

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

Minutes from meeting held 14 January 2025

Via Teams
10.00 – 12.00

Present:

GJ – Grace Johnston, Infection Prevention & Control Manager (**Chair**)
ANd – Astrida Ndhlovu, Deputy Infection Prevention & Control Manager
JWa – Julie Warrender, Chief Nurse, Frailty & rehabilitation Services, ACHSCP
JBa– June Barnard, Nurse Director, Secondary & Tertiary Care, Acute
DS – Dawn Stroud, Senior Infection Prevention & Control Nurse, IPCT
JW – Julia Wells, Chief Nurse, Adult Mental Health
LMc– Lindsay MacLaren, Senior Charge Nurse, (**deputising for Helen Chisholm**)
CW – Chantal Wood, Deputy General Manager, Facilities & Estates (**attending for Wayne Strong & Juliette Laing**)
RM - Rachel Mennie – Antimicrobial Stewardship Specialist Nurse, IPCT
PH – Paula Holton, Infection Prevention & Control Nurse
AMcG – Alison McGruther, Chief Nurse, Aberdeenshire HSCP
HCo – Helen Corrigan, Consultant Nurse, Health Protection Team

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	Wayne Strong (WS) Juliette Laing (JL) Aileen Cameron (AC) Will Olver (WO) Helen Chisholm (HC) Sarah Campbell (SC) Grace McKerron (GMcK)	
2	Minutes of last meeting 19 November 2024	The minutes from 19 November were ratified by the Committee with amendments to narrative within Item 3 Action Tracker 6.1 HAI Report to the Board (HAIRT) – July 2024 Updated narrative: The drop in score is related to 2 Wards - DOSA Ward 8 and Ward 10. Both had leaks that caused damage to ceiling tiles. The damaged / stained tiles are being replaced”.	
3	Action Tracker	<u>Meeting 10 November 2024</u> 5.1 Sector Reports <u>ARI</u> Items for Escalation - Staff removing clips from showers to enable fuller patient care. Increased risk of water borne infections. GMcK to discuss with WS as to a solution to the issue. WS will liaise with the Estates Team and ask how this has been approached in the past and measures put in place. Looking into a possibility of longer shower hoses.	

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3	Action Tracker cont.	<p>Historical Issues – MUSC - Ward areas struggle to keep up with cleaning standards due to increased number of patients and no additional staff available. Will continue to monitor via SACCAT and monthly equipment checks. SACCAT is too large a document to complete regularly. Consider using a pared down SACCAT to gain assurance and complete regularly until compliance has been gained. GMcK will investigate and raise at the HAI Sub Group meeting being held 14/1/25.</p> <p>Multiple references to Non Standard Patient Area (NSPA) use within the report - helpful if this information could be captured and taken to the NSPA Monitoring Group for information. GMcK will take this to the NSPA meeting 15/1/25 where this is a standing item on the agenda. Close action.</p> <p>Gaps in the reporting of the Clinical / Non Clinical Refresher compliance reporting - GJ offered to join the ARI HAI Sub Group to explain the reason for and the importance of this reporting. GJ / GMcK will liaise. Next meeting being held 14/1/25. Will discuss if required after this date.</p> <p>Backlog Maintenance - WS to be invited to provide a presentation / outline the process of the backlog list and risk prioritisation process or the next meeting AS added to the Agenda for meeting 14/1/25. Close action.</p> <p><u>Aberdeen City CHP</u></p> <p>Mandatory HAI Education Training Compliance Figures - how are care homes are achieving 100% compliance for mandatory training? JWa confirmed that these figures relate to the Care Home Team and not Care Home staff in general. Close action.</p> <p>HCo asked for clarity on what was meant by “care homes” is this the assurance teams? See narrative above. Close action</p> <p><u>7 AOCB</u></p> <p>7.1 Terms of Reference- Remove all titles from membership list and only include Chief Nurse (or nominated deputy) for all IJBs GJ to investigate that these job roles are not a Scottish Government requirement before amending</p> <p>Portfolio name - Infrastructure and Sustainability to be amended to Infrastructure, Sustainability and Support Services AS will amend.</p> <p>7.3 Cleaning Wipes within NHS Grampian - growing evidence suggests dry surfaces can harbour a biofilm and Boards are being encouraged to start using disinfectant wipes instead of detergent. ANd will compose an SBAR. This will come to the Committee when complete. Not many Boards within NHS Scotland are using these wipes, however, in NHS England there are more. Draft SBAR produced and awaiting comment from GJ</p> <p><u>Meeting 10 September 2024</u></p> <p>5.1 Sector Reports</p> <p><u>Dr Gray's / Moray HSCP</u></p>	

