

Extract from NHS Greater Glasgow & Clyde Incident Management Team – minutes 19/1/15

A meeting between I.D. Physicians and Newcastle to look at additional training for I.D. staff. [redacted] advised that an email had come in 5 minutes before the meeting confirming the date for this as 22nd January.

Extract from Scotland Ebola Preparedness Study 29/01/15 – Arrangements for the management of a suspected case of Ebola virus disease in Glasgow

Glasgow has now identified a cubicle, has trained significant numbers of nurses and doctors and awaits final confirmation from GGC board that we could accept inward referrals.

5. PPE

For all units where suspected cases might be cared for pre-transfer (ID Units / Medical Receiving units / A&Es):

Is there sufficient full PPE* available and accessible to those units?	Yes
a) Are all staff in these units, who may care for patients with Ebola, aware of how to access the PPE?	Yes
b) Have all staff in these units, who may care for patients with Ebola, received donning and doffing training which includes practice putting on and taking off equipment?	<p>Due to a number of factors including the size of the board, the number of units, the total number of staff on shifts, and recent change over of junior doctors, training is a rolling process, and decisions on targeting and prioritisation have been made. All staff who may be required to care for patients with Ebola are requested to review the NES/HPS PPE instructional video. In half of the relevant units practical donning and doffing training has been completed for all necessary staff. In the other units sufficient staff have been trained to ensure that there is cover on every shift in the unlikely event of a high possibility case presenting to A&E, and training continues in these areas.</p> <p>It is also important to note that GGC has the experience of handling confirmed VHF patients in 2012 and 2014, as well as preparedness activities undertaken for the 2014 Commonwealth Games.</p>

**Extracts from NHS Greater Glasgow and Clyde – Ebola debrief for Scottish Government
– sent 26/1/15**

What would be your key recommendations be for the event in general?

- Continuation of regular training for local teams

Key Lessons

Staff/Training

- Standardised training across Scotland
- Clearer guidance for IMT on categorisation and follow up of contacts, and standardised information for laboratory staff.

Text of covering emails

-----Original Message-----

From: [redacted]

Sent: 29 November 2018 16:40

To: [redacted]

Subject: NHSGGC Water Teleconference - previous GGC minutes attached (18/10/18)

Dear [redacted]

As an action from yesterday's Water Teleconference meeting please find attached the GGC minutes of the last meeting held on 18 October 2018 for noting or to combine with the SG notes taken the same day.

Also, I wonder if you would mind including me in your distribution list for future communication/meeting details. I hope that's ok.

Kind Regards

[redacted]

-----Original Message-----

From: [redacted]

Sent: 10 January 2019 14:50

To: [redacted]

Subject: RE: NHSGGC Water Teleconference - previous GGC minutes attached (18/10/18)

Dear [redacted]

Apologies for not getting back to you before now.

I have attached a final copy of the GGC notes from 28 November 2018 and [redacted] has asked that the more detailed wording in Item 5 (Update on Incident – Clinical / IMT) of the GGC notes is used when combining the notes. I have highlighted this section in the attached.

I will forward the GGC notes of 20 December 2018 separately.

Kind Regards

[redacted]

-----Original Message-----

From: [redacted]

Sent: 10 January 2019 15:37

To: [redacted]

Subject: RE: NHSGGC Water Teleconference - previous GGC minutes attached
(18/10/18)

Dear [redacted]

Please find attached a copy of the GGC Water Teleconference notes of 20
December 2018 for combining with the SG notes.

Kind Regards
[redacted]

Water Weekly Teleconference Meeting

Minutes

Thursday 18 October 2018
at 1.00pm



Teleconference

(Corporate Directors Room (ground floor), JB Russell House, Gartnavel Royal Hospital)

PRESENT: [redacted]

APOLOGIES: [redacted]

Item	Action
<p>1. Welcome, Introductions and Apologies</p> <p>[redacted] welcomed everyone to today's teleconference and round the line introductions were made. Apologies were received from the abovementioned.</p> <p>2. Minutes and Actions of previous teleconference held on 10 October 2018</p> <p>The SG minutes were accepted without amendment. It was noted the minutes had been distributed to the group apart from [redacted].</p> <p>[redacted] reported that amendment was made to the GGC minutes of 04/10/18 however the combined notes were not updated to reflect the amendment around dosing. [redacted] clarified that local dosing will be carried out in October (19/10/18) and wider dosing will be carried out in November (19/11/18) and asked for the combined notes to be updated.</p> <p>[redacted] also reported that [redacted] had requested an amendment to the SG minutes of 10/10/18 around risk assessment and this will be forwarded to SG for clarification but can be picked up at the next meeting if necessary. The minutes of 10/10/18 were not combined.</p>	<p>[redacted]</p> <p>[redacted]</p>

