

SCOTTISH HOSPITALS INQUIRY

**Bundle of documents for Oral hearings
commencing from 13 May 2025 in relation
to the Queen Elizabeth University Hospital
and the Royal Hospital for Children,
Glasgow**

**Bundle 35 – Supplementary Minutes of the
Acute Infection Control Committee (AICC)
and the Board Infection Control Committee
(BICC)**

This document may contain Protected Material within the terms of [Restriction Order 1](#) made by the Chair of the Scottish Hospitals Inquiry and dated 26 August 2021. Anyone in receipt of this document should familiarise themselves with the terms of that Restriction Order as regards the use that may be made of this material.

The terms of that Restriction Order are published on the Inquiry website.

Table of Contents

1.	A32222091	AICC Minutes - 5 January 2015	Page 5
2.	A32217729	AICC Minutes - 2 March 2015	Page 9
3.	A32217496	AICC Minutes - 12 May 2015	Page 13
4.	A51259641	AICC Minutes - 13 April 2021	Page 20
5.	A51259715	AICC Minutes - 8 June 2021	Page 29
6.	A51259625	AICC Minutes - 10 August 2021	Page 39
7.	A51259623	AICC Minutes - 5 October 2021	Page 47
8.	A51259622	AICC Minutes - 7 December 2021	Page 58
9.	A51259624	AICC Minutes - 8 February 2022	Page 67
10.	A51259617	AICC Minutes - 5 April 2022	Page 77
11.	A51259841	AICC Minutes - 14 June 2022	Page 85
12.	A51259610	AICC Minutes - 9 August 2022	Page 94
13.	A51259620	AICC Minutes - 6 December 2022	Page 103
14.	A51259528	AICC Minutes - 14 February 2023	Page 113
15.	A51259609	AICC Minutes - 11 April 2023	Page 123
16.	A51259604	AICC Minutes - 13 June 2023	Page 131

17.	A51259542	AICC Minutes - 15 August 2023	Page 140
18.	A51259562	AICC Minutes - 10 October 2023	Page 149
19.	A51259568	AICC Minutes - 12 December 2023	Page 157
20.	A51259551	AICC Minutes - 13 February 2024	Page 167
21.	A51259522	AICC Minutes - 16 April 2024	Page 176
22.	A51259561	AICC Minutes - 11 June 2024	Page 186
23.	A51259532	AICC Minutes - 13 August 2024	Page 197
24.	A51259543	AICC Minutes - 25 October 2024	Page 208
25.	A51259748	BICC Minutes - 20 April 2021	Page 221
26.	A51259742	BICC Minutes - 22 June 2021	Page 228
27.	A51259789	BICC Minutes - 12 August 2021	Page 237
28.	A51259739	BICC Minutes - 19 October 2021	Page 247
29.	A51259764	BICC Minutes - 9 December 2021	Page 254
30.	A51259824	BICC Minutes - 17 February 2022	Page 263
31.	A51259731	BICC Minutes - 28 April 2022	Page 271
32.	A51259733	BICC Minutes - 23 June 2022	Page 278
33.	A51259788	BICC Minutes - 18 August 2022	Page 286
34.	A51259799	BICC Minutes - 15 December 2022	Page 293
35.	A51259763	BICC Minutes - 22 February 2023	Page 302
36.	A51259760	BICC Minutes - 20 April 2023	Page 309
37.	A51259712	BICC Minutes - 26 June 2023	Page 317
38.	A51259726	BICC Minutes - 24 August 2023	Page 326

39.	A51259647	BICC Minutes - 21 February 2024	Page 335
40.	A51259634	BICC Minutes - 28 March 2024	Page 346
41.	A51259667	BICC Minutes - 9 May 2024	Page 350
42.	A51259678	BICC Minutes - 17 June 2024	Page 361
43.	A51259657	BICC Minutes - 20 August 2024	Page 371
44.	A51259713	BICC Minutes - 31 October 2024	Page 379

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 5 January 2014**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Prof Craig Williams (Chair)
 Mrs J Brown
 Ms E Love
 Dr J Beattie
 Ms L Murray
 Ms Karen Cormack
 Ms E. Burt
 Ms E. Sommerville
 Ms S McNamee
 Dr S. Binning
 Ms K McGuigan

Lead Infection Control Doctor
 Interim Nurse Director
 Head of Nursing, W&C
 Associate Medical Director W&C
 Corporate Facilities Manager
 Clinical Risk Manager
 Head of Nursing, Rehabilitation & Assessment
 Acting Head of Nursing, Surgery & Anaesthetics
 ADN Infection Control
 Clinical Director, Surgery & Anaesthetics
 Lead Nurse, Imaging, Diagnostics

In Attendance

Mr T Sim

Corporate Administration Officer

Apologies

Mr T Walsh
 Dr D Stewart
 Ms P Joannidis
 Mr J Stuart
 Ms Y Gourlay
 Mrs M MacDonald

Infection Control Manager
 Lead Director, Acute Medical Services
 Nurse Consultant Infection Prevention & Control
 Head of Nursing, Regional Services
 Lead Pharmacist, AMT
 Head of Nursing, Surgery & Anaesthetics

Item**Action**

- 1) **Welcome and Apologies**
 Apologies for absence were recorded as noted above. In the absence of Dr Stewart Professor Williams chaired the meeting.
- 2) **Minute of Previous Meeting**
 The minutes of the meeting of the group held on 3 November 2014 were agreed as an accurate record subject to the following corrections.

 Page 2 Item 3 (b) Mrs Brown advised of the change at the minute should now read- Some clarity around environmental and facilities gaps in existing SPEA's. Reports are required.

 Page 3 Section 5 Should now read- Professor Williams commented that the relapse rate was always high and that there was ongoing work looking at the geographical analysis of hotspots.
- 3) **Matters Arising**
 All matters arising were covered in the agenda.
- a) **Datix Report**

The paper was presented by Ms Cormack who advised that from April 2014 to September 2014 a total of 82 Infection Control Incidents were reported in the subcategory section. The CDI Incidents during the same period April-September 2014 on Datix were discussed and the need to ensure that there is a completed review tool for all category 4 and 5 incidents. It was agreed that a tool needs to be attached in order to comply with the HIS National Framework for Adverse Events. Ms Cormack advised that for the annual report there would be new codes put in and that a list of decontamination failures would be included. Ms Cormack was asked to provide a breakdown of the incident rather than the overall numbers in order to facilitate shared learning and to provide clinical team with the opportunity to make improvements. Ms Cormack agreed to provide this detail to the committees in future reports.

KC

b) **Infection Control Environmental Audit**

Ms McNamee provided a verbal update and reported that the critical non compliant part of the audit is now being reported separately to LN, HON, Nurse Directors. A scoring system has been introduced. Following a meeting with Mrs Brown and Rosslyn Crockett a process for escalation is in place and Mrs Brown would be forwarding a flowchart to Ms McNamee.

JB/S
McN

c) **Guidance on Prevention and Control of C-Diff in Care Settings in Scotland**

It was agreed that this item would be removed from the agenda.

d) **National Infection Prevention and Control Manual- Publication of Chapter 2 Transmission based Precautions**

Ms McNamee provided a verbal update to members and advised that Professor Williams had met with clinical colleagues to arrange the management of the application of the policy. Ms McNamee informed members that while there was a degree of consensus, there were some issues around the guidance, and that further discussions with A&E staff and clinicians was necessary in order to fully comply with the guidance. Professor Williams advised that there were some clinical concerns around some aspects of the policy (specifically AGPs) and that he would be linking up with Dr Raeside and would update at the next meeting.

CW

e) **HAI Consultation feedback**

Ms McNamee advised that there was a delay in the issuing of these standards and that an update would be provided at the next meeting.

SMcN

4) **Monthly Enhanced Surveillance of SAB Reports- October 2014 & November 2014**

Ms McNamee reported on the October and November figures and advised that there were 27 cases identified in October and 28 in November. Around 50%-57% of HAI SABs were directly attributed to a vascular access device. Ms McNamee further reported that PVC/CVC ward sweeps following an IV access device related SAB demonstrated that PVC/CVC care plan compliance of between 50-81% in October and 33-100% in November.

5) **Quarterly Reports on the Surveillance of C Diff/SAB**

As this item had been reported at the previous meeting in November 2014 members noted the reports.

- a) **HPS Report**
The report was received and noted by members.
- 6) **Draft Policies for Noting**
- IPC Respiratory Syncytial (RSV) Policy**
The policy was noted by members.
- IPC Whooping Cough (Pertussis) Policy**
The policy was noted by members.
- 7) **Standing Items**
- a) **Bi Monthly HAIRT Report December 2014**
Ms McNamee provided members with an update on the Key Healthcare Associated Infection Headlines for December 2014 HAIRT. The report was received and noted. Ms McNamee also updated members on the Vale of Leven report and recommendations which was published on Monday 24 November 2014.
- b) **Quarterly Improvement Programme**
Ms Cormack advised that she would be meeting Ms Joannidis to discuss what should go out in the report.
- c) **HEIS**
Mrs Brown reported on the Action Plan and updated members on the main issues which included trolley cleaning and the pilot of additional domestic staff cleaning trolleys in EDs. The pilot would require to be evaluated Mrs Brown advised, and robust systems put in place. In addition Ms McNamee reported that SICPs Training should be done at regular intervals for staff.
- The Education Strategy is currently being updated and Learn- Pro will provide e-mail alerts to help to prompt staff. Mrs Brown further advised that she had asked Heads of Nursing to assess compliance with IPC training amongst their staff. Ms McGuigan advised that the C-Diff module is not available and is in the process of being updated. Ms McNamme agreed to approach NES about this.
- Ms Love reported on the inspection at Yorkhill and advised that it was a generally favourable report. Hand hygiene, appropriate waste management and sharps management were good. As was staff knowledge and the management of PVCs. Cleaning was also found to be to a high standard. There were a few minor issues around the storage of breast milk, and this has now been addressed. The results of the audit have been displayed where staff can view them.
- e) **Infection Control Implementation Plan**
Ms McNamee updated members on progress and advised that new a surveillance system was put in place during the summer, and is being tested in a number of areas. CAUTI is going well and data will be compiled. The Infection Control Audit Tool is being updated and the table top exercise around Ebola took place in early December 2014, with training being rolled out as requested by the steering group.
- f) **Sector Reports/Exceptions/Updates**
The Infection Prevention and Control Sector Reports presented by Ms McNamee for

October and November 2014 were received and noted by members.

g) **Minutes of Board Infection Control Committee**

The agenda of the Board Infection Control Committee meeting on 1 December 2014 were noted by members.

h) **CJD**

It was agreed that this item would be discussed at the next meeting.

IK

i) **AMT Report**

In the absence of Ms Gourlay the AMT report was presented by Professor Williams who advised that Ms Gourlay would update members at the next meeting.

YG

j) **Theatre Maintenance/Validation**

The Theatre validation spreadsheet was noted.

8) **AOCB**

Priority for Isolation of Patients Protocol

The paper was presented by Ms McNamee who advised that the protocol sets out the infection prevention and control principles that must be applied in order to prioritise patients for isolation based on infection risk factors. The protocol sets out communication routes between the Infection Prevention and Control Team, Bed Managers and Night Co-ordinators. It covers both during office hours and Out of Hours. The protocol will be trailed in mid January 2015 in one ward in the Victoria Infirmary. Ms McNamee agreed to version control the protocol and following comments would feed back at a later meeting.

SMcN

Vale of Leven Report

The actions from the Vale of Leven Report have been noted by members. All the actions identified in the report are ongoing.

10) **Date of Next Meeting**

Monday 2 March 2015 at 10.00am, Conference Room, Management Building, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 2 March 2015** at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Prof C Williams
 Dr I Kennedy
 Dr J Beattie
 Ms L Murray
 Ms K Cormack
 Ms E. Burt
 Mr J McIlwee
 Mr T Walsh (Chair)
 Mr J Stuart
 Ms P Joannidis
 Ms E. Sommerville
 Ms Y Gourlay
 Ms K McGuigan

Lead Infection Control Doctor
 Consultant Public Health Medicine
 Associate Medical Director W&C
 Corporate Facilities Manager
 Clinical Risk Manager
 Head of Nursing, Rehabilitation & Assessment
 Technical Support Manager Facilities
 Infection Control Manager
 Head of Nursing, Regional Services
 Nurse Consultant Infection Prevention & Control
 Acting Head of Nursing, Surgery & Anaesthetics
 Lead Pharmacist, AMT
 Lead Nurse, Imaging, Diagnostics

In Attendance

Mr T Sim

Corporate Administration Officer

Apologies

Ms S McNamee
 Dr D Stewart
 Dr S. Binning
 Ms M A Kane
 Mrs J Brown
 Ms E Love
 Mrs M MacDonald

ADN Infection Control
 Lead Director, Acute Medical Services
 Clinical Director, Surgery & Anaesthetics
 Interim Director Facilities
 Interim Nurse Director
 Head of Nursing, W&C
 Head of Nursing, Surgery & Anaesthetics

Item**Action**

- 1) **Welcome and Apologies**
 Apologies for absence were recorded as noted above. In the absence of Dr Stewart Mr Walsh chaired the meeting.
- 2) **Minute of Previous Meeting**
 The minutes of the meeting of the group held on 5 January 2015 were agreed as an accurate record subject to the following corrections.

 Page 2 Item 3 (a) Ms Cormack advised that she would provide a revised form of words re clinical risk.
- 3) **Matters Arising**
 All matters arising were covered in the agenda.
- a) **Datix Report**
 The paper was presented by Ms Cormack who advised that at the previous meeting in January 2015 there was interest in the number of Infection Control

incidents that had not been reviewed. Ms Cormack provided an update that in 2014 there were 24 unapproved incidents over the year, the majority of these (14) have not been reviewed, with 6 incidents in the process of being reviewed and 4 awaiting final approval. None of the incidents have any report or review tool attached, and 2 incidents have a closed date with the rest remaining open. Mr Walsh advised that it would be helpful if those over three months old on the list could be looked at, and suggested that Ann Kerr might be able to assist with this.

TW/K
C

There was discussion around category 4&5 and how the services are using the tools on Datix to pick up and record those categories. In terms of category 4&5 Ms Cormack advised that there was an assumption that Infection Control were reviewing these. Professor Williams commented that each specialty should review the IC 4 and 5s as they do all others for their directorate. Ms Burt asked that this needed to be clarified, and Ms Cormack agreed to look at this.

KC

Professor White asked if Community SABs were being picked up and included and Mr Walsh and Ms Gourlay agreed to check on this and update at the next meeting.

TW/Y
G

The issue of potentially underreporting decontaminated instruments was brought up by Mr Stuart, and Ms Cormack advised that there is another decontamination field available on Datix for instrumentation. Ms Cormack agreed to put in a section in the report to cover this, and advised that more narrative would be available in the annual report.

KC

b) **Infection Control Environmental Audit Escalation Process of Critical Non-Compliance**

Ms Joannidis provided a verbal update and advised that Mrs Brown and Ms McNamee had met and that the escalation process is in place. General Managers and Clinical Services Managers have been included in the process.

c) **National Infection Prevention and Control Manual- Publication of Chapter 2 Transmission based Precautions**

Professor Williams provided a verbal update to members and advised that the guidelines/ evidence around AGP in relation to intubation and ventilation had been reviewed and discussed at a meeting with the chest physicians. It is proposed that appropriate precautions be considered along with adequate bed spacing and flu diagnostic kits to manage patients with respiratory infection.

d) **HAI Consultation feedback**

Ms Joannidis advised that the standards were now available from 2nd February 2015. HIS received over 1500 comments and these will be made available on the website. A review of documentation mapping against the self assessment documents will take place on 19 March 2015 and Mr Walsh advised that a meeting would be arranged at the end of March or early April 2015 once the final version of the self assessment tool is available.

TW/P
J

4) **Monthly Enhanced Surveillance of SAB Reports- December 2014 & January 2015**

Ms Joannidis reported on the December and January figures and advised that there were 38 cases identified in December and 13 in January. In December 53% (n=20) were Hospital Acquired infections (HAI) and 50% of

these were directly attributed to or associated with a vascular access device. In January 41% (n=13) were HAI and 46% of these were directly attributed to or associated with a vascular access device.

Ms Joannidis further reported that PVC/CVC ward sweeps following an IV access device related SAB demonstrated that PVC/CVC care plan compliance of between 33-100% in December and 42 -75% in January.

5) **Quarterly Reports on the Surveillance of C Diff/SAB**

Mr Walsh suggested that this item and the HPS Report 5(a) be combined. Ms Joannidis advised that there was a new enhanced monitoring surveillance form for SABS, with reporting commencing in March 2015 onwards. Mr Walsh also confirmed that the LDP guidance from the government will have a target around CDI and SABS which has yet to be confirmed.

a) **HPS Report**

The report was received and noted by members.

b) **Isolation Protocol**

Ms Burt advised that testing begins at the Victoria Infirmary next week and once evaluated it will be brought back to this group by Mrs Brown

JB

7) **Standing Items**

a) **Bi Monthly HAIRT Report February 2015**

Ms Joannidis reported that NHS GG&C are on or around the HEAT target for SAB and CDI.

b) **Quarterly Improvement Programme**

It was agreed that this item would be removed from the agenda, and Mr Walsh and Ms Joannidis will update on the CAUTI target at the next meeting.

TW/P
J

c) **HEIS**

Mr Stuart provided a verbal update and advised that following the GRI unannounced visit feedback was generally positive from the 8 wards, with no major hotspots emerging. There were some issues with HEI training records which Mr Stuart advised is now being dealt with. The SOP for blood spillage was also re-issued by Ms McNamee.

e) **Infection Control Implementation Plan**

Ms Joannidis updated members on progress and advised that the CNO letter to undertake surveillance and quality improvement programmes which was due to be issued in January 2015 is not yet available. The Vale of Leven report action plan has been completed and returned in January 2015. In terms of Ebola preparedness actions are ongoing dependent on emerging issues.

f) **Sector Reports/Exceptions/Updates**

Ms Joannidis reported on the Sector Reports for December 2014 and January 2015. There was one trigger for C-Diff in WIG in December with two cases identified. Both cases were isolated and clinically well at time of reporting.

g) **Minutes of Board Infection Control Committee**

The minutes of the Board Infection Control Committee meeting on 1 December 2014 were noted by members. Mr Walsh took members through the highlights and advised that the decision had been made to retain the

Board Infection Control Committee.

- h) **CJD**
Dr Kennedy advised that finance issues had be resolved, and that meetings were taking place on a quarterly basis.
- i) **AMT Report**
Ms Gourlay presented the AMT Report to members and reported that the use of 4C antibiotics in Primary Care data for December 2014 was not yet available. Within Secondary Care 4C antibiotic use remains lower than the pre policy change. Co- amoxiclav increased on previous quarter (Q3 2014) although it is also below pre-policy change levels. Clindamycin use while low is now above the pre policy change use. Ms Gourlay also advised that some of the SAPG Prescribing Target Downstream Medical Wards to December 2015 95% targets are either met or close to being met. There is ongoing work around meeting the targets for Surgical Receiving Wards, Colorectal Surgery and Plastic Surgery. **YG**
- j) **Theatre Maintenance/Validation**
Professor Williams provided a verbal update and advised that discussions had taken place regarding the Theatre Audit Tool and how peer audits are captured.
- 8) **AOCB**
New Structure
Mr Walsh advised that he would be considering how the new sector structure of NHS GG&C would impact on the AICC group. He agreed to contact Mr Archibald and draw up a draft which would be circulated to members for consideration/comment. **TW**
- 10) **Date of Next Meeting**
Tuesday 12 May 2015 at 10.00am, Conference Room, Management Building, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 12th May 2015** at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Prof C Williams
 Dr I Kennedy
 Ms J Brown
 Ms L Murray
 Ms K Cormack
 Ms E. Burt
 Mr J Stuart
 Ms E Love
 Ms E. Sommerville
 Dr D Stewart (Chair)
 Ms Y Gourlay
 Ms S McNamee
 Ms K McGuigan

Lead Infection Control Doctor
 Consultant Public Health Medicine
 Chief Nurse, Clyde Sector
 Corporate Facilities Manager
 Head of Clinical Risk
 Chief Nurse, South Sector
 Head of Nursing, Regional Services
 Head of Nursing (W & C)
 Acting Head of Nursing, S & A
 Lead Director, Acute Medical Services (Chair)
 Lead Pharmacist, AMT
 Associate Nurse Director IPC
 Lead Nurse, Imaging, Diagnostics

In Attendance

Mr A McNeish

Corporate Administration Officer

Apologies

Ms P Joannidis
 Mr T Walsh

Nurse Consultant, Infection Control & Prevention
 Infection Control Manager

Item**Action**

- 1) **Welcome and Apologies**
 Apologies for absence were recorded as noted above. In the absence of Dr Stewart Mr Walsh chaired the meeting.
- 2) **Minute of Previous Meeting**
 The minutes of the meeting of the group held on 2nd March 2015 were approved as an accurate record.
- 3) **Matters Arising**
 There were no matters arising which were not included in the agenda.
- a) **Infection Control Annual Report from Datix 2014/15**
 Ms Cormack reported the following points:
 - There were slightly less incidents overall
 - There was an increase in CDI incidents reported on Datix – further detail on page 3 of her paper.
 - Discussions with Ms Joannidis have revealed that anecdotally CDI numbers are following a downward trend which contradicts the trend of Datix reporting, therefore an action will be taken forward by Karen Cormack(KC) to compare and look at the discrepancies to determine whether count growth is a factor

i.e. incident numbers may be falling but reporting is on the increase.

- The number of SABs has fallen; this is expected as the criteria for reporting SABs has changed to only those which result in death.
- Post op infections in Ophthalmology had shown as increase; however this is believed to be down to strict monitoring within that speciality in comparison with others and no clusters have been identified through thorough investigation.
- Patient outcomes of 31 deaths in the period, the majority were CDI related.
- Hospital sites (page 4), the most common type reported is CDI, and there is a particular issue at GRI which reported 17 cases over the year compared with 1 the previous year. Again there is uncertainty as to the role of count growth and more scrupulous reporting pattern, which will be investigated thoroughly to identify any clusters or other patterns of significance. SM assured the group that trends in CDI deaths were monitored weekly via GRO data supplied to the Board and that this did not correlate with this information.
- In Directorates, there are no surprises about which specialties are reporting greater numbers; this is consistent with previous data.
- Page 6 details 2 SCI's which fall under the Infection Control category, 1 in Renal Dialysis and 1 in Intensive Care, both involved isolated Dialysis machines which are known to have been exposed to [REDACTED] and are therefore restricted in their use to patients known to have such a diagnosis, [REDACTED] was exposed to a machine known and kept for [REDACTED] and [REDACTED] was exposed to a machine which was intended only for [REDACTED]. Investigations revealed a breakdown in communication re the patient status and the protocols regarding final checks not being fully adhered to. Both units have now reviewed their policies and implemented staff education following these events.
- Following a previous request for details of outcome deaths where there was no severity rating as these await review, the details are listed within the paper. Ms Brown noted the majority of these occurred within ECMS and mostly at GRI. She queried who was actioning these or who was following this up with the Directorate to ensure these are actioned. Ms Cormack advised Datix provides reports to Directorates on incidents awaiting review and Lead Nurses are expected to ensure compliance within their areas. Ms Brown took an action to feed back to ECMS and as did Ms Stuart for the 1 case within Regional Services which is awaiting review.
- Incident Reporting – there will be an article on Incident Reporting planned for the next Infection Control Bulletin covering issues such as over-reliance on the “other” category, implementation of reviewing and in particular the CDI review tool which presently is not always being attached to Datix to evidence that this has been completed. In response to this, extra Datix fields have been added and Ms Joannidis is currently reviewing which fields require to be mandatory before this is planned to go live on 1st June 2015. Ms Cormack is working with Infection Control colleagues on this Incident Reporting article.
- SAB review tool – discussions are ongoing as to whether to add the tool itself to Datix or to implement extra fields as per the previous item. Ms McNamee

JB/JS

advised that Infection Control do analyse this data and that SAB reports are submitted to this committee for review.

b) **National Infection Prevention and Control Manual – Publication of Chapter 2 Transmission Based Precautions**

Professor Williams offered a verbal report with specific reference to the chapter on AGPs (aerosol generating procedures). He advised relevant that a literature review circulated to clinical colleagues and made reference around the risks identified in the literature, e.g. intubation, bronchoscopy and not the extensive list of procedures recommended in the national manual. There are no major comments on this at this stage and Dr Armstrong has requested this be sent to Health Protection Scotland and now await their comments to the Board before proceeding further. CW agreed to work more closely with Resuscitation Teams and intensives to try and establish a proportional way forward.

4) **Monthly Enhanced Surveillance of SAB Reports- February and March 2015**

Ms McNamee reported Community Acquired cases were presented 17% in March but 38% in April. She advised these cases are genuinely not healthcare associated as the definition includes “no contact with healthcare services including Community Nurses within the previous 30 days”. These cases therefore are those for which the least influence can be exerted in terms of downward pressure on these SABs. The documents also contained data specific to PVC and CVC and additional efforts are being given to promoting bundle adherence. If on review, it is found that a case is related to PVC or CVC then this initiates ward audit and the message of adherence to bundles is enforced via Heads of Nursing and Lead Nurses. The relatively large proportion of cases designated as “unknown” are all followed up with local IPC and Clinical staff, however some simply cannot be defined. Ms McNamee assured the group there is a significant process around this category and attempts to allocate these in the face of national significance of this phenomenon. Dr Stewart drew attention to page 9 which gave performance against the HEAT target noting it is difficult to tell from this data which proportion of the performance is down to initiatives in acute care. Ms McNamee agreed and offered to provide trend data on the numbers in acute in order to provide a greater perception of what is within the Board staff's own control. It was noted by Ms Cormack that Glasgow's rates compare favourably with the rest of Scotland. Dr Stewart confirmed that the existing data which shows the hospital acquired proportion of these cases going downwards requires to be more prominent in the document. Ms McNamee noted this would come with the caveat that Renal cases had previously been identified as community or other and are now all referred to as hospital associated due to a change in categorisation rules and this has a skewing effect on comparisons made using this data.

