

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

**Minutes from meeting held 21 January 2020  
Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital  
10.00 – 12.00**

**Present:**

**GJ – Grace Johnston**, Interim Infection Prevention & Control Manager (**Chair**)  
**SS – Shona Sinkins**, Lead Nurse, Division B, Mental Health & Learning Disabilities  
**LM – Leonora Montgomery**, Public Forum Representative  
**JA – Jane Adam**, Public Forum Representative  
**AW – Andrew Wood**, Health and Safety Specialist / Risk Management  
**DL – Deborah Lockhart**, Consultant Microbiologist / Infection Control Doctor  
**VB – Vhairi Bateman**, Antimicrobial Management Team Lead  
**JWa – Julie Warrender**, Nursing Services Manager, Aberdeen City CHP  
**GP – Gavin Payne**, Deputy Director, Facilities  
**LB – Leighanne Bruce**, Acting Technical Lead Infection Prevention & Control Nurse  
**Linda Harper**, Associate Director of Nursing  
**FR – Fiona Robertson**, Chief Nurse  
**JL – Juliette Laing**, Head of Decontamination and Linen Services, Decontamination Lead  
**DW – Diana Webster**, Consultant in Public Health Medicine  
**DS – Dawn Stroud**, Senior Infection Prevention & Control Nurse (VC)  
**SMH – Sarah Macalister-Hall**, Infection Control Doctor

**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>	Apologies were received from :  Noha El Sakka ( <b>NE</b> ) Neil Hendry ( <b>NH</b> ) Fiona Mitchelhill ( <b>FM</b> ) Malcolm Metcalfe ( <b>MJM</b> ) Alison Smart ( <b>ASm</b> )	
2	<b>Minutes of last meeting 26 November 2019</b>	The minutes from 26 November 2019 were ratified by the Committee with no amendments	
3	<b>Action Tracker</b>	<p><b><u>Meeting 26 November 2019</u></b></p> <p><b>5.1 Sector Reports - Aberdeen City CHP</b> VB and JWa will discuss narrative. Close risk and update January Sector Reporting Template instead.</p> <p><b><u>Meeting 24 September 2019</u></b></p> <p><b>5.1 Acute – Water Systems Renal Units</b> This is progressing at Dr Gray's (DG). Joint discussions are being held between GDG and Aberdeen Royal Infirmary (ARI). No confirmed area, as yet. For dialysing patients.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
3	Action Tracker cont.	<p><b><u>Meeting 23 July 2019</u></b></p> <p><b>3 Action Tracker - Shower Refurbishment Turner Hospital</b> Work is still ongoing. Close this action as it is shown / updated under January 2019.</p> <p><b>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 3 – Flushing of Water –Roles and Responsibilities</b> FS still updating Risk Control Notice (RCN) and Toolbox Talks. Alternative flushing regimes are being trialled in various areas.</p> <p><b>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System</b> LB and Ian Esslemont are meeting next week to discuss end of year spending.</p> <p><b>7 AOCB – HAI Risk Matrix</b> It was suggested that this be added to the Agenda for discussion at the March 2020 meeting.</p> <p><b><u>Meeting 28 May 2019</u></b></p> <p><b>3 Action Tracker - HEI Inspection Report of GGC Queen Elizabeth Hospital</b> The final report v10 has been submitted to the HAI Executive Committee (HAIEC) for their approval. There are no breached deadlines and actions still outstanding will be transitioned to the HAI Work programme with appropriate timescales. It was decided that an overarching driver diagram was not practical.</p> <p><b><u>Meeting 26 March 2019</u></b></p> <p><b>4.1 HEI Inspection Report of Greater Glasgow &amp; Clyde Queen Elizabeth Hospital - Are all completed audits being uploaded to DATIX?</b> Still awaiting feedback from ASm on whether Moray CHSCP are uploading audits.</p> <p><b>5.1 Sector Reports – Mental Health – Bottled Water Coolers</b> SS feedback that overall guidance regarding costings etc. is still not available; however cleaning schedules are now in place for the free standing coolers that remain. Awaiting SUP05 guidance. Close this risk.</p> <p><b>5.1 Sector Reports - HAI Education Group – Training for Domestic Support Services</b> This is still ongoing. Not well supported Nationally.</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> Work continues and there is still 1 shower to complete, a complex job due to the underlying structure. Keep action open as a shared learning exercise will be performed by GP once the works are completed.</p> <p><b><u>Meeting 27 November 2018</u></b></p> <p><b>5.1 Sector Report – Facilities - Water Safety in Non NHSG Premises</b> As previously minuted NHSG cannot give assurance.</p>	



