

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

Minutes from meeting held 5 July 2022
Via Teams
10.00 – 12.00

Present:

GJ – Grace Johnston, Interim Infection Prevention & Control Manager (Chair)
CC – Caroline Clark, Chief Nurse, Combined Child Health
CW – Chantal Wood, Assistant General Manager of Facilities & Estates
LMc – Lesley McManus, Interim Nurse Manager, Older Adults Inpatient Service
LM – Leonora Montgomery, Public Forum Representative
AMc – Alison McGruther, Chief Nurse - Aberdeenshire CHP
FM – Fiona Mitchell, Nurse Manager, Elderly Services
AL – Allison Lister, Operational Lead Nurse, Moray
GMcK – Grace McKerron, Chief Nurse
JR – Janice Rollo, Quality Improvement & Assurance Advisor, Quality Improvement and Assurance Team
DV – Diane Vass, Nurse Manager, Dr Gray's Hospital
AR – Alice Ritchie, Clinical Nurse Manager, Acute

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) Dawn Stroud (DS)	
2	Minutes of last meeting 24 May 2022	The minutes from 24 May 2022 were ratified by the Committee with no amendments	
3	Action Tracker	<p><u>Meeting 24 May 2022</u></p> <p>5.1 Sector Reports – Aberdeenshire H&SCP</p> <p>1 a) High – Enforcement notice issued by Health & Safety Executive (HSE) to an in house care home This identified material breaches in the management of Legionella a “written scheme” is required. VB and GP asked AMC to share the information on this for learning. AMc will link VB and GP in with Janine Howie – Location Manager. Email sent 16/5/22. Close action</p> <p>5.2 HAI Education Group</p> <p>Statutory / Mandatory Training LR to liaise with Linda McKerron as to reduction in statutory / mandatory training and who is leading on to ensure compliance is more achievable. Linda McKerron sent update. Close action</p>	

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3	Action Tracker	<p>5.3 Risk Register GMcK requested that the exit strategy for Safer Workplaces be added to the NHSG IPCSC Risk Register GJ added risk. Close action</p> <p>7.1 Safe and Clean Care Audit Tool (SACCAT) Are resources available to supply Teams with IT equipment to complete SACCATs? GJ to investigate. GJ emailed Linda McKerron 28/6/22. Possible allocation of equipment however age of equipment may be an issue. Will progress out with. Close action</p> <p><u>Meeting 22 March 2022</u></p> <p>4.2 Safer Workplaces (SWP) Update GJ asked LR to come back to the Committee with suggestions on ways to communicate guidance more effectively. Escalated at SWP Assurance Group and SWP Operational Group. Regular communication sent to Daily Brief. Close action</p> <p>5.1 Sector Reports – HAI Education Group</p> <p>2 h) Very High – COVID19 PPE Training sessions; on-going staff training in Donning & Doffing of enhanced PPE Content of the Droplet Precautions module are consistently reviewed by the HAI Education Lead with Health & Safety reviewing the Airborne Precautions module. GJ to seek more clarity on this from DS No update available. GJ / DS will take this forward. Update DS reviews content with H&S periodically. Will check material for currency prior to meeting 20/9/22. Close action</p> <p><u>Meeting 23 November 2021</u></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 24 November 2020</u></p> <p>5.1 Sector Reports</p> <p>Moray CHSCP – High – Outstanding Flooring Works Action no longer accurate. Sector to provide updates on action via Sector Reports. Remove from Action Tracker.</p> <p><u>Meeting 23 July 2019</u></p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System HAI investment list is currently being reviewed as had not been updated since the outset of COVID. Entries are being reviewed to see if resolved on Planet and if so removed, remaining ones and any additional ones in Planet (in the intervening period) will be reviewed by Les Duncan. HAI Investment Group will eventually be chaired by Les, or reported via an existing meeting. Meeting monthly and have an action plan to get to the point we need to be. IPC around this meeting. Includes action to review the Estates HAI flowchart which illustrates how issues are categorised and the direction to resolution or holding. Above process enables closure of action.</p>	