SMcN

5) **Quarterly Reports on the Surveillance of C-Diff/SAB – October to December 2014**

Ms McNamee reported during quarter 4 of the calendar year 2014 there was a CDI incident rate of 34.7 cases per 100,000 total occupied bed days compared to 38.7 in the previous quarter. During the same period there was an incidence of 30.5 SAB cases per 100,000 acute occupied bed days compared to 32.3 in the previous quarter. Local data allows the January to March figures to be anticipated prior to forthcoming publication. It is estimated that the CDI target has definitely been met; however the SABS HEAT target appears to have been almost met but missed by a small margin. It was noted there are very few Health Boards in Scotland meeting or nearly meeting the target and NHS Greater Glasgow & Clyde's performance places them in a relatively good position nationally. It was noted that the current targets are being maintained rather than moved downwards for the time being. There is also a

new audit tool and new SOP's being put into practice.

b) **Isolation Protocol and Proposed Rollout**

Ms Brown gave a verbal report seeking approval for roll out of a protocol which had been brought to the group around isolation previously. This has been piloted in the Victoria and cascaded through the Lead Nurses, Infection Control Nurses and other relevant staff. It was noted this was also an action in the Vale of Leven report recommendations and primarily concerns the process around escalation, both to local management and to Infection Control colleagues. Bed Managers have been given the opportunity to comment and are content and the roll out was approved by the Group.

c) **Revised Healthcare Associated Infection (HAI) Standards: Healthcare Environment Inspectorate and Self-Assessment**

Ms McNamee reported for Mr Walsh verbally. At present a folder of evidence is being compiled to show compliance with standards. Ms Joannidis has been working with Lead Infection Control Nurses to assemble all the Infection Control held evidence and a gap analysis take place to identify materials which are required from other sources such as AMD's, Facilities etc. These groups will be approached and requested to provide evidence to populate the folder by mid June 2015. This activity is in response to new standards to satisfy the Inspectorate and for this purpose some SOP's require existing processes to be written up formally. Ms McNamee will bring a paper back to the group on this. Professor Williams asked the group that Decontamination become a standing item as of the next agenda, noting that the material required to be submitted on this topic will consist of primarily excerpts of existing audits and data. Mr Stuart made reference to mapping a standard role of link nurses locally which has been identified. Ms McNamee agreed to ask Ms Joannidis to work with Mr Stuart on this and also to circulate round the group and Heads of Nursing the relevant documentation.

SMcN

TS/CW

JS/PJ/
SMcN

In terms of theatres, a checklist requires to be prepared and Mr Stuart advised following recent walkarounds at the Institute and work with Infection Control and Estates colleagues, issues of potential non-compliance have been identified in relation to the fabric of the building.

6) **Draft Policies for Noting**

a)

MRSA
CDI
Scabies
Hand Hygiene

Ms McNamee advised these were primarily for noting and invited any comments prior to submission to the Board Infection Control Committee for final approval. Ms Gourlay and Professor Williams agreed to resolve an outstanding issue regarding the recommended duration of Nuceptin with regards to the 10-day period stated in the BNF (MRSA Policy).

7) **Standing Items**

a) **HAIRT Report April 2015**

Ms McNamee drew attention to the portion of the paper concerned with the increase in surgical site infections (SSI's) within Hip Arthroplasty procedures. She advised that whilst this remains within the local confidence intervals, it is not within within national confidence intervals. All 5 cases across 5 sites have been reviewed and no links have been identified. It was noted 2 cases has independent risk factors. Dr Stewart queried the status of the Decontamination issue in terms of sets being returned to the Cowlares facility. Ms McNamee advised that there remains a minor

issue at GRI and that automatic checks are regularly carried out with Cowlaire management and there is no change to report.

b) **HEIS**

Ms Brown gave a verbal report on 3 recent inspections.

- The Glasgow Royal Infirmary follow up inspection in February 2015 was extremely successful with all the previous recommendations and requirements being met and that report is now published.
- 16 week follow-up action plan from RHSC has been returned.
- The Inverclyde recent inspection report will be published next week. There are anticipated to be some issues around governance and Ms Brown will circulate this report on publication.

JB

Ms Brown asked the group in particular to note the hard work of the staff at GRI in transforming the position.

c) **Infection Control Implementation Plan**

The Implementation Plan will be completed in time for submission to the Board Infection Control Committee. The new audit system will replace the old system as of 25th May 2015 and this will be used to start building up Directorate and Sector reports from the resulting data, in addition to various pieces of work which Ms McNamee will complete prior to the next meeting of the Group and will circulate once completed. It was noted there has been no CEL forthcoming regarding mandatory SSI surveillance with the result that this section cannot be completed at this time. In addition the Vale of Leven Action has yet to be returned from the Scottish Government which also restricts progress in this regard. Ms Joannidis is undertaking briefing sessions on the new audit tool for SCN's, and ICN's. An aide memoire consisting of a step-by-step process is also being distributed to wards.

SMcN

d) **Sector Reports/Exceptions/Updates**

Ms McNamee reported on the submitted document. In particular it was noted that Gartnavel General Hospital breached its upper control limit for C-Diff with 7 cases against an upward control limit of 5.8. All cases have been thoroughly investigated, no links were found and there were no particular concerns raised although 2 cases occurred in Ward 3C, these were of different types. It was also noted that there will be a requirement to recalibrate upper control limits in light of all the current moves taking place and there will be a requirement for an extra degree of caution in the meantime. A Ward at the Royal Alexandra Hospital was closed in March due to 3 cases of CDI, 2 of these occurred in adjacent beds and were of the same type whilst the other was asymptomatic and of a different type. A media statement was released with agreement by Board colleagues although this did not meet the criteria for reporting, national colleagues were unofficially notified. The Infection Control Environmental Audit undertaken in this area was rated gold. Ward 27 at RAH had 3 SAB related PVC's and Infection Control Staff are working locally to embed care plans into practice in reaction to this. The Neonatal Intensive Care Unit at SGH had 5 SABs consisting of 2 different types despite hand hygiene and other related audits being positive, concerns were expressed around relaxation of visiting rules and the possible role this may have played. In addition, there were 3 SABs in PRMH during March and April. No links were found, general housekeeping measures are being tightened up for example, toys within incubators and hand hygiene for parents and visitors has become a key focus. No definitive cause has been found for the rise in SABs within Women & Children's Directorate and Professor Williams is meeting with Ms Love the following week in this regard. Mrs Brown expressed concern at the level of staff awareness discovered regarding the PVC Patient Information Leaflet as

S McN

this should be given to any patients whenever a device is inserted. Ms McNamee confirmed this is part of the standard and has been reinforced to these staff during a Ward sweep two weeks previously. Ms Higgins is currently examining the leaflets to determine whether it requires modification in terms of level of technicality.

e) **Minutes of Board Infection Control Committee – January 2015**

Dr Kennedy drew attention to the item regarding transfer of Ebola patients to and from Newcastle and the role of the Decontamination Area in the new build and what would be the plan if patient's deteriorate whilst awaiting test results within this area. Mrs Brown agreed to speak to Ms McFarlane to determine the current status of this.

JB

Professor Williams drew attention to risks on site (NSGUHs) from demolition specific to dust control. He advised the dust control monitoring system remains in place however there is a perceived requirement to identify particularly risk periods within the demolition schedule and a paper on this topic will be assembled. Mr Stuart advised this paper requires to make specific reference to the Institute of Neurosciences in light of ventilation issues experienced at the previous demolition phase and therefore appropriate surveillance will be required.

CW

Dr Kennedy raised the issue of *Mycobacterium -intracellulare*. This is a slow-growing bacteria which is linked to a specific model of cardiac bypass machine. The link was identified in Switzerland and HPS did a data matching exercise going back 10 years searching for the same diagnosis following this procedure. 6 patients within the GTC area were identified, 2 of these had been at the Golden Jubilee. A meeting later that day was scheduled to discuss potential environmental and equipment sampling; discussions have taken place with the Perfusionist Team at GJNH. The bacteria are believed to grow within the heat exchanger of the machine and there is a draft protocol for sampling of machines. MHRA have already had meetings with the manufacturer and are checking whether other models of manufacturers are affected before acting and members should be aware this may lead to potential withdrawal of equipment with a resulting impact on the service. Dr Kennedy clarified that environmental sampling takes place whilst the machine is running and that the time from surgery to diagnosis was in the region of 3 years. Professor Williams requested copy of the draft protocol referred to.

IK

f) **CJD**

Dr Kennedy reported there had been no significant advances in this regard since the previous meeting.

g) **AMT Report**

Ms Gourlay's paper gave a summary of current status. She drew attention to the rates of 4C antibiotic use. Within Primary Care the rate is improved on the 2010 position but the trend appears to be moving towards a plateau within Acute Care. There is a trend towards an increase in certain areas, particularly Co-Amoxiclav within Accident and Emergency and discussions are taking place with A&E Consultants presently regarding this. There has also been an increase in Levaofloxacin? This is indicated in guidelines for severe community acquired pneumonia where patients have a penicillin allergy and will require monitoring. Overall the Board is performing well against the 4 indicators stipulated by the Scottish Antimicrobial Prescribing Group. Appendices at the back of the paper details specific sites and their degrees of success and attention was drawn to the relatively simple solution of staff being "champions" for ensuring duration of antibiotic treatment is stated. The protocol for the exacerbation of COPD has been raised at the Medicines Clinical Governance Meeting the previous week as in some cases this is being stated as 7 days incorrectly. Performance in Surgical Receiving Wards was positive and issues with compliance with guidelines at GRI are being addressed presently. In light of the current success of Colorectal Surgical Prophylaxis, the

Scottish Antimicrobial Prescribing Group has agreed another area can be studied. Work is currently underway in Plastic Surgery and suggestions were requested for additional areas to examine surgical prophylaxis from antibacterial prescribing perspective. Ms Gourlay advised

j) **Theatre Maintenance/Validation**

Professor Williams gave a verbal report. An outlier at GRI has been transferred from theatre category to a procedural area. He advised that Estates may take over the Theatre User Group Chair and if this occurs it will present an opportunity to bring non-theatre groups into scope.

8) **AOCB**

a) **New Structure**

Ms McNamee gave an update on behalf of Mr Walsh who has been asked to create an Appendix to Mr Crawford's governance paper. There is a proposal that the 3 overall major Infection Control Governance Committees continue to sit for the present time and it is requested that Sector representatives from Infection Control attend; Infection Control Nurses and Infection Control doctors for each sector will also attend governance groups locally to gain information to feed into the Divisional Level Group. The Group was asked to consider in writing ICN's and ICD's for new sectors to attend this Group. The Group was supportive and agreed this proposal. Ms McNamee advised Mr Walsh's governance paper examines the merit of Sector based Infection Control meetings. There is a preference against this previous model and there are teams on site monitoring specialties, therefore Sector Infection Control Committees could lead to differing practice across the Sector, hence the suggestion that Sector Infection Control Doctors and Nurses attend the Divisional Committee. Professor Williams noted that Infection Control must feature on the Clinical Governance agendas in terms of exception reporting following the Vale of Leven report. Dr Stewart also advised that auditors noted a degree of duplication in the current structure with matters being reported in some cases several times, which can lead to uncertainty over who has overall responsibility, therefore he is also in favour of a limited and focussed approach following the actions from the governance committees to eliminate duplication.

b) **Norovirus and Rotavirus**

Dr Kennedy informed members that cases from Labs were down 32% in 2014 compared with 2013 and also confirmed that Rotavirus cases identified had also decreased.

c) **Flu**

Professor Williams made reference to the more regulated pathway being developed and queried whether there should be input from this group. The group was receptive to this and agreed that the pathway should be brought to this Committee.

CW/TS

10) **Date of Next Meeting**

Tuesday 6 July 2015 at 10.00am, Conference Room, Management Building, Southern General Hospital

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 13th April at 10:30**

PRESENT

Dr Scott Davidson (Chair)	Deputy Medical Director Acute
Sandra Devine	Acting Infection Prevention & Control Manager
Lynn Pritchard	Lead Infection Prevention & Control Nurse South Sector
Gillian Bowskill	Lead Infection Prevention & Control Nurse South Paediatrics
Gillian Mills	Lead Infection Prevention & Control Nurse North Sector
Kate Hamilton	Infection Prevention & Control Nurse Consultant
Ann Kerr	Lead Infection Prevention & Control Surveillance Nurse
Dr Iain Kennedy	Public Health Consultant (left at 11am)
Jackie Wilson	Clinical Service Manager, Glasgow Dental Hospital (left at 11am)
Pamela Joannidis	Acting Associate Nurse Director IPC
Elaine Burt	Chief Nurse, Regional Services
Dr Aleksandra Marek	Infection Control Doctor
Dr Ram Kasthuri	Interventional Radiologist
Patricia Friel	Interim Chief Nurse, Paediatrics & Neonatology
Dr Linda Bagraade	Infection Control Doctor
Karen McGugan	Lead Nurse Imaging
Mark Riddell	Head of Estates Operations - South & Clyde
Christina McKay	Chief Nurse, Clyde Sector
Angela O'Neill	Deputy Director of Nursing – Acute
Morag Gardner	Chief Nurse, South Glasgow (left at 11:30)
William Hunter	Assistant Director - FM Operations, South Sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Laura Cottom	Infection Control Doctor
Donna McConnell	Lead IPC Nurse, Clyde Sector

IN ATTENDANCE

Calum MacLeod (Minutes)

APOLOGIES

Dr David McCarey	Prof Alistair Leanord
------------------	-----------------------

1	Introductions & Apologies Received	ACTIONS
	Dr Davidson welcomed everyone to the meeting, introductions were made and apologies were received from the above mentioned.	
2	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on Tuesday 8th December were approved with no amendments requested.</p> <p>Please see rolling action plan for update on outstanding actions.</p>	
3	National Infection Prevention & Control Manual	
	<p>Kate Hamilton informed the group the main updates for the national manual IPC manual are literature reviews on different aspects of SICPs and TBPs.</p> <p>Update appendix 13 regarding mandatory alert organisms/conditions regarding Staphylococcus aureus. Boards should implement local surveillance to allow intervention where a data exceedance is recognised for common circulating strains and where 2 or more cases with the same resistant strain are identified.</p> <p>There continues to be regular addendums to the COVID-19 guidance from ARHAI.</p>	
4	COVID-19 Update	
	<p>The following letters/summary were disseminated to the group:</p> <ul style="list-style-type: none"> Reducing nosocomial transmission of COVID Health & Safety Executive Spot Inspections Summary of findings and recommendations from Health & Safety COVID Inspections <p>IPC nursing team have gone through all the controls and are in contact with estates/facilities and Health & Safety colleagues to collaborate a self-assessment going forward into summer. Sandra Devine will produce a paper outlining our plan moving forward.</p>	S Devine
5	Surveillance Update	
	<p>Ann Kerr reported on –</p> <p><u>January 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During January 2021 there were a total of 23 SABs reported by GG&C. 11 of these SABs were Hospital Acquired Infections (HAI), 7 of which were IV access related.</p> <p>71 E-Coli bacteraemia were reported in January, 23 of which were HAI.</p>	

5	Surveillance Update - Contd	ACTIONS
	<p><u>February 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During February 2021 there were a total of 35 SABs reported by GG&C. 17 of these SABs were HAI, 8 of which were IV access related.</p> <p>Arterial line related SABs were reported in February which are very unusual. Colleagues within ITU, Critical Care are aware of these arterial line SABs. An arterial line care bundle is being compiled by Gill Heirs which will be available on care view or paper form shortly.</p> <p>Dr Davidson asked if there was any concerns around dialysis in relation to line related SABs. This was raised by Pete Thomson in the SAB group where there is concern regarding the decrease in the amount of opportunity's for vascular access/shunt creations due to pressure on theatres in relation to the current COVID pandemic. Renal population at present are seeing more CVC rather than progressing to having graphs (shunts) created. Elaine Burt reiterated that she is aware that theatre pressures are preventing this and would like to address the combination of all these factors as a hypothesis in the increase of IV related SABs.</p> <p>77 E-Coli bacteraemia were reported in February, 24 of which were HAI.</p> <p><u>Quarter 4 Report SAB/CDI/E-Coli/SSI</u></p> <p>Ann Kerr highlighted some of the key points in Quarter 4 Report:</p> <p>The healthcare associated CDI rate in GG&C was 15.9 which is under the Scottish rate of 16.1 per 100,000 total occupied bed days.</p> <p>The healthcare associated ECB rate in GG&C was 40.7 which is under the Scottish rate of 40.9 per 100,000 total occupied bed days.</p> <p>The healthcare associated SAB rates in GG&C was at 20 which is just out with the Scottish average of 18.8 per 100,000 total occupied bed days.</p> <p>National SSI surveillance is currently suspended due to COVID pandemic.</p> <p><u>Surgical Site Infection Surveillance Update</u></p> <p>Overall the denominators for operations have decreased so seeing one infection gives an artificial high infection rate. The use of additional PPE and patient pathways due to COVID pandemic have also had an impact.</p> <p>Some of these operations are not primary but secondary operations so increased risk.</p> <p>OMFS SSI surveillance are now up to 18 months with no infections.</p>	

6	SAB Steering Group	ACTIONS
	<p>Dr Kasthuri is an interventional radiologist who has agreed to accept the chair of the SAB steering group.</p> <p>The group met in December 2020. The majority of work the group look into IV access SABs and trying to lower the rates of these. Currently looking at the Datix reporting system but there is currently no mechanical way to highlight certain SABs or highlight any trends.</p> <p>Learnpro modules and competency work groups are being developed around PICC lines.</p> <p>Moving forward the group intends to educate staff to move away from venous access devices if not required.</p>	
7	Acute Clinical Governance IPC Reports	
	<p>Currently all IPC audits are suspended. A review of this is underway to see how we can move this forward and introduce them back in.</p> <p>Total of 1334 Learnpro modules on IPC topics were completed in January despite there being pressure on services due to COVID.</p>	
8	Draft Policies for Approval	
	<p>Kate Hamilton reported on the following SOPs which have had minor wording changes in them.</p> <ul style="list-style-type: none"> • Group A Streptococcus SOP • Carbapenemase Producing Enterobacteriaceae SOP • Toy Cleaning SOP • Cystic Fibrosis Mycobacterium abscessus SOP • Cystic Fibrosis Pseudomonas aeruginosa SOP • Cleaning of Near Patient Equipment SOP • Procedure for the Development and Approval of IPC Policies, SOPs and Patient Information in the NHSGGC <p>Any comments or recommendations can you please send onto Kate.Hamilton [REDACTED]</p> <p>The IPCT are working with ARHAI regarding GG&C using their own disease specific SOPs. The IPCT are in the review process of removing particular disease specific SOPs and having a link to the National IPC manual. Kate Hamilton is currently doing SBAR outlining this process.</p>	K Hamilton
9	Monthly HAIRT Report	
	<p>January & Februarys HAIRT reports were disseminated to the group for information.</p> <p>The HAIRT is now reported every month in a new format. The control limits in some of the charts within the HAIRT are recalculated to show progress over time to drive and show improvements.</p>	

10	HEI/HAI	ACTIONS
	<p>Vale of Leven hospital was very highly commended after its recent HEI visit. The report listed no requirements or recommendations and praised the clean hospital, equipment and condition of the building. It also highlighted 5 good practice recommendations which they witnessed.</p> <p>Pamela Joannidis is hoping to set up the unannounced corporate HEI inspections in the near future.</p>	
11	IPC Work Plan 2020/21	
	<p>Actions from the oversight board review have been included into the IPC work plan. The IPC are working with both ARHAI and Health Improvement Scotland to take forward some of the recommendations from the report.</p>	
12	IPC Sector Update Report	
	<p><u>Clyde Sector – Donna McConnell updated the group</u></p> <p>Ongoing issues with RAH theatres regarding repairs and relocation of services. Theatre reception area now back in full use. Theatre 5 remains out of use due to Laminar flow refurbishment.</p> <p>Increase of VRE in medium risk ITU area. Closed ITU and merged with medium/high risk. Had Hydrogen Peroxide Vapour clean, including pre and post environmental sampling. All samples are negative so area can reopen. Continue to monitor for the ITU area for VRE isolates.</p> <p>2 cases Multi Drug Resistant Enterobacter linked between bed spaces and crossover of staff. Environmental sampling was negative. Both patients are well and discharged home and this will be monitored for the next 3 months for any more cases.</p> <p><u>North Sector – Gillian Mills updated the group</u></p> <p>Ward 11 is currently closed due to COVID, which is a significant reduction from previous months.</p> <p>19 cases of VRE across ICU East, ICU West and Gyn PRM ICU. Gyn PRM ICU was closed mid-March. Seasonal use of PPE has been reduced during March which saw cases decline. Weekly screening and admission screening are currently ongoing but will be dropped if numbers continue to fall.</p> <p>ICU West had patient admitted directly to SSR who had 35% flame burns from a house fire. Patient had isolated a number of fungi and Gram Negative organism. It is unsure what mechanism of injury and dousing of flames remain unclear. IPCT are looking into ventilation and water with help from estate colleagues.</p> <p>PRM NICU had 2 HAI cases of Staphylococcus captis which meet the anti-bio gram strain of NRCS-A, which Public Health England released an alert about a few months ago. 3 SICPs audits have been carried out, with ongoing monitoring.</p>	

12	IPC Sector Update Report - Contd	ACTIONS
	<p><u>South Sector – Lynn Pritchard updated the group</u></p> <p>Burkholderia stabilis incident has been closed. 3 ultrasound gels being used in QEUH were sent to Public Health England for testing as they had been identified as a possible source in an ongoing incident there. Tests came back negative. Completed a patient questionnaire and sent onto Public Health England where they will compare these patients identified in England.</p> <p>3 HAI enterococcus faecium bacteraemia (2 VRE and 1 Vancomycin susceptible) in Ward 5D, QEUH. All patients had PICC lines in SITU. Regular PVC/CVC audits taking place on ward and practice and development are providing education on line care.</p> <p>4 cases of Staphylococcus epidermidis isolated from blood cultures in Ward 4B, QEUH. 4 cases have the same anti-bio gram. 4 of the patients have Hickman lines and 1 has a PICC line insitu. Not all GG&C patients (3 from Fife, 1 from Lanarkshire). Cases still being reviewed and liaising with practice educator taking this forward.</p> <p><u>South Paediatrics – Gillian Bowskill updated the group</u></p> <p>3 Gram Negative Bacteraemia isolated from BALs within PICU all have different isolates.</p> <p>Cross board IMT with Fife following an invasive Rhizopus. Organism wasn't identified on patients death certificate. Post mortem report being finalised and awaiting pathology notes from Fife health board.</p> <p>Refurbishment of Ward 2A/2B in the RHC is due for completion in June 2021. The major scaffolding works currently in the main atrium in the RHC is due for dismantling this weekend as installation of ventilation systems for ward 2A/2B is complete.</p> <p><u>West & HSC Partnerships – Kate Hamilton updated the group</u></p> <p>New CPE patient identified within the Beatson. Ongoing contact tracing being carried out with 3 patients who were in the same room.</p> <p>Dr Davidson expressed his thanks for IPC department for their continued work and commitment given during this COVID pandemic.</p>	
13	BICC Update	
	Nothing to report as Board Infection Control Committee hasn't met this year.	