Item	Subject	Action to be taken and Key Points raised in discussion	Action
4	<p data-bbox="286 73 465 97"><b>Matters Arising</b></p> <p data-bbox="568 928 667 952" style="text-align: right;"><b>Item 4.3</b></p>	<p data-bbox="757 100 1906 153">1.4 Update NHSG Education Delivery Plan July 2019/20 to reflect necessary actions and onward progress. Established to support overarching NHSG HAI Work Programme</p> <p data-bbox="734 181 1910 234"><b>Requirement 2 - NHS Grampian must be able to evaluate the uptake of infection prevention and control training in order to respond to any unmet educational need.</b></p> <p data-bbox="757 266 1933 344">2.1 Implement the manager reporting function on individual teams via Turas Learn. This function will be available shortly. DS feedback that reporting function is not 100% accurate at present and contains duplication</p> <p data-bbox="757 376 1933 454">2.3 Identification of unmet educational needs will be monitored through sector reporting to the NHSG IPCSC HIS are aware that we are standardising reporting and Terms of Reference (ToR) for the HAI Sub Groups. All Group chairs will provide ToR for the NHSG IPCSC to view</p> <p data-bbox="734 486 1890 539"><b>Requirement 3 - NHS Grampian must ensure there is systematic programme of audits in place, this is clearly communicated to ward staff and they clearly understand their role in this process.</b></p> <p data-bbox="757 571 1917 624">3.3 6 Monthly Environmental Audit process to be re-established and Action Plans will be uploaded to DATIX. GJ will liaise with NH regarding this.</p> <p data-bbox="734 655 1926 708"><b>Requirement 4 - NHS Grampian must ensure that leadership and executive teams see all audit results so as to provide assurance, drive improvement and communicate any remaining risks.</b></p> <p data-bbox="734 740 1921 818"><b>Recommendation A - NHS Grampian should continue to review the current structure in place to support Aberdeenshire to communicate audit and training results to senior staff in a regular, agreed and consistent way</b></p> <p data-bbox="734 818 1933 871">AW queried that Location Managers are assessing any risks surrounding HAI issues – they are not medical staff. This has been highlighted.</p> <p data-bbox="734 932 1312 956"><b>Bare Necessities – IPC Awareness Poster (update)</b></p> <p data-bbox="734 959 1906 1037">GJ reported that a meeting had been held on 13 January 2020 and was well attended by clinical staff. Work continues and is concentrating on how to encourage and enable visitors / volunteers to become involved and participate.</p>	<p data-bbox="1973 403 2141 456"><b>FR / NH / Jwa / ASm / PH / SS</b></p>
5	<p data-bbox="286 1074 465 1098"><b>Standing Items</b></p> <p data-bbox="568 1098 667 1121" style="text-align: right;"><b>Item 5.1</b></p>	<p data-bbox="741 1098 920 1121"><b>Sector Reports</b></p> <p data-bbox="741 1153 815 1177"><b><u>Acute</u></b></p> <p data-bbox="741 1181 1910 1233">FR confirmed that from this point forward Dr Gray's would be submitting a Sector Report of their own. This will begin in March 2020.</p> <p data-bbox="741 1265 1245 1289"><b>1 New Areas of Concern raised by Divisions</b></p> <p data-bbox="741 1321 1576 1345"><b>1 b) Medium – Increased incidence of Flu within the Gordon dialysis unit.</b></p> <p data-bbox="741 1348 1933 1401">A Preliminary Assessment Group (PAG) was held and actions have been taken with regard to patient movement and the management of effective isolation.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p><b>1 e) High - Concerns re Face Fit Testing compliance</b>            Dates for 2020 have been set up for the re-established Face Fit Testing Group and there will be an increased focus on staff compliance. Lisa Forbes – Nursing representative will be sitting on this group.</p> <p><b>1 f) Medium – Clinical waste concerns</b>            Health &amp; Safety walk rounds are focusing on waste management and concerns regarding non-compliance have been raised at the Acute Sector Clinical Governance Group.</p> <p><b>1 g) Medium - Flooring within the Emergency Care Centre (ECC)</b>            Flooring continues to fail local audits. Level 6 has now been completed and a meeting is to be held to discuss commencement of Level 5 works. The Senior Charge Nurse (SCN) is taking the lead on this.