

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

**Minutes from meeting held 23 May 2023
Via Teams
10.00 – 12.00**

Present:

GJ – Grace Johnston, Infection Prevention & Control Manager (Chair)
CC – Caroline Clark, Chief Nurse Manager, Combined Child Health
GMcK – Grace McKerron, Corporate Chief Nurse
JW – Julia Wells, Chief Nurse, Adult Mental Health
NH – Neil Hendry, Operational Lead Nurse - Aberdeenshire CHP
JW– Julie Warrender, Deputy Chief Nurse, Aberdeen City CHP
KS – Kath Sangster, Senior Infection Prevention & Control Nurse
MJM – Malcolm Metcalfe, Deputy Medical Director for NHSG
JR – Janice Rollo, Quality Improvement & Assurance Advisor
SC – Sarah Campbell, Midwifery Manager, AMH
FR – Fiona Robertson, Chief Nurse, Moray
JL – Juliette Laing, Head of Decontamination and Linen Services
CW – Chantal Wood, Deputy General Manager, Facilities & Estates
JB – June Barnard, Chief Nurse, 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)	
2	Minutes of last meeting 21 March 2023	The minutes from 21 March 2023 were ratified by the Committee with no amendments	
3	Action Tracker	<p><u>Meeting 21 March 2023</u></p> <p>5.1 Sector Reports</p> <p><u>Facilities and Estates</u></p> <p>Ventilation issues in positive pressure rooms in Ward 112 These works are almost complete. 10 out of 12 rooms have had repairs made although access to 2 rooms has been difficult. Ongoing.</p> <p>Systems in place within NHSG No update was given</p>	

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3	Action Tracker	<p>Facilities Monitoring Tool (FMT) and the Planet system not interacting with one another. NHSG is an outlier against other Boards CW updated that a bridge has been requested between the Symbiotic and Planet systems. Suggest that this is removed from the action tracker and progressed through Facilities and Estates. Close action</p> <p>Sector Report for meeting 21 March 2023 Report to be resubmitted with HAI risk exposure ratings completed. CW enquired as to the process of deciding on a risk rating. GJ advised that the link at the top of the sector report can be utilised to access the HAI Infection Control Consequence Matrix (2008) used to create the risk exposure rating and the rating reported is at the author's discretion.</p> <p>7 AOCB</p> <p>Roles and Responsibilities of NHSG IPCSC members GJ shared the NHSG IPCSC Terms of Reference (ToR) with the Committee to ensure members have insight into their roles and responsibilities in the governance process. Close action</p> <p><u>Meeting 10 January 2023</u></p> <p>5.1 Sector Reports</p> <p><u>Facilities</u></p> <p>2 i) Water Safety – Banff Health Centre – High TVCs. Flushing of outlets continues – IPCT to confirm next stage GJ will follow this up with VB.</p> <p>WS had already advised that work is ongoing around updating the toolbox talk which will then be reissued to a wider audience to stress the importance of flushing.</p> <p>2 j) Medium – Cardiac Suite ARI – Sinks and taps in clinical areas The cost of undertaking this work is expensive / time consuming compared to the cost of flushing. Risks are being mitigated accordingly. This has not yet been discussed with the IPC Team.</p> <p>2 k) Water Safety – Adoption of SUP(05) This will be discussed at the Water Quality Assurance - Operational Control Review meeting with FS / Facilities / Authorising Engineer for water on 26 May 2023. Fiona Smith to make an amendment to the Risk Assessment part of the document.</p> <p><u>Meeting 22 November 2022</u></p> <p>Aberdeenshire CHP</p> <p>1 c) High – Aberdeenshire currently have 4 2c General Practices to manage There was no update available on this, however, NH feedback that Inverurie Medical Practice will now, not be transferring over as a 2c practice.</p>	