14	Anti-Microbial Report	ACTIONS
	<p>Ysobel Gourlay highlighted that Ward 11C, QEUH CDI Trigger hot de-brief is slightly different from what was recorded on the antimicrobial notes. Ysobel Gourlay will contact Lynn Pritchard regarding this.</p> <p>The following surgical prophylaxis guidelines have been updated</p> <ul style="list-style-type: none"> • Vascular • Urology • GI and Breast Surgery <p>There has been a major reduction in antibiotic use in GG&C Primary Care</p> <p>A 20.6% reduction of intravenous antibiotics in secondary care in 2020 compared to 2019 figures. This may be related to the reduction in occupied bed days due to COVID pandemic.</p> <p>There may be a shortage of oral neomycin as it is being used in to the production of COVID vaccinations.</p>	<p>Y Gourlay L Pritchard</p>
15	Facilities Update	
	<p>William Hunter updated the group:</p> <p>Domestic services continue to undertake enhanced cleaning across the agreed places in GG&C.</p> <p>Communications and awareness around COVID precautions continue to be met by the IPC colleagues regarding any challenges particular around PPE use for certain tasks.</p>	
16	Water Group Update	
	<p>Mark Riddell informed the group that the usual water report has been missed this month.</p> <p>Dates of all future AICC for 2021 will be sent to Mark Riddell by Calum MacLeod.</p> <p>A programme to remove the point of use filters from the RHC is due to re-start in May for 6 weeks. This was suspended due to the number of specimens sent to the lab to enable these point of use filters to be removed.</p> <p>An audit carried out by Scottish water suggested that RPZ valves should be fitted to baths. These valves protect against back pressure and siphonage in order to protect the mains water supply and drinking water from contamination.</p> <p>Chlorine dioxide dosing plant was made live in at the RAH in March 2021.</p> <p>The water flushing forms that are to be filled out by all clinical areas are not being complete. Dr Davidson and Sandra Devine will look into sending a communication to demonstrate the importance of a regular flushing regime. Mark Riddell will send on the report that highlights areas that have not been complying with the flushing regimes.</p>	<p>S Davidson S Devine M Riddell</p>

17	CJD Group Update	ACTIONS
	<p>Dr Kennedy said the NICE guidance was updated in December 2019 and is currently pushing the Scottish Government to engage on the topic. GG&C cannot change their guidance until the Scottish Government approve the policy where there is potential cost savings for GG&C if the new NICE guidelines are approved.</p> <p>Dr Kennedy is hoping for a summer date for the next CJD group.</p>	
18	Theatre Maintenance/Validation Update	
	<p>Gillian Mills gave an update on this group that met on March 30th 2021</p> <ul style="list-style-type: none"> • The North sector are getting a Da Vinci robot in Theatre D. • Theatre 5 within RAH is currently undergoing a refurbishment, with Theatre 6 at the IRH due next. • The light replacement program is ongoing where lights are being fully replaced on their age. • Theatre doors at the QEUEH are currently being replaced. • At Gartnavel General Hospital currently looking at replacing non-compliant WHB in theatres. 	
19	Decontamination Subgroup	
	<p>Group hasn't met but have been dealing with ad-hoc queries, with the hope of meeting up within the next 4 weeks.</p> <p>Extra washers are being installed into Cowlairs, along with dealing with decontamination queries regarding the Da Vinci robots.</p>	
20A	AOCB – Outbreak and Incident Management Plan	
	<p>Dr Kennedy discussed this outbreak & incident management plan which will be a substitute for the current IPCT SOP. This is a multiple agency plan using national guidance and is seeking approval to use by the AICC. If anyone has any feedback regarding this can you contact Sandra Devine no later than Friday 16th April. Dr Kennedy will discuss with Sandra Devine that all aspects from the various reviews within GG&C have been undertaken.</p>	
20B	AOCB - Main IPCT Assurance & Accountability Framework	
	<p>This is from the recommendation from HEI during their visit to the QEUEH in early 2019. This was paused due to the recent Oversight Board review. It has been updated with comments from the oversight board incorporated into this. The group agreed this document.</p>	

20C	AOCB - Carbapenemase Producing Organisms – New Regulations come into force 28th January 2021	
	Assurance that GG&C have already put in place the new regulations that came into force on 28 th January 2021 regarding identifying CPOs and the requirements in relation to notifications are identified.	
20D	AOCB	
	It was agreed the Oversight Board Report and Case Note Review report will be an agenda item for the next AICC.	
Next AICC will be held on 8th June 2021 at 10:30		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 8th June at 10:30**

PRESENT

Dr Scott Davidson (Chair)	Deputy Medical Director Acute
Sandra Devine	Acting Infection Prevention & Control Manager
Pamela Joannidis	Acting Associate Nurse Director IPC
Morag Gardner	Chief Nurse, South Sector (Left at 11:30)
Allana Kelly	Senior IPC Nurse, South Sector
Lynn Pritchard	Lead IPC Nurse, South Sector
Jackie Wilson	Clinical Service Manager, Glasgow Dental Hospital
Donna McConnell	Lead IPC Nurse, Clyde Sector
Ann Kerr	Lead IPC Surveillance Nurse
Gillian Mills	Lead IPC Nurse, North sector
Dr David McCarey	Clinical Director for Medicine, North Sector (left at 12:05)
Con Gillespie	Acting Chief Nurse, Clyde Sector
Mark Riddell	Head of Estates Operations – South & Clyde
Natalia Hedo	IPC Business Manager
Elaine Burt	Chief Nurse, Regional Sector
Sharon Johnstone	Deputy Site Facilities Manager
Dr Linda Bagraade	Infection Control Doctor
Dr Aleks Marek	Infection Control Doctor
Angela O'Neill	Deputy Director of Nursing – Acute
Dr Mairi Macleod	Infection Control Doctor
Prof Alistair Leanord	Clinical Lead Microbiology/Lead Infection Control Doctor
Dr Ram Kasthuri	Interventional Radiologist (left at 11:30)
Dr Erica Peters	Infectious Disease Doctor
John Carson	Chief Nurse, North Sector
Patricia Friel	Acting Chief Nurse, Paediatrics
Karen McGugan	Lead Nurse Imaging
Lorna Loudon	Associate Chief Nurse, South Sector (Joined at 11:30)
Dr Laura Cottom	Infection Control Doctor
Dr Kalliopi Valyraki	Infection Control Doctor
Calum MacLeod (minutes)	IPC Administrator

APOLOGIES

Dr Iain Kennedy	Kate Hamilton	Christina McKay	Ysobel Gourlay
-----------------	---------------	-----------------	----------------

21	Introductions & Apologies Received	ACTIONS
	<p>Dr Davidson welcomed everyone to the meeting, introductions were made and apologies were received from the above mentioned.</p>	
22	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on Tuesday 13th April were disseminated to the group with the following amendments requested.</p> <ul style="list-style-type: none"> • Page 1 - Donna McConnell will be added onto the attendance list • Page 3, Section 5, Quarter 4 Report SAB/CDI/E-Coli/SSI the CDI/ECB and SAB rates should not have percentages after them. <p>Please see rolling action plan for update on outstanding actions.</p>	
23	National Infection Prevention & Control Manual	
	<p>Pamela Joannidis informed the group the following main updates for the national IPC manual:</p> <p>New national IPC manual for Older People and adult care homes was launched on 25th May 2021.</p> <p>Slight change to the Aerosol Generating Procedure table where upper gastro-intestinal endoscopy where there is open suctioning beyond the oro-pharynx has been added.</p> <p>All contacts of confirmed COVID cases are to be screened.</p>	
24	COVID-19 Update	
	<p><u>SBAR Nosocomial COVID cases within GG&C</u></p> <p>Great Glasgow and Clyde health board asked the Antimicrobial Resistant and Healthcare Associated Infection (ARHAI) for a bespoke report regarding nosocomial COVID rates within GG&C. Overall GG&C was largely in line with other health boards within Scotland. The report does not take into account the general environment of each hospital within GG&C, the incidence of population throughout the pandemic or the vaccination uptake within areas.</p> <p>Professor Leanord informed the group that graphic 3 showing GG&C rates mirror's the trends of COVID cases within Scotland showing there is no difference than everywhere else in Scotland even though GG&C has geographic differences.</p> <p>Sandra Devine will request a follow up report from ARHAI to see if any adjustments can be made in the next few months.</p>	<p>S Devine</p>

24	COVID-19 Update	ACTIONS
	<p><u>Main Self-Assessment COVID Tool</u></p> <p>A self-assessment tool was created after a CNO letter requested a number of policy initiatives regarding COVID screening and social distance measures have been put in place. This is a voluntary tool for self-assessment which does not require to be submitted within GG&C. The self-assessment was a collaborative piece of work created from numerous services.</p> <p>Dr Erica Peters enquired about COVID screening where historically patients aged over 70 years old have been focussed on but recently it is often younger patients presenting themselves. Can we have a focus on having everyone screened when coming into hospital and re-issue screening guidance through a core brief? Lynn Pritchard informed Dr Peters that the QEUH IPC team carry weekly topics when visiting wards and have focussed on COVID screening to remind staff when to carry this out and will continue to be a regular topic to remind staff.</p>	
25	Surveillance Update	
	<p>Ann Kerr reported on –</p> <p><u>March 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During March 2021 there were a total of 30 SABs reported by GG&C. 12 of these SABs were Hospital Acquired Infections (HAI), 5 of which were IV access related.</p> <p>74 E-Coli bacteraemia were reported in March, 22 of which were HAI.</p> <p><u>April 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During April 2021 there were a total of 42 SABs reported by GG&C. 20 of these SABs were HAI, 11 of which were IV access related.</p> <p>101 E-Coli bacteraemia were reported in April, 24 of which were HAI.</p> <p><u>Quarter 1 2021 Enhanced SAB Surveillance</u></p> <p>Ann Kerr went over the Quarter 1 SAB surveillance reports for each sector with the following highlighted</p> <ul style="list-style-type: none"> • Clyde sector had 15 SABs, 2 (13%) that were HAI. In the last rolling year 39% of SABs were related to a PVC/CVC, which is an increase of 35% upon the previous rolling year. • North sector had 28 SABs, 13 (46%) were HAI. North sector currently doing a focus piece of work in reduction of IV related SABs. • Regional sector had 11 SABs which was a reduction on the previous quarter. 10 (91%) were HAI but this is reflective due to the patient population. • South sector has 22 SAB cases which was a reduction from previous quarter which reported 30. 9 (41%) of these were HAI. IV access devices are the most common identified cause of HAI SAB in the last rolling year at 35%. • Women & Children directorate reported 12 SABs. A review of all NICU SABs is being undertaken by the clinical team 	

25	Surveillance Update – Contd	ACTIONS
	<p><u>SSI Surveillance Report</u></p> <p>53 cranial procedures carried out in March 2021. 6 SSI cases reported during the 30 day surveillance. IMT held on 7th May HIIAT scored was amber. HIIAT then green. Could not prove any direct linkage between patients as no commonalities between patients or theatres. Main hypothesis was patient's hair being washed with shampoo when patient was in recovery after surgical procedure. This practice was stopped immediately. There was also a build-up of dust within ICE theatre C which has also been rectified. To date 2 further SSI have been reported 1 for April and 1 for May which are within expected rates of infection.</p> <p>Spinal surveillance recorded zero SSI during March. In April 3 SSI were reported but this is within their upper control limits.</p> <p>OMFS free flap surgery for major facial reconstruction has reported zero SSI cases for the past 19 months.</p> <p>Large bowel surveillance reported on 2 SSI for March (QEUH x1, IRH x 1) out 73 procedures across GG&C.</p> <p>Major vascular challenging patient population recorded 3 SSI during March which is within their control limits.</p> <p>C-section surveillance reported 12 SSI cases during March (5 x PRM, 4XRAH & 3 x QEUH). This increase of incidence for GG&C in particular the PRM and RAH are above the upper control limit. Donna McConnell has met with the maternity service regarding the increased numbers at RAH. It was noted that all patients had a high BMI so patient's dressings are currently being explored. The theatre environment has been looked into which scored over 90% in a recent audit. Hand hygiene audit has also been carried out scoring 95%. Currently working locally with area to provide information leaflets regarding patients looking after dressings following their discharge.</p> <p>Ortho theatres elective procedures have reduced considerable during Covid pandemic. 3 SSI were reported for the month of March 2021.</p> <p><u>Micro strategy / ICNet collaboration</u></p> <p>Ann Kerr shared her screen to enable members to view the new Micro strategy / ICNet collaboration. Any member of staff across the acute sector will be able to see data applicable to their department in real time. All senior management will have access to wider areas. All the data will go back to January 2018. The information will only be as accurate as the information that has been inputted onto the IPC ICNet software they use but there is quality assurance checks carried out. Currently working on having SSI rates available on this platform as well.</p>	

26	SAB Steering Group	ACTIONS
	<p>Dr Kasthuri updated the group that last met on the 13th May 2021.</p> <ul style="list-style-type: none"> • First quarter numbers are quite good, not far off the 15% rate of vascular access device SABs • Morag Gardner in discussion with medical illustration regarding the procurement of posters • The use of Biomed patches for vascular access patients is being focussed in staff huddles. • Work ongoing regarding Datix reporting across the health board. <p>Clinical nurse specialist Nicola Wylie and Karen McGugan provided data that a junior medic had collated regarding PICC line infections. Work is ongoing regarding this.</p> <p>Elaine Burt asked if there are any good examples which can be used to reduce the SAB rates. Dr McCarey informed the group that the North sector currently have a short life working group involving the local IPC team, regarding their recent SAB rates in particular looking at line related HAI SABs. The group are currently writing up an SBAR regarding the use of Biopatch in areas of high SAB incidences and using aide memories for staff. They are also raising awareness to staff in removing un-necessary PVC's where patients may benefit from a PICC/midline instead. Looking at downstream care for patients where lines will be removed. The North IPC team are also using the SAB toolbox talk for staff teaching which has been well received.</p> <p>Con Gillespie informed the group that Clyde sector are planning some focus work with the local IPC team on how they can rectify recent increase in SABs with an unknown source.</p> <p>All these initiatives will be feedback to the SAB steering group and if successful, then they will be shared with other sectors.</p> <p>Dr Erica Peters asked if the recent Enterococcus line infections are being captured in surveillance. Sandra Devine informed Dr Peters that currently these line infections are not a mandatory organism that requires reporting so the IPC do not do enhanced surveillance regarding this.</p>	
27	Acute Clinical Governance IPC Reports	
	<p>Sandra Devine gave a brief description of the Clinical Governance report which highlighted some wards were shut during April due to Norovirus. There is anticipation we may have a bad winter with RSV at the Children's Hospital but will keep an eye on this.</p>	

28	Draft Standard Operating Procedures (SOP) for Noting/Approval	ACTIONS
	<p>SBAR NHSGGC SOP was compiled on basis on the oversight board's review of our SOPs. Essentially GG&C have been asked to review our current SOP's in light that some do not align to the national IPC manual. They feel that we haven't fully implemented the national IPC manual into them. A short life working group was set up with ARHAI to look into this. The SBAR outlines that</p> <ul style="list-style-type: none"> • The national IPC manual will be used as a first point of contact for staff. • In future the IPCT will remove all disease specific SOPs and instead have an aide memoire that summarises the National IPC manual. • IPC care checklists and patient information leaflets will be kept. • On the back of GG&C removing its SOPs, the oversight board recommended that ARHAI should develop disease specific SOPs. <p>This is a move away from what GG&C IPC teams have been using for the last 20 years. Other health boards within Scotland have created risk assessments that national annual has robust evidence. This SBAR has been approved by ARHAI. Infectious diseases doctors would like to discuss this further withy ARHAI especially in relation to certain criteria regarding FFP3 masks being used for chickenpox patients within paediatric settings.</p> <p>Pamela Joannidis reported on the following SOPs which undergo a review every 2 years through the SOP group:</p> <ul style="list-style-type: none"> • Chicken Pox SOP – Included the use of FFP3 masks for direct care which aligns with national IPC manual. Paediatric doctors have raised concern on how to achieve this within the children hospital. Set up discussion/risk assessment regarding this. Pamela reiterated that the National IPC manual is mandatory and we have a duty to align ourselves to this. Lothian health board have a specific risk assessment with regards to paediatric patients. • CJD Policy – wording updated with no specific changes. • MRSA SOP - some word changes, strength on the use of the clinical risk assessment tool on admission and transfer of patients • Scabies SOP – change wording on when to carry out treatment and taking patients out of isolation. • TB SOP – tweaked XDR TB to align with national manual. <p>Any comments or recommendations can you please send onto Kate.Hamilton [REDACTED]</p>	

29	Monthly HAIRT Report	ACTIONS
	<p>March & April's HAIRT reports were disseminated to the group for information. These are still draft reports. Front pages list key points about SAB, E-coli and CDI numbers.</p>	
30	HEI/HAI	
	<p>The current 2015 HEI standards are currently being reviewed nationally with GG&C representation in all work streams. This is due for publication in April 2022.</p> <p>Revised terms of reference to change these visits to Corporate Supportive Visits. The group is currently looking for membership from AHPs in which Pamela Joannidis is in contact with Fiona Smith, Director of AHPs. Pamela is trying to recruit some medics so they can have some medical input during these visits. Dates for these visit have all been arranged till the end of the year.</p>	
31	IPC Annual Programme & Work Plan 2021/2022	
	<p>Key point areas are recommendations from external inquiry, case note review and oversight board review. NHS assure has been launched which is a new NHS body created to make sure all healthcare premises are built to the best standards available and will involve the teams with any new builds.</p> <p>Dr Davidson requested that the IPC work plan & programme is taken through sector governance groups to make sure any learning is passed down and taken forward by each sector. This is an assurance side of things to provide that assurance back. Dr Scott Davidson will email the sectors with the combined IPC programme/work plan so it can be tabled at their local clinical governance/disciplinary groups.</p> <p>Pamela Joannidis spoke about the IPC work plan and asked the group that the items highlighted purple which are complete, can they be taken off the work plan in which the group agreed. If anyone has any comments or feedback regarding the IPC work plan or programme can you please contact Pamela Joannidis.</p>	S Davidson
32	IPC Sector Update Report	
	<p><u>Clyde Sector – Donna McConnell updated the group</u></p> <p>Theatre 5 remains out of use due to Laminar Flow refurbishment. Due for handover on 18th June.</p> <p>Recently had Ward 8, RAH closed due to Covid from 25th May. Day zero screens had not been undertaken. Communication has been sent out to remind staff to carry out day 0 and day 5 PCR COVID screenings for all patients.</p> <p>Investigation regarding C-Section SSI, no real common denominator, majority of patients have increase in BMI. SICPs audit and hand hygiene audit undertaken scoring 92% and 95%. Incident summary currently being undertaken.</p>	

32	IPC Sector Update Report (Contd)	ACTIONS
	<p><u>North Sector – Gillian Mills updated the group</u></p> <p>3 ward closures due to Covid during May, all were nightingale wards but fortunately cases did not progress.</p> <p>2 HAI VRE where further analysis of samples came back the same type. Ward was terminally cleaned and incident reported to ARHAI. All environmental samples were negative. SICPs audit and hand hygiene undertaken scoring 80% and 95%. Some equipment issues were highlighted which are currently being taken forward.</p> <p>Gillian discussed a hot debrief paper regarding increased incidence of VRE (19 cases) across 3 Intensive Care Units in the GRI. Dr Marek commented on part of the investigation was they really went looking for VRE to try and institute IPC precautions.</p> <p><u>South Sector – Lynn Pritchard updated the group</u></p> <p>Burkholderia stabilis from level 11 and 10 hot debrief will be out soon currently awaiting on patient case review from public health England.</p> <p>4 HAI Enterococcus faecium (3 in March, 1 in April) isolated from blood cultures from IV lines. Typing has returned as different. Undertaken PVC/CVC audits over 5 weeks with the last 2 weeks scoring 100%. Under taken 1-2-1 education with staff. A short life working group to look at line care and how we manage line care within Ward 5C/5D has been set up.</p> <p>5 cases of staphylococcus epidermidis in Ward 4B, all typing is different. Hand hygiene and PVC/CVC audit both scored 100%. Practice development have taken forward some of the line care there.</p> <p>2 cases of Citrobacter isolated from blood cultures sent for typing but unfortunately DNA had degraded to undertaken this. No further cases have been reported.</p> <p>Hot debrief retrospective review of 2 HAI cases of streptococcus pneumonia in ITU1, QEUH. Typing returned that both were the same strain but had only been identified in Qatar and possibly Pakistan. Family member had travelled from Pakistan to visit patient so not 100% sure this may have originated from this. No practice issues were identified.</p> <p><u>South Paediatrics – Gillian Bowskill updated the group</u></p> <p>Invasive Rhizopus identified at post mortem in a neonate patient. Rhizopus was not cited on death certificate. Both health board concerned have completed their investigations and are content that they have not highlighted any findings of concern. After discussion with ARHAI this was de-escalated on 6th May with ongoing surveillance.</p> <p>Ongoing incident regarding Serratia marcescens within NICU. Currently 8 confirmed and 1 possible case which cannot be typed so will remain a possible case. Enhanced supervision visits ongoing with weekly SICPs audits being undertaken. 170 environmental swabs taken over 2 days mainly on patient equipment. Last case was reported on 15th May 2021.</p> <p>Ward 2A is on track for September reopening.</p>	

32	IPC Sector Update Report – Contd	ACTIONS
	<p><u>West– Pamela Joannidis updated the group</u></p> <p>Ward B2 a patient who was CPE previous positive was not picked up on admission meaning contact patient had to be identified.</p> <p>Ward 8A currently closed due to COVID.</p> <p>This will be the last report for the west and Partnerships team. Partnerships & Mental Health will now be covered by the new HSCP Care Home team based at Dykebar Hospital. Gartnavel General and the Beatson will be absorbed into the South Sector Team on 14th June 2021.</p>	
33	BICC Update	
	Nothing of exception to report.	
34	Anti-Microbial Report	
	Ysobel Gourlay was unable to attend the meeting today.	
35	Facilities Update	
	<p>Sharon Johnstone updated the group on the following</p> <p>Domestic services are undertaking enhanced cleaning which involves twice daily cleans with additional touch point cleaning.</p> <p>Regular briefings are delivered to all staff regarding COVID updates so staff have opportunity to ask any questions regarding any IPC updates.</p>	
36	Water Group Update	
	<p>Mark Riddell informed the group of the following points:</p> <p>Chlorine dosing system within the RAH campus is now fully commissioned and operational.</p> <p>Vale of Leven has issue with debris and silt which is stopping water coming onto site. A filter is being put in the water supply to prevent this.</p> <p>Currently 4 out of specification water outlets in the QEUH and RHC hospital. This could be due to flushing regime with corrective action currently in place.</p> <p>8 sweeps currently being carried out but had to stop due to the amount of samples being sent to labs. Hoping for these sweeps to be completed by the end of August/September to enable the removal of the filters situated within the RHC campus. Gillian Bowskill asked Mark Riddell if she could have a list of all areas where filters have already be removed.</p>	M Riddell

37	CJD Group Update	ACTIONS
	Dr Kennedy was not present at the meeting to give an update.	
38	Theatre Maintenance/Validation Update	
	Gillian Mills gave an update on this group that met on 25 th May 2021. The chair of this group has left and is currently looking for a new one. Terms of reference have been updated and membership of group has been refreshed. Deputy chair fulfilling the chairs role until someone new is found. Membership will be refreshed. If you require anyone to identify for new chair ask scott.	
39	Decontamination Subgroup	
	The group hasn't met during Covid but next meeting is scheduled for 29 th June 2021.	
40	Risk Register	
	There is a review of all the risk registers across GG&C. Sandra is working with an external consultant regarding this and will hopefully have a draft of this document soon. The risk register will include lessons learned from Incident management meetings and act as a central dispensary.	
41A	AOCB – Oversight Board Report & Case Note Review	
	An overarching action plan which includes actions from the oversight board review, case note review and independent inquiry is being reviewed by gold command. Hoping to complete all actions by September 2021.	
41B	AOCB - GGC IPC Benchmark Report	
	<p>This SBAR was a recommendation from the IPC Oversight Board and case Note Review reports in 2021. It's a bench mark against IPC GGC with other Health boards across Scotland. All health boards were asked to participate with 4 responses received. Pamela Joannidis discussed this SBAR and was looking for approval with regards to the recommendations going forward.</p> <p>The SBAR focussed on the following points:</p> <ul style="list-style-type: none"> • Alert Organism Surveillance • IPC advice documentation • SSI surveillance • IPC audit <p>Sandra Devine informed the group that this is a dramatic change for the IPC teams. Make the committee aware we benchmark quite favourable against some of our biggest neighbouring health boards. The committee are ok to approve this and acknowledge the significant change in undertaking this. An assurance as to how/when it is done will be drawn up by Pamela Joannidis who will create a work plan and timeline on how this SBAR will be implemented.</p>	P Joannidis
Next AICC will be held on 10th August 2021 at 10:30		

Minutes of the Acute Infection Control Committee Videoconference Tuesday 10th August at 10:30

PRESENT

Dr Scott Davidson (Chair)	Deputy Medical Director Acute
Pamela Joannidis	Acting Associate Nurse Director IPC
Natalia Hedo	IPC Business Manager
Gillian Mills	Lead IPC Nurse, North Sector
Ann Kerr	Lead IPC Surveillance Nurse
Gillian Bowskill	Lead IPC Nurse, South Paediatrics
Sandra Devine	Acting Infection Prevention & Control Manager
Jackie Wilson	Clinical Service Manager, Oral Health (left at 11:00)
Karen McGugan	Lead Nurse Imaging
Dr Abhijit Bal	Infection Control Doctor
Con Gillespie	Chief Nurse, Clyde Sector
Dr Aleksandra Marek	Infection Control Doctor
Dr Linda Bagraade	Lead Infection Control Doctor
Dr Kalliopi Valyraki	Infection Control Doctor
Colin Purdon	Assistant Head of Estates, Clyde Sector
Dr David McCarey	Deputy Chief of Medicine, North Sector
Patricia Friel	Acting Chief Nurse, Paediatrics
Morag Gardner	Chief Nurse South Sector
Dr Raje Dhillon	Infection Control Doctor
Donna McConnell	Lead IPC Nurse, Clyde Sector
Sharon Johnstone	Assistant Head, Facilities
Angela O'Neill	Deputy Director of Nursing – Acute
Dr Iain Kennedy	Public Health Consultant
Lorna Loudon	Interim Chief Nurse, Regional Sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Calum MacLeod (minutes)	IPC Administrator

APOLOGIES

Prof A Leanord	Dr Erica Peters	Christina McKay	Kate Hamilton
Mark Riddell	Billy Hunter	Lynn Pritchard	

42	Introductions & Apologies Received	ACTIONS
	<p>Dr Davidson welcomed everyone to the meeting, introductions were made and apologies were received from the above mentioned.</p>	
43	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on Tuesday 8th June were disseminated to the group with the following amendments requested.</p> <ul style="list-style-type: none"> Page 8, Item 32, 3rd paragraph should read “Dr Marek commented on part of the investigation was they really went looking for VRE to try and institute IPC precautions. <p>Please see rolling action plan for update on outstanding actions.</p>	
44	National Infection Prevention & Control Manual	
	<p>Pamela Joannidis informed the group on the following main update for the national IPC manual:</p> <p>Literature review regarding PPE footwear, change from January 2021 onwards where UKCA marking should be present on footwear. PPE that is CE marked may still be used if placed on the market before 31st December 2021.</p>	
45	COVID-19 Update	
	<p>Sandra Devine informed the committee the main COVID self-assessment tool now includes guidance regarding staff absences and how they are managed.</p> <p>Requirement for NHS boards to undertake risk assessments in high risk (red) pathways was anticipated by GG&C so work had already started on this. A paper has been submitted to the Acute Tactical Group (ATG) outlining the risk assessment(s) already carried out in areas. Sandra Devine clarified with ARHAI that this also applies to emergency departments.</p>	
46	Surveillance Update	
	<p>Ann Kerr reported on –</p> <p><u>May 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During May 2021 there were a total of 33 SABs reported by GG&C. 8 of these SABs were Hospital Acquired Infections (HAI), 2 of which were IV access related.</p> <p>97 E-Coli bacteraemia were reported in May, 33 of which were HAI.</p> <p><u>June 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During June 2021 there were a total of 35 SABs reported by GG&C. 21 of these SABs were HAI, 7 of which were IV access related.</p> <p>90 E-Coli bacteraemia were reported in June, 18 of which were HAI.</p>	

46	Surveillance Update (Contd)	ACTION
	<p><u>Quarter 2 SAB Surveillance Reports</u></p> <p>Quarter 2 SAB surveillance reports for each directorate were disseminated to the committee. Highlight of the reports showed vascular access devices remain the most common factor across sectors regarding HAI SABs. Overall case numbers were 109, 48 were hospital acquired infections.</p> <p><u>June 2021 Surgical Site Infection Surveillance</u></p> <p>Increase incidence of C-section SSI where a meeting has been organised so a collaborative approach can be undertaken. A lot of patients identified have a high body mass index number.</p> <p>Neuro still seeing about one infection a month but hold regular meetings with clinical staff to review cases.</p> <p>Ann Kerr reiterated that none of the SSI reports had breached their upper control limits on their SPC charts. Dr Davidson asked that when looking at audit scores, compliance issues are still not at 100% which it should be. Our robustness is in our approach regarding patient population as it will change from time to time. Emphasis on what GG&C can undertake to address non-compliance in low scoring areas of the reports.</p> <p>Ysobel Gourlay found that during antimicrobial audits, patients 100kg and above were not consistently receiving extra doses of amoxicillin as agreed in the C-section antibiotic prophylaxis guidelines. The IPC surveillance team already compile a patient line list for each reported SSI and look at antibiotic prophylaxis but will include re-dosing of antibiotics of patients in future reports. Ann Kerr will write up a report regarding re-dosing of patients with an SSI who are 100kg and above for the next AICC meeting.</p> <p>Epidemiological Data on CDI/ECB/SABs and SSI January – March 2021</p> <p>Q1 ARHAI epidemiology report, overall was a good quarter for GG&C. CDI, ECB and SAB rates were all under the national rate for the quarter. National SSI surveillance remains paused but we continue to report locally to GGC</p>	A Kerr
47	SAB Steering Group	
	<p>Dr Kasthuri was not present at the meeting. It was agreed that AICC agenda will be re-worked to include a section regarding the improvement collaborate work being undertaken on numerous work streams.</p>	S Davidson S Devine
48	Acute Clinical Governance IPC Reports	
	<p>IPC audits are currently under review and not paused as stated on the report. Dr Iain Kennedy asked why Ward 53, QEUH, CDI incident was HIIAT'd at RED but there was no comment as to why? This would be useful for future reports to document why some incidents are reported amber/red.</p>	

