

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

**Minutes from meeting held 25 May 2021
Via Teams
10.00 – 12.00**

Present:

FR – Fiona Robertson, Chief Nurse - Acute (**Chair**)
LM – Leonora Montgomery, Public Forum Representative
CC – Caroline Clark, Chief Nurse, Combined Child Health
JR – Janice Rollo, Quality Improvement & Assurance Advisor
NR – Nichola Russell, Nurse Manager, Dr Gray's Hospital
FM – Fiona Forbes, Nurse Manager, Elderly Services (deputising for Fiona Mitchell)
GP – Gavin Payne, General Manager of Facilities & Estates
JB – June Brown, Deputy Nursing Director, NHSG
ASi – Amy Sim, Senior Infection Prevention & Control Nurse
LR – Lesley Roberts, Safer Workplaces Programme Manager
ASp – Allana Spence, Interim Nurse Manager - Older Adults Inpatient services
DS – Dawn Stroud, Senior Infection Prevention & Control Nurse
LB – Leighanne Bruce, Technical Lead Infection Prevention & Control Nurse

AS - Anneke Street, PA to Infection Prevention & Control Manager (Minute taker)

LMc – Lynne Mclean, PA / Secretary, Infection Prevention & Control

Item	Subject	Action to be taken and Key Points raised in discussion	Action
1	Introduction and Apologies	<p>Apologies were received from :</p> <p>Vhairi Bateman (VB) Malcolm Metcalf (MJM) Gillian Valentine (GV) Neil Hendry (NH) Grace Johnston (GJ) Juliette Laing (JL)</p>	
2	Minutes of last meeting 23 March 2021	The minutes from 23 March 2021 were ratified by the Committee with no amendments	
3	Action Tracker	<p><u>Meeting 23 March 2021</u></p> <p>5.1 Sector Reports</p> <p>Children's Services</p> <p>1a) Ventilation System Dental Suite. CC to confirm this.</p> <p>2a) AMH Theatre Ventilation AS will liaise with VB for an update</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
3	Action Tracker cont.	<p>Aberdeenshire CHSCP</p> <p>2 g) Level of input into HMP Young Offenders Institution (YOI) LB was unsure of input in question. AS to ask NH for clarity on this</p> <p><u>Meeting 24 November 2020</u></p> <p>4.1 Changes to Sector Reporting (Exception Reporting) Discussions have not yet taken place between GJ / LB / GM / GP. GP will chase this up regarding a meeting.</p> <p>4.2 Decontamination of Equipment – Education DV offered to take this forward. No update</p> <p>5.1 Sector Reports</p> <p>Moray CHSCP – High – Outstanding Flooring Works FR will contact ASm and GM for an update on progress.</p> <p><u>Meeting 23 July 2019</u></p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System LB and Ian Esslemont have not been able to meet due to COVID19; Ian is now retiring. LB feedback that there are 3 pending work streams that were discussed but no progressed. Flowchart and table available that are planned for update. Plan for Ian to sort through existing backlog list as some actions being captured through other refurbishment work. Planned to meet again after this. Will need to be progressed with Ian's replacement. LB / GP will arrange to meet with Ian Esslemont's replacement. LB suggested a Standard Operating Procedure (SOP) may be required.</p> <p>AS will send an updated copy of the Action plan when available</p> <p><u>Meeting 22 January 2019</u></p> <p>5.1 Sector Report – Moray CHSCP - Shower Tray – Turner Hospital (from meeting 27 March 2018) Keep action open as a shared learning exercise will be performed by GP now that the works are completed. There has been no movement on this due to the pandemic.</p>	LB / GP
4	Matters Arising	<p>Item 4.1</p> <p>4.1 HAIRT Local / National Reporting Discussion Discussions had at last meeting and various comments were made on the new report GJ not available to update.</p> <p>Item 4.2</p> <p>4.2 QEUH Self-Assessment (case Note Review and Oversight Board Report) LB feedback that NHSG received the report in March and a High Level Summary was written, with Action Plan, which was submitted to the NHSG HAI Executive Committee for consideration. There are a number of outstanding actions which will migrate to the HAI Work Programme 2021/22 which will hopefully come to this Committee for ratification at the next meeting (13 July 2021). What was found was that a number of actions are already being encompassed in other work streams and other minor outstanding actions are being captured</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
4	<p>Matters Arising</p> <p style="text-align: right;">Item 4.3</p>	<p>through other processes already underway; however there are some actions awaiting National work streams.</p> <p>HIS Unannounced Inspection ARI - March 2021 Improvement Action Plan (IAP) was submitted.</p> <p>JF notified the Committee that the 3 main actions were all complete. 9 areas of good practice were highlighted along with the positivity of the visit. The report has been sent to all the HAI Sub Group leads for dissemination. In addition a flowchart, is being worked on at present, to support Teams with all HIS announced and unannounced visits; this will be brought to the Committee for oversight.</p> <p>FR feedback that there was still some uncertainty / confusion at the ARI HAI Sub Group surrounding the appropriate use of wipes, therefore FR and Yvonne Wright are to complete a piece of work to assist teams in the correct usage to ensure cohesion. Also noted was the Ayreshire and Arran unannounced report that was shared with NHSG. This report shared consistent themes with NHSG including Personal Protection Equipment (PPE) / appropriate use of glove use and the cleaning of equipment. Must remain mindful of these themes and keep our action plan “live”. Many of these themes will be picked up during our auditing process.