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4	Matters Arising cont.	<p>JR spoke to the report highlighting:</p> <p>The report details 13 requirements, 3 recommendations and 5 areas of good practice</p> <p>The Chief Executive of Health Improvement Scotland wrote an escalation letter to the Chief Executive of NHS Lothian with regard to serious patient safety concerns identified during the Safe Delivery of Care inspection of Edinburgh Royal Infirmary Emergency Department</p> <p>Requirements listed include</p> <ul style="list-style-type: none"> • ensure safer intravenous line care practice • ensure accurate assessment of patients care needs • ensure appropriate management and monitoring is in place to support safe administration of medicines • ensure patient safety when cared for on trolleys for extended period of time • ensure staff carry out hand and change Personal Protective Equipment (PPE) in line with current guidance • ensure patient equipment is clean and ready for use <p>An SBAR will be written and circulated through the relevant groups for information</p> <p>Item 4.2 Healthcare Improvement Scotland (HIS) Scrutiny Plan 2023~2024 GJ spoke to the paper informing the Committee that there are 12 unannounced hospital inspections to provide assurance of safe delivery of care and 12 unannounced Mental Health Unit Healthcare Associated Infection inspections planned between April 2023 and March 2024.</p> <p>Item 4.3 Formal IPC Incident Management Team (IMT) Report Escalation Process This flowchart was tabled at the HAI Executive Committee meeting (18 April 2023) and several suggestions were made to the content. GJ will progress and make narrative appropriate for the whole system. Will bring the updated paper to the next meeting.</p> <p>Item 4.4 Infection Prevention Workforce Strategic Plan 2022-2024 The Short Life Working Group (SLWG) have met a number of times. GJ will draft a paper and the group will meet to discuss and agree. Report will come to this Committee for review.</p> <p>Item 4.5 Reducing Glove Use The SLWG continue to meet and work is ongoing. A questionnaire is being piloted at present in various areas and when complete will be shared widely across NHSG via Team Brief etc. Education and promotion will be required at this point.</p> <p>Item 4.6 WHO World Hand Hygiene Day – 5 May 2023 This education day went well with positive engagement from staff across NHSG via social media. Management needs to reiterate the importance of good / effective hand hygiene to staff on a regular basis to ensure compliance.</p>	

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4	Matters Arising cont. Item 4.7	<p>Withdrawal of the Coronavirus (COVID-19): Extended use of face masks and face covering guidance Both the Chief Nursing Officer (CNO) letter and the DL(2023)11 were tabled.</p> <p>GJ clarified to the Committee that these documents relate to face mask guidance only. Testing, respiratory assessment questions etc. are still in place and Appendix 21 of the National Infection Prevention and Control Manual (NIPCM) is still valid.</p>	
5	Standing Items Item 5.1	<p><u>Sector Reports</u></p> <p><u>ARI</u> A report was submitted</p> <p>GMcK highlighted the key issues on page 1 of the report</p> <ul style="list-style-type: none"> • Ward 306 temporarily relocating to Ward 304 to allow for re-flooring (05/05/24). Resolution of local HAI / Health & Safety risks. • challenges identified in gathering data for Portfolio (Safe and Clean Audits, SIPCEP, Education). Should domestic auditing exception reporting or action plans be included in Section 4? • Renal Unit (Wards 108 & 404 / 405) further Staph aureus bacteraemias (SABs) identified in March with non-compliant hand hygiene audits in both areas. • no further COVID outbreaks in either 305 / 306 or 402 / 403 since April. Remains as ongoing risk due to the environment of both areas. • continued impact of staff absences (in particular within the Pharmacy Department) due to COVID • closure of inpatient ward due to COVID outbreak (staff and patients) <p>1 New Areas of Concern raised by Divisions</p> <p>1 b) Moderate – Further SAB identified in Ward 108 Renal Unit related to increase in temporary lines Auditing in Peripheral Venous Catheter (PVC) / Central Venous Catheter (CVC) bundles is to be undertaken and increase compliance with Meticillin-resistant Staphylococcus aureus (MRSA) / Carbapenem-resistant Enterobacteriaceae (CRE) screening. This is a concern and discussion is needed There is extensive work taking place in Medical and Unscheduled Care at present. JB added that an action plan is in progress and updates will be given next week.</p> <p>1 i) Increased infections in Theatre 8 – pedicle screw patients IMT An IMT was held which was graded as a red HIIAT. Investigating environmental changes, cleaning schedules and equipment used. SACCAs completed with the IPC Team.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Very High – Closure of Aseptic Pharmacy due to 2 leaks 1 leak affected chemotherapy provision, the second affected Total Parenteral Provision (TPN) provision. Area has reopened with no further leaks – ongoing monitoring required.</p> <p>2 m) High – Leaks within Breast Screening Clinic (old medical Block) There are leaks in various locations (clinical / office areas). Costs have been received for extensive roofing and masonry repairs and contingency funding bid has been submitted. DATIX raised. GMcK has spoken with Les</p>	