49	Monthly HAIRT Report	ACTIONS
	<p>Ysobel Gourlay asked why in the CDI section where it talks about typing of cases that all cases were antibiotic associated. Sandra Devine said there is a presumption that patient's with CDI is probably associated with prescription of an antibiotic. Ann Kerr informed Ysobel Gourlay that the IPC Data Team collect information of what antibiotics patients received in the past 28 days. Dr Linda Bagnade said these specific cases were associated within a trigger and all had antibiotics. Sandra Devine will refine the HAIRT to show it's not an assumption that if CDI typing is returned not the same then you don't assume it is antibiotic related.</p> <p>Further draft HAIRT and final copy will go to board clinical governance next week.</p>	S Devine
50	HEI/HAI	
	<p>No internal visits to update since the last visit to the Vale of Leven. New HEI standards have been reviewed and are in draft, expecting release in April 2022.</p>	
51	IPC Work Plan	
	<p>Pamela Joannidis has been asked to strip back some of the work plan and make it more dynamic with a focus on work which is new and needs reported on. Pamela has taken out work that is ongoing (core work), with the updated sections being highlighted in red and a new status column added.</p> <p>Introduced more assessment of Root Cause Analysis (RCA) around potential sources and looking for feedback by clinicians to see about more prevention strategies.</p> <p>RCA is taken to Clinical Governance Committee and would welcome more feedback from them and more support from IPC team giving aim that all GNB blood cultures could undergo this.</p> <p>The audit process recommendation from the oversight board review, IPC have undergone two types of changes to their SICPs audit tool and currently seeing how we can integrate this into the CAIR dashboard which in turn integrates with Micro-strategy- system. Last IPC strategic SICPs reference group looked away from scrutiny with more support regarding improvement. Don't use RAG (Red/Amber/Green) score then asked the group how we report on audits if not to use these scores. Feedback saying it is not a supportive process at the moment. Updated agendas for IMTs regarding audits with regards to HH and environmental/SICPs audits to check.</p> <p>Asked to provide daily updates to GGC senior management team on COVID cases AK and YJ continue to do this on a daily basis.</p> <p>If anyone has any comments can you please email Pamela Joannidis by the end of the week.</p>	

52	IPC Sector Update Report	ACTIONS
	<p><u>Clyde Sector – Donna McConnell updated the group</u></p> <p>CDI trigger for Ward 6, RAH after 2 hospital acquired infections within 12 days. Both returned as different types with no links of cross transmission identified.</p> <p>Increase of occasions within Inverclyde Royal Hospital where a query CPE positive patient was not isolated on admission. IPC team have met with directorates to improve isolation of patients.</p> <p>Laminar flow within theatre 5, RAH has been delayed as flooring requires replaced. Expected hand over date being the 17th August 2021.</p> <p>Ward 22 partial refurb handed over to clinical team today, however the shower rooms need floor taken back up due to drainage issues.</p>	
	<p><u>North Sector – Gillian Mills updated the group</u></p> <p>Further 4 wards closed due to Covid-19, with 2 remaining closed to date.</p> <p>Ward 45, GRI 2 cases hospital acquired Group A strep cases, 14 days between cases. Both types returned the same (6.125 – rare). All remaining ward patients swabbed but all negative. Terminal clean, hand hygiene audit undertaken (85%), SICPs audit (91%), and environmental swabs all negative.</p> <p>Water management and poor returns from wards regarding flushing regime was raised. Colin Purdon informed the group that estates have a quarterly memo sent to Senior Charge Nurses highlighting areas that have not returned their flushing regime. This has been highlighted at ICBEG and water safety group. All responses from the memo are recorded and escalated to chief nurses if required. There is also a toolbox talk encouraging flushing on the IPC webpage.</p> <p>2 cases of HAI VRE in July, Isolates sent for PFGE analysis, environmental sampling all negative, ward terminally cleaned, SICPs audit completed scoring 83%, hand hygiene audit completed combined compliance 75%. Both patients are discharged.</p> <p>Jackie Wilson emailed Calum Macleod the following update regarding the Dental School - 23 Dental Pods operational achieving air changes between 10.26 to 38 per hour which allows us to reduce fallow times to 10 minutes in these areas post AGP.</p> <p>Work continues to install 44 Dental Pods in total and 30 single room ventilation systems. All installations have been approved for use by local ICN and ICD.</p> <p>Hot de-brief VRE related to 2 patient cases of VRE. Dr Marek informed the group that there is a delay in the 3rd case being typed but assuming it will go through all the actions and nothing additional is required as part of the same incident. Ward 63 and 64 lead nurse saying staffing is red/amber and acuity of the patient is quite high, worry to adhere to SICPs and a clean environment. This will be looked at during the PAG organised for tomorrow. Angela O'Neill reiterated to make sure you make it very clear of when staffing levels were deemed red or amber during this incident.</p>	

52	IPC Sector Update Report (Contd)	ACTION
	<p><u>South Sector – Pamela Joannidis updated the group in Lynn Pritchard’s absence</u></p> <p>Hospital acquired CPE patient in Philipshill ward. 5 contact patients identified (4 in QEUH, 1 in GRI). Contact screening commenced. 1 contact not screened as per clinical decision.</p> <p>Ward 4B, QEUH 3 HAI VRE in blood cultures during the month of June. Typing for 1 isolate returned as sern10 and another sern10’ (2 bands different) with the third sample being unique. Clinical team are reviewing line care and environmental sampling will be carried out once a week for 4 weeks.</p> <p>Ward 1C major trauma unit opened on 11 August 2021. Work still ongoing within some rooms on ward.</p> <p>Hot de-brief regarding VRE within Ward 5D was presented to the group with no changes requested/questions asked.</p> <p><u>South Paediatrics – Gillian Bowskill updated the group</u></p> <p>3 gram negative bacteraemia (GNB) from blood cultures within Ward 6A, QEUH. Most likely hypothesis is endogenous infection from the patient. Water sampling found no organisms related to GNBs, hand hygiene scoring 100%. No further cases since 29th July 2021. Ward 6A is moving back into Ward 2A, RHC at the end of September 2021.</p>	
53	BICC Update	
	Nothing of exception to report.	
54	Anti-Microbial Report	
	<p>Ysobel Gourlay included national antibiotic prescribing and how GG&C is doing with respect to this. Within primary care GG&C are well within the 10% reduction target by 2022. IV antibiotic use in GGC is highest for the whole of Scotland.</p> <p>Ann Kerr requested to rename one the data lines from GGC Data to Local GGC data as it does not correspond to NSS (National Scotland Services) data line on the graphs. Data analyst is currently looking into why there is slight differences regarding tis.</p> <p>Discussion regarding CDI patients within nursing homes and what should be undertaken when 2 or more CDI cases are reported in a certain period of time within the community. Pamela Joannidis informed the group that our new HSCP IPC team has just started covering mental health and care homes. This IPC team along with Public Health have already given advice to the nursing homes in question and are currently undertaking CDI trigger tools. With regards to the antimicrobial review the IPC team may not have known to contact their prescribing pharmacist. Pamela Joannidis will link up with Ysobel Gourlay out with this meeting to discuss any future CDI trigger tools and who would be contacted about undertaking an antimicrobial review.</p> <p>CDI trigger regarding 3 equivocal CDI cases within Ward 53, QEUH is currently having their antimicrobial review being finalised for the completion of the hot de-brief.</p>	Y Gourlay

55	Facilities Update	ACTIONS
	<p>Sharon Johnstone updated the group on the following continue increase level of cleaning throughout GG&C.</p> <p>Safety and social distancing requirements which include routine monthly staff briefings are being held along with weekly meetings with IPC member Pamela Joannidis.</p> <p>It was agreed that an update regarding critical ventilation is to be added to this report which will also be presented to the BICC. Colin Purdon will speak to Mark Riddell about this.</p>	C Purdon
56	Water Group Update	
	<p>Foxbar health centre replacement of hot and cold pipework due to increase in total viable counts (tvc).</p> <p>Vale Of Leven water supply contamination entering the water tanks, filtration plan being installed, and completion date has been pushed back due to burst water main. Dr Iain Kennedy requested if the report could be more precise on what kind of contamination is coming in. Colin Purdon informed the group that the contamination is from rust particles leading to decolourisation of the water within the old cast iron water pipes. A filtration unit is being installed to eliminate this.</p>	
57	CJD Group Update	
	<p>Dr Kennedy is submitting an SBAR to the BICC regarding the NICE guidelines requesting we should not wait any longer to implement guidance.</p>	
58	Theatre Maintenance/Validation Update	
	<p>Last meeting was cancelled.</p>	
59	Decontamination Subgroup	
	<p>No update from this group.</p>	
60	Risk Register	
	<p>Natalia Hedo gave an update on the current risk register. There are currently 6 listed on the register. Each of the risks have been scored accordingly and have mitigation actions outlined in case any of these problems arise.</p> <p>If anyone has any comments/questions about the risk register can you please contact Natalia Hedo.</p>	

61	AOCB	
	<p>CNO Letter – NHS Assure</p> <p>NHS assure is coming on stream with some of their scope outlined in the CNO letter.</p> <p>Dr Kennedy asked if the ARHAI governance structure has been changed but it has not been approved by Scottish Government.</p> <p>Case Note Review Action Plan</p> <p>The above report was for noting and to show the group the on-going work the IPC team are currently doing regarding this.</p> <p>RHC PICU SBAR & Improvement Plan</p> <p>The RHC PICU SBAR and improvement plan have been accepted by ARHAI and the Scottish Government, meaning it is now off the National Support Framework.</p> <p>Action Plan Progress from Recommendations of SBAR Benchmark Exercise</p> <p>Update on the recommendations, some of the items benchmarked against other health boards GG&C are doing more than other health boards. This paper will be brought back to the next AICC to give update on closing off the actions.</p>	
<p align="center">Next AICC will be held on 5th October 2021 at 10:30</p>		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 5th October 2021 at 10:30**

PRESENT

Dr Scott Davidson (Chair)	Deputy Medical Director Acute
Sandra Devine	Acting Infection Prevention & Control Manager
Pamela Joannidis	Acting Associate Nurse Director IPC
Kate Hamilton	Acting Nurse Consultant, IPC
Natalia Hedo	IPC Business Manager
Allana Kelly	Senior Infection Control Nurse
Donna McConnell	Lead Nurse, IPC
Gillian Mills	Lead IPC Nurse, North Sector
Patricia Friel	Acting Chief Nurse, W&C
Ann Kerr	Lead IPC Surveillance Nurse
Morag Gardner	Chief Nurse South Sector
Gillian Bowskill	Lead IPC Nurse, South Paediatrics
Dr Aleks Marek	Infection Control Doctor
Ysobel Gourlay	Lead Pharmacist
Fiona Gallagher	Senior Infection Control Nurse
Con Gillespie	Acting Chief Nurse, Clyde
Lorna Loudon	Interim Chief Nurse, Regional Sector
Mairi MacLeod	Consultant Medical Microbiologist
Euan Smith	Assistant Head of Estates
Dr Raje Dhillon	Infection Control Doctor
Sharon Johnstone	Assistant Head of FM Operations
Dr Linda Bagrade	Lead Infection Control Doctor
Ann Lang (minutes)	PA, IPC

APOLOGIES

Gerry Cox	Lynn Pritchard	John Carson	Mark Riddell	Dr David McCarey
-----------	----------------	-------------	--------------	------------------

		ACTIONS
62.	Introductions & Apologies Received	
	Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned.	
63.	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 10th August 2021 were accepted as an accurate record.</p> <p>Please see rolling action plan for update on outstanding actions.</p>	
64.	National Infection Prevention & Control Manual - Patient Placement SOP <p>A copy of the above SOP was distributed with the agenda. Kate Hamilton advised that this was to assist staff to identify ventilation rooms as positive or negative pressure rooms. This will determine what patients can be nursed in these rooms and gives a breakdown of the rooms. Comments to be sent to Kate Hamilton by the end of the week.</p> <p>The committee agreed the SOP pending any further comments received this week.</p>	All
65.	COVID-19 Update	
	<p>Sandra Devine provided an update on the daily COVID-19 figures.</p> <p>As of today; there are 313 inpatients with 24 patients in ITU and 39 new cases reported since yesterday.</p> <p>There are 7 wards closed across the acute sites of which two are due to reopen today.</p> <p>Community prevalence continues to drop and ITU patient numbers are down from a couple of weeks ago.</p>	
66.	Surveillance Update	
A.	<p>Ann Kerr reported on –</p> <p><u>July 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During July 2021 there were a total of 30 SABs reported, 23 of these SABs were Hospital Acquired Infections (HAI) and 91 E-Coli bacteraemia, 45 of which were HAI whereby the aim is ≤ 38 HAI/HCAI cases per month.</p>	

		ACTIONS
B.	<p><u>August 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During August 2021 there were a total of 37 SABs reported, 33 of these SABs were HAI, 7 of which were IV access related.</p> <p>94 E-Coli bacteraemia were reported in August, 47 of which were HAI and 4 were IV access related.</p> <p>Ann Kerr reported that the actions put in place regarding the reduction of SABs should impact on the E-Coli bacteraemia figures.</p> <p>Due to COVID-19 pressures only light surveillance has been carried out during August and September. For the quarter to the end of September GGC will be above all 3 measures for SAB, ECB and CDI. The report for this is due to be issued in early January.</p>	
C.	<p><u>Enhanced CDI Surveillance Antimicrobial Use</u></p> <p>A report was issued regarding antimicrobial use in previous 28 days. Ann Kerr reported that the period was extended back to January 2020 and the report was run to 28th September.</p> <p>In total there were 440 CDI cases which excludes GP and hospice specimens. 69% of these patients did have antimicrobial therapy in the previous 28 days with a proportion of these not known.</p> <p>Of the 303 patients who had received antimicrobials in the previous 28 days - 89 patients had one or more of the '4C' antimicrobials.</p> <p>Ysobel Gourlay commented that this was very good work and she will take this to the Antimicrobial Utilisation Committee. She asked the type of antibiotics could be identified for the third of the patients that had antibiotics and got C-diff which were on '4C' antimicrobials. Ann Kerr agreed to send Ysobel Gourlay the data. Ysobel Gourlay also asked if the data is taken from the casenotes and Gillian Mills explained that when a patient is positive, the ICN reviews the patient in the ward, looks at the Cardex and looks back the previous 12 weeks.</p> <p>Dr Davidson advised that he will send this paper to the Chiefs of Medicine.</p>	<p>A Kerr</p> <p>S Davidson</p>
D.	<p><u>July 2021 Surgical Site Infection Surveillance (SSI)</u></p> <p>Ann Kerr provided an update on the surgical site infection surveillance.</p> <p>For July there have been 6 c-section SSIs to day 10 and 1 SSI was detected by re-admission to 30 days. The SPC chart for c-sections in GGC has reached the upper warning limit and this continues to be monitored.</p>	

		ACTIONS
	<p>In July there were 3 SSIs for major vascular procedures with 2 of these deep and 1 is superficial. At that time the chart was above the mean and work had taken place with the Vascular Nurses to address this. Ann Kerr reported that the post op wound care bundle chart is working well and the SPC chart is now within control limits.</p> <p>With regards to cranial procedures there were 3 SSIs with 2 of these deep and 1 organ/space. 2 spinal SSIs were reported and work is ongoing with the clinical team. 1 cranial and 1 spinal SSI isolated <i>Pseudomonas aeruginosa</i> but were in different theatres and wards.</p> <p>Maxillofacial surgery have had 0 SSIs for 23 months now.</p> <p>There has been 1 neck of femur SSI and 1 hip arthroplasty SSI in Orthopaedic procedures.</p> <p>The August SSI report will include request for users if they wish to access Microstrategy to allow them to access the data.</p> <p>Ann Kerr reported that national SSI surveillance has remained paused since March last year but GGC have maintained this surveillance.</p>	
E.	<p><u>GGC Caesarean section SSIs (Jan – July 2021) Antibiotic prophylaxis findings</u></p> <p>A paper regarding the above was distributed with the agenda and Ann Kerr provided an update.</p> <p>With regards to c-sections, light surveillance has been carried out and there was an investigation into the cases to determine what were SSIs.</p> <p>Patients with a booking weight of 100kg or more did not receive Co-Amoxiclav. 14 SSI patients across GGC did not receive the recommended increased antibiotic prophylaxis. The Surveillance Nurses were asked to review this and look at the data from July to date and all patients had the additional prophylaxis of Amoxicillin. Dr Davidson said to note that this has improved. Ysobel Gourlay agreed to share this with the Pharmacist of Obstetrics.</p>	Y Gourlay
F.	<p><u>ARHAI Annual Report 2020</u></p> <p>The above report from ARHAI was published on 21st September 2021.</p> <p>Ann Kerr reported on the following:-</p> <ul style="list-style-type: none"> • In 2020, there were 115,844 <i>E. coli</i> urinary isolates reported in Scotland and 26% of these bloodstream infections had a lower urinary tract infection as their primary infection. The rate for GGC is 22.5%. • 1,088 cases of CDI in patients aged 15 years and older were reported in Scotland. In 2020, the incidence rate of healthcare associated CDI was 15.6 per 100,000 bed days and the rate for GGC is 17. • Healthcare associated SAB cases in GGC is slightly above Scotland. • Healthcare associated ECB cases in GGC is below the rate for Scotland. 	

		ACTIONS
	<ul style="list-style-type: none"> There has been a decline in bed occupancy days with a rate of 14.2% for Scotland in 2020 compared to 2019. Quarter 2 Epidemiological report was published this morning. GGC is above the Scotland rate but no exception reports have been issued this quarter. 	
67.	SAB Steering Group	
	Nil to update.	
68.	Acute Clinical Governance IPC Reports	
	The above report was tabled for information and most of the information is contained in the HAIRT.	
69.	Monthly HAIRT Report	
	<p>A copy of the HAIRT report for July and August was issued with the agenda.</p> <p>Sandra Devine reported on the following:-</p> <ul style="list-style-type: none"> The Annual Operational Plan (AOP) targets have been set for 2019-2022 for SAB, CDI and ECB and GGC aim to meet the 2022 target. There was a CDI trigger in Ward 3A, GGH. Isolates were sent to the reference lab for typing and both cases had the same type probably due to cross transmission. No exceptions to report for MRSA and Hand Hygiene. <p>Ysobel Gourlay commented that on page 16 it states that <i>"it would appear to be an increase across all sites possibly associated with increased prescribing of antibiotics associate with COVID 19"</i>. She said that COVID-19 is a virus and 4C's antibiotic use by Quarter 2 of 2021 was less than Quarter 2 of 2020. She said this might be due to the number of patients as occupied bed days is increasing. Dr Bagraade pointed out that this could be related to the antibiotic use in ITU as a broad spectrum of antibiotic use has increased in ITU. Sandra Devine reported that CDI has increased across all of Scotland.</p> <p>As this report is still in draft format Sandra Devine said she can still take comments and these should be returned to her by the end of next week.</p>	
70.	HEI/HAI Update	
	<p>The HIS draft Infection Prevention and Control Standards are out for consultation and the final IPC standards will be published in Spring 2022.</p> <p>Pamela Joannidis reported that there has not been a corporate inspection since the last AICC meeting. A date is in the diary to carry out two more visits.</p>	

		ACTIONS
71.	IPC Work Plan	
	<p>The IPC Work Plan has been updated and the updates have been highlighted in red.</p> <p>Pamela Joannidis reported on the following:-</p> <ul style="list-style-type: none"> • RCA Data Collection Tool to review each Gram Negative Bacteraemia in the paediatric oncology population has been revised. This will include a hypothesis to support each incident as determined by those involved in the clinical review. • There is a process to add the new SICPs Audit Tool on to the dashboard and the programme will be rolled out to Senior Charge Nurses across GGC. • Work commenced to review the Hand Hygiene data collection tool and reporting template. • A Surveillance Review Group has been set up to look at alert organism surveillance and as part of that to implement Appendix 13. 	
72.	IPC Sector Update Report	
A.	<p><u>Clyde Sector – Donna McConnell updated the group</u></p> <p>There has been an increase in device associated SABs. A local SAB group for Clyde will be created and this group will look at the device associated SABs and the unknown cases.</p> <p>Four cases of <i>Klebsiella pneumoniae</i> have been reported in ITU and three deaths were linked to the incident but the incident has now closed. Weekly screening on admissions will continue and weekly screens thereafter. Fortnightly sampling has taken place and all results were negative. Kate Hamilton reported that a SAER will be completed.</p> <p>Two cases of HAI <i>Stenotrophomonas</i> were identified in ITU. Both patients sadly died and one patient had this cited on the death certificate. Isolates have been sent for typing and work is ongoing with Estates to carry out water sampling.</p> <p>Two HAI COVID-19 cases were reported in Neonatal. Staff screening took place and two staff and one patient tested positive. There has been no further transmission and the unit remains opened.</p>	
B.	<p><u>North Sector – Gillian Mills updated the group</u></p> <p>In the North sector there have been nine ward closures with seven of these closed with COVID-19 and one ward at Stobhill had confirmed norovirus.</p> <p>The VRE/CDI incident in Ward 64 is ongoing and an IMT is scheduled for this afternoon. Environmental samples taken for VRE were negative. A CDI trigger tool has commenced and in relation to the Ribotyping both patients are 020. An IMT review has been completed and there are a number of action points. Gillian Mills asked how Pharmacy take these actions forward. Ysobel Gourlay informed that there are issues from the CDI trigger and Mairi MacLeod is aware of this. The ward also has a high Temocillin use and colleagues are looking into this.</p>	

		ACTIONS
	<p>Ward 43, GRI had a HAI SAB which was PVC associated. A weekly sweep was carried out which scored 21% but has continued to rise and last week compliance was 82%.</p> <p>Legionella was detected in Wards 1, 2, and 3, Lightburn Hospital, DSRs with high TVC counts. Estates are to put in flushing regimes as the cold water supply was warm but is now within specification. Outlets are out of use and have been cleaned, chlorinated and re-sampled at both sentinel points and WHB. PAL filters fitted to shower heads as a precaution. DSR taps removed, chlorinated and tested.</p>	
C.	<p><u>South Sector – Allana Kelly updated the group in Lynn Pritchard's absence</u></p> <p>In total there are seven wards closed with COVID-19 and four of these remain closed today. There is a shortage of patient beds on the QEUH site and a pressure to reopen wards early.</p> <p>Ward 4B, BMT had high fungal counts identified from regular screening. Two rooms have been terminally cleaned and samples have been repeated. Only patients that are deemed low risk are being placed in these rooms.</p> <p>RDU, Victoria ACH had three patients with COVID-19. The patients are outpatients and were all dialysed in the same session and were in the same bays. The unit had a terminal clean and an IMT was held. The unit has now reopened.</p> <p>Ward 63, QEUH was closed for a refurb and some works were to take place in Ward 62 which is directly underneath Ward 63.</p> <p>Ward 4C which has half Haematology and half Renal transplant patients had a probable COVID-19 case. A patient that was recently discharged and readmitted tested positive. The ward had a terminal clean and the unit reopened. Patient and staff screening have taken place and one staff tested positive.</p>	
C1.	<p><u>Hot De-Brief – CDI, Ward 53, QEUH</u></p> <p>3 patients with Equivocal CDI results were reported and associated with ward 53. 2 of these patients were treated for CDI.</p> <p>The first patient was admitted with loose stools and a sample was taken on admission to ward 51. An abdominal x-ray on ■ June showed signs of colitis. Patient sadly passed away on ■ June and Clostridium Difficile was cited on Part 1c of the death certificate. The patient had been in ward 53 since ■ June and had symptomatic loose stools and was on Co-Amoxiclav for 3 years as a Prophylactic for UTI. This appears to have been stopped prior to admission to ward 53.</p> <p>Patient 2 was admitted to hospital on ■ June and transferred to ward 53 on ■ June. The patient developed loose stools but was not treated for Clostridium Difficile.</p> <p>Patient 3 was admitted with loose stools and had gynaecological cancer. The patient was not having treatment or any further investigations and loose stools were thought to be due to general condition.</p>	

		ACTIONS
	<p>Ward 53 closed on 16th June due to 7 patients symptomatic of loose stools. The ward reopened following a terminal clean on 23rd June.</p> <p>Patients 2 and 3 crossed over in bay 8 for 7 days and patients 1 and 2 also crossed over in bay 8 for 1 day.</p> <p>A hand hygiene audit was carried out and the Opportunities Taken score was 95% and the Combined Compliance was 95%. The HIIAT score was Red as a patient died. The good points identified were communications between ward and Infection Prevention and Control. What did not go well was clinical staff not good at getting samples for loose stools and education is to be carried out.</p> <p>Dr Davidson asked if any conversations have taken place that the patient was on Co-Amoxiclav for 3 years and Ysobel Gourlay agreed to raise this with Pamela Innes, Prescribing Support Pharmacist.</p>	Y Gourlay
D.	<p><u>South Paediatrics – Gillian Bowskill updated the group</u></p> <p>PICU have had an increase in Gram Negatives, Blood Cultures and BBAL. There are 3 HAI cases and 2 non HAI cases and all Gram Negatives are different except for 2. Case reviews have been carried out for all 5 patients and no environmental issues have been identified.</p> <p>In PICU there were 2 device related SABs with one PVC related and the other CVC related. A sweep was carried out and was 100% for CVC and 86% for the PVC sweep. There was a recommendation to carry out weekly sweeps for 4 weeks and the sweeps scored 100%.</p> <p>The Neonatal Unit had a ■ week baby who isolated Burkholderia. Monthly SICPs audits were carried out and the last audit was on 24th September and scored 94-95%. The hand hygiene score was 100% and the unit has had sustained improvement.</p> <p>RSV figures have increased and causing issues with regards to patient placement.</p> <p>Ward 2A was due to move back on 27th October but this has been delayed.</p>	
73.	BICC Update	
	<p>As discussed at the last BICC meeting the COVID-19 Risk Assessment has been updated and the final version was tabled at the meeting.</p> <p>PICU has been removed from the national framework by ARHAI and Scottish Government.</p>	

