possibility of relocating the Community Nursing Team to allow building work to commence to allow improved distancing measures to be implemented, however, this is an independent GP practice and NHSG only rent the office space so unsure of building work commencement date. Staff have been advised that if appropriate distancing cannot be maintained PPE must be worn.</p> <p>AW asked for RIDDOR reporting to be completed. NH and AW will discuss.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Legionella found at Jubilee Hospital during routine water testing Risk control measures were put in place – showers and baths were not permitted and bottled drinking water was supplied. Staff were advised to use alcohol gel following hand hygiene. Last sample obtained still showed low levels were present. Louise Dingwall IPC Nurse visited. Flushing being done and recorded correctly.</p>	

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5	<p>Standing Items cont.</p> <p style="text-align: right;">Item 5.1</p>	<p>GM commented that the low level results were being found in the pre flush sample and it is suggested that this may be coming from the janitorial sink and be cross contamination from the washing of mops. Levels are not found in post flush samples.</p> <p>LB suggested the risk level be reduced to Low.</p> <p>A discussion then took place regarding RIDDOR / DATIX reporting.</p> <p>FR feedback that Janet McNicol was taking this forward for Acute but system is still unclear. Has this been discussed at the Clinical Risk Management (CRM) meetings? Consistency is not there. Not all staff positive cases are uploaded to DATIX.</p> <p>LB queried, should ALL positive results be recorded not just HAI nosocomial events?</p> <p>AW feedback that Katherine Targett is gathering information and a decision will then be made regarding reporting. Will report back by close of play today on the decision, happy to assist those requiring help with the process.</p> <p><u>Aberdeen City CHP</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Social spaces within Woodend General Hospital (WGH) have no hand hygiene products or cleaning facilities Signage in the process of being erected in social spaces to advise staff to clean the vending machines and tables before / after use. Mask stations and bins to be provided and wipes will be made available. Once this has been completed an email will be sent site wide to inform staff.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Chipped paintwork on bed rails FM asked for IPC advice regarding this. Risk assessment still to be completed however is there a possibility that the rail could be painted / touched up? A discussion then took place which resulted in GM suggesting that FM him and speak directly with Jock Royan</p> <p>LB also suggested that manufacturers may have stopped making parts for these beds so spare parts may hard to find, however, FR mentioned that the Acute sector need to dispose of various beds being stored so there may be potential to obtain parts or beds if needed.</p> <p>MM also raised the issue of the pull out laundry tray at end of bed some of which are rusty, could this also be raised with Jock during the discussion.</p> <p>LB reminded the Committee that rinsing chlorine releasing agents off equipment and drying properly will help to maintain condition. It has already been suggested that there may be a COVID related budget that may be able to assist with equipment that requires to be replaced / mended due to the increase in chlorine use during the pandemic.</p>	

Facilities

1 New Areas of Concern raised by Divisions

1 c) Low – Neonatal Unit Showers

GM feedback that during routine maintenance work 3 showers within the parent accommodation were found to have flexible hoses. These were replaced using suitable materials. Pseudomonas testing carried out and a positive result found. Blended outlet has been replaced. Flexible hoses across NHSG are being replaced if found.

All water related risks are now classed as Low risk after discussion with VB / LB

2 Progress Against Areas of Concern Previously Reported

2 a) Medium – Healthcare Environment Condition

Flooring repairs in the ECC ceased at level 4 during the pandemic and are approximately 40% complete.

2 d) High – Catering EHO Inspection

The EHO have not visited to inspect the completed works due to the pandemic however, they are looking to resume visits presently.

GM also notified the Committee of risks that were not included in the report:

- a) The Segregation of Waste Toolbox Talk has been agreed.
- b) GPo is awaiting financial resolution for the planned employment of a large number of extra Domestic staff.
- c) The planned rollout of disposable screens has commenced this week and is expected to take approximately 6 months.

Moray (CHSCP)

1 New Areas of Concern raised by Divisions

1 a) Medium – Nosocomial Spread

The compliance with use of Fluid Resistant Surgical Masks (FRSMs) has been reported to be challenging for some patients; staff are being supported to follow correct procedure.

1 b) Face Fit Testing on New FFP3 masks

Although stocks of certain masks are satisfactory within Moray CHSCP if these stock run low or run out staff will require to be face fit tested for new masks – ensure readiness.