</p> <p>LB also alerted the Committee to the Infection Prevention & Control Team’s (IPCT) input into World Hand Hygiene Day. Key themes included the application of the 5 moments, appropriate glove use. The Team made Kind to Remind visits to many areas across the Organisation and JB prepared a podcast on glove use. LB also made a plea surrounding the terminology used with regards to the cleaning process; the word “wipes” seems to be commonplace, however, not all cleaning is performed with wipes and in Amber areas a chlorine releasing agent should be used.</p> <p>FR revealed that there have been some discussions within the ARI HAI Group surrounding the alternatives to Actichlor available for use, specifically around issues with labelling / dates etc; this is being looked into.</p> <p>LB agreed and stated that we are looking for confirmation from Customer Services / National Distribution Centre (NDC) as to whether this is to be a long term change or whether NHSG are using up surplus product. If there is to be longevity surrounding this then we need to look at changing our teaching materials such a posters etc.</p> <p>LR offered input from the Safer Workplaces Team.</p>	
5	<p>Standing Items</p> <p style="text-align: right;">Item 5.1</p>	<p>Sector Reports</p> <p><u>Acute</u></p> <p>FR spoke to the report highlighting the key issues which contained:</p> <p>COVID19</p> <ul style="list-style-type: none"> • Safer workplace Inspections / support continues • Reduction in red pathway beds due to reduced COVID in patient numbers • Nosocomial spread minimal <p>Mandatory Training, Scrutiny and Ventilation Concerns within the Pink Zone.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items Item 5.1	<p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Very High – Roof in Resus room within the Emergency Department (ED) leaks impacting on patient / staff safety This is an ongoing issue. Estates are aware. Causes issues if Resus is full due to having to utilise different bays.</p> <p>1 b) Very High – Sink & toilet area within Discharge Lounge. Have opened discharge lounge in yellow zone on 4th floor. These contain old sink and toilet areas that require to be replaced. Costings have been sought and working with Michael Black to progress. Risk Assessment (RA) in place.</p> <p>1 c) High – Emergency bed usage in 4 bedded bay areas within various wards Risks identified and RA developed and in place.</p> <p>1 d) Medium – Peterhead Satellite Unit has access to only 1 single toilet within Summers Ward; increased risk of contamination between unit and patients Looking at costs for refurbishment work to be commenced</p> <p>1 e) Medium – Sluice Mater located in sterile storage within Endoscopy Unit This is to be added to the Risk Register – redesign of this area taking place with removal of sluice.</p> <p>3 Mandatory HAI Education Training Compliance Figures Training report embedded within the report. Some areas still have work to do surrounding submitting the required information</p> <p>4 Areas of Achievement</p> <ul style="list-style-type: none"> • Some divisions continuing to carry out assurance walk rounds • Safer Workplace action plans in place and visits occurring • Clear Amber and Green pathways identified in Surgical areas for elective / unscheduled activity • Good staff response to HIS inspection and inspection report <p><u>Children's Services</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Member of staff removed visor around (subsequently) COVID19 positive patient as visibility reduced. Valid reasons for removal of visor (due to distressed child) however risk was increased to the member of staff. Goggles have been ordered and use has been highlighted to staff.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Ventilation in Dental Suite is inadequate for AGP procedures Theatre has been assessed and a report has been submitted to Director of Finance and Scottish Government to request funding. In hand.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p>2 b) Low – AMH Theatre 2 ventilation ait changes are 10 per hour and should be 22 – 25 to work effectively This has been reviewed and repaired. Only elective Caesarean Sections now held in here as these cases are less likely to require a general anaesthetic.</p> <p>2 c) Low – neonate COVID testing being commenced in line with other patient testing There is only 1 isolation room in the unit. In the event of there being more than 1 neonate testing positive babies may need to be cohorted. Will liaise with the IPC Team with regard to patient placement. This is in hand.</p> <p>A new risk not included in the report is around the recent Atypical Infections aligned to Royal Aberdeen Children’s Hospital (RACH). Positive water and air samples have been detected within RACH Theatres and as a result immunocompromised children are utilising ARI Theatres and all non-urgent surgeries have been postponed and urgent cases are being operated on within a waterless theatre within RACH. In addition all staff, parents and children have been asked to gel their hands after hand washing as an extra precaution.