		ACTIONS
74.	IPC QI Network Update	
	<p>Natalia Hedo reported that at the last AICC meeting it was agreed to provide an update to this committee. She shared a presentation of what was provided to the Gold Command. There are three work streams and these include:-</p> <ol style="list-style-type: none"> Person Centred Care - an advert has been drafted to recruit volunteers to join the group. Reducing infections associated with the use of access devices – SAB groups have been created in the North and South and one will be formed in the Clyde sector. Clinical teams are involved in these meetings and the SAB presentation has been embedded in the FY1 Induction. Con Gillespie reported that the Clyde SAB group should be meeting in the next few weeks. Standard Infection Control Precautions (SICPs) – Testing of the SICPs Audit Tool has taken place. This group are looking at how to display the audit scores and they have asked BICC and the IPC QI Network on how they should be displayed. <p>The key updates are a Newsletter has been issued and is available on the IPC website. A vision statement has been established and work is ongoing regarding objectives for the Project Plan.</p> <p>The IPCT were commended for continuing to carry out the collaborative improvement work despite the COVID-19 Pandemic.</p>	
75.	Anti-Microbial Report	
	<p>A copy of the above report was issued with the agenda.</p> <p>Ysobel Gourlay highlighted action points from CDI trigger reports (from local antimicrobial pharmacists)</p> <ul style="list-style-type: none"> The use of laxatives is to be reviewed when a patient is being treated for CDI. In relation to the patient who was prescribed oral co-Amoxiclav as UTI prophylaxis for 3 years. Ysobel will investigate and report at Dec AICC. More information on antibiotic use and CDI will be included in updated Infection management. <p>An updated IV vancomycin prescribing administration monitoring chart has been piloted. The updated chart includes more advice on how to avoid prescribing IV vancomycin between the hours of midnight and 6am, to promote a good night sleep for patients. The pilot showed that 8.7% of patients were woken to be given IV Vancomycin compared with GGC antibiotic point prevalence data where 23% of patients were woken in the middle of the night to be given IV vancomycin</p> <p>Dr Davidson suggested to share the learning across the organisation and to put this out as a learning summary.</p>	Y Gourlay

		ACTIONS
76.	Facilities Update	
	<p>Sharon Johnstone reported that Domestic Services continue to maintain the current increased cleaning activity.</p> <p>An SBAR has been produced and submitted to ICBEG. This will focus on the cleaning of touched surfaces within clinical patient areas.</p> <p>COVID-19 Briefs are checked to ensure current cleaning information is correct.</p> <p>Weekly meetings with Infection Prevention and Control continue and Sharon Johnstone said they found this to be very helpful.</p>	
77.	Water Group Update	
	<p>Estates provided an update regarding the exceptions for water and ventilation.</p> <p>Euan Smith reported that a contractor had been appointed to the ongoing works regarding Foxbar Health Centre. The estimated timescale for completion of works is around 6 weeks. Asbestos surveys are now complete and a HAI Scribe is being finalised.</p> <p>With regards to the water supply at VOL the pipework installation should be complete by 30th September and this will improve the quality of the delivered water. There is a robust PPM to take forward any residual issues.</p> <p>Work is ongoing with the Chief Nurses to improve the operation of the little used outlets. Euan Smith thanked all involved and said this is a crucial element of the Water Safety Policy.</p>	
78.	CJD Group Update – Nil to update	
79.	Theatre Maintenance/Ventilation Update	
	The last meeting of the group was cancelled and the next meeting has been arranged for 30 th November 2021.	
80.	Decontamination Group	
	The group have not met recently and Infection Prevention and Control continue to provide advice. The next meeting of the group is scheduled for November.	

		ACTIONS
81.	Risk Register	
	<p>Natalia Hedo reported that a new risk has been added to the Risk Register.</p> <p>This risk related to ICN Servers that were almost up to full working memory capacity and therefore affecting the speed of the ICNET system and at times preventing access. IT/Server teams agreed that they will update patches and reboot the servers on a monthly basis. This will take place on the first Wednesday of each month to ensure server software is up to date and running as efficiently as possible.</p> <p>Sandra Devine commented that this risk was added as this is a critical system for Infection Prevention and Control.</p>	
82.	AOCB	
	<p><u>HAI Communication Strategy & Guidance for IMTs</u></p> <p>The Communication Strategy is an update of the existing Strategy. Sandra Devine reported that this was a recommendation from the Oversight Board. She asked for any comments to be returned by the end of next week so this could be presented at the next BICC meeting.</p> <p><u>MDRO, MRSA and CPE Risk Assessment Data</u></p> <p>Ann Kerr reported that the Surveillance Nurses collect this data and they are working with Business Intelligence to put this on to some sort of dashboard.</p> <p><u>COVID-19 Addendum</u></p> <p>There was an update to the COVID-19 Addendum to reduce social distancing to 1m but the board are still stating it should be 2m. Kate Hamilton reported that some areas can go to 1m as long as they have robust risk assessments. If there are any discussions regarding this Dr Davidson asked for Kirsty Strannigan to be included in any communication.</p>	All
Next AICC will be held on 7th December 2021 at 10:30		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 7th December 2021 at 10:30**

PRESENT

Dr Linda Bagrade (Chair)	Lead Infection Control Doctor
Karen McGugan	Lead Nurse Imaging
Pamela Joannidis	Acting Associate Nurse Director IPC
Ann Kerr	Lead IPC Surveillance Nurse
Natalia Hedo	IPC Business Manager
Marleen Hay	Senior IPC Nurse, North Sector
Gillian Mills	Lead IPC Nurse, North Sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Lynn Pritchard	Lead IPC Nurse, South Sector
Dr Su Su Htwe	Microbiology Registrar
Lorna Loudon	Interim Chief Nurse, Regional Sector
Rosie Cherry	Head of FM Operations
Con Gillespie	Interim Chief Nurse, Clyde Sector
Morag Gardner	Chief Nurse, South Glasgow
Mandy Meechan	Interim Chief Nurse for Paediatrics and Neonates
Angela O'Neill	Deputy Director of Nursing - Acute
Colin Purdon	Assistant Head of Estates Operations
Dr David McCarey	Deputy Chief of Medicine for North Sector
Dr Iain Kennedy	Public Health Consultant (left at 11:55)
Donna McConnell	Lead IPC Nurse, Clyde Sector (left at 11:45)
John Carson	Chief Nurse, North Sector
Dr Mairi Macleod	Consultant Microbiologist
Gillian Bowskill	Lead IPC Nurse, South Paediatrics
Dr Raje Dillion	Consultant Microbiologist, Infection Control Doctor
Dr Simon Pybus	Microbiology Registrar
Dr Aleksandra Marek	Infection Control Doctor
Dr Abhijit Bal	Infection Control Doctor
Calum Macleod (minutes)	IPC Administrator

APOLOGIES

Dr Scott Davidson	Sandra Devine	Kate Hamilton	Mark Riddell	Kirsten Burns
-------------------	---------------	---------------	--------------	---------------

83.	Introductions & Apologies Received	ACTION
	Dr Bagnade welcomed everyone to the meeting and apologies were received from the above mentioned. Meeting was recorded which will be deleted from MS Teams in 20 days or when minutes are accepted as an accurate record.	
84.	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 5th October 2021 were accepted as an accurate record with the following amendments:</p> <p>Page 1 Attendance Record: Add in Dr Linda Bagnade</p> <p>Page 1 Apologies: Add in Dr David McCarey</p> <p>Page 4, Paragraph 3 should read: Maxillofacial surgery have had 0 SSIs for 23 months now.</p> <p>Page 7, 2nd Paragraph: Legionella was detected in Wards 1, 2, and 3, Lightburn Hospital, and DSRs with high TVC counts.</p> <p>Page 9, AMT Report: Ysobel Gourlay will forward onto Calum MacLeod wording regarding this section.</p> <p>Please see separate rolling action plan for update on outstanding actions.</p>	
85.	Matters Arising	
85.1	<p><u>Winter Respiratory Infections in Health & Care Settings Addendum Appendix 17&18</u></p> <p>Pamela Joannidis discussed Appendix 17 – Aerosol Generating Procedures (AGP) and post AGP fallow time. The AGP list has not changed but ARHAI will not do update reviews but will link in with the rest of the UK moving forward.</p> <p>Post AGP fallow time overall should be 10 minutes before cleaning of the area should be commenced. If there is no mechanical ventilation (natural ventilation) then assume there is 1-2 air changes per hour. Advised not to carry out AGPs in non-ventilated areas.</p> <p>Appendix 18 outlines physical distancing in health and care settings. It recommends that 2 metres physical distancing remains but this can be reduced to 1 metre in some areas subject to observance of COVID-19 mitigation measures including fluid resistant surgical masks. Care home residence are not expected to social distance.</p>	
85.2	<p><u>Launch of Scottish Winter Respiratory Guidance 2021 – 2022</u></p> <p>The winter 2021/22 Respiratory Infections in Health and Care Settings outlines 2 pathways respiratory and non-respiratory which supercedes the previous guidance. Overarching this is the COVID guidance. There is an algorithm to determine what pathway patients are to take once respiratory screening questionnaire has been completed on page 62. This guidance applies across all health & social care guidance with each setting highlighted in a separate colour. (Secondary Care, Primary Care, & Care Home settings) This guidance is expected to be fully implemented by December 13th 2021.</p>	

85.2	<u>Launch of Scottish Winter Respiratory Guidance 2021 – 2022</u>	ACTION
	<p>Lorna Loudon asked if respiratory screening questionnaire will be available as a visual reminder for staff in relation to patient attendees. Pamela Joanddis will take this forward to see if a visual guidance for staff can be procured.</p> <p>Dr Bagrade highlighted that the AGP document does not talk about fallow times for AGPs longer than 15 minutes. There is no guidance if patients are in an ICU and on continuous AGPs. ARHAI have responded to this query where they advised screening patients every 48 hours on the non-respiratory pathway. Dr Marek informed the group this 48 hour is not evidence based but trying to be as close to procedure as possible. Once more evidence becomes available ARHAI will review this.</p> <p>If patient is on respiratory pathway and on continuous AGP we previous had in writing from ARHAI to take the post 15 minute post fallow time and apply this regardless if your AGP went on for longer time. Obviously depending on the room's air changes it would decide on when the room can be deemed safe again.</p> <p>In the non-respiratory pathway where AGPs are carried out staff can undertake their own risk assessment and opt to wear the appropriate AGP PPE if they justified.</p> <p>Dr David McCarey informed the group that the North sector will be meeting up later today to look at the suggested new pathways. He highlighted that the Lumira point of care machine can only be used for symptomatic patients and on the basis of the projected capacity of the Roche point of care machine, this new patient pathways could impact patient flow given the lack of single side rooms available within the North sector. It was asked that an SBAR highlighting this issue should go to the acute tactical group as well.</p> <p>Dr Bagrade also highlighted that the question set refers to a list of red countries should be replaced with a link to the government website as this list will change frequently.</p>	PJ
85.3	<p><u>ARHAI Quarterly Report July – September 2021</u> – Ann Kerr highlighted the following</p> <p>Overview of all incidents/outbreaks within NHS Scotland where 34 were reported in total, 7 of these were in GG&C. Of the 7 incidents 2 where HIIAT red, 1 HIIAT amber and the remaining 4 were HIIAT green.</p> <p>All incidents are available to view on NSS discovery including incidents from other health boards as well as historic incidents.</p>	
85.4	<p><u>Incident Management Team Process Framework</u></p> <p>Natalia Hedo discussed the above document which is currently in draft form, just the appendixes require some updating. Dr Kennedy has a few comments regarding this document and requested some time to review document to make sure it aligns itself with GG&C outbreak plan. It was agreed that any comments are to be sent onto Natalia by the end of the week.</p>	

85.5	<u>CNO Letter - Commission for HIS Independent Review of Aspergillus at QEUH</u>	ACTION
	<p>Following the recent comments in the Scottish Parliament regarding Aspergillus the CNO has commissioned a wider independent assurance review at the QEUH. This will look at current IPC systems/processes and any broader concerns regarding Aspergillus. Review will include 2015 HAI standards to benchmark against, ARHAI data and independent case notes review. Currently undertaking a case review then a review may be carried out mid-December. This is only for the QEUH campus and does not include the wider GG&C board. Updates from this review will be given through this committee.</p>	
86	Assurance & Improvement	
86.1	<p>COVID-19 Update</p> <p>Ann Kerr informed the group that as of this morning, 5 wards were currently closed due to COVID. Currently 130 COVID positive in-patients first positive 28 days previously within GG&C hospitals.</p> <p>2 beds within HDU, RAH is being used as ITU beds. This new ITU is a temporary decant, where its use changes on a daily basis depending on the service requirement. Ann Kerr requested that if there are any new ITU areas opening up within any hospitals can you please inform the IC Data Team.</p> <p>Dr Iain Kennedy gave a brief update on the current numbers of the new Omicron COVID variant within GG&C but requested these were not to be published. There has currently been no hospitalisations of patient with the Omicron COVID variant within GG&C.</p> <p>Pamela Joannidis commented that on terms of comparisons with other health boards GG&C are doing well given the size/population of the health board and should be commended regarding its management of this pandemic.</p>	
86.2	Surveillance Update Reports – Ann Kerr reported on	
	<p><u>September 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During September 2021 there were a total of 35 SABs reported, 22 of these SABs were Hospital Acquired Infections (HAI) and 89 E-Coli bacteraemia, 26 of which were HAI.</p> <p><u>October 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During October 2021 there were a total of 35 SABs reported, 18 of these SABs were Hospital Acquired Infections (HAI) and 81 E-Coli bacteraemia, 24 of which were HAI.</p> <p>Still utilising light surveillance so no origin of these SAB/ECB cases.</p> <p>Ann Kerr highlighted that W&C directorate are above aim for both SABs and E-Coli Bacteraemia, but they have a very low aim per month. A case note review has been recommenced to review these cases.</p>	

86.2	Surveillance Update Reports – Ann Kerr reported on	ACTION
	<p><u>Surgical Site Infection Surveillance Reports</u></p> <p>A combined cross sector meeting to review the recent C-Section SSI has been postponed due to COVID pressures but hoping to reconvene early next year.</p> <p>National surveillance remains paused so not submitting any data to ARHAI, but GG&C have uninterrupted surveillance throughout COVID pandemic due to the surveillance team.</p>	
86.3	<p><u>Latest Acute Clinical Governance Infection Prevention & Control Report</u></p> <p>CDI and SAB rates are all within normal control limits.</p> <p>Page 16 has a summary highlighting lessons learned from recent incident within Ward 64.</p>	
86.4	<p><u>Monthly HAIRT Report</u></p> <p>SAB & CDI targets for 2022 are really challenging but GG&C are not an outlier in any of these categories. Report also highlights the IPC quality improvement works.</p>	
86.5	<p><u>IPC Work Plan</u></p> <p>Epidemiologist has been appointed within the IPC team and starts in the new year. This post will look at GG&C data going forward.</p> <p>Started to undertake a review of ARHAI appendix 13 alert organisms to re-assure committee members our ICNet system captures all organisms listed and are referred to the IPC Team and determine what we do with these alerts.</p> <p>Pamela Joannidis has created an SBAR outlining all the differences between the new HAI standards and the 2015 HAI standards. Dr Bagraade requested this SBAR to be shared with this committee as there is significant changes within standard documents as it combines all kinds of care we provide in Scotland within one document.</p>	PJ
87	<u>SAFE CARE - Sector Leads Update Report</u>	
87.1 A	<p><u>Clyde Sector – Donna McConnell</u> updated the group with the following exceptions</p> <p>Currently Ward 5, RAH paused to admissions due to probable HAI COVID asymptomatic positive case.</p> <p>Update on the two cases of <i>Stenotrophomonas</i> in ITU reported at the last AICC – typing has returned as not linked and water samples were negative.</p> <p>Klebsiella incident in ITU, ceased environmental screening and patient screening as 3 month period is over. Meeting next week to have hot brief and significant adverse event review.</p> <p>High counts of legionella in 2 outlets in Ward 14, Vale of Leven reported by estates on 02/11/21. Following discussion with ICD disinfection was carried out on 02/11/21. System was then being flushed thereafter. Most recent sampling is negative. Control measure implemented by Estates – dosing and filters on shower heads continues. Ongoing monitoring by Estates.</p>	

87.1 B	<u>North Sector</u> – Gillian Mills updated the group with the follow exceptions	ACTION
	<p>Currently 6 wards currently closed - 4 due to COVID and 2 due to suspected gastroenteritis.</p> <p>Significant sewage leak into Reverse Osmosis (RO) plant serving ICU as a result of inappropriate waste disposal into macerator in ward 65, GRI. This occurred twice in short time frame. All equipment/materials in this area were disposed. Renal technicians have obtained water samples from RO plant –plant went back into use on 22/11/21 following satisfactory results.</p> <p>IPCT notified of a slow leak between Theatre Y dirty utility and sterile store – leaking valve which has been isolated. Theatre has not been in use. Significant water damage to plasterboard and furnishings. HAI Scribe completed and signed off for remedial works.</p>	
87.1 C	<p><u>South Sector</u> – Lynn Pritchard updated the group with the following exceptions</p> <p>Numerous COVID ward closures during October in older people wards within Gartnavel and QEUH campus.</p> <p>2 HAI CDI in Ward 8D attributed to Ward 8C and one indeterminate. Typing the same Ribotype 103. HPS trigger tool used with no issues highlighted. Hot debrief is being completed and will be shared with clinical team. Reviewing Antimicrobial report.</p> <p>Significant incident at end of October where 3 heating stacks in QEUH had leaks over one weekend. Caused significant damage into several areas. Emergency works were carried out and incident reported to ARHAI.</p> <p>Theatre 15, QEUH – bone samples from 2 patient's isolated <i>Aspergillus fumigatus</i> on 11/11/21. Both patient had attended Theatre 15 on the same day consecutively for amputation of a toe. Theatre 15 had been taken out of use by clinical team until further investigation was undertaken. Samples sent for re-culture and one specimen plate had only a few colonies and the other plate had significant growth. Due to this it is thought the result was due to cross contamination in the lab from 1 specimen to the other.</p>	
87.1 D	<p><u>South Paediatrics</u> – Gillian Bowskill updated the group with the following exceptions</p> <p>2 patients with HAI <i>Serratia marcescens</i> in PICU, one from Blind BAL and one from blood culture specimen. Both links in time and place but cross transmission was unlikely due to time of exposure. Environmental sampling carried back negative and typing from both patients did not match.</p> <p>Ward 6A haematology for children, room 1 ceiling came in within room. Environmental and air sampling carried out and returned fine. Routine air sampling in Ward 6A has been recommenced, as paused due to COVID.</p> <p>Theatre 8 isolated <i>Legionella anisa</i> from an ecmo heater/cooler. Machine currently quarantined and being decontaminated and awaiting 3 negative samples before being put back into use. All clinicians have been made aware of any patients that may have been affected.</p>	

87.1D	<u>South Paediatrics Contd</u>	ACTION
	<p>Neonatal unit room 4, water ingress above ceiling. No flood or drips, ceiling tile noted to be wet. Babies moved out of room for investigation which was due to water breach of flat roof membrane.</p> <p>1 case of <i>Shewanella putrefaciens</i> isolated from NPA, investigation carried out including storage of breast milk within hospital and at home. No further cases reported.</p> <p><i>Burkholderia contaminans</i> case linked to Public Health England investigation of contaminated Clinell wipes. Typing from retrospective look back of GG&C isolates from beginning of PHE incident did not match the PHE cluster. All actions for NHS GG&C complete and incident closed. Dr Bagraade informed the group this is the first and only case linked to the cluster in England within Scotland but have not identified the source. PHE is insistent this is linked to Clinell wipes and GG&C can accept that packets of wipes used at patients bay would of bene replaced by now. No more cases have been reported.</p>	
87.2	<p><u>AMT Report –</u> Ysobel Gourlay reported the following</p> <p>Highlighted in a CDI trigger from the QEUH where patient died and was on co-amoxiclav since March 2018. Prophylaxis was not reviewed so E-Coli was resistant to antibiotic. There were missed opportunities where this could have been stopped. Ysobel has liaised with the prescribing pharmacist from area patient came from where they will recommend at the Scottish Antimicrobial Prescribing Group that UTI prophylaxis should be reviewed every 3 – 6 months. Ysobel is also liaising with Pamela Innis who is lead prescribing pharmacist in the Antimicrobial Utilisation Committee and will highlight this to all prescribing pharmacists.</p> <p>Ysobel thanked Ann Kerr regarding the data she received regarding antibiotics CDI patients had received. About 70% of patients had received antibiotics in the previous 28 days, 15% did not receive an antibiotic and 15% were unknown. The most common antibiotic used was amoxicillin, followed by gentamicin then metronidazole. Looking to update the infection management poster to highlight some antibiotics are associated with CDI infection.</p> <p>ARHAI quality improvement targets on antibiotic use by 2022, there is a 10% reduction of antibiotic use in primary care (excluding dental) by 2022, which GG&C are currently meeting this target but this could be related to current COVID pandemic and decrease in antibiotic prescribing.</p> <p>IV antibiotics per 1000 population per day but GG&C get patients in who are not GG&C population. GG&C is the highest in Scotland but doesn't take into account we are treating patients out with GG&C health board. Andrew Seaton is taking this information back to ARHAI.</p>	
87.3	<p><u>Theatre Maintenance / Validation –</u> Gillian Mills reported the following</p> <p>Theatre capital projects across the GG&C board</p> <ul style="list-style-type: none"> • Theatre E at the GRI full refurb is currently 2 months behind schedule with works due for completion in January 2022. • Theatre 5 at the RAH refurb is complete including theatre reception area. Theatre 6 refurb at IRH is ongoing. • QEUH is proposing a refurbishment of all theatre kitchens/tea rooms. 	

87.4	<u>Risk Register</u> - Natalia Hedo reported the following changes	ACTION
	<p>Item 1 added control measure that staff have access to wellbeing resources via HR.</p> <p>Item 5 added control measure we have developed an IPC workforce plan that include succession planning.</p> <p>Item 6 added mitigation action which will help in future.</p>	
88	<u>PERSON CENTERED CARE</u>	
88.1	<p><u>IPC QI Network Update</u> – Natalia Hedo shared a presentation to the group</p> <p>Currently working on 3 separate work streams in the QI Network which are</p> <ol style="list-style-type: none"> 1. Person Centred Care – Infection Prevention & Control 2. Reducing infections associated with the use of access devices 3. Standard Infection Control Precautions <p>Currently have two SAB groups in place in the North and South sector. Establishing one for the Clyde sector and Regional sector. Con Gillespie updated on the Clyde SAB group where it is just getting established with appropriate attendance and terms of reference. Natalia will link in with Con to identify the objectives of the group and add to the project plan.</p>	
89	<u>EFFECTIVE CARE</u>	
89.1	<p><u>National Infection Prevention & Control Manual Update & Standard Operating Procedures</u> – Pamela Joanndis updated the group</p> <p>The group approved the Urethral Urinary Catheters SOP which is an existing SOP which has been revised to make sure it is still in scope.</p>	
90	<u>REPORTS FROM ASSCOAITED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
90.1	<u>SAB Steering Group</u> – nil to report	
90.2	<p><u>HEI Update</u> – Pamela Joanndis reported</p> <p>HEI Steering Group will meet again on Friday 10th December 2021.</p> <p>The group consisting of estates/facilities/clinicians and IPC personnel carried out a visit to the QEUH/RHC campus recently. Feedback has been given to Lead Nurses and Senior Charge Nurses with ongoing action plans being undertaken. Reports from these visits will be submitted to the ICBE group with verbal updates given to this committee. This is not the same as the SICPs audit tool as estates and facility aspects are looked as well.</p>	
90.3	<u>Board Infection Control Committee Update</u> - nil to report	

90.4	<u>Facilities Update</u> – Rosie Cherry updated the group	ACTION
	Facilities continue to provide the same level of cleaning & hours after revised ARHAI respiratory pathways and have been discussed with IPC colleagues. Revised paper that went to SEG that has the numbers of domestic personnel required to provide enhanced cleaning.	
90.5	<u>Water Group Update</u> – Colin Purdon updated the group Vale Of Leven weekly sampling 34 locations are reporting detected for Legionella showing measures taken are being successful. Further recommendations plans for improvement work within healthcare. Larkfield unit in Inverclyde, this is a PFI build so not looked after by estates but do support the PFI provider. Lack of hot water in some locations due to faulty pump and expansion vessel. Some positive legionella samples which have been re-tested and came back negative, measures put in place seem to be working. Lorna Loudon asked about the little used water outlets with any further breakdown of the regional wards. Colin Purdon will speak to Mark Riddell who collates all results and see if he can adjust report to show breakdown of regional wards.	CP
90.6	<u>CJD Group Update</u> – Dr Kennedy updated the group There had been one new CJD notification which upon further investigation did not require anything further Dr Kennedy informed the committee the CJD group have decided to adopt the new NICE guidelines which means the streaming of surgical instruments is no longer required. Dr Marek asked if there will be a lessons learned document with regards to the amount of work that was undertaken by the CJD group to try and achieve the streaming of surgical instruments within GG&C.	
90.7	<u>Decontamination Group</u> – nil to report	
91	<u>AICC Dates 2022</u> Proposed Dates for 2022 AICC were disseminated to the group. Calendar invites for each meeting will be sent out to committee members one month in advance of each meeting.	
NEXT AICC IS BEING HELD ON TUESDAY 8TH FEBRUARY 2022 AT 10:30		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 8th February 2022 at 10:30**

PRESENT

Dr Linda Bagrade (Chair)	Lead Infection Control Doctor
Pamela Joannidis	Acting Associate Nurse Director IPC
Ann Kerr	Lead IPC Surveillance Nurse
Natalia Hedro	IPC Business Manager
Gillian Mills	Lead IPC Nurse, North Sector
Lynn Pritchard	Lead IPC Nurse, South Sector
Dr Abhijit Bal	Infection Control Doctor
Dr Alanah Proctor	Microbiology Registrar
Margaret Ann Montague	Senior IPC Nurse, Clyde Sector
Gillian Bowskill	Lead IPC Nurse, South Paediatrics
Karen McGugan	Lead Nurse Imaging
Mandy Meechan	Interim Chief Nurse, Paediatrics
Morag Gardner	Chief Nurse, South Sector
Sharon Johnstone	Head of FM Operations
Kate Hamilton	IPC Nurse Consultant
Dr Aleksandra Marek	Infection Control Doctor
Mark Riddell	Assistant Director, Operational Estates
Dr David McCarey	Deputy Chief of Medicine, North sector (left at 11:30)
Dr Iain Kennedy	Public Health Consultant
Lorna Loudon	Chief Nurse, Regional Services
Sandra Devine	Infection Control Manager
Con Gillespie	Chief Nurse, Clyde Sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Calum Macleod (minutes)	IPC Administrator

APOLOGIES

Dr Scott Davidson	Donna McConnell	Dr Erica Peters	Kirsten Burns
Dr Mairi MacLeod	Christina McKay	Angela O'Neill	

92.	Introductions & Apologies Received	ACTION
	Dr Bagrade welcomed everyone to the meeting and apologies were received from the above mentioned. Meeting was recorded which will be deleted from MS Teams in 20 days or when minutes are accepted as an accurate record.	
93.	Minutes of Previous Meeting	
	The minutes of the previous AICC meeting held on 7 th December 2021 were accepted as an accurate record with no requested amendments. Please see separate rolling action plan for update on outstanding actions.	
94.	Matters Arising	
94.1	<u>GG&C Outbreak & Incident Management Plan</u> This document was updated in February 2022 and underpins the IPC incident outbreak frame work document and is the guidance IPC use to review our processes. This document reflects the national guidance, but GG&C uses broad principles within the document for our own processes.	
95	Assurance & Improvement	
95.1	COVID-19 Update As of yesterday it was reported 9 wards closed across GG&C. GG&C reported a definite hospital onset of COVID cases rate of 0.6% where NHS Scotland is 0.5%. Currently 290 COVID cases in GG&C. 35 new patient cases (positive within the last 14 days) 17 of these are nosocomial onset cases where they will be classed as definite or probable hospital onset cases. Dr Kennedy informed the group that although milder COVID illness during the most recent COVID wave this year, the volume of cases compared to the previous COVID wave and the overall number of deaths from this wave is higher than the September wave due to the number of people being infected. As of tomorrow the Scottish Government will be looking for daily figures to include the lateral flow testing (LFT) results. GG&C don't have an electronic link for this and are in discussion with E-Health to further investigate this.	
95.2	Surveillance Update Reports – Ann Kerr reported on	
	<u>November 2021 SAB & E.coli Bacteraemia Surveillance</u> During November 2021 there were a total of 35 SABs reported, 19 of these SABs were Hospital Acquired Infections (HAI) and 81 E-Coli bacteraemia, 28 of which were HAI.	