2 Progress Against Areas of Concern Previously Reported

2 a) High – Outstanding Flooring Works

Although the area has been surveyed the outstanding works will not be taken forward at Seafeld Hospital; this has been escalated to Moray Clinical Governance Committee, Health and Safety and the NHSG IPCSC. This remains High on the Moray Risk Register.

GM will investigate.

GM

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5	Standing Items cont.	<p><u>Dr Gray's</u> No report received.</p> <p><u>Mental Health</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Implementation of the Implementation of NHS Grampian Staff Protocol for the Clinical Risk Assessment, Screening and Management of Patients with Confirmed or Suspected COVID-19 (SARS-COV2) in Hospital Settings and the Scottish Addendum. Discussions are ongoing with regard to the implementation of face masks. Risk Assessments are being completed on the possible ligature risks. Met with all Senior Charge Nurses (SCNs) with regard to the updated Patient Placement Tool (PPT). Pathway clarification required due to lack of rooms for isolation. Q&A session has been scheduled for 24 November 2020 for advice and clarification.</p> <p>1 b) High – Social Distancing within Patient Areas Due to issues with space patients have not socially distanced during meal times. This has now been addressed and implemented by holding more than 1 sitting at meal times. This is being monitored. Signage has also been implemented in ward environments to help with compliance.</p> <p>1 c) Medium - Use of Disposable Curtains There is a plan to possibly introduce the use of disposable curtains however ligature risks have to be identified and risk assessed prior to decision being made.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 e) Medium – Poor condition of shower / bathroom Facilities within Forensic Rehabilitation Funds have now been secured to refurbish the shower room.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • The service would like to acknowledge the support and input given by the IPCT; it is much appreciated • Staff asymptomatic testing is going well • Peer Flu Vaccination Programme is in progress and going well • Close working across all disciplines has achieved the positive COVID position at Royal Cornhill Hospital • Recent incident on a ward where a member of staff tested positive was well managed and an outbreak prevented <p><u>HAI Education Group</u></p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 b) Medium – Education required around lack of compliance with swabbing for Carbapenemase-producing Enterobacteriaceae (CPE) following a positive Clinical Risk Assessment (CRA). This is to be included in the Scottish Infection Prevention and Control Education Pathway (SIPCEP) guidance which will be uploaded to the IPCT Intranet page. Information has been collated and draft document taken to the</p>	

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5	Standing Items cont.	<p>Meeting. Final comments are required by 17 November 2020.</p> <p>2 j) High – Tissue Viability 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. A snap shot of the data carried out for Grampian Tissue Viability is available. A meeting with managers is required regarding the next steps to be taken.</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>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> HAI Education Lead was asked by the IPCT to submit an abstract to the Celebrating Excellence event in October 2020 regarding development of the flowchart to inform staff about the IPC Mandatory Training requirement under the SIPCEP. This was accepted but unfortunately, due to capacity, the presentation could not be delivered. The abstract will be carried forward to the next event. <p><u>Infection Prevention & Control Team (IPCT)</u></p> <p>1 New Areas of Concern</p> <p>1 a) Very High – Several COVID19 clusters / outbreaks since last NHSG IPCSC meeting A total of 11 outbreaks / clusters – 5 staff only and 6 staff and patient outbreaks with 14 associated patient deaths. Occupational health Services (OHS), Health Protection Team (HPT) and IPCT continue to collaborate. Nosocomial outbreaks involving staff and patients have occurred across most Scottish Health Boards with variable impacts on health services. Several Incident Management Team (IMT) and Preliminary Assessment Group (PAG) meetings have been held and lessons learned are to be collated and shared. Safer Workplace Assurance walk rounds implemented by Chief Executive and Safer Workplace Champions are being recruited. IPCT Q and A sessions are being held with all Divisions to support staff with the implementation of the Addendum and pathways.</p> <p>1 d) For awareness – Extended facemask use legislation Changed 2 November 2020. Hospital exemption removed regarding hospitality – changes for Personal Protective Equipment (PPE) use and disposal within kitchens.</p> <p>1 e) Low – Water quality in Wards 305 / 306 Raised Total Viable Counts (TVCs) in pre project samples system wide. Disinfection of Orange Zone planned upon completion of project works. Alternative flushing arrangements being considered by Estates. Control measures in situ.</p> <p>1 f) High – Senior IPC Nurse cover reduction impacts COVID response and delivery of HAI Agenda Temporary funding has been allocated and 2 new IPC Nurses will be commencing on 6 month secondments.</p>	