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5	Standing Items cont.	<p>Duncan to ensure this is on the risk register. CW feedback that this issue is not noted on the Facilities and Estates Sector Report and will liaise with les Duncan – monies may be available via the backlog fund.</p> <p>2 z) High – Ventilation in the Eye Outpatients Department (EOPD) All Intravitreal (IVT) injections are being conducted in Short Stay Theatres to reduce risk to patients. Alternative options are being sought regarding environment for undertaking injections long term.</p> <p>2 aa) High – Plastics Dressings Clinic Environment is not fit for use. Flooding during heavy rain and floor areas are unsafe due to rotten wood. A meeting has been held with Sean Berryman for potential solution.</p> <p>3 Focus on Healthcare Improvement Scotland (HIS) Standards GMcK has uploaded all self-assessments to this section. Self assessments are discussed and updated and assurance is required from the ARI HAI Sub Group meeting. GJ stressed that this should be evidenced. GMcK will investigate as to whether Dietetics are completing self assessments.</p> <p>JR stressed that HIS will expect documentation to be available to show evidence of self-assessment and will expect to see documents updated regularly; ensure date of update is visible on paperwork. JB added that the Chief Nurses / JR and Aileen Cameron are working on self assessments and gathering evidence.</p> <p>4 Mandatory HAI Education Training Compliance Figures The Waste Management TURAS module has poor compliance and is sitting at 40 – 50%</p> <p>5 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2)</p> <ul style="list-style-type: none"> • Senior Management Assurance walk rounds continue Monthly. All findings documented on a central accessible collated spreadsheet. • Unit Assurance walk rounds continue • Dietetics report review of systems of working following move to new location. Happy that there are no outstanding issues and systems in place for decontamination of feeding pumps to take place at a ward level. <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 – Aberdeen Maternity Hospital (AMH) Neo Natal Unit (NNU) Extended Spectrum Beta-Lactamase (ESBL) IMTs continue – next meeting date 23 May 2023. No source has been found for the ESBL and it has been decided that a uniform for medical staff may be required and will be looked into. This will be discussed at the IMT. A member of nursing staff challenged a member of medical staff recently on inappropriate aseptic technique – nurses must be empowered to be able to challenge poor practice.</p>	

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5	Standing Items cont.	<p>2 New Areas of Concern raised by Divisions</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 d) Very High – Increasing leaks from burst pipes to radiators and heating units in the ceilings Estates are dealing with issues as they arise but this is ongoing; due to faulty pipework. Awaiting further information regarding a plan of works to be undertaken; extensive forward planning and service approval will be required before works commence. CW commented that dates are being looked into by the Projects Team and discussions are being held with Kathryn Auchnie.</p> <p>3 Focus on Healthcare Improvement Scotland (HIS) Standards Standard 3: Communication – a theme from last month’s assurance walk rounds was the use of out of date Transmission Based Precautions (TBPs) alert signage. This has been remedied and continue to be audited. Standard 6: Infection Prevention and Control policies, procedures and guidance – this is related to the above.</p> <p><u>Women’s Services</u> A report was submitted.</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Very High - Enterobacter cloacae ESBL infection within NNU AMH As discussed above under Children’s Services Sector Report</p> <p>1 b) High – Water and steam ingress from Midwives Unit to Labour Ward Midwives Unit closed at present, work ongoing – due to various areas having non-functioning birthing pools, women are being advised to attend Dr Gray’s Hospital if they wish to labour in a pool.</p> <p>3 Focus on Healthcare Improvement Scotland (HIS) Standards Various information provided for Standard 6 including</p> <ul style="list-style-type: none"> • HIS standards shared on the H&S shared space for all staff to access easily • Well attended H&S woman’s service meetings mean changes and updates are given in a timely manner and discussions are had to increase understanding • Risk assessments are being collated and placed in shared space so all staff have access to these • SACCAT actions for individual areas are being discussed at local H&S meetings with support being given to achieve closing of these • Themes from SACCAT and unannounced walk rounds being collated and shared at local H&S meetings and woman & children’s clinical governance meeting <p>5 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2)</p> <ul style="list-style-type: none"> • good attendance continues at Women’s H&S meetings, robust discussion at 03/05/23 meeting involving ICPT nurse regarding preparedness for HAI inspection and how to prepare our staff. The group have decided to start using Illuminate data during local H&S meetings to hand hygiene show compliance 	