95.2	Surveillance Update Reports – Ann Kerr reported on	ACTION
	<p><u>December 2021 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During December 2021 there were a total of 32 SABs reported, 13 of these SABs were Hospital Acquired Infections (HAI) and 92 E-Coli bacteraemia, 27 of which were HAI.</p> <p>Due to COVID pressures within clinical services and within IPC team a lot of these cases relating to the full source of bacteraemia was not investigated as to why they are termed as light surveillance which is acceptable from NHS Scotland and ARHAI.</p> <p><u>Quarter 3 Report for CDI/ECB/SAB & SSI</u></p> <p>SSI surveillance has been paused since March 2020.</p> <p>For HAI CDI cases GG&C 17.9 per 100,000 total occupied bed days. This rate is within chart control units.</p> <p>E-Coli Bacteraemia rates were 33.9 cases per 100,000 total occupied bed days which is below the Scottish average of 41.4.</p> <p>SAB rates were 19.6 cases per 100,000 total occupied bed days which is above Scottish average of 18.3. This rate is within chart control limits.</p> <p>Dr Bagrade asked if any information is available from health boards that have achieved their targets and how they managed to do so. These targets need to be met by the end of March this year. Some sections, in particular CDI rates GG&C are almost there but some of the targets are extremely challenging to reach.</p> <p><u>Healthcare Infection Incidents, Outbreaks & Data Exceedances</u></p> <p>Information regarding incidents throughout all Scottish health boards is available through the E-Viz platform. Currently 21 incidents across Scotland where GG&C had 2 of them both scoring green. It was noted that these are non COVID incidents. A link to log onto the E-Viz platform was sent out by Calum MacLeod on the 8th February to all committee members.</p> <p><u>Healthcare Associated Infections 2021</u></p> <p>This is a monthly totals report card which is published in the public domain within GG&C website. This is local data and is likely to differ in case totals from national ARHAI data.</p> <p><u>Surgical Site Infection Surveillance Reports</u></p> <p>C-section SSI meeting regarding increase incidence of SSI was delayed due to pressures on clinical service and IPC service and this is postponed until a later date.</p> <p>In November Surveillance Nurses were redeployed to the vaccination hub and there is no data available for November/December and January 2022. Surveillance Nurses returned to their service on 1st February. With regards to Neuro and OMFS surveillance this was paused due to the Surveillance Nurses being re-deployed.</p>	

95.3	<u>Latest Acute Clinical Governance Infection Prevention & Control Report</u>	ACTION
	This report is like a mini HAIRT report for the acute division with a summary of ward closures. Increase in CDI cases in the north sector. No incidents to report that were amber/red for December.	
95.4	<u>Monthly HAIRT Report</u> November and December HAIRT was issued for comment from the group and for assurance. Hopefully the targets will be reviewed this year to allow health boards to meet the revised targets. Page 17 previously reported 7 points above the rate for all CDI cases, this is an upward trend that IPC would take action on but November/December rates have decreased. This could be related to community cases that was driving the increase in numbers. A recent decrease in CPE/MRSA patient screening. There is a change in the methodology whereby the Surveillance Nurses are undertaking the KPI audits and not the IPC Nurses. Sandra Devine and Ann Kerr will look at the recent decrease of screening and see what can be done to improve this.	SD/AK
95.5	<u>IPC Work Plan</u> Any changes to the work plan are highlighted in red and the status has been added in with regards to the colour coding. Some of the dates have been changed where they have been pushed forward due to staff during the COVID pandemic. Page 4 highlights in red the work that has been completed regarding reviewing Appendix 13. Recommendations have been drawn up but the surveillance group has not been able to meet due to COVID. On page 9, the recent Partnerships Infection Control Support Group were interested in the actions regarding reducing ECB especially the urinary catheter associated infections within the community. This could overlap both committees and will try and capture some of this work moving forward.	
96	<u>SAFE CARE - Sector Leads Update Report</u>	
96.1A	<u>Clyde Sector</u> – Margaret Ann Montague updated the group with the following exceptions Currently 5 wards closed and 2 paused to admissions in relation to COVID. These ward closures are having a significant impact on workload and services in particular surgical services. Dr Bagrade informed the group that the incident de-brief regarding <i>Klebsiella pneumoniae</i> in RAH ITU hasn't been finalised but will be available for the next AICC.	

96.1B	<u>North Sector</u> – Gillian Mills updated the group with the follow exceptions	
	<p>North SPC charts for GRI breached upper control limits for CDI cases in December 2021. Requested ribo-typing for all cases and microbiologist carried out an antimicrobial prescribing review of all the cases. In January 2022, 8 HAI CDI cases to GRI which have been reviewed where 2 have been amended to community onset due to patients being admitted to hospital with symptoms. Ongoing local actions to review CDI cases like FMT scores for wards that have had patients associated with them and review patient journeys. No CDI triggers within any of the wards.</p> <p>In January 2022 north sector reported on 30 ward closures with the majority being COVID related.</p> <p>Dr Marek has started a weekly CDI walk round with the Antimicrobial Pharmacist at the GRI. This is a quality improvement project that one the trainees has started which began prior to this. Microbiologist carried out an antimicrobial review as this was not a CDI trigger. Ysobel Gourlay will link with Dr Marek with regards to any community data that could be obtained regarding antibiotic use to look into if there is any community/Glasgow wide information available regarding this.</p> <p>Pamela Joannidis informed the group that there is a requirement the IPC team still have to follow up CDI severity scores and how do we get that message out that the CDI severity scores need to be completed by the clinician. Ysobel Gourlay said the CDI guidelines are changing as the new NICE guidelines do not have severity scores in them. The next SAPG meeting is in the near future where Scottish guidelines will be reviewed under the new NICE guidelines where CDI severity scores may no longer be required.</p> <p>There is an advantage of using severity scores to see if a patient requires a review, but may not required every day. Microbiologist already feeds into SAPG and could help with the new guidelines coming out. Dr Marek will start a discussion within the ICD network and obtain a group opinion regarding the NICE CDI guidelines.</p> <p>VRE hot debrief – 2 VRE cases within Ward 63, GRI in a seven day period. SPC chart UCL is 2.7 but warning line is 2 cases. Reported to ARHAI highest HIIAT was green. Some hand hygiene issues regarding clinicians wearing wrist watches which have been addressed in clinical governance meetings.</p>	<p>YG/AM</p> <p>AM</p>
96.1C	<p><u>South Sector</u> – Dr Bal & Lynn Pritchard updated the group with the following exceptions</p> <p>Approximately 17 IMTs for the QEUH site since last AICC.</p> <p>Currently 4 wards closed in the south sector due to COVID (3 in GGH & 1 in QEUH).</p> <p>Ward 61 had chronic water leaks where IPC advised staff to include this into the risk register so any mitigations can be engaged.</p> <p>Aspergillus cases linked to a vascular theatre. Further investigation found it was contamination in the lab. Theatre had to be closed until source was confirmed.</p>	

96.1C	<u>South Sector Update</u>	ACTION
	<p>Legionella reports store historical data along with ongoing data. Set up monthly meeting that will be auditable and plan to go over the results every 4 weeks.</p> <p>During COVID, particle counts within Ward 4B had been stopped, but this has been restarted in July 2021 where air quality is checked. Dr Bal is feeding back to monthly ward meetings with estates giving advice/reassurance regarding these results.</p> <p><u>Incident debrief – Water leaks in the QEUH</u></p> <p>Weekend of 30th/31st October several water leaks were noted due to eroded pipes/faulty valves. 11 leaks in total, not all affecting patient rooms. On-call microbiologist requested a major incident meeting but discussed mainly Ward 6A, QEUH at the meeting along with identifying there had been other leaks throughout the hospital during the meeting. Leaks had been repaired in real time and good collaboration/communication with estates went really well. What didn't go well was the major incident meeting and not an IMT so no HIIAT score was carried out. Had to do carry out HIIAT score retrospectively which was difficult where it was not based on the incident during that time. In future any incidents by the on-call microbiologists should follow the GG&C Outbreak & Incident Management Plan. Issue is when there is a major incident meeting this should not be chaired by Infection Control/Microbiologist and a separate risk scoring system should be undertaken. Clarification is required on what type of meeting is required including any associated documents and who would chair these meetings.</p>	
96.1D	<p><u>South Paediatrics –</u> Gillian Bowskill updated the group with the following exceptions</p> <p>Incident regarding <i>Staphylococcus capitis</i> isolates from blood cultures in NICU from 29th November 2021 to 18th January 2022 that belong to the NRCA clone, bringing the total number of cases to 6. Results from whole genome sequencing shows these new 6 cases are different from the cluster in Spring 2021. This new cluster links closely with clusters in [REDACTED] where patients have been transferred from these health boards into RHC. Patients were not screened for <i>S.capitis</i> when coming into NICU so unknown if patients had this when they were admitted. HPV cleaning has been carried out on 16th January. Environmental sampling concentrated on pieces of equipment where out of 50 swabs one came back positive for <i>S.capitis</i> on box of face masks. Meetings are ongoing.</p> <p>Patient blood culture from Ward 6A isolated <i>Chryseobacterium</i> species on 1st January 2022. Environmental sampling carried out did not identify anything. Water sample taken at end of November from a room the patient had been in had isolated this bacterium. Reference lab confirmed water sample and patient isolate are different species. Repeated water samples found no <i>Chryseobacterium</i> sp.. PAL filter has been sent for integrity testing and all passed. Ongoing meetings to discuss results.</p>	

96.2	<u>AMT Report</u> – Ysobel Gourlay reported the following	ACTION
	<p>GG&C is meeting Quality Improvement target set by SAPG but NSS antimicrobial usage data has not been updated since Q2 2021. GG&C data on antimicrobial use until Q4 2021 looks like meeting all the targets.</p> <p>SAPG CDI treatment guidelines are being updated based on NICE guidelines. First line of therapy will be oral vancomycin, second line of treatment will be Fidaxomicin. This new treatment guideline will result in a cost increase.</p>	
96.3	<u>Theatre Maintenance / Validation</u> – Gillian Mills reported the following	
	Last meeting in January 2022 was cancelled and next meeting is in March.	
96.4	<u>Risk Register</u> - Natalia Hedo reported the following changes	
	<p>Unable to deliver SSI surveillance programme due to staff shortages or who were redeployed to the COVID vaccination clinics. Light surveillance carried out by IPC team.</p> <p>Another risk added was the collapse of our ICNet system where a contingency plan has been created to try and ensure all alerts were coming across and being shared with the correct teams.</p> <p>One risk that was closed off has been re-added - Failure to deliver IPC service to support clinical service compliance has been re-added.</p> <p>Register will be reviewed with risks updated/closed for the next AICC meeting.</p>	
97	<u>PERSON CENTERED CARE</u>	
97.1	<u>IPC QI Network Update</u> – Natalia Hedo shared a presentation to the group	
	<p>This operational group of the network meet every 2 months. Person centred care work stream is led by Pamela Joannidis and is looking for a member of the public to join the person centred care reference group.</p> <p>North sector SAB group have a SAB toolbox talk where visual illustrations will be included for staff for visual aids.</p> <p>South sector SAB group have framework for knowledge skills and competency for all HCSW for use in invasive lines. A draft is being consulted on and sent to Learnpro for a module for staff to complete. Working on clinical decision on what constitutes as a line infection which will be agreed locally. Human factor and observation for practice work is being scoped and made good progress to reduce line infections in targeted wards.</p> <p>Clyde sector SAB group confirmed terms of reference and objectives for first flash report at next operational group.</p> <p>Working with regional services SAB group and looking at membership of group and to draft the terms of reference.</p> <p>Second issue of the newsletter has been approved and will be released via Core Brief shortly.</p>	

98	<u>EFFECTIVE CARE</u>	ACTION
98.1	<p><u>National Infection Prevention & Control Manual Update & Standard Operating Procedures</u> – Pamela Joanndis updated the group</p> <p>Respiratory addendum for COVID has been changed from 14 days isolation to 10 days isolation within a hospital setting.</p> <p>The group approved the CDI SOP which will include advising medical staff about clinical cases that are not confirmed CDI cases.</p>	
99	<u>REPORTS FROM ASSOAITED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
99.1	<u>SAB Steering Group</u> – nil to report	
99.2	<p><u>HEI Update</u> – Pamela Joanndis reported</p> <p>Next corporate meeting being held on Friday with a look into starting inspections soon. Awaiting updated methodology for 2022 and when this has been updated it will be issued to the committee.</p>	PJ
99.3	<u>Board Infection Control Committee Update</u> - nil to report	
99.4	<u>Facilities Update</u> – Sharon Johnstone updated the group	
	<p>Update on decontamination – 3 attached papers within this report which provides a summary of additional water & air testing taking place within IRH. Also included are the most recent minutes from sector facilities meetings with no exceptions noted.</p> <p>Dr Marek asked that an action from a recent IMT regarding a water issue at IRH was for Dr Marek to compile a report regarding water testing within IRH and how they interpret results and future testing. Dr Marek and Dr Bagraade will see what is the best way to report this and if anything needs to be added to what they are reporting.</p>	AM/LB
99.5	<p><u>Water Group Update</u> – Mark Riddell updated the group</p> <p>Report is split into 3 sections (see below) where future reports will have a summary page included at the front.</p> <ol style="list-style-type: none"> 1. Small water/ventilation projects that may impact on operational estates 2. Water Update 3. Ventilation Update <p>Currently 2 small water projects being undertaken in Foxbar Health Centre where pipework is being replaced and Vale of Leven hospital where a new filtration unit is being installed. These are both due for completion in the next few weeks.</p>	

99.5	<u>Ventilation Update</u>	
	<p>Ventilation verification update has been split into 4 areas (GRI, QEUH, Partnerships, and Clyde) where it will highlight areas where no access was given to carry out verifications. No refusals in QEUH and Partnership sectors. In November 2021 GRI requested to delay verification within theatres by a week which was accommodated for. Issues in Clyde sector with regards to SCBU and NICU wards verification. Dialogue is ongoing and weekly updates are given to Mark Riddell regarding this.</p> <p><u>Water Section</u></p> <p>Only highlight out of specification results for the last 2 months. Difficult to keep data from all sectors to one sheet due to each sector parameters but an agreement regarding parameters for GG&C is ongoing.</p> <p>Low number of returns with regards to little used water outlets. Now instructed North, Clyde and South to confirm their emailing list with regards to little used water outlets. This will be monitored moving on due to the very low returns.</p> <p>It was agreed these reports (including visual photographs) will be taken to local clinical governance forums to highlight the issue and make it more visible to senior management.</p> <p>Morag Gardner asked in terms of not obtaining access to clean the vents is there an escalation process? Correctair do most of the vent cleaning and attend 3 times before putting the area down as a refusal for gaining access stating the reason why. Mark Riddell will disseminate the list of areas where vent cleaning has been refused to the Chief Nurses. A protocol to review areas where vent cleaning has been refused is to be drawn up.</p> <p>A separate discussion will take place with Morag Gardner and Mark Riddell in relation to the poor returns with regards to infrequent water flushing in areas.</p>	<p>MR</p> <p>MG/MR</p>
99.6	<p><u>CJD Group Update</u> – Dr Kennedy updated the group</p> <p>CJD group will aim to meet in March 2022.</p>	
99.7	<p><u>Decontamination Group</u> –</p> <p>Andrew Smith has taken over as Infection Control Doctor for decontamination and the group will try to meet in March.</p>	

100	<u>AOCB</u>	
100.1	<u>Standard Infection & Prevention Audit Strategy</u> – Pamela Joannidis reported Frame work document created on the back of the Scottish Government Oversight Board's recommendations regarding IPC audits. It changes the focus from IPC team leading and should be lead clinically. Also use a quality management framework where we have adopted the framework from HIS inspection. SCNs are used to using CAIR system in capturing SICPs data. Revisited the SICP's audit tool and reduced the number of questions from 165 questions to 30 questions. Any comments regarding this strategy can you please contact Pamela Joannidis by 15 th February 2022.	All
100.2	Natalia Hedo is looking to review the governance structure regarding this committee and will be sending out a small questionnaire for committee users to complete in the near future.	
100.3	Dr Bagrade informed the group that GG&C has approved the stopping of regular screening for COVID in the over 70s. Representatives to be reminded of this if attending any clinical governance/groups.	
100.4	The committee thanked Pamela Joannidis who will be retiring in March 2022 for her service within IPC and all her hard work over the years.	
NEXT AICC IS BEING HELD ON TUESDAY 5th APRIL 2022 AT 10:30		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 5th April 2022 at 10:30**

PRESENT

Dr Linda Bagrade (Chair)	Lead Infection Control Doctor
Gillian Bowskill	Lead IPC Nurse, South Paediatrics
Helen Gemmell	Assistant Director for Facilities & Production
Gillian Mills	Lead IPC Nurse, North Sector. (Left at 1130)
John Carson	Chief Nurse, North sector
Sandra Devine	Acting Infection Control Manager
Sharon Johnstone	Head of FM Operations, South Sector
Karen McGugan	Lead Nurse Imaging
Dr Aleksandra Marek	Infection Control Doctor (Left at 1130)
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Lynn Pritchard	Lead IPC Nurse, South Sector
Donna McConnell	Lead IPC Nurse, Clyde Sector
Mark Riddell	Assistant Director, Operational Estates
Natalia Hedo	IPC Business Manager
Mandy Meechan	Interim Chief Nurse, Paediatrics
Dr Stuart Gallagher	Microbiologist Register
Dr James Sheppard	Microbiologist Register
Kate Hamilton	IPC Nurse Consultant
Dr Erica Peters	Infectious Diseases Consultant
Kirsten Burns	Clinical Service Manager, Dental Hospital
Dr Abhijit Bal	Infection Control Doctor
Dr Mairi MacLeod	Infection Control Doctor
Dr Kalliopi Valyraki	Infection Control Doctor
Lorna Loudon	Interim Chief Nurse, South & Regional Sector
Calum Macleod (minutes)	IPC Administrator

APOLOGIES

Dr Scott Davidson	Dr Iain Kennedy	Dr David McCarey	Morag Gardner
Con Gillespie	Ann Kerr		

101	Introductions & Apologies Received	ACTION
	Dr Bagrade welcomed everyone to the meeting and apologies were received from the above mentioned. Meeting was recorded which will be deleted from MS Teams in 20 days or when minutes are accepted as an accurate record.	
102	Minutes of Previous Meeting	
	The minutes of the previous AICC meeting held on 8 th February 2022 were accepted as an accurate record. If you would like to make any changes can you please contact Calum.MacLeod [REDACTED]. Please see separate rolling action plan for update on outstanding actions.	
103	Assurance & Improvement	
103.1	<p>COVID-19 Update – Sandra Devine reported the following</p> <p>As of today 673 patients currently inpatients, with 5 patients requiring critical care treatment. 26 wards are currently closed across acute and partnerships and ongoing high level of staff absence's due to COVID.</p> <p>Update to national COVID guidance issued on Friday 1st April with everyone working through communications regarding this. A national meeting regarding the new guidelines is being held today to discuss implementation of these. A paper is being prepared for the Strategic Executive Group about the new guidance with communication being sent to GG&C staff through core brief.</p> <p>Major New changes in guidance is social distancing guideline is being dropped with extended use of face coverings in healthcare facilities. COVID screening for patients where lateral flow tests will be used instead of PCR testing for patients. In dental hospital return to business as usual if not in respiratory pathway with all PPE not required.</p>	
103.2	Surveillance Update Reports	
	<p><u>January 2022 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During January 2022 there were a total of 36 SABs reported, 21 of these SABs were Hospital Acquired Infections (HAI) with 9 of these being related to an IV access device. 70 E-Coli bacteraemia, 17 of which were HAI.</p> <p><u>February 2022 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During February 2022 there were a total of 34 SABs reported, 21 of these SABs were Hospital Acquired Infections (HAI) with 8 of these being related to an IV access device. 77 E-Coli bacteraemia reported, 22 of which were HAI.</p> <p><u>Quarter 4 Report for CDI/ECB/SAB & SSI</u></p> <p>Ysobel Gourlay enquired about the community SAB funnel plot where GG&C is below the line which is a good thing. There is a RIDDOR around his process where the IC Data team work within certain rules/parameters on how we attribute SABs as being Healthcare associated and community attributed. GG&C has a high renal population who automatically go down as HAI cases. Can take to local SAB groups when reviewing SAB cases with regards to it being Healthcare associated or community.</p>	

103.4	<u>Latest Acute Clinical Governance Infection Prevention & Control Report</u>	ACTION
	<p>All SAB, ECB and CDI rates within GG&C remain within confidence intervals.</p> <p>Dr Bagraade is now the IPC representative for acute clinical governance. Report says the IPC audits are paused but it not and is currently under review with papers being submitted linking it to the CAIR dashboard.</p> <p>South sector 15 SABs with 9 being HAI but there is a large renal population which contributes to this.</p> <p>5 months under the upper control limit for CDI cases showing that GG&C are performing very well.</p>	
104.4	<u>Monthly HAIRT Report</u>	
	<p>Expecting new government targets regarding SAB/CDI and ECB rates. No health board in Scotland are currently meeting the targets set out by Scottish Government.</p> <p>SSI surveillance was paused in December 2021 and January 2022 as staff were re-deployed to vaccine centres.</p>	
105.5	<u>IPC Work Plan</u>	
	<p>Last version of this work plan as new work plan is being developed for 2022/2023. Website has been updated but icon on desktop is not linked to the new version of GG&C web page. This has been raised with IT.</p> <p>Meeting with partnerships about ECB's and catheter related ECB's coming in from the community. Agreed this is more of a community responsibility rather than care home responsibility so community team are looking into long term catheter care.</p>	
106	<u>SAFE CARE - Sector Leads Update Report</u>	
106.1A	<u>Clyde Sector</u> – Donna McConnell updated the group with the following exceptions	
	<p>Increase in HAI SABs with all 7 being reported as HAI with no common theme but will take this forward in their local SAB group.</p> <p>Continue to experience high level of pressure with closed wards and do risk assessments to keep movement with hospitals.</p> <p>Theatre 4 currently out of action due to water ingress from the roof. Asked service to add to their risk register as ongoing issues regarding roof.</p> <p>Dr Bagraade gave a brief update regarding an incident regarding Cryptosporidium cases within a surgical ward in IRH. Both patients had links with regards to time and place but further investigation found no evidence of cross over. There has been another suspected case reported with the local IPC team working with PHPU team to see if there is any community link. Will report progress of this incident at the next AICC.</p>	