</p> <p>Main Incident Management Team (IMT) being held tomorrow (26 May 2021). In addition there is a RACH Operational Group which meets to pursue and complete the actions raised from the main IMT; this group is meeting 27 May 2021. At present we are 10 days in from the second wave of sampling and hopeful for an update on results tomorrow. Relatively little media interest at the moment.</p> <p>LB asked for patience to be shown towards the IPCT and the Facilities & Estates Department during this time. The bacteria identified is extremely hard to grow and therefore different plating media is being sought for Labs to hopefully speed the process up. Likely to be longevity in this event and organisms are not being named as this would likely identify the patient. Help has been sought from many multi-disciplinary angles to manage this situation. Unlike other IMTs this has been approached differently with one overarching Group feeding into 3 subgroups (Operational, Technical and Epidemiological). Being supported by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and a 10 year “look back” at organisms will be progressed.</p> <p>GP commented that NHSG are following the hypothesis that the infections are related to then environment however this has not yet been proven. Stepping up water sampling; this will be a long process.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Good uptake for peer to peer vaccinations. 2nd doses are now being administered <p><u>Women’s Services</u> Report submitted but no one from the Service was available to attend.</p> <p><u>Aberdeenshire H&SCP</u> No report was submitted and NH was unable to attend the meeting.</p> <p>AS to email NH for a copy of the report and forward to the Committee as soon as possible</p> <p>FR (as Chair for this meeting) will email all HAI Sub Group Leads reminding them that Sector Reports are required for each meeting and a deputy is required if they are unable to attend.</p>	<p>AS</p> <p>FR</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont. <p style="text-align: right;">Item 5.1</p>	<p>Various members of the Committee expressed concern that prioritisation was not being given to this meeting and a suggestion was made that perhaps JB could raise the issue of representation with senior nurses? JB had left the meeting so FR will feedback.</p> <p><u>Aberdeen City CHP</u> Fiona Forbes attended for Fiona Mitchell and spoke to the report.</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Rosewell House had a number of concerns raised in a recent Safer Workplaces Inspection This included signage to be reviewed, rooms currently being used for storage, which is inappropriate and tables used in staff break areas too small of multiple use. The Support manager is working with Safer Workplaces to implement improvements.</p> <p>1 b) High – Struggling with representation for the local HAI Sub Group This has led to a lack of assurance surrounding compliance and a risk that not all issues / concerns are being escalated. The template used for reporting has been updated to simplify reporting and to include training compliance / audit data to seek assurance from all areas; reminders on submission of this template are sent well in advance of meeting dates.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Chipped paintwork on bed and toilet rails This is ongoing with no progress to report at present.</p> <p>2 b) Medium - Social distancing remains a concern due to lack of space This remains a concern, however, improvements in social distancing have been evidenced during site walk rounds and staff seem to be more aware and conscious of the requirement. Moveable trolleys / desks have been introduced to lessen crowding whilst writing up notes etc. and staff are being reminded at huddles of the importance of physical distancing to ensure the message is kept memorable.</p> <p>2 c) High – TURAS Reporting and inaccuracies of staff on the report Information on pulled reports now seems more accurate, however there are still changes to be made to line management structures due to organisational change</p> <p>2 d) Medium – 6 Monthly HAI Audits being re-established The majority of April audits have been undertaken and staff have been reminded to upload to DATIX and complete the action plans by the deadline 28 May 2021.</p> <p>2 e) High – No clear person identified at the Health Village with oversight of auditing This has been discussed with the Support Manager. They represent the health Village at the HAI Sub Group meeting and will provide audit assurance moving forward. This is ongoing.</p> <p>2 f) High – Water flushing not being consistently recorded in WGH or the Health Village Assurance is being sought at all HAI Sub Group meetings. Flushing continues and can be evidenced.</p> <p>2 g) If clinically well COVID19 patients may remain on the WGH site Incidents of this remain low and assurance is there that areas have the appropriate pathways in place should a patient test positive. Staff feel more reassured.</p>	FR