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3	Action Tracker cont.	<p>1 c) Low – COVID Outbreak on Ward 7 – July 2024 Not yet shared at the Non Standard patient Area (NSPA) Group. JBa will follow this up with HC.</p> <p>2 e) Low - Poor attendance at decontamination training in November No update.</p> <p>2 i) Medium - During recent PAG poor patient placement document completion identified Nothing further to update in relation to the PPT compliance, except adherence is in place with the assisted walk rounds which is facilitating completion of the PPT. Close action.</p> <p><u>Facilities & Estates</u></p> <p>2 aa) High - Decontamination Services – CDU, Mile End – Clean Room CW confirmed that WS has updated the report and will submit.</p> <p><u>Meeting 2 July 2024</u></p> <p>5.1 Sector Reports</p> <p><u>ARI</u></p> <p>2 m) High – Plastic Dressings Clinic IPC Management to discuss IPC supported SBAR for presenting to Asset Management Group (AMG) for a decision on a temporary move GJ met with Project Manager. Project progressing. Close Action</p> <p>4 Mandatory HAI Education Training Compliance Figures – Surgical Self-Assessment document dates. No update</p> <p><u>MH&LD</u></p> <p>1 a) Low – Raised Total Viable Counts (TVC) Levels – Fyvie Ward, Royal Cornhill Hospital Sent document back to H&S for upload to intranet page. Close action</p> <p><u>Meeting 21 May 2024</u></p> <p>5.4 HAI Executive Committee Update – Responsibilities for flushing Matthew Toms updated that this is to be piloted in Ward 108. Is with Nurse Manger and pilot planned to commence week commencing 13/1/25</p> <p><u>Meeting 21 November 2023</u></p> <p>5.1 Sector Reports - Aberdeenshire HSCP - Trolleys with wheels and brakes should be on a maintenance schedule – this would include Ultrakarts. Discussions needed as to who maintains this equipment No update received so closing this as unresolved.</p>	

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4	Matters Arising		
	Item 4.1 a)	<p>Unannounced – Acute Hospital Safe Delivery of Care Inspection Aberdeen Royal Infirmary (ARI) - NHS Grampian RL attended and gave an update on progress.</p> <p>As a reminder to all on 9 – 11 October 2023 both Aberdeen Royal Infirmary (ARI) and Dr Gray's Hospital (DGH) received an unannounced Safe Delivery of Care inspection from Healthcare Improvement Scotland (HIS).</p> <p>During the inspection of ARI, 5 areas of good practice, 2 recommendations and 12 requirements were identified and for DGH 2 areas of good practice, 1 recommendation and 20 requirements.</p> <p>The 18 week update to the Improvement Action Plans (IAP) for both these inspections have been submitted and are available on the HIS website.</p>	
	Item 4.1 b)	<p>Unannounced – Acute Hospital Safe Delivery of Care Inspection Dr Gray's Hospital (DGH), Elgin – NHS Grampian RL attended and gave an update on progress. Please see narrative above.</p> <p>A follow up inspection at DGH took place 22 – 24 July 2024 which resulted in 5 areas of good practice, 2 recommendations and 12 requirements; of these requirements 10 were carried forward and 3 were given a new focus.</p> <p>NHSG are currently working on the 18 week follow up to the IAP which is due submitted February 2025.</p>	
	Item 4.1 c)	<p>Summary Report of External Inspections to NHS Scotland Boards (1 November – 30 November 2024) A report was submitted which RL spoke to.</p> <p>There were no Safe Delivery of Care inspections noted within this report</p>	
	Item 4.1 d)	<p>Summary Report of External Inspections to NHS Scotland Boards (1 December– 31 December 2024) A report was submitted which RL spoke to.</p> <p>Within this report there was 1 Safe Delivery of Care inspection for NHS Western Isles which resulted in 8 areas of good practice, no recommendations and 22 requirements, some of which are similar to those in NHSG and other reports. These requirements included hand hygiene, compliance with safe management of waste (including sharps), safe and secure storage of cleaning products, and 1 of the areas of good practice that was identified for Western Isles was that equipment was available, clean and stored safely ready for use.</p> <p>For the Committee's awareness HIS are expanding their programme within the Safe Delivery of Care inspections and have reported that they will be undertaking unannounced inspections within the areas of Inpatient Mental Health Services and Perinatal. Work is underway within NHSG to ensure that staff are supported should we be subject to an unannounced inspection within those areas. Also for information is that following discussion at the NHSG Cross System, Quality Safety and Assurance Group (where previous SBARS for external reports are discussed) the format for these SBARS is being refreshed. Once the refreshed format has been agreed, the external HIS inspection SBARS will be circulated to the NHSG IPCSC for information.</p> <p>JW replied that she was aware that Perinatal inspections were to be commenced and asked if this has now been formally communicated and where these inspections can be found; on the HIS website?</p>	