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5	Standing Items cont.	<p>CSS</p> <ul style="list-style-type: none"> Senior Management Assurance walk rounds have re-commenced monthly with themes <p>Estates</p> <ul style="list-style-type: none"> HAI SCRIBE Tool Box talk has been delivered to the tradesmen based at Mile End. <p>Unscheduled Care</p> <ul style="list-style-type: none"> Safer Workplaces action plans in place <p>GMcK added that it feels the ARI HAI Sub Group has begun to function better with increased attendance and Reports being submitted as requested.</p> <p><u>Children's Services</u> A report was submitted</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Heat within Royal Aberdeen Children's Hospital CC noted that this is not a new concern, however, situation is deteriorating again as Summer approaches and will remain on the report to be addressed. Mitigating actions have been put in place including water, iced refreshments and additional rest breaks.</p> <p>1 b) Medium – Poor compliance with undertaking audits due to staffing issues Situation is being monitored and Senior Charge Nurses (SCNs) are being supported in the updating of audit results on Illuminate. FM feedback that the audit results for Woodend General Hospital (WGH) are input by the ward receptionist; CC added that this may be achievable, will investigate. Sue Swift has recommenced walk rounds.</p> <p>3 Mandatory HAI Education Training Compliance Figures CC advised that she was happy with the current compliance figures.</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2) As noted above Management walk rounds have been recommenced</p> <p><u>Women's Services</u> A report was submitted.</p> <p>1 a) Low – Dr Gray's Hospital – Ward 3 Drainage Plans were in place to divert the drainage from the birthing pool into an existing unused drain and this work has now been undertaken. Water testing is taking place. This has been added to the local Risk Register.</p>	

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5	Standing Items cont.	<p>3 Mandatory HAI Education Training Compliance Figures Issues are still ongoing with accessing training compliance figures. Ongoing discussions are taking place at weekly leadership meetings</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2) Unannounced walk rounds have restarted with one area being reviewed per month. A draft plan will be produced and will be shared with the Nurse in Charge and saved on the shared drives for the service.</p> <p><u>Aberdeenshire H&SCP</u> A report was submitted.</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Concerns raised across the CHSCP Vaccine Clinics Concerns have been raised with regard to environment and cleaning. IPC and SWP have given advice with regard to external cleaners. Lisa Leslie is assisting. This has been added to the local Risk Register.</p> <p>Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2) A paper detailing various inspections has been shared with the AHSCP Clinical and Social Work Governance Committee to highlight Health Improvement Scotland (HIS) plans going forward and to support teams with ongoing preparation work</p> <p><u>Aberdeen City CHP</u> A report was submitted</p> <p>No New Areas of Concern were identified</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 f) High – Porters have not yet managed to install a cleaning schedule This has been escalated to the Service Manager.</p> <p>CW will take this to the Health & Safety Expert Group. Neil Duncan is progressing waste audits at present. CW will also look into cleaning schedules / processes and feedback to the Committee.</p> <p>JR feedback that the bin situation was also raised at the last Mental Health & Learning Disabilities Sub Group meeting. CW confirmed that weekly audits used to be completed at Royal Cornhill Hospital (RCH). All HAI Sub Group Leads should raise their concerns as often as possible.</p> <p>2 g) High – 6 Monthly Inpatient HAI Audits have not been completed due to staffing pressures FM will obtain an update at the next HAI Sub Group meeting.</p> <p>3 Mandatory HAI Education Training Compliance Figures FM spoke with Sandi Powell – Learning & Development team regarding the TURAS figures being shown as numbers rather than percentages; this has happened due to other Health Board's requests. Sandi will liaise with TURAS to see if this can be changed for NHSG.</p>	<p>CW CW</p>

