

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

Minutes from meeting held 11 January 2022
Via Teams
10.00 – 12.00

Present:

MJM – Malcolm Metcalf, Deputy Medical Director for NHS Grampian (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
WO – Will Oliver, Infection Prevention & Control Doctor
AW – Andrew Wood, Risk Management Advisor, Corporate Health and Safety
LA – Laura Angus, Quality Improvement / Assurance, Kildrummy Hub (deputised for Allana Spance)
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
DS – Dawn Stroud, Senior Infection Prevention & Control Nurse
AR – Alice Ritchie, Clinical Nurse Manager – Acute
AMc – Alison McGruther, Chief Nurse - Aberdeenshire CHP
FM – Fiona Mitchell, Nurse Manager, Elderly Services

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	William Moore (WM) Grace McKerron (GMcK) Grace Johnston (GJ) Allison Lister (AL) Allana Spence (ASp) Fiona Smith (FS)	
2	Minutes of last meeting 23 November 2021	The minutes from 23 November 2021 were ratified by the Committee with no amendments	
3	Action Tracker	<p><u>Meeting 23 November 2021</u></p> <p>5.1 Sector Reports – Children’s Services CC will send an updated Sector Report containing training figures to AS</p> <p>5.1 Sector Reports – Dr Gray’s DV will sand an updated Sector Report containing training figures to AS</p> <p><u>Meeting 21 September 2021</u></p> <p>5.1 Sector Reports – MH&LD Staining to floor tiles from cleaning damage; these will not be replaced. All other issues have been dealt with. Close</p>	<p>CC</p> <p>DV</p>

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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. AS will send to the Committee for ratification as soon as possible.</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 feedback that she is assured that Kath Sangster – Senior IPC Nurse is involved in all aspects of the ventilation works ongoing but will confirm at the next meeting.</p> <p>2a) AMH Theatre Ventilation CC suggested this action be closed.</p> <p>Aberdeenshire CHSCP</p> <p>2 g) Level of input into HMP Young Offenders Institution (YOI) AMc will now be attending the meetings and will take this action forward to investigate the high risk in the Sector Report. Will update at the next meeting. Not aware of any issues.</p> <p><u>Meeting 24 November 2020</u></p> <p>5.1 Sector Reports</p> <p>Moray CHSCP – High – Outstanding Flooring Works No update as yet. Issue seems to be that Projects are not aware of any flooring works planned. GP will liaise with Claire Power for clarity.</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 Leslie Duncan met 10 January 2022 to discuss. Have Identified 3 distinct work streams around this. Les will be drafting a new flowchart on prioritisation of repairs and review the HAI Prioritisation Process document to ensure descriptors are clear to all. Also being reviewed is the HAI Investment list (initially introduced around 2014) and it seems that much of it is obsolete or completed; the issues outstanding have mitigating control measures in situ. Need to make sense of the scoring rationale used – needs work. GP admitted it is an aged process and has been used in different ways over time. Risk assessment needs to be better but works needs to be prioritised on deliverability also. Number of factors involved. MJM should this be removed? GP suggested keeping it on until there is confidence in the process.</p>	AS

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3	Action Tracker cont.	<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. GP will not be able to perform a Learning Exercise – low priority at this time. MJM suggested removing the action. Close.</p>	
4	Matters Arising Item 4.1 Item 4.2 Item 4.3	<p>HIS COVID19 Focused Inspection (Golden Jubilee) The Improvement Action Plan (IAP) and the Inspection Report were available for the Committee to read. MJM commented that this was a good report and no major issues were raised. LB agreed and stated that there were no learning opportunities for NHSG resulting from the report.</p> <p>Safer Workplace Update A report was submitted however no one was able to attend the meeting to talk to it. MJM commented that it was an attractively laid out report. LB suggested that the report was for assurance and to show how the work stream is progressing. The Safer Workplaces (SWP) Team are integrating with the IPC Team as part of the business continuity arrangements.</p> <p>Embedding of Winter Respiratory Guidance (WRG) A number of work streams were implemented during the rollout and embedding of the WRG. A Short Life Working Group (SLWG) has been fully implemented across all sectors of NHSG, This means the Red, Amber and Green Pathways have now ceased to exist; the WRG now incorporates all respiratory transmissible viral infections and pathways are now referred to as respiratory and non-respiratory. Most patients will now be classed as non-respiratory, however, due to the emergence of Omicron there has been an increase in patients requiring secondary care due to other conditions and who have also contracted COVID.</p>	
5	Standing Items Item 5.1	<p>Sector Reports</p> <p><u>ARI</u> A report was submitted however no one was available to attend the meeting</p> <p>LB suggested that the report was quite large and therefore it was difficult to pick out any pertinent issues that may be present. MJM asked if the reports could be simplified and include less information; would be more effective in raising and strategising concerns. LB agreed and suggested that perhaps the reporting template needs to be looked at again and streamlined.</p> <p><u>Children’s Services</u></p> <p>No new Areas of Concern</p>	