</p> <p><b>1 j) Medium – Water issues in Ward 217</b>            Water testing and cleaning of taps has taken place. Ongoing precautions are in place. Water is to be re tested.</p> <p><b>1 k) Medium – Flushing</b>            Ward 204 has been unoccupied but there are no flushing records; being addressed by ward staff in conjunction with Estates.</p> <p>FR also informed the Committee that hand hygiene PAGS have been held and as a result all areas are now compliant; this is a big improvement.</p> <p><b>3 Areas of Achievement / Good Practice</b>            The peer administration of the flu vaccine has been a great success and has improved staff's uptake greatly. Data can be obtained from Occupational Health Services (OHS)</p> <p>DW queried whether the uptake figures for 2019 included community pharmacies.            VB queried whether staff absence figures (due to Flu) were available.</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b>            NH was unable to attend the meeting.            GJ will liaise with NH</p> <p><b><u>Aberdeen City CHP</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – No one person identified with an oversight of auditing within the Aberdeen Health Village</b>            JWa will visit and do assurance checks on the governance processes. The manager has no oversight. JWa suggested she may need support from the NHSG IPCSC            AW asked if there was a Workplace Inspection Programme in place and who has oversight of this ?            VB also stated that there were no governance of flushing procedures at clinical level; this has since been put in place. The Endoscopy Service at the Health Village is sub contracted therefor an email was sent to the Lead asking for jurisdiction.            GJ suggested asking Jane / Alison for assistance</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High – Water Samples from the Health Village have shown high levels of Pseudomonas.</b>            JWa will liaise with VB to obtain narrative and amend wording on this risk within the January 2020 report. Will resend to AS and AS will forward to the Committee.</p> <p><b><u>Facilities</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High (TBC) – Lessons learned from being under waste contingency measures</b>            1) NHS Scotland has been wrongly segregating clinical waste for many years. SEPA will be now be auditing NHSS via the wastes coming into Tradebe’s plant in Glasgow. NHSG must be compliant by the time the new contract commences March / April 2020. Guidelines set by SEPA must be adhered to and streaming practices within NHSG will need to be updated.            Issues to addressed immediately are:</p> <ul style="list-style-type: none"> <li>• Far greater number of wastes needing to be disposed of in Purple lidded waste streams (immune-suppressants, anti-virals, antineoplastic and some contraceptives as they should always have been in purple stream.</li> <li>• Purple stream sharps in different containers to purple stream wastes</li> <li>• Blue stream sharps should also be in different containers to blue stream pharmacy waste.</li> </ul> <p>Pre acceptance audits require to be completed at every producers in NHSG (all hospital wards / departments, GP’s, Health Centres, Pharmacies, and Opticians etc.). Every level of waste stream will now rise.</p> <p>2) The 60 litre Wiva bins are still not being labelled correctly. A global email was sent advising that any bins received labelled incorrectly would be returned to the user to be completed correctly.</p> <p><b>1 b) (TBC) – Water Issue – The Oaks, Elgin</b>            Water sampling has shown a high level of Total Viable Counts (TVCs). A PAG meeting took place on 8 January 2020 and it was a decided a full disinfection was needed.</p> <p><b>1 c) (TBC) – Cardiac Suite, ARI – Existing ventilation capacity</b>            A PAG was held on 2 December 2019. The area is still able to provide a full clinical service; inspections and improvements made will require the area to be closed for a time. GP feedback that annual verification tests are due shortly.</p> <p>GP informed the Committee that he was chairing the Ventilation Group which has been tasked to identify compliance in air changes, filtration rates etc. At present it is not fully clear what some areas use their rooms for, this needs to be established so that compliance can be achieved. Remembering that around 60% of NHSG’s buildings are over 30 years old and are now, not often being used in the way they were planned for, more structure is needed regarding designated use.