Item	Action
<p>Actions Update (from meeting held on 10/10/18)</p> <ul style="list-style-type: none">• Generic E-mail for PQs: e-mail communication for directing PQs to be sent to PublicAffairs@ggc.scot.nhs.uk and to keep information all in one place.• Benchmarking Data: [redacted] will ask [redacted] to detail what GGC require in terms of benchmarking data for GGC so that [redacted] can take this forward.• Sense Check Meeting – [redacted] and [redacted] have arranged to meet on 07/11/18 at QEUH to sense check data.	<p>[redacted]</p>

- **Review of Costs:** SG are continuing to check the cost detail of (around £1M) as part of the PQs and will refer these to [redacted] at SG. Work ongoing.
- **Guidance from SG linked to HPS/HFS:** [redacted] agreed to review this. Done.
- [redacted]
- [redacted]
- **De-brief and shared learning:** SG plans to bring together smaller groups within boards towards the end of November 2018.

3. Update on Incident - Clinical / IMT

[redacted] provided an update that there are currently 10 transferred patients (from Ward 2A/2B) in Ward 6A and 2 transferred patients adjacent in BMT Ward 4B (Adults). There are no issues from the clinical teams, staff or patients.

[redacted] reported from an IMT perspective that there have been no further cases to date. [redacted] and not water related. There are no concerns about the patient environment.

A meeting is being held with the clinical team about little-used water outlets and whether they can be removed. This will back go back to the IMT for consideration at tomorrow's meeting (19/10/18). An update can be provided after this.

Item	Action
<p>4. Update from Estates / Facilities</p> <p>[redacted] provided an update on the programme of works and reported all positive progress so far. Procurement of materials has been arranged and there is substantial presence on the Wards just now with the workforce having easy access to repair flooring, ventilation and decoration. The wider work around taps and basin replacement is with Procurement and there are no problems with lead-in times. The IPS panels which basins are mounted to will be the limiting factor although the manufacturer verbally stated yesterday (17/10/18) that they can improve on the initial date. The manufacturer will be on-site tomorrow (19/10/18) and are expected to provide a firm date for supply. The IPS panels are bespoke and there are around 100 in number. The manufacturer and the main contractor Morris & Spottiswood know they have free access to the area and are aware the children need to be back in as quickly as possible therefore will be expected to work longer hours than their normal to meet programme demands. The Water Technical Group are scheduled to meet on 19/10/18 and GGC should be more certain around project completion to inform the group. Once complete the area will need to be cleaned including HPV clean and this will take a further week post construction activity.</p> <p>[redacted] referred to the media coverage on 17/10/18 about a drainage pipe leak and assumes there is no impact on the water and what is being done. [redacted] reported this issue was completely unrelated to the current water issue and explained the situation.</p>	

There was a choked drain which happens often on hospital sites, but in this case it was above the main entrance. There were significant efforts of a myriad of different people to unblock the drain which was full of paper towels which were not dispersible which created an efficient plug and there are wider learning points about using dispersible hand towels. Two rooms were compromised, however the issue was resolved and the rooms were back in operation by yesterday evening (17/10/18).

[redacted] asked about the replacement basins and taps and will there be testing carried out prior to use and can there be certainty of no splash back etc. [redacted] described the problem with the design and flow straighteners in relation to the current taps, i.e. they are plastic and can be compromised, and went on to explain the new tap product and construction. The new tap has copper lining which is more resistant to biofilm starting but still allows a column of water into the basin. The new basin has two features; so rather than a shallow flat bottom, has an almost inverted shape splitting the column in two. The tap needs to be centred to shed the water equally left and right. Also, the new basin has a deeper outflow gradient than the current basin. The outflow coupling is also more efficient in the new system and does not allow water to harbour. The basin and tap are the best in terms of product selection. Detail of the chosen basin and taps can be provided on request.

[redacted] added that the spout on the new tap can be disconnected and disinfected separately and there should be marked improvement. [redacted] stated there is a huge amount of learning of new things highlighted not brought up before.

5. Update from HPS / HFS

[redacted] stated that HPS are currently working on the report as noted earlier.

[redacted] had nothing further to add for HFS.