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5	Standing Items cont.	<p>Aberdeen City CHP A report was submitted</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Responsibility for cleaning vending machines There have been issues identified with 1 machine regarding the cleanliness of the inside and outside; this has begun discussions on whose responsibility it is to establish / undertake cleaning schedules. Topic was raised at the HAI Equipment meeting, discussions ongoing.</p> <p>CW stated that the machines are supplied on contract through Procurement and this means that the provider should be ensuring the machines are cleaned and kept stocked. Emailed Elinor McCann – Catering Manager to ask for assistance and the advice received back was that the suppliers of the machines are responsible for their cleaning with the exception of the hot food machines which are checked and cleaned daily by Catering. The contract for vending machine supply has recently gone out to tender and is currently being awarded. Hopefully will see an improvement with the new contract award. Rosewell House machine has been dealt with by Elinor McCann.</p> <p>1 b) High – Senior Charge Nurse (SCN) unable to pull reports for completed mandatory training for staff at Rosewell House This is due to the fact that staff are employed by Bon Accord Care and not under Agenda for Change (AfC), however, they do complete NHSG mandatory training. JWa has contacted Alan Bell on more than one occasion and asked for support. Meeting to be arranged.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium - Woodside Health Centre – concerns regarding flooring and décor Awaiting dates for commencement of works.</p> <p>2 b) HAI Audits not currently taking place within Community Teams This has progressed. There is a plan to roll this out across Community Teams by the end of June and that has commenced.</p> <p>2 c) High - Sexual Health Service – Health Village querying if a room with no windows can be used for face to face consultations Was being taken forward by Paul Gough, no update so far. CW will ask Paul Gough to contact JWa.</p> <p>2 d) High – Poor mandatory training compliance in majority of areas This is now a standing item on the agenda at the Charge Nurse meeting and will be working with teams to put measures in place so that training can be completed to ensure increased compliance rates.</p> <p>2 e) High – HAI Inspection carried out at Horizons A meeting was held 17 May 2023 with IPC and Aberdeen City Council (ACC) colleagues - awaiting update on how / if actions have been progressed.</p> <p>GJ queried whether there was still a member of staff who was to act as a hand hygiene trainer and JWa confirmed that this was the case.</p>	

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5	Standing Items cont.	<p>Facilities A report was submitted</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Aberdeen Maternity Hospital (AMH) Midwives Unit Steam leak has resulted in water build up in the undercroft and significant damage to the roof space which has been exacerbated by roof leaks. Water has been removed from undercroft and remedial works are ongoing and will take approximately 5 weeks.</p> <p>MJM enquired as to when the next meeting will take place regarding the water ingress issues. Fabric of whole AMH escalated to Board level re concerns to patients & staff. At CRM was said it would be escalated to CET. Schedule of works needs to be accelerated. CW replied that finite funds are not available and an overview of monies and backlog maintenance is being performed</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 q) Major – Peterhead Hospital and Health Centre – Legionella High counts of Legionella found throughout the hospital and the health centre. Point of Use (POU) filters fitted across the site, thermal control lacking. All dead legs have been removed and leaks repaired. Thermal Mixing Valve (TMV) has been overhauled and thermal control has been achieved in all areas apart from 1 area within Maternity. Sampling awaited and flushing programme has been under review by the Technical Sub Group.</p> <p>2 r) Rothieden - Jubilee Hospital, Huntly Positive Legionella found at DSR cold outlet at preflush only. Works have been extended and will now include a full replacement of the water system.</p> <p>4 Mandatory HAI Education Training Compliance Figures Issues remain with the running of reports. CW to meet with Sandi Powell – Learning and Development to discuss</p> <p>5 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2) Water Safety walk rounds are taking place and are including managers / staff side etc.</p> <p>Dr Gray's / Moray HSCP A report was submitted.</p> <p>FR informed the Committee that the newly re-established group were now having regular meetings which are being well attended. The next meeting is scheduled for 24 May 2023</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Façade Works These are taking place on the Renal side of the building and are due to commence within 2 weeks. Will update further at the next meeting</p>	