</p> <p>GJ queried whether the recent outcome of the clinical bin audit (which revealed only 33% of bins across Foresterhill were locked when checked) was still an issue.            GP was unsure as the audit had been carried out 6 weeks previously.</p>	<p><b>JWa</b> <b>AS</b></p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p><b><u>Moray (CHSCP)</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Low – Mandatory hand hygiene compliance 91%</b> This is being monitored monthly by the Lead Nurse and is being discussed at the Senior Charge Nurse (SCN) meetings.</p> <p><b>1 b) Medium - HAI Environmental Audits</b> These are to take place in January 2020 and local assurance for Standard Infection Control Precautions (SICPs) monitoring is being undertaken by the SCNs. LH stated that this is not real time and discussions are being had.</p> <p>LH also informed the Committee the HAI Sub Group meetings have been re-established and are being held on a monthly basis.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) Low – High level dust a problem in older Community Hospitals</b> LB asked how this was being taken forward. LH will investigate and risk assess as to how to tackle the issue.</p> <p><b>2 e) Medium – Non compliant hand hygiene sinks</b> This is ongoing, risk assessments are in place and has been escalated to Estates.</p> <p>VB commented that this was a common theme. There are no drinking water facilities in the hospitals? Are there water coolers? Ice machines have now been decommissioned. LH will replied that the only taps with drinking water in Community hospitals are in the kitchen. LH will check and confirm this.</p> <p><b>2 f) Medium – Non compliant flooring in all hospitals</b> This is ongoing; has been reported to Estates and identified on the report run by the Lead Nurse.</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) Low – Potential for flushing regime to be missed</b> All wards rescheduled for refurbishment are to have a flushing regime established 2 weeks post occupancy.</p> <p><b>1 b) Low – No FFP3 face fit testers on site</b> 2 members of staff will be trained however training not available until march 2020 as Royal Cornhill Hospital (RCH) is deemed low risk.</p> <p><b>3 Areas of Achievement / Good Practice</b> The local Infection Prevention &amp; Control group were undertaking bi monthly assurance visits to support staff in clinical waste management. Feedback was given immediately, face to face and staff have found this helpful.</p>	<p>LH / ASm</p> <p>LH / ASm</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p><b><u>HAI Education Group</u></b></p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Low – Corporate Induction delivery by IPCT in Elgin</b>  Due to the change in Corporate Induction from January 2020 the Elgin session now commences 10 minutes earlier than in Aberdeen meaning that should there be sickness or annual leave of the SIPCN in Elgin there would be no cover to deliver the training. Prior to this the IPCN based in Aberdeen had linked via VC to Elgin. Whilst this was not ideal the presentation could be delivered to Elgin staff. Further recruitment to the Elgin office will ensure training can be delivered.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) medium – Education required around lack of compliance with swabbing for Carbapenemase-producing Enterobacteriaceae (CPE) following a positive Clinical Risk Assessment (CRA).</b>  A member of the ICT undertook the NES Screening module which include CPE and this should help with the understanding of the screening process. Managers and staff will be signposted to the Intermediate Layer modules on TURAS Learn.</p> <p><b><u>Infection Prevention &amp; Control Team (IPCT)</u></b></p> <p><b>1 New Areas of Concern</b></p> <p><b>Not noted in report</b>  LB reported that there was a meeting taking place 22 January 2020 to discuss Coronavirus; the risk to Scotland is considered low.</p> <p><b>1 a) Very High – E.coli bacteraemia infection rates above Scottish average for Quarter 3 June – September 2019</b>  LB and DL are cleansing this data and rates for quarter 4 are expected to be within acceptable levels.