106.1B	<u>North Sector</u> – Gillian Mills updated the group with the follow exceptions	ACTION
	<p>32 ward closures, 31 due to COVID and 1 due to Influenza A.</p> <p>2 cases of linezolid resistant VRE in ICU west during February. Both cases were present in unit during the same time, one being in a single room and the other being in the main ward area. Hand hygiene audit carried out along with a terminal clean of the ward. Whole genome sequencing has been requested organisms where initial reports are showing same sequence type and mechanisms. No further cases have been reported.</p> <p>2 cases of VRE in Ward 61 orthopaedics. No cross over of patients in bays, both patients had multiple surgeries. HH audit completed with no further cases reported.</p> <p>Ward 43, Cardiology had CDI trigger tool completed at beginning of March. Antimicrobial prescribing completed with all antimicrobial prescribed in accordance with GG&C guidance. Typing results awaited. Hand hygiene audit undertaken both failures due to medical team. Hand hygiene has improved driven by nursing staff reminding medical staff. Also had SAB trigger after two HAI SABs within 2 week period. Sweep was undertaken scoring 79% due to missed opportunities checking the maintenance bundle.</p> <p>Dr Peters asked about the medical staff who were mentioned in Ward 43 hand hygiene audit. Increase in medical staff wearing wristwatches and jewelled rings has been noticed so it was requested that staff should be reminded about hand hygiene in their daily huddles.</p>	
106.1C	<p><u>South Sector</u> – Dr Bal & Lynn Pritchard updated the group with the following exceptions</p> <p>MRSA KPI's for Q4 was lower than in the past at 86% where national requirement is 90%. We would normally have a programme with improvement in place but didn't think it was appropriate due to ongoing pressures due to COVID but will pick this up during the next quarter.</p> <p>SABs were up during January and February. No links to source or place were identified but did meet up with Chief Nurse to discuss the increase. Email was sent out by chiefs of nursing and medicine to remind staff about removing PVCs on time and changing IV antibiotics to oral antibiotics where possible.</p> <p>Ward closures are still static with currently 5 closed and 1 paused due to high numbers of COVID which doesn't seem to be decreasing.</p> <p>Ward 4B, BMT reported one case of aspergillus fumigatus with no links found. Few issues with some minor cracks/leaks which have been sorted by estates.</p> <p>2 cases of pseudomonas of different types within 14 days in Ward 4B, BMT. Problem Assessment Group was held where the water supplied to the ward was checked and cleared. The group also requested to look into providing patients with sterile water instead of bottled water which is currently being looked into by IPC team.</p>	

106.1D	<p><u>South Paediatrics –</u> Gillian Bowskill updated the group with the following exceptions</p> <p>Burkholderia contaminants reported last September 2021 which was associated to Public Health Outbreak and related to Clinell wipes. A new case has been reported on 14th February 2022 from a patient mouth swab in NICU. No more reported apart from ours. In discussion with ARHAI and PHE regarding this. Hand hygiene and SICPs audit carried out. Water safety checklist carried out. ARHAI have reported another case in England and Dr Bagrade has asked if this was associated with wipe or possible other source. Dr Bagrade thinks if could of possible escaped into environment from contaminated wipes and should be considered not associated exclusively with wipes but probably normal environmental Burkholderia. Screening program in NICU is very detailed and extensive so cases would be picked up very quickly. Other hospitals do not have such extensive screening so may not pick up Burkholderia within patients.</p> <p>Haematology/oncology patients have moved back into Ward 2A on 9th March 2022.</p>	ACTION
106.2	<p><u>AMT Report</u> – Ysobel Gourlay reported the following</p>	
	<p>CDI trigger at GRI highlighted that patient's antibiotics were being escalated within 48 hours of commencing antibiotics rather than waiting for 48 hours for the antibiotics to work. No patient had an oral antibiotic duration recorded.</p> <p>Quality improvement work to try and promote oral metronidazole has been piloted in surgical wards in RAH. 50% of patients are on oral rather than IV antibiotics, this compares with 70 % on IV metronidazole, rather than oral metronidazole, in surgical wards in GGC. Aim to spread the quality improvement work across sites in GGC, which will save money and nursing time.</p> <p>The Audit tool for CDI review within care homes has been approved by AUC.</p> <p>GRI has piloted CDI ward rounds, including Infection Control Doctors and Antimicrobial Pharmacist. Good results, which will be discussed at next GG&C microbiology meeting. Notable change to review of PPI use in CDI patients, and antibiotic use, including the antibiotic used to treat CDI. Likely going to extend this to all sites across GG&C.</p>	
106.3	<p><u>Theatre Maintenance / Validation –</u> Gillian Mills reported the following</p>	
	<p>Last meeting was in November 2021. January and March meetings were cancelled due to the number of apologies received.</p>	
106.4	<p><u>Risk Register -</u> Natalia Hedo reported the following changes</p>	
	<p>Natalia updated the group with the changes to risk register. If anyone has any comments regarding our risk register can you please contact Natalia Hedo.</p>	

107	<u>PERSON CENTERED CARE</u>	ACTION
107.1	<p><u>IPC QI Network Update –</u> Natalia Hedo reported the following</p> <p>Last few meeting were cancelled due to COVID with next meeting being held at the end of this month. 2nd issue of newsletter will be in May 2022 if anyone wants to include anything contact Natalia Hedo.</p>	
108	<u>EFFECTIVE CARE</u>	
108.1	<p><u>National Infection Prevention & Control Manual Update & Standard Operating Procedures</u> – Kate Hamilton updated the group</p> <p>Occupational exposure chapter has been updated to include definitions for Occupational Exposure and Exposure Prone Procedures.</p> <p>At the end of March appendix 13 table 6 was updated listing additional antibiotics within resistance patterns.</p> <p>Work has started on Chapter 4 and is in its early stages of development and is currently a document repository for evidence reviews/tools related to IPC in the built environment and decontamination.</p>	
109	<u>REPORTS FROM ASSOAITED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
109.1	<u>SAB Steering Group</u> – nil to report	
109.2	<p><u>HEI Update</u> – Sandra Devine reported</p> <p>HEI visited QEUH and RHC on 22nd -24th March. Initially intended to be a full HEI inspection but was stood down due to number of COVID patients in wards and staffing levels. Instead a Safe and Clean inspection was carried out instead. Draft report issued on 25th April with one week for GG&C to comment and complete actions. Full report available on 2nd May 2022.</p>	
109.3	<p><u>Board Infection Control Committee Update</u> - Sandra Devine reported</p> <p>Update from the Oversight Board/ Public Inquiry & Case Note Review Gold Command - all actions from the 3 actions plans are now complete.</p> <p>Anticipated that GG&C evidence regarding the public inquiry will be submitted around October 2022.</p>	
109.4	<p><u>Facilities Update</u> – Sharon Johnstone updated the group</p> <p>Facilities colleague will update the group with regards to the decontamination papers that were disseminated within the facilities report.</p> <p>Received CNO letter regarding double cleaning in non-respiratory areas regarding what our intention was moving forward. A response has been drafted which outlines that GG&C continue to carry out enhanced cleaning using 1000 parts per million dilution product along with double cleans as per IPC guidance. Facilities continue to have very high staff absences related to COVID. Intend to carry out review of non-acute wards to identify any areas where the non-respiratory pathways can be implemented including reviewing frequent touched areas within public areas will be reviewed.</p>	

109.5	<u>Water Group Update</u> – Mark Riddell updated the group	ACTION
	<p>Projects currently being carried out at GRI replacement of water storage tanks due to start between April & May.</p> <p>Critical ventilation across 4 sectors there was one cancelation at theatre F in GRI. Asked to stop validation on obstetrics Theatre 1 and recovery. IRH had access to all areas so have idea of all ventilation within Intensive care unit.</p> <p>Vent cleaning access has been very good. Pulled together excel spreadsheet that is sent to chief nurses on a monthly basis. Asked contractors to include reason why vent cleaning has been denied. Out of spec water samples created summary sheet to make it easy to show the number within/without specification. GRI will be included in this report as well.</p> <p>WSO1 Q4 only completed on 31st March so percentage figures not ready yet but can send out before next AICC meeting.</p> <p>Update on Theatre 4, RAH leak coming from roof, no damage to fabric of ceiling as leak was coming through light fitting. Theatre should be ready for use later today after deep clean has been completed.</p> <p>Dr Bagraade asked if there was any prospect at looking at the whole RAH theatre roofing problems as a whole. Mark spoke to his colleague Alan Gallacher where this was highlighted including roofs at IRH was highlighted. This will be put through capitol planning group which meets in a few weeks to see if funding can be allocated to fix the problem.</p>	
109.6	<p><u>CJD Group Update</u> – Kate Hamilton updated the group</p> <p>CJD group met last week to discuss the recent changes to NICE guidelines. GG&C have adopted the new guidance where streaming of theatre instruments is no longer required. The group are looking at keeping theatre instruments moist and how this can be accomplished moving forward. Frequency will be reduced to twice yearly.</p>	
109.7	<u>Decontamination Group</u> – nil to report	
110	<u>AOCB</u>	
110.1	A link to hospital onset COVID-19 mortality report was disseminated to the group for information.	
110.2	<p><u>SBAR Regarding Fungal Testing in Ward 2A, RHC</u> – Sandra Devine reported</p> <p>Air testing within Ward 2A, RHC had previous air testing undertaken to test for any presence of fungal spores. Now ward 2A has been refurbished with a state of the art ventilation system there is no compulsory requirement to undertake these air tests. GG&C will rely on engineer controls like verifications and validations results instead. If there is a clinical need to carry out air testing within the unit then this can be put in place if required. Any comments regarding this SBAR can you please contact Dr Bagraade by 25th April 2022</p>	

110.3	<u>AICC Questionnaire</u> Everyone was reminded if they could complete and return the questionnaire sent out by Natalia Hedo asking members of the group to give their comments and suggestions regarding the format and what can be improved regarding the AICC.	ACTION
110.4	Ward 2A/B, Haematology/oncology unit has reopened after complete refurbishment of the ward area. There was significant amount of work requested by NHS assurance where all actions had been completed before re-opening of the Ward on 9 th March 2022.	
110.5	The Infection Control Doctor for Dental has stepped down so IPC team will try and support the Dental team as much as possible until a replacement is found.	
110.6	Sandra Devine informed the group about the current Salmonella alert regarding Kinder eggs.	
NEXT AICC IS BEING HELD ON TUESDAY 14th JUNE 2022 AT 10:30		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 14th June 2022 at 10:30**

PRESENT

Dr Scott Davidson (Chair)	Deputy Medical Director Acute
Gillian Mills	Lead IPC Nurse, North Sector
Morag Gardner	Chief Nurse, South Sector
Dr Linda Bagrade	Lead Infection Control Doctor
Elaine Burt	Chief Nurse, Regional Sector
Karen McGugan	Lead Nurse Imaging
Mark Riddell	Assistant Director of Operational Estates
Morag Walsh	Head of FM Operations, Clyde Sector
Kate Hamilton	IPC Nurse Consultant
Lynn Pritchard	Lead IPC Nurse, South Glasgow
Sandra Devine	Director Infection Prevention & Control
Mandy Meechan	Chief Nurse Paediatrics & Neonates
Anne Gallagher	Senior IPC Nurse, Clyde Sector
Lynsay Creighton	Interim Associate Chief Nurse, Regional Services
Gillian Bowskill	Lead IPC Nurse, South Paediatrics
Ysobel Gourlay	Lead Antimicrobial Pharmacist
John Carson	Chief Nurse, North Sector
Dr Iain Kennedy	Public Health Consultant
Dr Mairi MacLeod	Infection Control Doctor
Dr Kalliopi Valyraki	Infection Control Doctor (Left at 1130)
Con Gillespie	Interim Associate Chief Nurse, Clyde Sector
Ann Kerr	Lead IPC Surveillance Nurse
Dr Abhijit Bal	Infection Control Doctor
Mairi McDermid	Chief Midwife
Angela O'Neill	Deputy Director of Nursing, Acute
Kirsten Burns	Clinical Service Manager, Dental Hospital
Calum Macleod (minutes)	IPC Administrator

APOLOGIES

Iain Thomson	Lorna Loudon	Dr Aleksandra Marek	Natalia Hedo
Helen Gemmell	Lee Savarrio	Donna McConnell	Dr David McCarey
Sharon Johnstone			

111	Introductions & Apologies Received	ACTION
	<p>Dr Davidson welcomed everyone to the meeting, apologies were received from the above mentioned and no one reported any conflicts of interest.</p> <p>Meeting was recorded which will be deleted from MS Teams in 20 days or when minutes are accepted as an accurate record.</p>	
112	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 9th April 2022 were accepted with a few changes requested regarding Item 106.2 - Antimicrobial Report. Minutes will be updated to reflect these changes. If you would like to make any further changes can you please contact Calum.MacLeod [REDACTED].</p> <p>Please see separate rolling action plan for update on outstanding actions.</p>	
113	Assurance & Improvement	
113.1	<p>COVID-19 Update – Sandra Devine reported the following</p> <p>Currently 210 patients in GG&C with confirmed COVID, 6 of which are requiring ICU treatment. 11 wards are currently closed, 7 of which are within acute sector. Compared to this time last week where there was 120 COVID cases with no cases within ICU.</p>	
113.2	Surveillance Update Reports	
	<p><u>March 2022 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During March 2022 there were a total of 21 SABs reported, 16 of these SABs were Healthcare Associated Infections (HCAI). None of the SABs were IV access device related. 80 E-Coli bacteraemia, 40 of which were HCAI.</p> <p><u>April 2022 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During April 2022 there were a total of 33 SABs reported, 22 of these SABs were HCAI. 7 of these were IV access device related. 87 E-Coli bacteraemia reported, 48 of which were HCAI.</p> <p><u>Quarter 1 Directorate SAB Reports</u></p> <p>Quarter 1 2022 Directorate SAB reported 91 SABs in total for the quarter, of which 72 were HCAI associated. Our HCAI aim is 69 or less cases. This gives an estimate rate per 100,000 bed days of 17.9% where our national aim is 17.4%, just 0.5% above our aim.</p> <p>CNO letter states targets have been extended into 2023 to give extra time for health boards to meet their targets.</p> <p><u>Healthcare Infection Incidents, Outbreaks and Data Exceedances</u></p> <p>From January – March 2022 GG&C reported no HIIAT reds, 2 amber, 4 green scores by the HIIAT assessment tool. 2 incidents were not accessed that were Norovirus incidents. All these are available to view via the EVIS system.</p>	

113.4	<u>Latest Acute Clinical Governance Infection Prevention & Control Report</u> – Dr Bagrade reported	ACTION
	40 wards closed for April due to Covid, with the majority of wards closed were in north sector. SPC charts for staph aureus/ECB and CDI infections all within control limits for infections. No red or amber incidents for the month of April.	
113.4	<u>Monthly HAIRT Report</u> Sandra Devine wrote to the Scottish Government asking if we could make this a quarterly report which they agreed. Report covers first quarter for 2022. Won't meet targets for ECB/SABs or CDI, however none of the health boards in Scotland will meet their targets set. SSI surveillance continued throughout pandemic apart from December – January due to staff helping out at vaccination clinics. All actions from oversight board and case note review are now complete. IPC quality improvement network continue to meet.	
113.5	<u>IPC Work Plan</u> Kate Hamilton currently working on 2022-23 work plan and will be ready for the next committee meeting.	
113.6	<u>IPC assurance & Accountability Framework</u> Sandra Devine updated the committee regarding the structure of the IPC department with regards to Angela Wallace being the HAI executive lead instead of Dr Jennifer Armstrong. One recommendation from oversight board was that audits should be carried out by frontline staff with support with IPC team. Any comments can you please send onto Sandra Devine by the end of the week before it goes to the next BICC for approval.	
113.7	<u>IPC Annual Programme</u> Programme changes slightly over the years as we update policies over the years. Welcome any initiatives/projects that you would like to work with the IPC with regards to clinical need. Ann Kerr highlighted at bottom of page 9, SSI surveillance didn't produce the 2020 report but working on the 2021 report which should be available by late summer 2022. Ysobel Gourlay inquired about AMT not being mentioned with regards to having any responsibility? Sandra Devine clarified that the report is in IPC context so they support AMT and any work they may and not core business for IPC teams. AMT should have their own work plan/core responsibilities. Ysobel Gourlay will review page 10 to see if anything needs added to this section.	YG

114	<u>SAFE CARE - Sector Leads Update Report</u>	ACTION
114.1A	<p><u>Clyde Sector</u> – Anne Gallagher updated the group with the following exceptions</p> <p>In April 7 wards were paused but did not require closing following further testing. 5 wards were closed due to COVID.</p> <p>Temporary sinks in anaesthetic and prep room for 4 weeks awaiting on completion from estates.</p> <p>Dr Bagnard discussed the hot debrief regarding an outbreak of Klebsiella pneumonia K2 variant with ITU at the RAH. Altogether 4 cases identified, 3 of these cases died, one of which was a direct consequence of the Klebsiella bacteraemia. A serious adverse event was carried out. Lessons learned showed good communication between patient families, IPC team and clinicians. Failure to isolate the index case immediately due to patient's acuity and the acuity of the unit. Shared learning regarding escalation of patient requiring isolation can this be replicated in other sectors and has been taken to Critical Care governance meetings. Dr Davidson asked if this shared learning has been documented somewhere to prove this has been shared between the sectors. Add this shared learning to the rolling action list and make sure everyone takes this to their clinical governance meetings. Con Gillespie informed the group that as part of Clyde's acute clinical governance report shared learning was included in their report.</p>	ALL
114.1B	<u>North Sector</u> – Gillian Mills updated the group with the follow exceptions	
	<p>ICU east had a few leaks, significant leaks in two of their single side rooms that were empty at the time. Came from en-suite in ward above where area has been terminally cleaned.</p> <p>NICU had small leak into bay. Ceiling tiles all replaced and are terminally cleaned.</p> <p>In the PRM legionella identified in several outlets in sluices and DSRs where all outlets have been taken out of use while the system is being shocked dosed and intense flushing regime to these areas and surrounding areas.</p> <p>ICU west two cases of Enterobacter cloacae both isolates were distinct from each from typing results.</p> <p>5 cases of linezolid resistant VRE identified in GRI across ICU west surgical HDU and Ward 47. 5 cases between January and May 2022. All 5 cases have been reviewed and awaiting final whole genome sequencing of cases.</p> <p>Theatre M, their ventilation expired in May so was taken out of use for two weeks while validation was carried out.</p>	

114.1C	<u>South Sector –</u> Dr Bal & Lynn Pritchard updated the group with the following	ACTION
	<p>7 wards closed in April, and currently have 5 wards closed. Steady increase in COVID patients noticed.</p> <p>9 SABs reported in April, 4 were HAI with no links to any wards.</p> <p>Several Hand Hygiene audits carried out due to numerous ward closures with all results scoring well.</p> <p>Dr Bal informed the committee that air sampling carried out during May 2022 within Ward 4B, QEUH came back with a Mucor isolated within one of the rooms. Asked estates to carry out a verification within the room and repeat air sampling where results should be available later this week.</p> <p>CPE in Philipshill spinal unit with typing reports being available on Friday and meeting to discuss situation including this is being held on Wednesday. Patient care plan is being developed to contain possible outbreak.</p> <p>Recent HIS visit had positive feedback think team have done very well over there during challenging times. This was an 8 inspector, 3 day visit and Dr Davidson noted the effects everyone has gone to and the positive feedback from everyone within the team.</p>	
114.1D	<p><u>South Paediatrics –</u> Gillian Bowskill updated the group with the following exceptions</p> <p>April had two line related SABs in NICU & Ward 3B, both post device audits were 100%.</p> <p>Ward 2A had issue with leaking toilets where a programme of work to rectify this by estates has been complete.</p> <p>Update on Burkholderia incident with no new cases since 4th of April. Repeat problem assessment group (PAG) was held on 19th May which HIIAT scored green with all investigations complete. Incident was closed with surveillance ongoing.</p> <p>4 MSSA colonisations with matching anti-bio grams in a one week period in NICU at the beginning of May 2022. PAG held were review suggested no link in time or place and no transmission within NICU.</p> <p>PICU two MDRO Klebsiella pneumonia with same VNTR typing. Hand hygiene audit carried out scoring 100% and SICPs audit scoring 94%. Last case was reported on 18th May with the incident closed with ongoing surveillance and all investigations completed.</p>	

114.2	<u>AMT Report</u> – Ysobel Gourlay reported the following	ACTION
	<p>Point prevalence in all sectors since 2009 but due to HEPMA this will be stopped and try and get data from HEPMA instead.</p> <p>Ysobel carried out a comparison from 2009 against 2021 point prevalence. Percentage of people on antibiotics have not changed with around 30% of patients on antibiotics. Choice of antibiotics patients are on has improved but missed doses of antibiotics during 2021 has increased.</p> <p>Dr Davidson asked if a comparison could be made before HEPMA has been initiated within an area and after to see what has improved with the introduction? Ysobel Gourlay will provide update for next AICC meeting.</p> <p>Ysobel gave a comparison where a recent decrease in the use of Temocillin use has saved GG&C over a million pounds. Dr Davidson asked if Ysobel could highlight in her reports at the next AICC when we save money from appropriate prescribing.</p>	YG
114.3	<u>Theatre Maintenance / Validation</u> – Gillian Mills reported the following	
	Last met in November 2021, where the first three scheduled meetings for 2022 had been cancelled. Next meeting is scheduled for July.	
114.4	<u>Risk Register</u> – Sandra Devine reported the following changes	
	No significant changes to the risk register looking to see if it can be linked to any hot de-briefs. This will be reviewed at next AICC meeting.	
115	<u>PERSON CENTERED CARE</u>	
115.1	<u>IPC QI Network Update</u> – Sandra Devine reported the following	
	<p>Sandra Devine reported patient experience work stream is having trouble getting a patient representative so linking in with the PEPI team.</p> <p>SICPs tool is currently going onto CAIR dashboard for testing hopefully up and running by October. The IPC team will report into the dashboard and carry out 20% of all areas and all high risk areas every year.</p> <p>IV avoidance of harm due to IV access devices all groups are in place.</p>	

116	<u>EFFECTIVE CARE</u>	ACTION
116.1	<p><u>National Infection Prevention & Control Manual Update & Standard Operating Procedures</u> – Kate Hamilton updated the group</p> <p>Winter respiratory guidance will be off IPC website by 11th July, with links to national manual chapters 1-3. There will be no specific COVID guidance apart from manual.</p> <p>SICP's chapter update with regards to gloves stating they are a single use item.</p> <p>Chapter 3 has had several changes last week with regards to roles/responsibilities about incidents/outbreaks. Sandra Devine asked the Infection Control Managers network as were unaware of this change but will feedback at the next committee to see what has changed.</p> <p>Morag Gardner asked with regards to the new IPC standards which came out through Healthcare Improvement Scotland can we add these onto the AICC agenda for discussion at future meetings. IPC are going to take this forward and compile a GAP analysis for review. These new standards don't come into affect until August 2022. This will be a rolling action/agenda item for this group for future AICC meetings.</p> <p>Two Standard Operating procedures have been updated (Patient Placement & Influenza) both have had minor changes made. If anyone has any comments can you please contact Kate Hamilton by end of this week.</p>	IPCT
117	<u>REPORTS FROM ASSOAITED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
117.1	<u>HIS Update</u> – Sandra Devine reported that a corporate HEI visit was postponed due to HEI visit at QEUH.	
117.2	<p><u>Board Infection Control Committee Update</u> - Sandra Devine reported</p> <p>Nil to report.</p>	
117.3	<p><u>Facilities Update</u> – Morag Walsh updated the group</p> <p>Local site monthly meetings and sector meetings continue which are supported by IPC colleagues. Provision of domestic services has moved back to standard IPC precautions apart from dedicated areas. Reduced fix term agency staff which will be monitored very closely. Reduced security staff at access points with a view of removing completely over the new few months. Decontamination services in both Clyde and Cowlair have successfully undertaken their BSI revalidation audits in May.</p> <p>Development paper has been undertaken to review the provision of the endoscopy decontamination unit at Vale of Leven hospital. Following an unsatisfactory JAG audit and has been taken forward with Directors.</p>	

117.4	<u>Water & Ventilation Update</u> – Mark Riddell updated the group	ACTION
	<p>Life cycle replacement of water tanks at GRI should be completed in the next 2/3 weeks.</p> <p>GG&C board ventilation group has been set up with the first meeting being held on 21st July 2022.</p> <p>At last board water safety group meeting a request was made for consideration of a chlorine dioxide plant being introduced at Lightburn Hospital where having issues with bacteria in their water. This will be introduced in the next few months.</p> <p>Meeting regarding consistent fungal counts in air samples within a room in Ward B7 at the Beatson where an action plan to rectify this is underway to try and resolve this.</p> <p>Few high counts of Legionella within IRH and Glasgow Dental Hospital where water outlets have been disinfected and increased flushing, awaiting repeat sampling results. Dr Kennedy questioned the list of out of spec results which can be due to the time of year (Seasonal). Lot of high levels are due to low level water turnover so could be a reason why some areas are having high counts due to no flushing regime being carried out. Mark will look into Lab block readings and will contact Dr Kennedy regarding this out with this meeting.</p> <p>Little used outlets returns (WSO1A) are at the lowest return rates and struggling to improve this. Mark Riddell has attached copies of the mailing list for all areas, could all Chief Nurses make sure Marks mailing list is up to date. Some education and explanation regarding the importance of flushing should be carried out should be communicated to staff. Angela O'Neill wondered if a core brief or similar communication could be sent out to remind staff the importance of carrying out flushing regimes. This communication could include a link for staff to return to facilities for ease of use for staff. Mark Riddell will to pull together the feedback and look at how we can progress this further.</p> <p>Critical ventilation had no refusals within North, South or Partnerships sectors over the last few months. Few issues within the Clyde sector where NICU at the RAH are working with clinical colleagues to carry out fabric repairs and medic gas hose replacement. Issues with IRH were unable to get access to ITU/HDU areas but Mark will keep AICC updated regarding this.</p>	<p>MR</p> <p>CN</p>
117.5	<u>CJD Group Update</u> – Dr Iain Kennedy requested this to be removed as a standard item on the AICC agenda where an audit and assurance role will be carried out with an annual reporting role will take place instead.	
117.6	<u>Decontamination Group</u> – Kate Hamilton updated that this group has not met but are monitoring the mailbox and identifying any concerns/questions they are asked.	