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5	Standing Items cont.	<p>1 b) High – PAGs held for local Hand Hygiene Audit scores Preliminary Assessment Group (PAG) meetings have been held for the Emergency Department and wards 5 / 6 and 7. Action plans are in place and repeat PAGs will be undertaken. Ward 7 has shown improvement but work required in wards 5 and 6. Scores are thought to be due to a high number of supplementary staff.</p> <p>Progress Against Areas of Concern Previously Reported</p> <p>2 c) Medium – Aspects of estate in need of repair / replacement Hospital Leadership Team walk rounds commenced to identify areas for improvement / action across Dr Gray's and Moray; issues are also being identified via SACCAs.</p> <p>2 d) High – Fungal contaminant found in Ward 2 Dr Gray's Hospital (Children's ward) Further air sampling to take place. Incident Management Team (IMT) meetings have been held and immunocompromised patients are being cared for on an outpatient basis and it is felt there is a negligible risk to staff and visitors.</p> <p>1 e) High – Endophthalmitis cases within Ophthalmology, Dr Gray's A number of IMTs have taken place and service is currently operating from a room within the Outpatients Department. Still awaiting arrival of laminar flow device and trial to take place before further air sampling can be performed.</p> <p>4 Mandatory HAI Education Training Compliance Figures Work is still required on the running of reports to obtain meaningful compliance figures.</p> <p>5 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2)</p> <ul style="list-style-type: none"> • decluttering of wards has been in progress and shows improvement, this was raised via the SACCA process • in relation to HIS inspection preparation within Dr Gray's and Moray Community Hospitals a 30 min catch up meeting is held every Wednesday morning to discuss any issues teams may have in relation to achieving the HIS domains as part of the inspection methodology . This is supported with an action plan <p><u>Mental Health & Learning Disabilities</u> Report was submitted.</p> <p>JW reported good news has been received and that Davan ward will be reopening w/c 29 May 2023 and Fyvie ward will be opening approximately 2 weeks after this, when works have been completed.</p> <p>3 Focus on Healthcare Improvement Scotland (HIS) Standards HIS standards are discussed at each HAI Sub Group meeting.</p> <p>5 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2)</p> <ul style="list-style-type: none"> • Monthly IPC meetings continue to take place • Unannounced health Improvement Scotland (HIS) inspection mainly positive feedback; awaiting the reports 	

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5	Standing Items cont.	<p>Built Environment Approximately 50% of the IPC Team’s workload is dealing with environment issues and it is something that the Team are keen to try and promote to help improve upon awareness, knowledge and practice in the organisation. Working with Facilitates and Estates and Projects colleagues.</p> <p>Policy & Procedure NHS Grampian Healthcare Associated Infection (HAI) / Antimicrobial Resistance (AMR) Education Framework for Staff – was to come to this Committee today, however, more comments were received and the review is ongoing. Will be sent out electronically to the Committee for their information only.</p> <p>IPCT Workforce Lead Nurse post remains vacant, in the process of testing different workforce model (deputy ICM) post advert is live now and closes 31 May 2023.</p> <p>Escalations and Risk Register The Peripheral Venous Catheter (PVC) Risk Assessment (RA) is being developed and is almost complete. This is in relation to National guidance which recently changed. NHSG has not moved to the National guidance as it does not support the time frame for keeping PVCs in place, the change to cleaning preparation or the use of bundles.</p> <p>Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Lots of positive engagement with many areas for the promotion of Hand Hygiene day • IPC Team and several key stakeholders are developing a Primary Care Transmission Based Precautions (TBPs) Assessment Tool to reduce risk of infection transmission in out-patient settings • Face to face PPT has begun in inpatient areas, with very good engagement and feedback so far <p>GMcK asked if all were happy in the running of reports / uploading actions onto DATIX, after SACCA’s are complete. Is this being discussed at other HAI Sub Groups and are all following the same process. Not confident of this, is a refresher required? Thoughts please.</p> <p>SC replied that the issue within Women’s Services is the uploading to DATIX, however there is a “How to” document on the IPC Intranet page which is helpful and at the last HAI Sub Group meeting SC went through actions outstanding and discussed progress. Some areas, however, are not uploading SACCA outcomes.</p> <p>GJ reminded all that actions should be added as an action on the DATIX system (as opposed to uploading the completed action plan) this will then be present to view in Illuminate.</p> <p>JW feedback that teams were competent in the completion of the SACCAs and are confident in the adding the actions to DATIX however was not aware that these could then be viewed via Illuminate. SC offered to screenshot the process and add to the chat for all to see.</p> <p>GMcK and FR admitted that they were unaware that actions could be viewed on Illuminate and FR added that from an assurance perspective it is unclear as to whether Moray are adding individual actions to DATIX – perhaps a learning gap and requires some work.</p> <p>NH agreed that he was unclear of the adding of actions to DATIX process and is not assured this is being done but is aware of the “How to” guidance on the IPC Intranet page and this could be sent to all Senior Charge Nurses (SCN) to assist with the process.</p>	