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4	Matters Arising cont.	<p>RL replied that, to date, there have been no Perinatal inspections undertaken but NHSG have received communication that these will commence January 2025.</p> <p>HCo questioned what has been put in place since the DGH Norovirus outbreak. NHSG are having to remind staff to comply with basic Infection Control practice, management of linen, sharps etc.; is this due to the high level of agency staff utilised? Basic core skills seem to be diluted and these issues can also be seen in care homes.</p> <p>JBa replied that there is a requirement to ensure that NHSG staff are compliant with IPC standards going forwards and each of the actions associated with the HIS inspection has it's reflective actions that are included in the action plan and ongoing. There is a requirement for teams to ensure day-to-day monitoring in terms of environmental checks, daily leadership, walk rounds etc. and HC and the Nurse Managers are working hard on this; suggested it is unlikely that issues can be attributed to the use of agency staff. There are lessons to be learned from the debrief in relation to the DGH outbreak, and various meetings have been held; continue to consolidate that learning and share widely across the Organisation.</p> <p>GJ asked HCo for her opinion on whether she considers adherence to IPC practice has worsened or whether it perhaps is being scrutinised more.</p> <p>HCo commented that it does not seem as ingrained in staff as it used to be and day to day tasks are perhaps more technical now. Nurses are advancing their practice and healthcare support workers are undertaking more. Frustrating that despite the amount of effort put into training and education core IPC standards are still being missed.</p> <p>GJ agreed that trying to embed IPC measures can be challenging and for various reasons they're not embedded in some areas. It's a question of how to achieve this but that is another longer conversation to be had at some point.</p> <p>Item 4.2</p> <p>Backlog Maintenance Presentation WS did not attend the meeting to give this presentation.</p> <p>Item 4.3</p> <p>Seasonal Pressures and IPC Measures There is increased prevalence of Influenza, COVID and other seasonal viruses at present and this seems to have commenced earlier than usual. Just a reminder to please reiterate, to your teams, the message around IPC measures and their effectiveness in reducing transmission if implemented consistently and correctly.</p> <p>HCo raised the issue of staff vaccination rates and the fact that uptake has been poor this year, especially within the Community settings; There have been efforts made to promote as uptake was as low as 6% before Christmas, this is the lowest uptake health & social care have experienced. A snap audit is to be undertaken with care home staff to investigate the reasons for uptake being poor (audit tool should be ready to share w/c 20 January 2025).</p> <p>GJ asked the Committee members to speak with their staff / teams to encourage vaccination updates and if staff are not keen to participate this would also be helpful information.</p> <p>JBa suggested that there may be an opportunity to undertake the survey / audit wider which would provide useful staff feedback. In the Acute sector there is anecdotal evidence that staff were reluctant to book informally into those vaccination appointments and much prefer the drop in sessions, however, these did not commence until almost Christmas; operational pressures may also be a significant factor. Perhaps there is an opportunity facilitate this differently next year?</p> <p>KA queried whether there is the option of peer vaccination as there was in previous years.</p> <p>HCo unsure, may have been an option that was moved away from in favour of staff attending appointments. Suggested that KA will speak with the Vaccination Team (Clare-Louise Walker is the Consultant Lead and Pauline Merchant is the Lead Nurse) and HCo will feedback the suggestion of using peers again. Scottish Government are suggesting that peer vaccination be recommenced within care homes, however, not all care homes have nurses or skilled peers to undertake this. May be worth NHSG devising a survey / audit as JBa suggested to gauge staff feedback.</p>	