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5	Standing Items cont.	<p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2) Lumira Point of Care Testing (PoCT) machine now available in three locations across Woodend as well as Rosewell House. Making a huge difference to the speed of discharges / preventing discharges being delayed due to no swab being taken</p> <p>6 monthly HAI audits were good with only a small number of areas with non-compliant sections. Most frequent non-compliant area highlighted is care bundles - individual areas asked to focus on as area for improvement.</p> <p>Facilities A report was submitted</p> <p>No New Areas of Concern were identified</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 n) Inverurie Hospital Admin Block – Healthcare Environment Condition The building is empty with exception of the staff dining room and kitchen – condition of the building is not fit for purpose. A paper was presented to the Asset Management Group but no funding is available at this time. An options appraisal is in the process of being completed for Catering Services at Inverurie.</p> <p>Elgin Birthing Pool Water testing has been completed and results are good; hoping to open soon.</p> <p>2 p) Ward 7 - Dr Gray's Hospital There has been improvement in water testing results. Controls still in place and hoping to open in 2 weeks.</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2) Health & Safety walk rounds continue</p> <p>CW informed the Committee that NHSG are losing a number of domestic staff (that were taken on during the pandemic) due to the end of the COVID cleaning programme. A paper is being taken to the Weekly Decision Making Group.</p> <p>Dr Gray's / Moray (CHSCP) No report was received. DV gave a verbal update.</p> <p>DV informed the Committee that the Dr Gray's / Moray CHSCP Sub Group meetings have now merged with the first meeting having been held 23 June 2022.</p> <p>Mandatory training issues continue</p> <p>SACCA's are taking place supported by the IPCT.</p> <p>AL and Sam Thomas have been visiting the Moray Community hospitals and are pleased to see that reports are being completed.</p> <p>Ward 5 had a COVID outbreak recently. A deep clean was performed on 5 July and the ward was reopened. Kind to Remind visits have been performed and mask usage has been focused on.</p>	

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5	Standing Items cont.	<p>With regards to the Eurobins discussion DV confirmed that, within DGH, bins are removed and replaced each time cleaning takes place.</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2) Walk rounds and audits continue at DGH. Debbie Barron is sharing information from these and wards are to benchmark.</p> <p>The HAI Sub Group meeting scheduled for 27 July has been cancelled. Next meeting will take place on 24 August.</p> <p><u>Mental Health & Learning Disabilities</u> A report was submitted</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Inappropriate and unsafe waste disposal practices identified specifically within Eurobins There have been lengthy discussions regarding issues with inappropriate waste disposal streams. An email has been sent to all areas reminding them of correct waste disposal practices and has been escalated to service leads. Audits will be undertaken and training discussed.</p> <p>LM also stated that cleaning of the Eurobins is an issue with residual layers of waste still present. Photographs were taken and, as noted above, weekly audits will be done.</p> <p>2 a) High – COVID19 This outbreak is now coming to an end. Staff have been educated and all advised with regard to attending work whilst displaying symptoms.</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2) Waste disposal audits completed across the site. No major issues reported however some identified and rectified immediately.</p> <p>SACCA's commenced across the site – no major issues reported.</p> <p>A discussion then took place regarding patients within COVID areas. FM queried whether the Respiratory Pathway posters should still be used and if not what is the process? GJ advised that the Addendum is to be archived on 11 July and that the National Infection Prevention Control Manual (NIPCM) should now be used for all guidance; Transmission Based Precautions (TBPs) have been reinstated. GMcK asked if communication has been sent out regarding this and GJ replied that it would be shortly.</p> <p><u>HAI Education Group</u> Report was submitted</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Staff have highlighted inability to undertake mandatory training Linda McKerron advised that mobile devices are available for educational use however these are 6 years old and IT maintenance will be an ongoing issue. Discussions ongoing.</p>	