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont. Item 5.1	<p>3 Mandatory HAI Education Training Compliance Figures</p> <ul style="list-style-type: none"> • Hand Hygiene - compliance has varied between 95% and 100% for the past 12 months across the site. One ward scored 60% in April but SCN has reviewed and undertaken education with staff. No other data available for the site as require this to be submitted by different departments • Care of Equipment - Wards who have submitted data show 100% compliance, however this was not evident in relevant HAI audits, therefore greater assurance is required. Some wards have not been submitting data, therefore have been reminded. • 6 Monthly HAI Audits - these were undertaken in April. 2 wards still to complete. SCN's reminded to upload these to DATIX and complete action plans. Action plans will be reviewed at HAI Sub Group meeting <p>Training compliance</p> <ul style="list-style-type: none"> • Hand Hygiene = 74.34% • Healthcare Waste = 66.45% • Infection Prevention and Control C Difficile = 44.74% • Donning and Doffing = 34.21% • Prevention and management of Occupational Exposure = 44.08% • Why infection prevention and control matters = 59.21% <p>This data is inclusive of nursing staff only as require to get data from other departments, requested at local meeting held on 10 may 2021</p> <p>4 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • No recent level 2 reviews • Hand Hygiene audits show good compliance across the site • Recent HAI audits showed a good level of cleanliness throughout the ward areas <p>FR asked if there was a timeframe for the Rosewell House issues of storage etc. to be completed. FF replied that the Safer Workplaces Team visited again 21 May 2021; will chase up the report. FR also reiterated that the Action Plans for the 6 monthly HAI Audits are crucial to provide assurance.</p> <p>LB explained that the Safe and Clear Care Audit is being uploaded to an electronic platform; this may be a discussion to be explored at local HAI Sub Group level. Face to face Donning and Doffing training has been offered by the IPCT in addition to the elearning package on TURAS therefore figures across NHSG will be higher than those pulled from TURAS for individual areas.</p> <p>ASi echoed LB's comment regarding Donning and Doffing, feeding back that there has been a great uptake in this training by the staff at Woodend General Hospital (WGH).</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing items cont.	<p><u>Facilities</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Inverurie Hospital Admin Block Building is empty with the exception of the staff dining room and kitchen and the condition of this building is not fit for purpose. Limited power supply, not all areas have a hot water supply and only some areas have heating. Is unable to be cleaned and disinfected which may result in potential food safety risks. There is a debate as to whether this building will be used long term. This has been escalated to hospital management within Aberdeenshire H&SCP specifically around continued catering provision. Awaiting feedback. GP added that he did not think this should be deemed a HIGH risk for HAI and will re-evaluate the risk level.</p> <p>There are a large number of ongoing issues around Water and Ventilation still included in the report. GP advised that most of the remedial work surrounding these has been completed. They remain on the report as waiting for water testing results or IMTs to be reconvened or closed out. Only a small number still active.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Water Safety With regard to this issue this has been a long standing inclusion, however, this has been substantially dealt with and the IMT has not yet been closed out. VB has visited the site on 28 April 2021 and identified various new and difference issues / concerns. A report was issued and awaiting feedback from Hub North Scotland regarding findings.</p> <p>3 Mandatory HAI Education Training Compliance Figures Most of Mandatory / Statutory training is coming up to above 90%. Those that not will hopefully pick up over the coming months.</p> <p><u>Moray (CHSCP)</u> No report was received and there was no representation at the meeting</p> <p><u>Dr Gray's</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Varying compliance with patient use of masks on wards Patient leaflet has been distribution and the SCN has been asked to enter observations and discussions had with patients on admission, into the care record.</p> <p>1 b) Medium – Decanting of hand gel into free standing bottles at the front door with non-pump bottles being used Non pump bottles have been removed and volunteers have been advised against decanting gel. Wall dispensers are being used</p> <p>1 c) High – Issues with the use of the Patient Placement Tool (PPT) There is the potential for awareness sessions (with IPCT) held via Teams or face to face on wards if required</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p>1 e) High – Maternity patients declining day 1 COVID swabbing This has been reported to be an issue in Aberdeen Maternity Hospital (AMH) also. Discussions are being had with GV to reach a solution.</p> <p>1 f) High – Water issues in ward 7 – TVC counts show high levels Legionella testing underway. Work will be ongoing over the next 12 months. A Project team is being established and will extend membership as necessary. IPCT involved.</p> <p>One issue that was not contained in the report was surrounding air flow and ventilation within the Endoscopy Theatre. All procedures have been halted in this area and moved to an alternative Theatre. Looking to utilise another area within the hospital whilst exploratory work is undertaken. Discussions had with Senior Management Team regarding action plans to be put in place.