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5	Standing Items cont.	<p>GJ asked for further information on:</p> <ul style="list-style-type: none"> 2 c) Medium - Eurobins dirty, lids flipped right back, doors unlocked - also picked up on recent fire walk round. This has been raised previously through this Committee and escalated to the Occupational Health Safety & Wellbeing (OHS&W) Committee as, previously, this was a requirement from Health and Safety inspection in 2016. It was a formal inspection and it was fed back that if the issues continued there would be consequences in terms of actions taken against NHSG by the Health and Safety Executive (HSE). This is still a concern and unsure where to raise this next. CW commented that Dean Murch had fed back that Domestic in the Orange Zone had been doing some work around this and the outcome was unsatisfactory; was taken to the Health and Safety Expert Group for discussion. Ian Cowe may have more information. Was a different situation at Royal Cornhill Hospital (RCH) as bins were allocated to specific areas and a piece of work was undertaken by CW and Shona Sinkins to ensure compliance. KA reported that at Aberdeen Children's Hospital (RACH) the issue is the cleaning of these bins. This has been highlighted to Estates and has still not been addressed. In the past a bin has been delivered to a clinical area externally covered with leaves and dirt; when highlighted to the Porter and requested it be swapped out, his response was that all the bins were like that. CW will raise this with Ted Reid 2 e) Low - Yellow aprons still not released from procurement for ordering in wards/ theatres etc. GJ was not aware that this was still an issue. Yellow aprons are available and have been for some time. GJ and GMcK followed this up after the last meeting and were assured by Procurement that they are back in stock. KA commented that RACH have Procurement officers who order all stock; have not seen yellow aprons arrive as yet but have seen blue. When discussed with the officers white ones are still being supplied as COVID stocks are being used up until depleted. This was not the reply GJ received on speaking to Procurement previously; will copy KA into the email for her to liaise appropriately. KA queried whether white aprons should not be accepted if received, seems a waste of resources. AMcG agreed and suggested that due to the financial pressures NHSG is under continuing to use up the remaining stock would be preferable. CW will enquire with Facilities & Estates as to whether they can assist with using the surplus stock. Will bring this back to the Committee. JBa suggested that this may be an opportunity to remind people that the organisation have moved back to the use of the coloured aprons again. Will ask GMcK to remove the issue from the report 2 e) High – Ventilation in the Eye Outpatient Department (OPD) GJ will liaise with area surrounding this unsure of what risk refers to. PH updated the Committee that a meeting is to be held with VB. Some remedial works have been carried out to the ventilation system and the plan, moving forward, is to carry out Intravitreal (IVT) injections in the yellow zone eye outpatients. 2 f) High – Plastics Dressings Clinic This narrative needs to be updated; SBAR has been completed. 2 g) High – Multi-bedded bay room doors removed from wards 206 / 207 prior to COVID GJ stated that there are a few rooms with no doors which initially was a concern from an IPC perspective, however, 	<p>CW</p> <p>GJ</p> <p>CW</p> <p>GMcK</p>