Item	Action
<p>6. Communications Update</p> <ul style="list-style-type: none"> • There have been no further PQs. [redacted] has provided an update on the blocked drain reported through the media. • Reference was made to the HAIRT paper for the Board meeting on 16/10/18. [redacted] attended this meeting and reported that [redacted] had covered the water issues as part of the HAIRT and [redacted] had provided a report on technical aspects of the current water issue. There were no further questions at the meeting and the group appeared satisfied with the updates. • [redacted] stated there has been nil of note from last week in terms of communication and added this is perhaps a reflection of no new cases however this may change when the PQ answers are published. <p>8. AOB</p> <ul style="list-style-type: none"> • [redacted] reported that through a list of remedial actions on the ward, observed in the 	

ward and reflecting generally about the number of hand wash basins in existing locations, wondered if it would be worthwhile quantifying the amount of basins and the locations in terms of new builds, and expects the little-used outlet basins of the existing build will be removed. Also, whether hygiene practice has changed and people are perhaps not washing their hands as often as they did as they use other means, i.e. gels. [redacted] stated that hand washing should be the first course of action but agreed there may not be the need for the amount of basins installed. [redacted] recognised that hand hygiene practice has changed with the use of gel which is more widespread but added that guidance is 100% hand wash basins in side rooms and asked if GGC are looking at changing this requirement in the national guidance for new builds going forward. [redacted] agreed to include this and to strengthen recommendation. [redacted] stated that going forward markers need to put down about the amount of hand wash basins etc.

[redacted]

7. Future Meeting Dates

It was decided to teleconference as planned at 1.00pm on Wednesday 24 October 2018 as the HPS Water Report will be distributed on 22 October 2018.

No further dates have been arranged however the group may wait until after [redacted] and [redacted] meet on 7 November 2018.

Of note, [redacted] is on leave next week and is thoughtful about the report being sent out during this time. [redacted] stated it will not be possible to send the report earlier than 22/10/18 however there is nothing new in terms of technical that [redacted] has not seen.

Water Weekly Teleconference Meeting

Minutes

Thursday 20 December 2018
at 12.00pm



Teleconference [redacted] (Corporate Meeting Room (ground floor), JB Russell House, Gartnavel Royal Hospital)

PRESENT: [redacted]

APOLOGIES: [redacted]

Item	Action
<p>1. Welcome, Introductions and Apologies</p> <p>[redacted] welcomed everyone to today's teleconference and round the line introductions were made. Apologies were received from the abovementioned.</p>	
<p>2. Minutes and Actions of previous teleconference held on 28 November 2018</p> <p>The GGC minutes of 28/11/18 were sent to [redacted] in draft format today. The SG minutes of 28/11/18 will be circulated after today's meeting but the GGC minutes will be reflected in these and [redacted] will circulate to the group. As previously agreed the GGC minutes of 18/10/18 have been forwarded to SG to combine notes.</p> <p>There was an action from the last meeting from [redacted] around the HPS Water Report that GGC would be kept up-to-date around the timings of when the report would be sent to the Cabinet Secretary and that SG would communicate with GGC and GGC Communications Team in advance. It was noted today that [redacted] would circulate a copy of the report to the group once finalised. [redacted] offered some assurance that there have been no significant changes made to the report.</p>	[redacted]
<p>3. Update on Incidents (NHSGGC – Clinical and IPC)</p> <ul style="list-style-type: none">Clinical Update <p>[redacted] provided an update and confirmed that Ward 2A/2B decant to Ward 6A non-BMT are currently treating 18 patients and Ward 4B has 4 beds available in conjunction with the adult service. There are no patient concerns and no further infections since the move to Ward 6A and Ward 4B.</p> <p>[redacted] noted that change of practice and removal of trough sinks was previously discussed and from an IPC perspective is satisfied that children are being cared for in the right place. There were no further questions or comments in relation to incidents.</p> <p>[redacted] reported on the operational impact on the service. GGC continue to provide relevant staffing levels as best can although there have been some challenges to free up staff. It has also been extremely busy in the children as well as adult sites from mid-October. Overall however patient safety has been maintained and the clinical team will continue to support hospital at night services. The clinical team are satisfied they are</p>	