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Very High – Poor compliance with physical distancing in some departments This is being worked on.</p> <p>2 b) Low – Refurbishment within Ward 7 – General Medical has commenced Commenced 15/3/21. This is to improve multi-bay facilities and safety throughout the ward. Ward 5 works have been completed but work surrounding the Nurses station is still ongoing. Safer Work Places Team are assisting and posters / sticker have been updated. Ongoing.</p> <p>2 c) High – Non compliant hand Hygiene Audit on Ward 5 Practical hand hygiene sessions have been provided. Unfortunately a further audit was also non-compliant; Preliminary Assessment Group (PAG) meeting being held 28 may 2021 to review. Additional training and audits are being performed in the ward.</p> <p>2 e) Medium – Inappropriate items left on patient meal trays These include facemasks. Trays to be cleared of all items except crockery and utensils. Improvement has been seen.</p> <p>1 f) High – Lack of changing facilities Trying to advise staff not to congregate in changing areas. Safer Workplace Assurance Team are still to review. No further areas identified for use due to lack of room within the hospital. Ongoing.</p> <p>1 g) Medium – Difficulty to achieve quorate for DGH HAI Sub Group There was much improved attendance at the last meeting. Will continue to review.</p> <p>1 h) High – Nosocomial beds being utilised due to pressures on bed capacity Still having to utilise “surge” beds. This has been risk assessed. SOP is being reviewed and shared with teams.</p> <p>3 Mandatory HAI Education Training Compliance Figures Nursing figures show 80 – 90% compliance for most training however aligning staff is still an issue due to turnover. Guaranteed protected time for completion of training is being given</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p>4 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Work continues in General Medical ward • Continuing to look at where work stations can be created in different areas on some ward areas to reduce crowding in high use areas. Extra IT equipment has been provided and this is working well. • Encouragement with LFDs throughout the site including medical staff. This has shown an improvement. <p>LB noted that even after we have evolved this template we do not seem to be reporting on the specific Mandatory / Statutory training completion figures from the online modules. There could be due to confusion as to which these are therefore suggested that the HAI Education Group should reissue the SIPCEP Pathway expectation. Went on to describe what was expected on an annual and bi annual basis and explained that once relevant modules were shown as completed they can be used again to supplement any training / understanding issues.</p> <p>DS agreed and will take this forward as the HAI Education Group Lead. Pre COVID the flowchart was issued and during COVID a local Frequently Asked Questions (FAQs) document was circulated. Will reissue information.</p> <p>LR commented that others have spoken with regards to the Nursing side of IPC training however a stronger input with Medical staff (and others) is also required. Who is the representative for Medical staff within this Committee?</p> <p>FR agreed that most training figures supplied are for Nursing staff and more emphasis needs to be made of the training completed by Medical staff, AHPs etc. MJM is our Deputy Medical Director and usually attends these meetings; in addition we also have representation from the Infection Prevention & Control Doctors (IPCDs).</p> <p>LR will take her points raised around training for Medical staff forward externally to this meeting.</p> <p>FR stated that each HAI Sub Group should also pick this up.</p> <p><u>Mental Health</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – varying compliance with patient use of masks on all wards and shared areas Staff to encourage compliance daily and if not adhered to note on PPT.</p> <p>1 b) High – Wall mounted Dani Centres (PPE) in inpatient accessible areas have been removed due to Health & Safety self-harm (ligature) issues. RA completed with assistance from IPCT. New lockable Dani Centres have been ordered so PPE can be accessed closer to point of care. This will be trialled in 2 wards to ensure IPC compliance prior to going live across the hospital. Awaiting delivery. LB added that there have been some things that have evolved out of the ligature reduction work stream that may become HAI risks. It is important to clarify that the Health and Safety Executive (HSE) did not identify that aprons and gloves were ligature risks and this has evolved locally since a previous incident with a carrier bag. ASi is assisting with the complicated RA.</p>	<p>DS / HAI Education Group</p> <p>LR</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p>1 c) Medium – Safer Workplaces have identified ventilation issues in wards that have windows permanently locked This has been discussed at Health & Safety Committee. Once handles have been removed they cannot be refitted. 