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5	Standing Items <p style="text-align: right;">Item 5.1</p>	<p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 e) Low – Extreme heat in clinical areas as windows not able to be opened This needs to remain on the report for the upcoming Summer months when this is expected to be an issue again</p> <p>3 Mandatory HAI Education Training Compliance Figures CC noted that the training figures are acceptable in the current climate.</p> <p><u>Women’s Services</u> AR has replaced Gill Valentine as a member of the Committee.</p> <p>AR informed the Committee that the Areas of Concern detailed under Section 1 – New Areas of Concern should, in fact, be listed under Section 2 - Progress Against Areas of Concern Previously Reported.</p> <p>2 c) Birthing pools at Inverurie Midwifery Unit The water safety at the unit continues to be a concern, This is being addressed.</p> <p>At this point VB raised the issue of water at Royal Aberdeen Children’s Hospital (RACH) stating that the control measures within Theatres have been lifted however it continues to be a live issue without remediation of the water system. The Incident Management Team (IMT) have been meeting and hopefully there will be a close out process of this soon, with a report being submitted to the Board and Jenny McNicol (responsible officer) who will take it forward. There will be many findings, shared learning and issues to consider across the site.</p> <p>GP feedback that there is design work underway to remediate the water system and an option to include and scope operational changes required. There is an indication that changes are wanted around RACH Theatres; the service will be asked for their views and these will be incorporated into the costing exercise for one engineering package to ensure the least disruption.</p> <p><u>Aberdeenshire H&SCP</u> AMc has recently joined the Committee.</p> <p>No report has been submitted however has been speaking with GJ recently with regard to reinvigorating the Aberdeenshire HAI Group and this needs to be the focus of their report. Issues to highlight include, concerns regarding water at Fraserburgh Hospital and various outbreaks which have been managed through the relevant processes. The governance structure of the HAI Sub Group needs to be looked into and how the support network of this moves forward as a partnership becoming an integrated group.</p> <p><u>Aberdeen City CHP</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Issues during previous COVID outbreaks with isolating patients who wanted to go outside to smoke Despite nicotine replacement therapy some patients continued to smoke and required to go outside for their mental health needs. Any advice would be appreciated.</p>	

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5	Standing Items cont. Item 5.1	<p>LB suggested all that can be done is that patients wear a Fluid Resistant Surgical Mask (FRSM) when moving around the ward / hospital and gel their hands.</p> <p>VB ensure staff are reporting clearly the decisions that staff are having to make and mitigate risks - cannot imprison people.</p> <p>1 b) Very High – Staff shortages within Domestic Services This has impacted the cleaning of ward areas including during periods of closure due to COVID outbreaks. This was escalated through the IMT meetings held and through management structures. Will need to be monitored should these shortages continue.</p> <p>1 c) Medium - Staff forgetting to gel their hands prior to doffing PPE This was noticed during walk rounds. Work has been done with staff and there has been an improvement in practice.</p> <p>LB suggested that there is Personal Protective Equipment (PPE) “fatigue” amongst staff – there needs to be an ongoing support mechanism for staff to use PPE safely and effectively. Ongoing extension to SWP Team past March 2022. It was also noted that the IPC Team and SWP are working very closely and SWP are assisting with issues that the IPC Team no longer have the capacity to manage on a day to day basis.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 i) High – Addition of surge beds to the Orthopaedic Rehab Unit (ORU) This was previously a 24 bedded unit (consisting of 3 x 6 bedded bays). During the pandemic these beds were reduced to ensure bed spacing was compliant, however, due to pressures a further 3 beds were opened to increase the bays to 5 which resulted in very little spacing. During an outbreak and the accompanying IMT the conclusion was that these beds should be removed and not reinstated, however, due to a surge in patients it was recently requested that 3 beds should again be added. This was discussed at Nurse Director level and explanations given as to why this was detrimental but the risk was accepted and the beds were opened. Raising to the Committee as concerns regarding transmission between patients.</p> <p>LB added that the Organisational derogation on bed spacing will not be ceasing at any point in the near future and it is important that the Committee are aware that NHSG is having to take a pragmatic approach to these decisions to balance varying risks.</p> <p>VB added that ventilation plays a big part in this area of our estate. Where no / aging / poor mechanical ventilation is present transmission risk is high. Note for the Committee: where there has been a derogation against bed spacing, in areas where there is an outbreak, one of the control measures likely to be put in place is the wearing of FFP3 masks by staff as this would be an uncontrolled risk – do we have the preparedness to put this in place?</p> <p>MJM advised that bed derogation is being monitored carefully via CRM, any concerns should be passed to the IPC Team who in turn feed into this meeting and can raise issues.</p> <p>3 Mandatory HAI Education Training Compliance Figures Work to be done with nursing staff surrounding mandatory training.</p>	