Item	Action
<p>continuing to receive support as best as can be provided. It was noted that this decant area will remain as is and will not transfer Ward 6A and Ward 4B for the next 12 months as a consequence of ventilation works requiring to be undertaken. All relevant staff have been informed.</p> <ul style="list-style-type: none"> <p>IPC Update</p> <p>There was an action for [redacted] and [redacted] to link with the cancer unit teams in Imperial College London around benchmarking data and this contact has been made. It was noted that [redacted] is also linking in with this team by WebEx and as part of the transplant patient review network to link and share practice with microbiology in the new year. This is a step further than the original idea of benchmarking and the possibility of moving towards waterless units previously mentioned.</p> 	
<p>4. Final Report and National Learning</p> <p>[redacted] reported that there are plans for a national event in 2019 to share learning from this particular incident and from other investigations / incidents coming to light. Discussions will be held in the new year with the Cabinet Secretary to take forward co-ordinated learning. It is initially thought that input for the event will come from IPC and senior leadership and for the members of this group to be participants on the day. The suggestion to perhaps include academia will be considered and may form a separate event.</p>	
<p>5. Ventilation Review and Update from NHSGGC (Estates / Facilities)</p> <p>[redacted] reported that all estates work in relation to change of taps and drainage in Ward 2A/B has been completed and that a final clean is still to be done. The air handling system in the BMT area is not re-balanced as yet but technically the 9 BMT beds are available, but it would need to be decided by clinical colleagues what patient group can use this area. In terms of improvement to water hygiene, chlorine dioxide dosing is now operational across the campus and initial results are very good even without all of the injection points being fitted which should be completed by mid-January 2019.</p> <p>In relation to ventilation the air pressure differential is not as positive as would like to be. A high level study was done to look at how to improve this which means replacing substantial flanks in ductwork. As mentioned earlier this will take 12 months to complete and the cost implications are not known at present.</p> <p>To follow-up on [redacted]'s point about access to 8 beds (9 beds if room also used) in Ward 2A/B [redacted] reported that a meeting was held with the clinical team this week but that no definitive conclusions were made. Keeping the workforce in one location is presenting a challenge and working through the complexity to remain in Ward 6A and splitting to the other part will be progressed early in the new year.</p> <p>[redacted] reported that [redacted] has confirmed there have been no further cases reported and therefore there was nothing further to add.</p> <p>6. Update from HPS/HFS</p>	

Item	Action
<p>[redacted] reported that the HPS Water Report is with the Scottish Government. [redacted] reported that a programme of works will be shared with the Cabinet Secretary.</p> <p>7. Future Calls</p> <p>It was agreed that this will be the final teleconference for this group.</p> <p>[redacted] requested that the weekly IMT meetings (still at AMBER) are stood down as there are no new cases and added that the Water Group meetings are ongoing and these groups tackle other Estates issues. [redacted] added that the IMT would of course reconvene if necessary. It was agreed it would be sensible to step down the weekly IMT meeting.</p> <p>[redacted] stated that SG would expect to hear of any changes either via [redacted] or the usual route. [redacted] offered assurance that GGC have reverted to the previous triggers and added that the areas will continue to be monitored very closely. [redacted] stated that from a technical perspective assurance will continue to be provided to monitor the effectiveness of the water treatment system and regular meetings with clinical and IPC colleagues in GGC will continue. [redacted] reported that [redacted] has made comment to this effect also this morning.</p>	
<p>8. AOB</p> <p>[redacted] thanked everyone on the call particularly to those in GGC who have gone above and beyond their remit and also to HPS and HFS colleagues.</p> <p>[redacted] added she is content to step down the teleconference calls and thanked SG for taking part.</p>	

Water Weekly Teleconference Meeting

Minutes

Thursday 28 November 2018
at 12.00pm



Teleconference [redacted]
([redacted]'s office (ground floor), JB Russell House, Gartnavel Royal Hospital)

PRESENT: [redacted]

APOLOGIES: [redacted]

Item	Action
<p>1. Welcome, Introductions and Apologies</p> <p>[redacted] welcomed everyone to today's teleconference and round the line introductions were made. Apologies were received from the abovementioned.</p> <p>[redacted] made reference to another NHSGGC incident (decontamination) and added there will be national learning in relation to this, particularly around new builds and management.</p>	
<p>2. Minutes and Actions of previous teleconference held on 18 October 2018</p> <p>The SG minutes of 18/10/18 were accepted without amendment. [redacted] pointed out there are minutes from both SG and GGC. GGC will forward the minutes of 18/10/18 to SG for noting or to combine. It was agreed that [redacted] and [redacted] will collaborate to combine minutes going forward.</p> <p>An action not picked up from the minutes in relation to a [redacted]. All other actions will be picked up in today's agenda.</p> <p>It was agreed that item 5 of today's agenda could be discussed first.</p>	[redacted]
<p>5. Update on Incident – Clinical / IMT</p> <p>[redacted]</p>	
<p>3. Final Report and National Learning</p> <p>[redacted] reported that because of the linkage to national learning it was essential to get messages out to other health boards in a safe way and to ensure that Estates and IPCTs are involved at the right level in order to ask the right questions and get the right level of support. It had been previously suggested that a confidential discussion would perhaps be best to look at national learning. SG would be keen to hear from the HFS team how something similar can be done in NHSGGC but also bringing in IPCTs from around Scotland to discuss learning and lessons learned.</p>	