2 new wards with compliant windows are due to open shortly as part of the Ligature Reduction project however ventilation in wards with non-compliant windows is not adequate. Global email sent to staff on how to keep cool and stay hydrated in poorly ventilated areas. Would welcome assistance around this from the Committee. LR also commented (in the chat section) that Chantal Wood is obtaining costs with regards to the window issues. LB advised that an air handling unit requires to be replaced as air changes are impacted now with locked windows. GP asked ASp to send him an email with regard to what needs to be evaluated regarding the windows and he will ask someone to look into this, however, LR advised that Chantal Wood is receiving support from Kevin Lackie and others surrounding this. GP will link into this group.</p> <p>1 d) Patients with hearing and cognitive impairment becoming distressed when unable to hear staff clearly through masks Staff have been reminded of the risk associated with removing masks and have been encouraged to use other ways of communication. Royal Cornhill Hospital (RCH) would be keen to trial clear facemasks when they become available for use. LR noted that she was aware of CE marked clear masks being discussed at the PPE cell, however, LB feedback that these do not have the level of filtration required and have not been sanctioned for use. May need to look at a different way of working.</p> <p>3 Mandatory HAI Education Training Compliance Figures No figures were available. Unsure of how to run report on disciplines. Will investigate and have available for the next meeting. FR advised that Learning & Development can assist</p> <p>4 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • HAI audits continue to be completed on site. No major issues • Hand Hygiene audits for April were 98.3% • Looking at implementation of outdoor staff rest areas; this will allow for social distancing during breaks. <p><u>HAI Education Group</u> DS advised the Committee that no meetings have been held recently however the Group will be meeting soon.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 d) Medium – Inability to provide Aseptic Non-Touch technique (ANTT) training to staff across the Organisation The short life working group (SLWG) was put on hold pre COVID due to NHS Education for Scotland (NES) updating some of the modules. Contacted NES recently to enquire as to the status of the updates. NES have replied stating that this work has been out on hold due to COVID but should hopefully be available soon. DS and Joanne Grant are taking the suggestion (that the SLWG be re-enacted) to the next HAI Education Group meeting to a) assist in finalising the modules and to inform those accessing them that there have been changes made or b) to wait until the modules are fully completed by NES. Also sought permission from NES to use the pocket</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p>guides to assist in the creation of posters for NHSG – permission was granted. Have been asked to send them to the Aseptic Technique Advisory Group to decide whether NHSG’s posters can be used more widely. Would send to them in the first instance for approval / comment anyway.</p> <p>2 g) High – Concern that all Divisions, Sectors and Integrated Joint Boards (IJBs) do not have oversight and governance of mandatory IPC education, audits and compliance tools IPCT had a specific concern that the Dr Gray’s Hospital (DGH) and Moray HAI Sub Groups have not been Meeting frequently enough to provide assurance on this. These groups are now meeting more frequently which is positive. There will be correspondence sent out again of what mandatory training / modules require completion and how often (via the Scottish Infection Prevention and Control Education Pathway (SIPCEP)). DS also confirmed that the Donning and Doffing module is mandatory and can be accessed via Turas.</p> <p><u>Infection Prevention & Control Team (IPCT)</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Recent ceiling survey has identified variable issues with current ventilation extract flexi ducting connections throughout the Phase 2 stack in ARI This does not include ITU or Theatres which have separate air handling units. The goal is to mitigate the risks in the short term. A multi-disciplinary team (MDT) approach to assess any current risk mitigation in, advance of these works, is underway chaired by the Deputy Chief Executive. Good news is that the areas identified are mainly non clinical, however a couple of areas have required mitigating control measures and recommendations. Working on issues with the fire lead and Estates and Maintenance colleagues regarding what can and can’t be Performed in these areas. Recommendations may influence occupancy levels within these areas. When the stage is reached for remedial works to commence may have to temporarily relocate clinical services.</p> <p>1 b) Medium – COVID Focused HEI Unannounced Inspection 23 – 25 March 2021 IAP completed submitted and IPCT actions have been completed as stated above under Item 4.3.</p> <p>1 c) For awareness - Queen Elizabeth University Hospital / NHS Greater Glasgow and Clyde Oversight Board Report, published March 2021 High Level Summary, Self-assessment and Action plan complete and sitting with the HAI Executive. Several pending actions but we await outcomes of National work streams and others will be added to the 2021/22 HAI Work Programme</p> <p>1 d) For awareness - Continuing to Reduce the Risk of COVID-19 Transmission in hospital Settings: CNO letter DL (2021) 9, March 2021 Self-assessment drafted by key stakeholders, including IPCT and submitted to the HAI Executive by Safer Workplaces Senior Responsible Officer (SRO).