</p> <p><b>1 b) Low – CNO letter received from Scottish Government – October 2019 re Standards on Healthcare Associated Infections and Indicators on Antibiotic Use</b>  DL is leading on these work streams and antibiotic quality improvement actions being established for local delivery plan targets are being added to the HAI Work programme April 2019 – March 2020.</p> <p><b>1 c) Medium – Ventilation system within the Cardiac Catheterisation Suite, ARI is not providing the required air changes per hour</b>  PAG was held 2 December 2019. Clinical service is still currently being provided without restriction. Interventions to inspect / improve the system will require suite to be out of use; annual verification tests are due shortly.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) Very High – High Consequence Infectious Disease (HCID) unified Personal Protective Equipment (PPE) ensemble is changing</b>  The unified UK PPE ensemble has been agreed for adoption in Scotland at the High Consequence Infectious Diseases (HCID) NHS Boards meeting. Training materials from Health Protection Scotland (HPS) / NHS Education for Scotland (NES) are expected to be available by December 2019.</p>	





Item	Action to be taken and Key Points raised in discussion		Action
Standing Items cont.	<p>Item 5.3</p> <p>Item 5.4</p>	<p><b>HAI Executive Group Update – meeting 15 January 2020</b></p> <ul style="list-style-type: none"> <li>• <b>DL (2019) 23 - Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) Policy Requirements</b> This has not yet been discussed at the NHSG IPCSC but will form part of the Agenda for the meeting in March 2020. This will also be presented / discussed at the NHSG CGC in February 2020. CH commented that the assurance requested by Health Improvement Scotland (HIS) regarding performance on HAI Standards is not being provided by the HAI Sub Groups. The HAIEC must receive assurance that the Sub Groups are meeting regularly and are quorate.</li> <li>• <b>NHSG Improvement Action Plan 18 week update</b> This was submitted 16/1/20. Momentum needs to be maintained.</li> <li>• <b>Ventilation Governance</b> GP has established this meeting and will be chairing the Group.</li> <li>• <b>Built Environment Group</b> This group is engaged around National design work LB reported that the blue print from this group is to be submitted to Scottish Government at the end of March 2017. VB insisted that more assurance steps are needed for the acquisition of large items / products GP stated that a retrospective review visit is anticipated for the Baird &amp; Anchor new build.</li> </ul> <p><b>HAI Inspection of GGC QEH – Progress Update</b> The HAIEC ratified v10 of the report. There are no breached deadlines and actions still outstanding will be transitioned to the HAI Work Programme with appropriate timescales.</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> No report was available to submit due to reporting now being 3 monthly. The next report will be produced in February 2020.</p> <p>GJ feedback that the National data supplied within this report was vastly out of date by the time the report is submitted to Committees. This needs to be discussed at a National level. It is also thought that the report could be made more user friendly.</p> <p><b>HAI Report to the HAI Executive Committee (HAIEC)</b> Issues to be escalated:</p> <ul style="list-style-type: none"> <li>• Responsible person required to be aware of flushing regimes</li> <li>• Water Safety Report</li> <li>• New waste contractor's waste streaming practices</li> <li>• Processes around new builds</li> <li>• Face Fit Training (FFT) and access to training Roles and Responsibilities for medical staff</li> <li>• Clearer processes for escalation</li> </ul>	

Item	Action to be taken and Key Points raised in discussion		Action
7	<p>AOCB cont.</p> <p style="text-align: right;">Item 7.1</p> <p style="text-align: right;">Item 7.2</p>	<p><b>HAI Education Delivery Plan 2018/19 (ratification)</b>  This document recently came to the Committee for ratification however the Committee did not want to ratify retrospectively. It will be evidenced as completed.</p> <p><b>Infection Prevention &amp; Control Reporting Structure</b>  GJ informed the Committee that Dr Gray's HAI Sub Group will be added to the organogram as a stand-alone group and will begin sending Sector Reports to the NHSG IPCSC.</p>	
8	<p><b>Date of Next Meeting</b></p>	<p>24 March 2020, 10.00 – 12.00 Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital</p>	