Item	Action
<p>[redacted] reported that HPS have provided [redacted] and her team some assurance through the strategic facilities group that HPS were invited to, that discussed water in general and not this specific water incident. [redacted] asked [redacted] how then would be best to get learning across in a safe way. [redacted] reported that learning will be planned in and needs to be specific. The timescale of this will be determined by the recommendations once they are in place and once the report has been finalised.</p> <p>HFS ([redacted]) stated there are fairly extensive stakeholder networks to include water specialists and engineers guidance around education and events will be provided. In terms of timeline HFS would propose to put a together a project to ensure that the buildings are as intended, and that this will go to the next strategic meeting with HFS and others in the turn of the new year for this to be worked out.</p> <p>[redacted] reported that the ICM Network meets every quarter and there has already been some information sharing in discussions with other boards at ICM level. [redacted] pointed out that informal communications can be misinterpreted or have unintended consequences therefore it might be helpful for the SG to understand what has laready been shared. [redacted] welcomed the suggestion of more formal sharing. [redacted] stated that the SG Policy Unit asked HFS and HPS to prepare a review of all new builds over the last 5 years especially in relation to patient safety and that HPS will do a scoping exercise around this.</p>	
<p>4. Ventilation Review</p>	
<p>[redacted] reported that it will not be possible to provide an update on Ward 2B today due to other current issue within GGC however more detail around Ward 2B is available and there is a clearer vision of Ward 2A/2B but with limited options. Both HPS and HFS are abreast of the situation. [redacted] and [redacted] are involved in the Friday meetings being held in relation to Ward 2A/2B.</p>	
<p>5. Update on Incident – Clinical / IMT</p>	
<p>Discussed at the start of today’s agenda as agreed.</p>	
<p>6. Update on Estates / Facilities</p>	
<p>[redacted] provided an update on Estates/Facilities and reported that flooring, changing taps and sinks etc will be completed by 07/12/18. Permeability tests and verification tests for the 8-bedded unit is scheduled for two weeks after that, then deep clean and HPV treatment which is expected to take to the end of December.</p>	
<p>The introduction of chlorine dioxide dosing on 23/11/18 within Ward 2A/2B went successfully however more time is required to analyse data. This has provided invaluable learning and proof of concept of a wider piece of work throughout the adult hospital. The main bulk storage tanks in both RHC and QEUH go live date is 07/12/18 for bringing chemicals in, and for cascade where boosted lines will be put in is 14/12/18. Another eight will come in on the back of that with a planned completion date of 25/01/19 by which time there will be maximum penetration through both buildings. Works around ventilation review in Ward 2A/2B will be completed no later than mid-December with full cleaning done thereafter.</p>	

Item	Action
<p>[redacted] thanked [redacted] for this comprehensive update and acknowledged this has involved a significant amount of work. [redacted] asked for any comments.</p> <p>[redacted] stated it would be helpful for briefing if some hard details could be provided when the next operations are going to happen and this would also be a help for media communication purposes. [redacted] took this comment on board and agreed parties need to work together and will ensure this is done going forward.</p> <p>[redacted] informed the group that he had provided general information on ventilation at the Water Technical Group and asked if [redacted] could provide something more specific for reporting purposes. [redacted] will provide this and agreed everyone should be aware of the proposed solution.</p> <p>[redacted] recognised the size and scale of the works and thanked the team for their input.</p> <p>[redacted] asked [redacted] if the current situation is going to be manageable with the delay in getting back into Ward 2A/2B. [redacted] reported that patients are accepting of the situation and are working closely with clinical teams in terms of progress. [redacted] thanked [redacted] for his contribution earlier in the meeting.</p>	<p>[redacted]</p>
<p>7. Update from HPS / HFS</p> <p>Nil of note.</p>	
<p>8. Communications Update and Planned Media Activity</p> <p>[redacted] referred to media activity last week around the CDU and added there was nothing in particular to report on the water issue due to the other ongoing CDU issue.</p>	
<p>9. Future Meeting Dates</p> <p>[redacted] thanked everyone and stated this was a useful update and that considerable actions and works have been undertaken and completed with no further patient cases with the patients relocated.</p> <p>[redacted] suggested a further teleconference meeting mid-December 2018. [redacted] added that there are close links with HPS and HFS for anything in the meantime.</p> <p>[redacted] Proposed dates for the next meeting mid-December 2018 will be circulated. The SG will ensure the Board is kept abreast ahead of Cabinet Secretary discussions.</p>	
<p>10. AOB</p> <ul style="list-style-type: none"> • Nil of note 	