</p> <p>1 e) Medium - Life cycle management of reusable critical and semi-invasive medical devices is not fully robust This was raised at a recent IMT where it was identified that the decontamination requirements of a breast probe</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p>had not been considered before purchase. This was discussed at the most recent Equipment and Healthcare Management Group meeting. This has been escalated to the Equipment and Medical Devices Finance Group who will complete a review of the current process (to include procurement and life cycle management).</p> <p>1 f) For awareness – Increased levels of COVID19 within Moray This is ongoing and the IPCT are participating in an IMT that is being chaired by the Consultant in Public Health Medicine (CPHM). Key message is only a small number of hospital admissions.</p> <p>Only new risk not included in the report is the Atypical infections with potential environmental source that are present within Royal Aberdeen Children’s Hospital (RACH). The Committee will be updated as the IMT and Subgroup meetings progress and further information is available.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – COVID19 response This has impacted on the IPC and organisational work streams which were paused / altered from February 2020 onwards. We await National guidance on when these will recommence. The IPCT’s priorities that continued throughout the pandemic were</p> <ul style="list-style-type: none"> • Advisory / IPC support to the Organisation • Outbreak Management • Surveillance and IPCT action for all Organisms and conditions identified as mandatory within the National Infection Prevention & Control Manual (NIPCM) <p>The IPCT expect the National Surveillance Programme to recommence imminently and are investigating whether any supplemental conversations / training can be progressed with clinical services in advance of this time.</p> <p>2 b) Very high – COVID19 clusters / outbreaks involving staff and patients The IPCT are now in a position to report that there were 30 IMT meetings held between November 2020 and end of February 2021 which was a huge organisational undertaking with multi-faceted service disruption. Operation Snowdrop has now concluded and there have been no further outbreaks / clusters since March 2021.</p> <p>2 c) Medium – Safety and cleanliness inspections have recommenced by Healthcare Improvement Scotland (HIS) This has been discussed under Item 4.3. All HAI Subgroups have now recommenced their meetings and local exception reports are being submitted to this Committee to provide assurance.</p> <p>2 d) Medium – Introduction of COVID19 risk pathways This has identified that alterations are required to local RAs within Critical Care areas, in relation to airborne precautions, & Respiratory Protective Equipment (RPE) requirements during Aerosol Generating Procedures (AGPs). They are now established however there is still a slight lack of understanding of the ventilation system in Ward 106b. An external contractor will be brought in to advise what can and cannot be done within this area (expanded as a Critical Care Unit).</p> <p>2 e) High – Senior IPC Nurse (SIPCN) cover reduction Will be advertising for 1 x Band 7 SIPCN, 2 x permanent Band 6 IPCNs and 1 x part time Band 6 IPCN shortly. Committee to be mindful that IPCN roles are highly specialised and, therefore it can take up to 3 years to train to SIPCN level.</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	Standing Items cont.	<p>2 f) High – Increased incidence Endophthalmitis within the Eye Outpatients Department (EOPD) This IMT has been paused due to no further cases. Outstanding actions e.g. ventilation (building works) will be dealt with by the Programme Board and the Project Group. Remedial works on the water system must be completed before we can close this issue.</p> <p>2 h) High – High Consequence Infectious Disease (HCID) unified PPE ensemble is changing New ensemble has been delayed due to the pandemic. Implementation date unknown. LB has had an invitation to the National HCID Group so should be able to update on progress at the next Committee meeting.</p> <p>2 i) High – The Built Environment and its components The IPC resource remains static. Build and refurbishment projects continue to increase and compete with other key priorities. IPC input is essential.</p> <p>2 j) – Local Screening Screening for Quarter 4 (still to be ratified). MRSA CRA is reasonable and has increased to 88%. CPE CRA has increased to 92%. PPT is being completed and the box is being ticked to say the CRA has been undertaken but not always following up with swabbing. NHSG is not an outlier. Work to be done in Acute and DGH and PPT training.</p> <p>2 l) Low – UN approved waste containers This has been discussed at the Waste Management Group and this group will feedback to the Committee. Remove risk from report</p> <p>2 m) High – DGH HAI Subgroup have met minimally during 2020/21 This Group is now established and is meeting regularly.</p> <p>2 n) HAI Work Programme 2021/22 introduction will be delayed Have in draft form not completed as yet. Intention is to bring to this Committee at the 13 July 2021 meeting for ratification and to move forward.</p> <p>3 Mandatory HAI Education Training Compliance Figures</p> <p>March – May 2021</p> <p>IPCT supported HAI Audits - 3 IPCT QA Hand Hygiene Audits – 10</p> <p>Breaking the chain of infection – 90% Breaking the chain of infection - assessment – 90%</p> <p>Hand hygiene – 80% Hand hygiene - assessment – 90%</p> <p>Healthcare waste – 80%</p> <p>Why infection prevention and control matters – 90% Why infection prevention and control matters – assessment 90%</p>	