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5	<p data-bbox="320 76 562 103">Standing Items cont.</p> <p data-bbox="600 272 692 300">Item 5.2</p> <p data-bbox="600 743 692 770">Item 5.3</p>	<p data-bbox="763 105 1917 217">GJ will consider the best way to disseminate the information required again to ensure all are aware of how to complete the process. AS to the Agenda for the next meeting and if needed a short “how to” session can be arranged after the meeting has ended. In the meantime if any help is required please contact the department for assistance.</p> <p data-bbox="763 272 1281 300">HAI Work Programme Delivery Group Update</p> <p data-bbox="763 328 1301 355">HAI Work Programme 2022/23 (for information) This report was tabled for information only and GJ explained that all incomplete actions have been transferred to the 2023/24 report.</p> <p data-bbox="763 440 1290 467">HAI Work Programme 2023/24 (for ratification) Report’s layout and numbering has been revamped to ensure clarity and GJ explained the changes and the reasons for them.</p> <p data-bbox="763 552 1666 604">GMcK asked for more time to review this document prior to the Committee ratifying it. GJ agreed and asked for any comments to be submitted by 6 June 2023</p> <p data-bbox="763 635 1845 687">Narrative can be added after ratification, in a separate section, so not critical that all actions are added immediately but would like to get this endorsed as soon as possible.</p> <p data-bbox="763 743 1048 770">Risk Register (May 2023)</p> <p data-bbox="763 799 1890 826">ID 3243 - Transmission of Multi Drug Resistant Organisms (MDROs) in the Healthcare Environment As previously discussed, there is a lot of work ongoing with various parts of the system to try and improve upon this. Updated figures will be available in May and hoping to see an improvement, however, figures that are received are samples from different areas across the organisation and we know that some areas are better at compliance than others; it may be that the ones that we’re sampling are the less compliant areas.</p> <p data-bbox="763 967 1827 1019">ID 3246 - Lack of confirmation / response from Scottish vaccination and Immunisation (SVIP) regarding environmental standards The National approach is that they are not going to define what kind of standard is required for vaccination centres and so a Standard Operating Procedure (SOP) was developed by GJ / FR which tries to improve the environment and standardise the preparation of the environment for being used as “healthcare”. Issue still unresolved as if not being classed as “healthcare” then such high standards in cleaning is not required.</p> <p data-bbox="763 1161 1912 1214">ID 2654 - IPC Team’s inability to provide through HAI Scribe too all built environment projects across NHS Grampian Resource obtained in 2019 does not reflect the increase in built environment work that is ongoing and the projects that we have been asked to support going forward. Trying to reprioritize who does what and looking at the workforce to try and efficiently use the staffing that we have available.</p> <p data-bbox="763 1329 1391 1356">ID 3096 – Lack of Governance process for IMT Reports Flowchart work still ongoing that was discussed earlier. Once governance is in place and finalised risk will be removed</p>	<p data-bbox="2033 105 2074 132">GJ</p> <p data-bbox="2033 161 2074 188">AS</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	<p>Standing Items cont.</p> <p style="text-align: right;">Item 5.4</p>	<p>ID 3292 – NHSG non-compliance with National Guidance re Venous Access Devices NHSG are non-compliant as discussed earlier in the meeting. Completion / sign off of the RA is needed as soon as possible.</p> <p>ID 3054 – Sustainability of IT platform supporting Operational response to IPC As discussed previously ICNet contract ends December 2023. There is some National collaboration ongoing with procurement in trying to extend that contract. Scottish Government approach is to have “one system for all” but this has not yet been implemented.</p> <p>ID 3119 – Technical Lead IPC Nurse post vacant As previously discussed, a new model is being advertised.</p> <p>HAI Executive Committee Update (meeting held 18 April 2023) There was one escalation to the HAIEC from the last meeting and that was the growing concern regarding the lack of domestic support for Practices and Vaccination Centres, impacting on standard of cleaning and risk of HAI. The HAIEC noted this concern and issues should be escalated via services in order to resolve.</p>	