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5	Standing Items cont.	<p>Domestic Services in addition to the IPC duties that still need to be undertaken. There is a National Cleaning Services Specification (NCSS) target score expected of above 95% which is predicted to be unachievable; CW reported that a more realistic score will be within the low 90% whilst still remaining compliant.</p> <p>GJ replied that this is a concern from an IPC perspective; keen to work with CW in an attempt to support escalation of this issues and, hopefully, find a solution.</p> <p>CW also added that Domestic Services has a high absence rate, approximately 10%, compared to other services within the organisation and bank shifts and overtime are already being utilised to meet the demand for bed turnover. There is a need for additional staff and identification is needed as to where the funding will come from.</p> <p>JBa replied that she is mindful of the fact that the situation is likely to worsen as NHSG looks to opening additional beds. The organisation needs to be made aware of the whole picture about what the impact is of these additional beds and the high instances of the terminal cleans required. Is there a formal route that this can be escalated through with a papers written to ensure understanding? Could this Committee assist or is there a different route that would be more appropriate?</p> <p>CW advised that target was part of the Annual Delivery Plan and a report on compliance will be written and submitted to Performance Assurance Finance and Infrastructure Committee (PAFIC) later this month. Will include all key points discussed today in that report to explain the impact on the service, however, Fiona McCallum and CW would also be happy to contribute to any paper being written if this helps.</p> <p>GJ also added that the figures CW is explaining is the data that is included within the HAI Reporting Template (HAIRT) and this report is escalated through the governance structure from the HAI Executive Committee (HAIEC) to the Clinical Governance Committee (CGC) and up to the Board. Suggested that this discussion is escalated to the HAIEC for the next meeting via the HAI Executive Reporting Template and asked CW to provide some narrative.</p> <p>AS raised a query regarding a new issue that was to have been added to the Facilities & Estates Sector Report by WS surrounding Neo Natal Unit (NNU) AMH. Does not seem to be included in the report for this meeting.</p> <p>CW will liaise with WS regarding this</p> <p><u>Dr Gray's / Moray HSCP</u> A report was submitted but no one was available from the Service to speak to it</p> <p>GJ will liaise with HC if there are any queries.</p> <p><u>Mental Health & Learning Disabilities</u> Report was submitted which JW spoke to.</p> <p>There no new issues of concern to report.</p> <p>There is a great deal of work ongoing, at present, to ensure Royal Cornhill Hospital (RCH) is prepared for any HIS inspection that may be undertaken.</p> <p>4 Mandatory HAI Education Training Compliance Figures Still encountering problems with the running of reports to show compliance with clinical / non clinical refresher training. Still have non clinical staff showing up on clinical staff lists and vice versa; this then shows large numbers of staff who have not completed the training. Kerry Ross is in touch with Learning and Development for support but is a problem for other areas also? KA agreed that this is also an issue for Children's Services and when reports are run locally the data has to be checked for duplication.</p>	<p>GJ / CW</p> <p>CW</p>

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5	Standing Items cont.	<p>Audit and Assurance</p> <ul style="list-style-type: none"> • Assurance Concerns The increase in winter viral illnesses coupled with system pressures is a concern for HAI, outbreaks and patient safety. This has been escalated at CRM <p>Audits Facilities and environmental audits are highlighting cleaning concerns and this has been escalated to the head of Domestic and Support Services.</p> <p>Built Environment</p> <ul style="list-style-type: none"> • No Baird & Anchor (B&A) update is available. <p>Policies and Procedures</p> <ul style="list-style-type: none"> • Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) are currently reviewing the Transmission Based Precautions (TBPs) and related literature reviews to inform future practice. <p>IPCT Workforce</p> <ul style="list-style-type: none"> • An internal secondment opportunity became available in the IPCT for an IPCN to step up to Senior IPCN from 30 December 2024 for 3 months. <p>Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • The "Gloves Off" Campaign project was shortlisted for the Scottish Healthcare Awards held on 30 November 2024 <p>Escalations & Risk Register</p> <ul style="list-style-type: none"> • DL(2024) 29 - A directors' letter was published by Scottish Government in November 2024, setting out new deliverables for the second phase of the Healthcare Associated Infection strategy 2023-2025. "Boards should ensure that there is clarity around roles, remit and responsibility between IPC and Health Protection Teams (HPT) in relation to primary, secondary and social care. The NHSG IPCT is currently not structured to cover Primary and Social Care. <p>JBa commented that non-compliance / drop in compliance with all screening is a significant concern and something that will have to be addressed; unsure if there is 1 key area but keen to explore with Nurse Managers what can be done to support with increasing compliance. JBa will discuss this with the Chief Nurses. Hope to be able to give an update to the Committee at the next meeting via the sector reports.</p> <p>GJ did give some background to the surveillance figures explaining that the methodology that NHSG are using is the National methodology, which is a sample of 100 notes that are reviewed on a quarterly basis. It can be impacted depending on which areas are reviewed; perhaps some areas require a little more support. Previously discussed was the possible use of the Patient Placement Tool (PPT) to obtain larger sample sizes which, when tested, showed greater compliance than the National methodology but this has not yet been validated; the Health Intelligence Team are working on this at present. However, there are still patients who are not being swabbed as can be seen in the figures and this is a concern.</p> <p>DS added that the IPCNs do receive a report on individual area's compliance which can be taken back to the areas and raised at the HAI Sub Groups – DS does this.</p>	JBa