Item	Subject	Action to be taken and Key Points raised in discussion	Action
5	<p data-bbox="300 73 539 97">Standing Items cont.</p> <p data-bbox="580 544 674 568">Item 5.2</p> <p data-bbox="580 655 674 679">Item 5.3</p>	<p data-bbox="734 97 1189 121">4 Areas of Achievement / Good Practice</p> <ul data-bbox="786 156 1944 491" style="list-style-type: none"> • WGH have had no cases of Clostridioides difficile Infection (CDI) recorded since Dec 2019 (18 months) • To promote the work undertaken, the IPCT recently featured in several newspaper articles and appeared on STV News. Extended thanks to our colleagues from Portering Services, Facilities and Estates and the staff within both the Microbiology Lab and Wards 102 & 103 ARI who assisted us. • The “Kind to remind approach” for 2021’s World Hand Hygiene Day (5th May), has received much positive feedback, and identified key themes which will enable us to focus on improvement opportunities for hand hygiene compliance, culminating in a podcast delivered by the HAI Executive • NHS Grampian Safe and Clean Care audit. Most of the sections are now complete (within SNAP Survey) and others are in a trial phase. The audit should take around 1.5 hours to complete. LB to meet with Matthew Toms shortly and next trial phase will be a Quality Assurance (QA) phase. Tried to build in a format that will suit most areas. • 2nd Sprint Audit completed regarding FRSM. Improvement seen. Audit has been sent to Chief Nurses <p data-bbox="734 552 1021 576">Risk Register – May 2021</p> <p data-bbox="734 580 1323 604">No update at present. This has been reviewed recently.</p> <p data-bbox="734 660 1440 687">HAI Executive Committee Update (meeting held 21 April 2021)</p> <p data-bbox="734 692 1133 716">GJ was not present to give an update</p>	
6	<p data-bbox="300 748 663 799">HAI Report to Clinical Governance Committee / Board</p> <p data-bbox="580 831 674 855">Item 6.1</p> <p data-bbox="580 999 674 1023">Item 6.2</p>	<p data-bbox="734 831 1328 855">Local HAI Report to the Board (HAI-RT) – April 2021</p> <p data-bbox="734 860 1218 884">This report was not available for the meeting.</p> <p data-bbox="734 916 1272 940">AS will send this out electronically when available.</p> <p data-bbox="734 999 1357 1023">National HAI Report to the Board (HAI-RT) – April 2021</p> <p data-bbox="734 1027 1626 1051">The new National report was tabled. The Committee were happy to ratify the report.</p> <p data-bbox="734 1083 1312 1107">LB asked the Committee to note that the report shows</p> <ul data-bbox="786 1139 1933 1362" style="list-style-type: none"> • an increase in HAI related Clostridioides difficile (Cdiff) from the previous quarter however we are not above any warning limits • an increase in Community associated Cdiff – this was discussed as the IPC Surveillance meeting this week and there are some pending work streams surrounding this regarding prescribing within some GP practices • an increase in Staph aureus bacteraemias (SABS). NHSG are above the National incidence rate, however, there has been a drop in cases in NHSG over the last quarter and it is anticipated that this will plateau out 	<p data-bbox="2033 916 2074 940">AS</p>

Item	Subject	Action to be taken and Key Points raised in discussion	Action
6	HAI Report to Clinical Governance Committee / Board cont. <p style="text-align: right;">Item 6.3</p>	<p>HAI Report to the HAI Executive Committee (HAIEC) Issues to be escalated:</p> <ul style="list-style-type: none"> • RACH Theatre issue • PPE Health & Safety issues / ligature project - Mental Health & Learning Disabilities Sector Report • Training - multi-disciplinary approach (Medical Staff) • Ventilation issues– Pink Zone 	
7	AOCB <p style="text-align: right;">Item 7.1</p> <p style="text-align: right;">Item 7.2</p>	<p>Unannounced HEI Visit - IAP JR will provide the IAP at the next meeting with completed action dates. This will provide the Committee with the assurance required.</p> <p>HAI Sub Groups – Assurance data JR felt that the data escalated from these Groups, to this Committee, needs some work with a view to relevance. Perhaps LR should also submit a formal report on Safer Workplaces to the Committee. LR is happy to do this for the July meeting and commented that she found attending this meeting very useful.</p> <p>LB also mentioned that the IPCT have been exploring the best way to link in with the Safer Workplaces Team. It has been decided that Roy Browning is to work alongside LR and the Team primarily to dovetail work streams.</p>	<p style="text-align: center;">JR</p> <p style="text-align: center;">LR</p>
8	Date of Next Meeting	13 July 2021 10.00 – 12.00 via Teams	