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5	Standing Items cont.	<p>2 g) High – IPCT concern that DGH and Moray HAI Groups are not meeting frequently enough to give assurance on oversight. DGH / Moray HAI Sub Group to formally advise IPCT of their merger and send all papers AS.</p> <p>HAI Education Group planning meeting will be held 6 July. Mandatory / Statutory training will be raised at the next Group meeting and issues discussed. Health & Safety are also aware that staff are struggling to complete the required training. CW confirmed that a group has been set up to look into these issues; members are Philip Shipman, Linda McKerron and CW. This group will discuss how achieve better compliance amongst staff. GJ replied she would be interested in being involved in this. CW will send all pertinent information to GJ.</p> <p><u>Infection Prevention & Control Team (IPCT) Roundup</u></p> <p>IPC Surveillance & HAI Screening Methicillin-resistant Staphylococcus aureus (MRSA) and Carbapenemase-producing Enterobacteriaceae (CPE) screening compliance remains challenging</p> <ul style="list-style-type: none"> • MRSA CRA compliance 60%, swabbing compliance 46%. • CPE CRA compliance 67%, swabbing N/A as no patients with positive CRA <p>GMcK worked on these rates with Leighanne Bruce when she was still in post. Need an evidenced plan to take this forward. GJ / GMcK will discuss prior to the next Clinical Governance Committee (CGC) meeting (12 August).</p> <p>Incidents and Outbreaks</p> <ul style="list-style-type: none"> • There has been 1 Preliminary Assessment Group (PAG) meeting held since the last NHSG IPCSC. This was due to a COVID outbreak • One previous IMT has on-going Technical Meetings with an Organisational one to be called in due course <p>Audit & Assurance</p> <ul style="list-style-type: none"> • SLWG underway to look at Bed Spacing. This is chaired by GMcK however GJ will assist and the Group will also look into environmental factors • SACCAT – the IPC will offer support to all areas. However, if some feel that they can proceed without support they are free to do so. <p>FM queried whether these are being input into Illuminate. GJ will investigate and update FM.</p> <p>AR asked who the main contact would be to contact regarding SACCA's so that she can advise her Teams. GJ confirmed that it would be the IPCN for the area.</p> <p>Built Environment</p> <ul style="list-style-type: none"> • Collaborative approach to allocating IPC resources on a risk basis continues through the NHSG IPC Construction Group (forms submitted to this Group) 	<p>DV / AL</p> <p>GJ / GMcK</p> <p>GJ</p>

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5	<p>Standing Items cont.</p> <p style="text-align: right;">Item 5.2</p>	<ul style="list-style-type: none"> • IPCT continue to be involved in several projects across NHSG some of which are challenging <p>Trying to be more proactive to prevent issues arising.</p> <p>Policies and Procedures</p> <ul style="list-style-type: none"> • MRSA Protocol is out for comment with the IPCT • MDRO Protocol is out for key stakeholder review <p>IPCT Workforce</p> <ul style="list-style-type: none"> • Technical Lead Nurse Leighanne Bruce has now left the Team and now works for ARHAI. • One of our part-time Band 6 IPCNs is leaving us at the beginning of July • Two new full-time Band 6 IPCNS joined the Team in June <p>Areas of Achievement / Good Practice</p> <p>IPCT scheduled support of the first 8 weeks will have passed at the time of this meeting. We thank the wards who have hosted us. Your welcome has enabled the IPCT to further improve the SACCAT. The model of IPC requesting attendance at the first SACCA has been revised. This means:</p> <ul style="list-style-type: none"> • IPC Nurses remain available to support audits on request • IPC Nurses will continue to carry out support audits for those new in post or to NHS Grampian. If not new to the role as SCN/Dept. Lead • IPC will not schedule routine 6 monthly audits • Ward / Departments schedule their 6 monthly SACCA <p>HAI Work Programme 2022/23 (for ratification)</p> <p>GJ has noticed the report requires some minor changes, AS will send an updated report to the Committee electronically. The report has been updated to reflect the new IPC Standards that were released recently.</p> <p>IPC Standard 1 – Leadership and Governance</p> <p>1.2 Ensure HAI Groups across NHSG meet regularly and are well attended. Lead required. Should be HAI Sub Group Leads and timescale needs to be end of August 2022.</p> <p>IPC Standard 2 – Education and Training</p> <p>Refers to the Education Delivery Plan 2022/23 which was sent to the IPCSC in March 2022</p> <p>IPC Standard 3 - Communication</p> <p>3.1 Patient Placement Tool to become electronic on Trak. Refers to the EPR Digital Ward update December 2021.</p> <p>3.2 Consider how to improve communication of HAI data throughout the organisation. GJ will liaise with Jenny Ingram to improve visibility e.g. Clinical Risk Assessments – make scores more evident. Suggestions welcome.</p>	AS