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont. Item 5.2	<p>Risk Register - January 2025</p> <p>ID 3243 - Transmission of Multi Drug Resistant Organisms (MDROs) in the Healthcare Environment Continues to be a work in progress</p> <p>ID 3770 – Apparent lack of appropriate Organisational governance of ventilation systems in NHSG This is a new risk and actions that are ongoing which, hopefully, will enable us to reduce the risk. It has been discussed for a period of time. Awaiting the Strategic Governance Group to be in place and for IPC to join that conversation</p> <p>ID 3744 - HAI as a result of non-compliance with National Infection Prevention and Control Manual (NIPCM) Chapter 4 and DL(2024) 17 This was discussed earlier in the meeting about how NHSG are non-compliant as an organisation. This the case with many other Boards in Scotland, due to the requirements. To be discussed at the WSG.</p> <p>ID 3706 – Healthcare Associated Infection (HAI) resulting from the Healthcare Built Environment (HBE) This is in relation to resources and compliance with the HAI SCRIBE. This has improved hugely but needs to remain on the register until compliance is achieved.</p> <p>ID 3498 – Healthcare Associated Infection (HAI) as a Consequence of Use of Non-standard Patient Areas GJ / ANd do attend the NSPA Monitoring Group to raise any specific examples or concerns. There have been incidents / outbreaks recently and GJ is awaiting the details. There was a suggestion that non-standard patient beds may have contributed to the incident / outbreak so will take the details to the Group to be discussed.</p> <p>ID 3499 – Inaccurate reporting of IPC Mandatory Learning via TURAS This relates to the clinical non-clinical refreshers. Is ongoing but improving slowly.</p> <p>ID 3738 – Infection Prevention Workforce: Strategic Plan 2022-2024 Gap Analysis & Risk Identification This relates to the Strategic Plan which was published in December 2022. IPCT have been working through the document to identify what gaps exists; there are a few. Under the individual risks we have put each of the recommendations and the gaps in this document. There is more detail to be added and this will enable capturing of the actions to identify the gaps / risks for organisational awareness.</p> <p>ID 3566 - Information to support IPC advice and decision-making regarding HAI risk is not available This is regarding the inability to access Labs environmental sampling on a standard basis rather than case by case which impacts on the information that can be provided to services about patient / staff safety of the environment. Conversations are ongoing with Labs to attempt to address this concern and put an alternative plan in place.</p> <p>ID 3096 – Lack of Governance process for IMT Reports Aware that the Incident management Team (IMT) report recommendations and governance process for Neurology Theatres, is nearing completion. This was the first report that was shared to test the process. This has taken some time to complete, however, there were numerous changes made from recommendations received. Will remain on the register until process is fully embedded.</p> <p>ID 2839 - New PPE for High Consequence Infectious Diseases (HCID) - Availability of Stock & Resource for Training ARHAI are undertaking a review of literature for HCID PPE ensemble. This should not change but the staff groups requiring training will; will be a much larger staff group and is a risk due to insufficient resources available to undertake the training.</p>	

8	Date of Next Meeting	18 March 2025 10.00 – 12.00 via Teams (with a 10 minute comfort break)	
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