6	<p>HAI Report to Clinical Governance Committee / Board cont.</p> <p style="text-align: right;">Item 6.1</p>	<p>HAI Report to the Board (HAIRT) – April 2023 GJ spoke to the report and noted the key points</p> <ul style="list-style-type: none"> • page 4 shows an increase in Escherichia coli bacteraemia (ECB) and Staphylococcus aureus bacteraemia (SAB) healthcare associated cases. There is a lot of work being done surrounding this but also a lot of compounding factors. Working with the services as to the cause of this and to assist in reducing the figures. • page 5 shows Meticillin-resistant Staphylococcus aureus (MRSA) (CRA) screening at 48% (the National rate being 74%) and Carbapenemase-producing Enterobacteriaceae (CPE) (CRA) screening at 62% (where the National rate is 76%) <p>GJ advised that although many of the graphs within the report may show an increase NHSG can still be within the statistical limits of variation; this is monitored closely.</p> <ul style="list-style-type: none"> • page 13 shows a slight increase in antibiotic usage as NHSG returns to business as usual after the COVID pandemic; no cause for concern. • page 20 there are still below compliant figures for Estates for October 2022 for Aberdeenshire South & Aberdeen City and Royal Cornhill Hospital (RCH) <p>GJ had asked WS for narrative around this and actions to address this. CW will forward the benchmarking data to GJ which now shows compliance.</p> <p>The Committee ratified the report.</p>	<p>CW</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
	Item 6.2	<p>HAI Report to the HAI Executive Committee (HAIEC) (new escalations) The Committee members asked for the following points to be escalated:</p> <ul style="list-style-type: none"> • the increase in Staphylococcus aureus bacteraemia (SAB) rates for healthcare associated cases? • SACCA data and the process of adding actions to DATIX / pulling reports and viewing within Illuminate • increased infections in Theatre 8 – pedicle screw patients – IMT held 	
7	AOCB	<p>Item 7.1</p> <p>Letter from CMO regarding decontamination – Nice guidance IPG666 Reducing the risk of transmission of Creutzfeldt-Jakob disease (CJD) from surgical instruments used for interventional procedures on high-risk tissues JL shared with the Committee, for information, that the above guidance has been reissued and explained that in 2015/16 new equipment was procured to be used on younger patients. There are 2 streams of decontaminating craniotomy instruments but the latest CMO letter now states that there is no marked increase in the transmission of Creutzfeldt-Jakob disease (CJD) and therefore there is no requirement for the 2 streams of processing.</p> <p>Internal meetings within NHSG and with colleagues in Orkney, Shetland and Inverness (who would potentially use us as a contingency) the decision is that it would be preferable to keep the two streams as the CMO letter does not state a 0% risk of transmission.</p> <p>The decision was made at a Compliance meeting to continue with the 2 streams in order to support the integrity of decontamination services within NHSG: 1 kit to be used for patients born on or after 1 January 1997 and 1 kit to be used for the rest of the population born before this date.</p> <p>Item 7.2</p> <p>Terms of Reference (ToR) for the NHSG Infection Prevention & Control Strategic Committee GJ wanted to make members aware of the main purpose of the Committee which is to assure the NHSG Board (we are providing assurance) that the responsibilities relating to Infection Prevention and Control in NHS premises are being met and obviously we provide advice in addition to this.</p> <p>It is key that this Committee has representation from the HAI Sub Groups at meetings as part of the organisational governance structure and assurance which came from Vale of Leven report originally; please ensure that if you are unable to attend a deputy is present on your behalf.</p> <p>Item 7.3</p> <p>Retirement of Janice Rollo The Committee would like to thank JR for all her input into the Committee and her assistance with everything Health Improvement Scotland (HIS) Inspection related. The members gave their best wishes to JR on her retirement.</p> <p>JR thanked the members and added that Rachel Little would be joining the meetings moving forward.</p>	
8	Date of Next Meeting	4 July 2023 10.00 – 12.00 via Teams (with a 10 minute comfort break)	