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5	Standing Items cont. Item 5.1	<p><u>Facilities</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Water Safety – HubCo Sites For information responsibility for water management at these sites has now been formalised.</p> <p>1 b) Water Safety – Sensor Tap Cleaning There are issues with the effective cleaning of one particular style of sensor tap (where the sensor is built into the structure). There are not prevalent in ward areas but are present in some clinic areas; being reviewed / discussed with FS (Senior IPCN) as to a way forward.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 c) Water Safety – Royal Cornhill Hospital (RCH) Work is ongoing within wards (which have had Ligature Reduction works completed) for raised Total Viable Counts (TVCs) and temperature control issues. Engaging an engineer to investigate; these wards are not currently in use.</p> <p>2 i) Low – Water Safety – Yellow Zone, ARI This is part of a wider issue being taken forward to replace the ventilation plant serving Phase1 (Yellow Zone). Infrastructure dates from 1960's. This will be disruptive work therefore the plan is to include other high risk issues such as electrical distribution works at the same time. Electrical / fire safety report has been received recently – scope of work now to be discussed / decided upon.</p> <p>2 n) Support for Delivery of Capital and other Improvement Works / Projects Have been working on this in conjunction with the IPC Team. Time of high demand – developed a protocol to triage demand on IPC Team. Minor works which do not include ventilation / water can be progressed without input from IPC, however, should these be an issue or where areas are requiring a change of layout with building works IPC & Estates will liaise and work together. Works request form has been amended. This will be piloted.</p> <p>LB added that this is a welcome piece of work to free up some resource for the IPC Team.</p> <p>VB highlighted to the Committee the large number of water related incidents that are ongoing and being managed by the IPC Team & Estates colleagues and which draw on both manpower and financial resources. Needs to be an ongoing acknowledgement of these levels of risk; this is triggering an awareness within Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) through reporting to Public Health Scotland (PHS) on water related issues.</p> <p>LB asked for the Committee to be aware that where long standing control measures are in place this is not funded through extra maintenance / manpower budget therefore other preventative maintenance may be down prioritised to ensure risks can be balanced.</p> <p><u>Moray (CHSCP)</u> No report was received.</p>	

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5	<p>Standing Items cont.</p> <p>Item 5.1</p> <p>Item 5.2</p> <p>Item 5.3</p> <p>Item 5.4</p>	<p><u>Dr Gray's</u> No report was received</p> <p><u>Mental Health & Learning Disabilities</u> Report was submitted however not discussed due to technical issues.</p> <p><u>HAI Education Group</u> DS advised that there were no new areas of concern. The report is too lengthy and difficult to update. Will revamp at the next HAI Education Group meeting.</p> <p><u>Infection Prevention & Control Team (IPCT)</u> LB advised that the Team endeavoured to update the report and make the required changes however due to workload it was not possible to complete and was therefore not submitted. Would the Committee like to receive a retrospective report and a verbal update at present? No questions were posed and an updated report will be submitted for the 8 March 2022 meeting.</p> <p>Risk Register (January 2022) ID 3054 – Sustainability of IT platform supporting Operational response to IPC LB informed the Committee that this risk is in relation to ICNet and no ongoing IT support. Any issues with the system, which are not supported by the existing contract (due to expire Dec 2022), will not be supported by NHSG IT. In the past various IPC Team members have taken on “housekeeping” roles for the ICNet system but there is no one who has the IT skills to support further.</p> <p>HAI Work Programme Delivery Group update No update, next meeting to be held 28 January 2022</p> <p>HAI Executive Committee Update No update available from meeting 1 December 2021</p>	
6	<p>HAI Report to Clinical Governance Committee / Board</p> <p>Item 6.1</p>	<p>Local HAI Report to the Board (HAI-RT) No report due. July and October 2021 reports will be forwarded electronically as soon as available.</p>	

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7	AOCB cont. 2.	JR highlighted to the Committee, in relation to the Golden Jubilee Inspection paperwork discussed earlier, that Health Improvement Scotland (HIS) are starting a new round of inspections to each NHSG Board, around "Safe Delivery of Care". These inspections commenced 22 November 2021 and encompasses more than just Infection Prevention and Control, including staffing, respiratory pathways, care of patients etc. Inspections tend to be more observational with less interaction with staff. We are expecting an unannounced inspection on the Foresterhill site at any time.	
8	Date of Next Meeting	22 March 2022 10.00 – 11.50 via Teams (with a 10 minute comfort break)	