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5	Standing Items cont.	<p>IPC Standard 4 – Assurance and Monitoring Systems</p> <p>4.1 Meet targets for SABs, CDIs and ECBs (all targets to be measured against NHSG local levels). DL (2022)13 HAI Targets will not be met due to the Pandemic – extended by a year to 2023.</p> <p>IPC Standard 5 – Optimising Antimicrobial Use Please refer to the AMT Work Plan.</p> <p>IPC Standard 6 – IPC Policies, Procedures and Guidance</p> <p>6.1 Implement NIPCM chapter 4 (built environment) upon launch. Chapter 4 NIPCM is available, but not mandatory until complete</p> <p>6.2 VAD policy to be reviewed. The lead on this is a non-existent post. Rethink how / where this can be captured. Staph Aureus bacteraemia (SAB) rates have increased. Need to be actions developed. Electronic Patient Record (EPR) system is in place but PVC bundle is a paper based copy - could this be impacting?</p> <p>6.3 Update NHSG's A-Z Guide for the Decontamination of Reusable Healthcare Equipment. AS updated that this is now an interactive pdf and is held by Corporate Graphic Design. AS has spoken with Andrew Mitchell on the process for updating this document. Awaiting reply.</p> <p>6.4 Remove</p> <p>IPC Standard 7 – Clean and Safe Care Equipment</p> <p>7.1 Roll out the Safe and Clean Care Audit Tool (SACCAT), previously HAI Audit Tool, across NHSG. Rolled out successfully</p> <p>7.2 Reissue and implement new guidance around decontamination of reusable medical equipment. GJ will liaise with JL.</p> <p>7.3 Ensure correct decontamination facilities for new robotic surgery devices. CW / JL have attended the Robotic RAS Programme Board and Operations meeting and are preparing an SBAR for the August meeting on what an additional robot will mean in terms of infrastructure / staffing. No timeframe available as yet.</p> <p>IPC Standard 8 – The Built Environment</p> <p>8.1 Facilities & Estates have their own Work Plan which can be accessed upon request. Also working on an Investment Process currently. Narrative needs to be added to this Work Programme refer to documents.</p> <p>GMcK will add narrative to the Work Programme regarding HIS Inspection that was discussed at the Leadership Council meeting.</p> <p>Delivery Area 10 – Reports from Inspections, Inquiries, and Reviews</p> <p>Vale of Leven Inquiry Report: Recommendation 69. This is an outstanding action. Need to progress</p> <p>QEH unannounced inspection: Requirement 10. This is complete</p>	GMcK

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6	HAI Report to Clinical Governance Committee / Board cont. Item 6.1 Item 6.2	<p>HAI Report to the Board (HAIRT) – no report due GJ informed the Committee that a new front page is being trialled for the July report to make it more visually appealing.</p> <p>HAI Report to the HAI Executive Committee (HAIEC) (new escalations)</p> <ul style="list-style-type: none"> • Issues with the cleaning of Eurobins • Surveillance compliance rates • Mandatory / Statutory education non compliance 	
7	AOCB Item 7.1 Item 7.2 Item 7.3	<p>IPC Standards – Plain English booklet On the HIS website. Easy to read booklet</p> <p>Transition from Winter Respiratory Infection IPC Addendum back to NIPCM – May 2022 As previously discussed the Addendum is being archived as of 11 July 2022 and there is a return to TBPs. IPC will share communication regarding this via the Daily Brief.</p> <p>CNO Letter – Standards on HAIs and Indicators on Antibiotic use - October 2019 As discussed Item 5.1 HAI Work Programme 2022/23 - DL (2022)13 HAI Targets will not be met due to the Pandemic – extended by a year to 2023</p> <p>Expiry dates on fluid resistant surgical masks AR posed a question regarding the dispensers for FRSMs at the hospital entrances. Where do we stand with regards to the fact that they are not in any container that has an expiry date on. Were told to have them in the boxes to ensure that they are within date so that this can be evidenced. AS confirmed that the expiry date is 5 years. AR will feedback to the areas concerned.</p>	
8	Date of Next Meeting	20 September 2022 10.00 – 12.00 via Teams (with a 10 minute comfort break)	