118	<u>AOCB</u>	ACTION
118.1	<u>CNO Letters - Healthcare Worker Testing Changes & IPC Guidance Update / Healthcare Improvement Scotland IPC standards</u> – Sandra Devine updated Both CNO letters were attached for information.	
118.2	Dr Davidson informed the group that a core brief came out last night informing everyone that GG&C will be de-escalated from Stage 4 to Stage 2 of the NHS Scotland Performance Escalation Framework for issues relating to the QEUH & RHC. Dr Davidson & Sandra Devine acknowledged and thanked the efforts of all the teams and clinicians.	
118.3	Kirsten Burns highlighted the lack of Infection Control Doctor input with is holding up ventilation works planned for the Dental Hospital. Kirstin is unsure what is required from estates for an ICD to look at. Kirstin also had a meeting regarding dosing the water supply within the dental hospital with silver peroxide but the Lead Infection Control Nurse was happy to contribute but was unable to offer any advice.	
NEXT AICC IS BEING HELD ON TUESDAY 9th AUGUST 2022 AT 10:30		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 9th August 2022 at 10:30**

PRESENT

Dr Linda Bagrade (chair)	Lead Infection Prevention & Control Doctor
Ann Kerr	Lead IPC Surveillance Nurse
Sandra Devine	Director of Infection Prevention & Control
Natalia Hedro	IPC Business Manager
Pamela Burns	Senior Charge Nurse, Diagnostics
Elaine Burt	Chief Nurse, Regional Sector
Helen Gemmell	Assistant Director – Facilities & Production
Gillian Bowskill	Lead IPC Nurse, South Paediatrics
Mandy Meechan	Chief Nurse Paediatrics & Neonates
Kevin Mcauley	Associate Chief Nurse, South Sector
Kirsten Burns	Clinical Service Manager, Dental Hospital
Mark Riddell	Assistant Director of Operational Estates
Dr Iain Kennedy	Public Health Consultant
Lorna Loudon	Chief Nurse, Clyde Sector
Donna McConnell	Lead IPC Nurse, Clyde Sector
Dr Kalliopi Valyraki	Infection Control Doctor
Dr Aleksandra Marek	Infection Control Doctor
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Mairi McDermid	Chief Midwife
John Carson	Chief Nurse, North Sector
Dr Abhijit Bal	Infection Control Doctor
Calum Macleod (minutes)	IPC Administrator

APOLOGIES

Dr Scott Davidson	Kate Hamilton	Gillian Mills
Lynsay Creighton	Lynn Pritchard	Karen McGugan

119	Introductions & Apologies Received	ACTION
	<p>Dr Bagraade welcomed everyone to the meeting, apologies were received from the above mentioned and no one reported any conflicts of interest.</p> <p>Meeting was recorded which will be deleted from MS Teams in 20 days or when minutes are accepted as an accurate record.</p>	
120	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 14th June 2022 were accepted as an accurate record. If you would like to make any further changes can you please contact Calum.MacLeod2 [REDACTED].</p> <p>Please see separate rolling action plan for update on outstanding actions.</p>	
121	Assurance & Improvement	
121.1	<p>COVID-19 Update – Sandra Devine reported the following</p> <p>As of today 284 cases reported, (3 in ITU) who have tested positive for COVID in the last 28 days. Currently 11 wards closed, 3 in HSCP and 8 in acute – mainly in the North sector. Awaiting updated Scottish guidance for testing of a-symptomatic patients and also contact tracing.</p> <p>Ann Kerr reported issues with Covid tags on Trakcare and is working with E-Health to work through this. If they think a Covid tag on Trakcare is not a recent positive contact IC Data Team who can check this.</p>	
121.2	Surveillance Update Reports – Ann Kerr reported the following	
	<p><u>May 2022 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During May 2022 there were a total of 24 SABs reported, 18 of these SABs were Healthcare Associated Infections (HCAI). 4 of the SABs were IV access device related. 85 E-Coli bacteraemia, 40 of which were HCAI.</p> <p><u>June 2022 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During June 2022 there were a total of 38 SABs reported, 30 of these SABs were HCAI. 9 of these were IV access device related. 83 E-Coli bacteraemia reported, 46 of which were HCAI.</p> <p><u>Quarter 2 SAB Enhanced Surveillance Directorate Reports</u></p> <p>95 SAB cases reported in total, 70 were HCAI. Estimated aim will be 17.1 cases per 100,000 occupied bed cases which should be on aim for this quarter. IV access pretty common across all sectors. Clyde and South Glasgow sector are below their local reduction aim for quarter 2. Clyde don't have as many unknown sources of SAB's on their report.</p> <p>Dr Bagraade asked how long will light surveillance be continued for. Currently only required to record the origin of bacteraemia for national reporting. Full surveillance will re-start in Quarter 4 (October 2022).</p>	

121.2	Surveillance Update Reports - Ann Kerr reported the following	ACTION
	<p><u>Surgical Site Infection Reports - May 2022</u></p> <p>All procedures SSI rates were within expected limits. Neuro surgery and OMFS for June is the last one as dedicated SSI surveillance nurse has commenced a new post so surveillance is currently paused.</p> <p><u>ARHAI Quarter 1 Report for SAB/CDI/E-Coli & SSI</u></p> <p>Quarter 1 report is excellent as GG&C are below all HCAI standards for all three measures. Below national rate for Quarter 1 for CDI/E-coli and slightly above national rate for SABs.</p>	
121.4	<u>Latest Acute Clinical Governance Infection Prevention & Control Report</u> – Dr Bagrade reported	
	<p>Dr Bagrade wasn't at the last meeting but did go over the most recent report which was very positive without major problems/exceptions. Still significant ward closures not only for Covid but also Norovirus. Done well with Learnpro modules with more than 1500 modules completed for SICPs with half of the modules carried out by nursing/midwife staff. No red or amber incidents to report in June 2022.</p>	
121.4	<p><u>Quarter 2 HAIRT Report</u> – Sandra Devine reported</p> <p>All parameters within expected levels compared to other Scottish health boards, however this has not been a normal two years. No exception reports from ARHAI Scotland. April-June MRSA/CPE screening were good at 88% and 91% compliance. Will look at some of the charts within the HAIRT as in normal times we would reduce the mean/control lines so reducing the mean on these charts shows we have made sustained improvement over time.</p> <p>Ann Kerr reminded that MDRO KPI is a mandatory requirement to record this and the surveillance nurses have noted to raise awareness within receiving units that this should be completed when admitting into hospital.</p>	
121.5	<p><u>IPC Work Plan 2022/23</u> – Natalia Hedo reported</p> <p>Some actions have been carried forward from last year's work plan as they are ongoing. New actions have been added which are in line with IPC annual programme. HCAI standard targets have been extended until 2023 regarding MRSA/CDI and SAB targets.</p> <p>Ann Kerr commented that Page 8 with the MDRO KPI's the completion date was April 2022 but not been able to progress this through E-Health. Work regarding the electronic My Admission Record, contacted E-Health and awaiting a progress update.</p>	

122	<u>SAFE CARE - Sector Leads Update Report</u>	ACTION
122.1A	<p><u>Clyde Sector –</u> Donna McConnell updated the group with the following exceptions</p> <p>The use of temporary sinks within theatres has been rectified.</p> <p>Unknown sources of SABs are being reduced through their local SAB group.</p> <p>Significant damage to maternity link corridor requiring significant work to rectify – currently no alternative route to the maternity building and main RAH building. Ongoing meetings with estates and services regarding possible alternative routes.</p>	
122.1B	<p><u>North Sector –</u> Dr Marek updated the group with the follow exceptions</p>	
	<p>Continuing IMTs regarding Linezolid resistant <i>Enterococcus faecium</i> cases in ITU and some surgical wards. Had 3 IMTs and agreed will only have another if further cases are reported. 9 confirmed cases with active screening not shown any new cases within the last 3 weeks</p> <p>Working with estates to investigate and bring under control legionella results on level 3 in PRM building. Increasing flushing has brought the counts down.</p> <p>Investigate and bring under control a wall in Covid HDU which was found to be mouldy in the inside of the wall which was discovered when replacing a dialysis point.</p> <p>Working with urology team to investigate and mitigate any consequences of an issue where the same flexible cystoscope was used on two patients within Urology.</p>	
122.1C	<p><u>South Sector –</u> Dr Bal updated the group with the following</p>	
	<p>3 Klebsiella pneumonia CPE cases within Philipshill, QEUH. 2 cases were HAI and the other was non-HAI. Typing for two of the patients has returned the same and awaiting typing result of 3rd patient. Following IMT, all patients are now being screened for CPE weekly for 4 weeks in Philipshill and Edenhall. 2 of the patients have been discharged. Environmental screening has been carried out. Antimicrobial stewardship has also been investigated. No new cases have been reported since 15th July 2022. Domestic provision of the cleaning of ward has been taken forward due to the size of the area. Initial source of CPE has been external but transfer of CPE has occurred within the ward.</p> <p>Dr Bal brought up the use of Gentamicin prior to changing urinary catheters, most guidelines say you don't have to use it if patient is not at risk. This is probably a wider problem and not just isolated to Philipshill. This could be added into the final report for lessons learned when it is finished.</p>	

122.1D	<u>South Paediatrics</u> – Gillian Bowskill updated the group with the following exceptions	ACTION
	<p>Two device related SABs one in June and the other in July in ward 3a and post device sab audit was 100%. 2nd was in NICU and device audit was 88% but score was low due to one care plan not completed correctly.</p> <p>PAG held on 1st august for 2 cases of <i>Pseudomonas putida</i> with last case on 24th July. Samples sent away for whole genome sequencing and returned similar. Bi-annual Hydrogen Peroxide Vapour clean was completed on 21st July.</p> <p>Update from UKHSA regarding <i>Burkholderia contaminants</i> within NICU where 3 cases were reported and it was thought it was due to Clinell wipes. Results from whole genome sequenced analysis shows it was associated with Clinell wipes but Gama the company who make the wipes say these wipes were never used in Scotland.</p>	
122.2	<u>AMT Report</u> – Ysobel Gourlay reported the following	
	<p>Included data for ARHAI SAPG meeting targets for primary care where we have 26% reduction in antibiotic use where the aim is 10%.</p> <p>For IV antibiotic use within hospital is less than the 2018 use but we have a 25% reduction in antibiotic use.</p> <p>Access antibiotics is a list of antibiotics of non-broad spectrum antibiotics where the aim is to use more than 60% of these antibiotics where we are using about 62%.</p> <p>New CDI guidelines has been launched with Fidaxomicin included and the use of Metronidazole removed. Dr Bagraade asked if there was any way in recording the changes in guidance in relation to before and after the new guidance has been launched and how this has impacted on the change of CDI reporting. An annotation will be included on future CDI charts saying when the new guidance went live but cannot actually say when it was put into practice.</p> <p>Dr Kennedy asked what are we doing regarding the dissemination with regards to the changes to CDI guidance and is this guidance for all sectors or just acute sector. Ysobel Gourlay informed the committee that there will be a medicines update being sent out regarding the changes. The guidance has only been changed for acute care/secondary care while the CDI guidance for primary care will be reviewed at the next AUC meeting.</p> <p>Ysobel Gourlay highlighted the following from her report – A comparable graph showing Temocillin against Q1 2021 against Q1 2022 shows significant reduction which has resulted in a saving of over £1 million pounds. However this reduction has meant there has been an increase in piperacillin-tazobactam. It also highlighted a lot of patients who have been on antibiotics for long periods of time due to surgeries being delayed.</p> <p>Dr Bal asked if there was any information on antifungal use within GG&C which Ysobel will forward on.</p>	Y Gourlay

122.3	<p><u>Theatre Maintenance / Validation –</u> Dr Marek reported the following</p> <p>Last few scheduled meetings have been cancelled, which Gillian Mills has previously flagged up. Ann Traquir Smith managed this meeting but has since moved position so committee is wondering if this can be taken to the board ventilation meeting to see if this meeting is still required. Mark Riddell will speak to Arwel Williams regarding this and will report back on who should be leading in Ann absence. Meeting was used by theatre staff to report ventilation validation which had not passed and also discuss ongoing local projects. Agreed to take this to board ventilation group and Mark Riddell will report back.</p>	M Riddell
122.4	<p><u>Risk Register –</u> Natalia Hedo reported the following changes</p>	
	<p>First update on RR is “Failure to deliver IPC service to support clinical service”. “Compliance with IPC policies” moved the last 4 bullet points from mitigation actions into the control measures as either complete or on-going.</p> <p>A new risk had been added to the register which is a failure to deliver new build/renovation support required by NHS assure as currently IPC GG&C don’t have capacity to absorb the workload or distribute within our current resources. Ideally we would like a dedicated ICD and IPC nurse to support these projects. The committee agreed escalation of this risk to Corporate level with the BICC will get the final say regarding this risk.</p>	
123	<p><u>PERSON CENTERED CARE</u></p>	
	<p><u>IPC QI Network Update</u></p> <p>Operational meeting person centred care interviews were held with staff and patients in June 2022. Questions were in relation to Covid to check that information given to patients and staff was adequate with positive feedback received. The group are trying to recruit representative with lived experience into their patient experience group.</p> <p>New SICPs audit tool hoping for it to be launched soon. Current deadline by October 2022 but hoping to be sooner than that.</p> <p>North SAB group have included junior medical & nursing staff into group. A SAB toolbox talk was developed which will be given to newly qualified doctors and nurses for their introduction.</p> <p>South SAB group meetings have been paused recently. Continue to have a ward visit from Chief Nurse/Associate Chief Nurse to every device related SAB. This is to discuss the cause and identify ongoing improvements to the device bundle which has been trialled out in some wards.</p> <p>Clyde sector SAB group carrying out reviews of unknown sabs and undertaking a QI process to reduce these.</p> <p>Regional SAB group has been formed where they will look at SAB cases to identify any issues/trends regarding them.</p>	

123	<u>IPC QI Network Update</u>	ACTION
	Dr Bagraade asked if the SAB steering group report and Surveillance SAB reports be combined highlighting what each sector is doing to reduce SABs and if there is a positive impact connecting these reports showing a decrease in sector SAB reports. This will be discussed separately from this meeting to see if these two work streams can be connected to each other.	N Hedo / Ann Kerr
124	<u>EFFECTIVE CARE</u>	
124.1	<p><u>National Infection Prevention & Control Manual Update & Standard Operating Procedures</u> –Sandra Devine updated the group</p> <p>Update to Appendix 13 the following pathogens have been added to our alert list</p> <p><i>Burkholderia</i> spp. <i>Staphylococcus capitis</i> SARS-CoV-2 <i>Cryptococcus</i> spp. scalded skin syndrome adenoviral conjunctiviti</p> <p>Ongoing discussion with ARHAI regarding <i>S. aureus</i> being an alert where a number of concerns from numerous health boards have raised their concerns on how they survey something that is fairly natural occurring. GG&C have not put in place routine surveillance of <i>S.aureus</i> in our patient population.</p> <p>The following SOPs were included in the papers sent out to committee members, can any comments please send to Kate Hamilton before final approval at BICC.</p> <ul style="list-style-type: none"> • CDI SOP Paediatric • Environmental organisms in high risk areas • RSV Guidance • Terminal Clean of ward & Isolation Room • VRE Guidance • SBAR NHSGGC SOP to be retained • Water Damage SOP 	
125	<u>REPORTS FROM ASSOAITED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
125.1	<p><u>HIS Update</u> – Sandra Devine reported</p> <p>QEUH had an inspection in March which was reported in June and had a re-visit in June where they looked into all our systems and processes. A large amount evidence was submitted including numerous 1-2-1 with management.</p> <p>This was a un announced visit in response from Scottish Government where concerns raised in the media with regards to QEUH and aspergillus and how GG&C maintain estates/IPC controls. Report is due for publish on 26th September but will receive it a week before for factual accuracy.</p>	

125.2	<u>Board Infection Control Committee Update</u> - Sandra Devine reported	ACTION
	An ongoing board directed audit regarding implementation of actions from all the various reviews and looking at compliance of these actions. Public inquiry continue to request and receive large amounts of information. Oral hearings for public inquiry have been currently suspended.	
125.3	<u>Facilities Update</u> – Helen Gemmell updated the group First report is the national facilities monitoring report for information. GG&C were on the national average for compliance. Continue to reduce agency and fixed term contracts which has caused some challenges during recent peak on Covid cases but managed to cover all requirements in the last few weeks. Decontamination of endoscopes at Vale of Leven hospital continues and have trialled the temporary solution for scope decontamination going from VOL to RAH, currently awaiting for date to be implemented. PCR test fail at GGH was addressed with Risk assessment which shows we have got assurances Risk assessment went to decontamination team and Billy Hunter.	
125.4	<u>Water & Ventilation Update</u> – Mark Riddell updated the group	
	GRI replacement programme of water storage tanks is now complete with samples returned and will be brought online intimately. Air condition upgrade works in Biochemistry labs at GRI awaiting start date. Lightburn and Dental Hospital managed to secure finance for installation for chlorine dioxide plant. Require input from ICD regarding implementation especially with regards with the Dental Hospital. Some issues with ventilation in ITU at Inverclyde Royal Hospital regarding getting access which has been ongoing for a few months. WSO1 returns have seen increase in returns for all sectors. Hopefully by next AICC we will see a much larger increase in numbers. Mark Riddell will get some training sessions with regards the importance of water flushing. Each training session is about 2 hours long and hoping to hold at every major acute site across GG&C. Hoping to have some dates in place by next AICC. General management for the Dental Hospital are reviewing funding and options on how they can employ an ICD. ICD cover was always provided from University of Glasgow resources or supported by the Dental School. Donna McConnell asked Mark Riddell about the timeframe regarding the ventilation works in NICU, RAH. Estates will concentrate on the air changes within NICU due to possible delay on supply of medical gas hoses. May not be possible to carry out all ventilation maintenance in NICU during decant.	

126	<u>AOCB</u>	ACTION
126.1	GGC NHS Scotland National Water Survey Report was disseminated for information. Water safety group will discuss the recommendations in this survey report. Wait to see if any recommendations from the group and how we implement these recommendations.	
126.2	The water literature review from ARHAI will be re-issued after numerous comments. It may recommend that quarterly pseudomonas testing should be undertaken instead of every 6 months so may have a financial impact on estates regarding this.	
126.3	Dr Bal informed Mark Riddell regarding a meeting to discuss the adult theatre recovery unit on level 2 at QEUH. Air changes are not meeting the new SHTM guidelines which requires 15 air changes. A meeting is being held Friday including health and safety team.	
NEXT AICC IS BEING HELD ON TUESDAY 11th OCTOBER 2022 AT 10:30		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 6th December 2022 at 10:30**

PRESENT:

Dr Scott Davidson (Chair)	Deputy Medical Director
Dr Linda Bagrade	Lead Infection Prevention & Control Doctor
Ann Kerr	Lead IPC Surveillance Nurse
Sandra Devine	Director of Infection Prevention & Control
Gillian Bowskill	Associate Nurse Director, IPC
Natalia Hedro	IPC Business Manager
Gillian Mills	Lead IPC Nurse, North
Allana Kelly	Lead IPC Nurse, South Adults
Lynn Pritchard	Nurse Consultant, IPC
Kate Hamilton	Lead IPC Nurse, South Paeds
Mandy Meechan	Chief Nurse Paediatrics & Neonates
Dr Abhijit Bal	Infection Control Doctor
Dr Aleksandra Marek	Infection Control Doctor
Kirsten Burns	Clinical Service Manager, Dental Hospital
Dr Iain Kennedy	Public Health Consultant
Karen McGugan	Lead Nurse, Imaging
Morag Gardner	Deputy Nurse Director, Acute
Elaine Burt	Chief Nurse, Regional Sector
Lorna Loudon	Chief Nurse, Clyde Sector
Helen Gemmell	Assistant Director – Facilities & Production
Mairi MacLeod	Consultant Medical Microbiologist
Ann Lang (minutes)	PA, IPC

APOLOGIES

Donna McConnell	Mark Riddell	John Carson	Ysobel Gourlay
-----------------	--------------	-------------	----------------

		ACTION
127	Introductions & Apologies	
	<p>Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned.</p> <p>The meeting was recorded which will be deleted from MS Teams in 20 days or when minutes are accepted as an accurate record.</p>	
128	Minutes of Previous Meeting	
	<p>As the last committee meeting was cancelled in October the minutes of the previous AICC meeting held on 9th August 2022 were accepted as an accurate record.</p> <p>Please see separate rolling action plan for updates on outstanding actions.</p>	
129	MATTERS ARISING	
	<p><u>AICC Terms of Reference</u></p> <p>Following the recent HIS inspection to the QEUH campus there was a requirement for the Terms of Reference of the IPC committees to be reviewed and updated with the following:-</p> <ul style="list-style-type: none"> - All members are consulted on guidelines and final copies are sent to BICC for approval. - To record in the minutes if the guideline has been approved or not. - Ensure there is adequate representation at each IPC committee and to identify a deputy if representative unable to attend. - Action Log to note if policies or guidelines are consulted and that there is a plan in place implementation and wider dissemination of these and to follow up on actions at the next meeting. <p>Dr Davidson commented that it would be helpful to have evidence that information has been sent out and shared. He said that a letter was issued regarding winter pressures but we need to be able to demonstrate how this is recorded that this has been shared.</p> <p>The changes to the Terms of Reference were agreed and the final version will be circulated following this meeting.</p> <p>Sandra Devine reported that the IPC committees' structure is being reviewed and the amended structure will be brought to a future meeting of the BICC in 2023.</p>	<p>AL</p> <p>SDe</p>
130	ASSURANCE & IMPROVEMENT	
130.1	<u>COVID-19 Update</u> – Sandra Devine reported the following	
	<p>Currently there are 10 wards closed which include 9 with COVID-19 and 1 with Norovirus.</p> <p>As of today there are 270 in-patients who have tested positive for COVID-19 in the last 28 days. 24 of these are new infections, 10 are nosocomial and 0 patients are in ITU. It was noted that this does not include LFD information. No deaths have been recorded in the last 24 hours.</p>	

		ACTION
130.2	Surveillance Update Reports – Ann Kerr reported the following	
	<p><u>Enhanced Surveillance Reports</u></p> <p>The Enhanced SAB and ECB Surveillance reports for August, September and October 2022 were issued for information.</p> <p>The number of SABs and ECBs were slightly higher in August. For August there were 37 SAB healthcare associated cases with 9 of these IV access device related. 4 of the hospital acquired cases were linked to NICU, RHC and an Action Plan has been completed but no direct linkage was identified. With regards to ECBs for August there were 104 cases with 58 of these healthcare associated and 12 had urinary catheters as the source.</p> <p>During September there were 23 healthcare associated SABs and 6 of these were IV access related. The ECB cases for September is above the aim and for October the SAB cases are just above the aim but there has been a reduction in IV access devices.</p> <p><u>Quarter 3 SAB Enhanced Directorate Surveillance Reports (July – September)</u></p> <p>There has been an increase in the number of SABs for Regional Services. 85% were healthcare associated and the aim is 69 or less. South Glasgow are also above the aim.</p> <p>In relation to CDI cases ARHAI have reported that if a specimen is not completed on admission and more than 48 hours in an area this will be classed as a hospital acquired admission. This was discussed with ARHAI but they confirmed this is the definition to be used. Dr Bagrade commented that although ARHAI states this is the definition we need to have flexibility regarding this. She said it might be useful to run a parallel system to check how many samples have been taken from a patient with this timeframe.</p> <p><u>Changes to SSI Surveillance</u></p> <p>In May, DL (13) was issued which said that SSI surveillance will recommence in Quarter 4 this year. A further email was issued on 13th October stating that due to ongoing pressures in Boards SSI surveillance will not recommence nationally.</p> <p>Enhanced surveillance for SAB and ECBs has resumed with full surveillance for both measures. This includes assigning of the origin and entry points for any SAB cases.</p> <p>MDRO CRA (Multi-drug Resistant Organism Critical Risk Assessment) for MRSA and CPEs is ongoing by the Surveillance Nurses. For the quarter July – September 91% of CRAs were completed for MRSA and 89% were completed for CPE.</p> <p><u>SSI Surveillance Reports</u></p> <p>Although national surveillance has been paused the Surveillance Nurses have been redeployed to the IPC teams and they continue to carry out surveillance for large bowel and major vascular procedures. With regards to major vascular SSIs there were 6 cases in August and a PAG was completed for this but no clinical staff were available to attend. In September 3 SSI cases were identified but this remains within limits.</p>	

		ACTION
130.3	<p><u>Acute Clinical Governance Infection Prevention & Control Report</u> – Dr Bagrade reported</p> <p>Dr Bagrade reported that a meeting of the Acute Clinical Governance Group was held yesterday and updated on the information for September and October.</p> <p>7 wards were closed in September with COVID-19 and 16 wards in October with COVID-19, Influenza A and Norovirus. SPC charts remain within normal control limits for both months.</p> <p>Three incidents have been reported in GRI during the last two months. These include the following:-</p> <ul style="list-style-type: none"> - An increase in the number of cases of Linezolid Resistant VRE (<i>Enterococcus faecium</i>) in GRI between February and September 2022. A follow up IMT is scheduled for this afternoon and all control measures are in place. Teams are working closely together to find a possible source and looking at cleaning, patient screening and environmental sampling. - 3 cases of HAI MDRO <i>Acinetobacter baumannii</i> were identified. Following investigation and the control measures that were in place, the incident was closed due to no further cases. - 2 cases of Influenza A (1 community acquired and 1 indeterminate) were identified with possible acquisition in the ward. The HIIAT was assessed as Green but then Red due to the death of one of the patients. The incident is now closed. 	
130.4	<p><u>Monthly HAIRT Report</u> – Sandra Devine reported</p> <p>Funnel plots were inserted in the Quarter 3 HAIRT report. This will allow us to compare our rates against other Boards in Scotland.</p> <p>GGC have met the SAB and CDI target for this quarter and are performing well for all three indicators for SAB, CDI and ECB.</p> <p>Dr Davidson suggested that the learning and the positive areas identified could be produced in a one page summary and he was happy to have a conversation regarding this. In relation to meeting the targets for MRSA and CPE he said that the Board should commend front line teams for this work. Sandra Devine agreed to include this information in the next IPCQI Newsletter.</p>	SDe
130.5	<p><u>IPC Work Plan</u> – Gillian Bowskill reported</p> <p>The new SICPs audit strategy commenced on 1st November 2022 and all wards and clinical areas have been asked to complete the audit within the first couple of months of the tool going live. The IPCT will commence QA audits starting February 2023.</p> <p>Hand Hygiene audits should be strengthened to ensure that the audited sample of staff is sufficiently representative in terms of numbers and grades. This will be part of the SICPs workstream to look at the hand hygiene tool.</p>	

		ACTION
	<p>An update will continue to be provided by e-mail to GGC senior management and clinical colleagues on the number of new GGC COVID-19 cases and deaths within Inpatients. This will be issued Monday – Friday (excluding weekends and public holidays).</p> <p>Workforce Plan being updated with a new IPC post in place; the Clinical Scientist, and the Healthcare Scientist, IPC assistants and HAI SCRIBE that will be advertised in the new year.</p> <p>Excellence in Care Framework work is ongoing regarding “What Matters To Me”.</p> <p>IPC audits are now on the CAIR dashboard.</p> <p>Dr Davidson recommended that the date for completion for some of the items is amended if the process is already in place e.g. an email is issued regarding the number of patients with COVID-19 but the status states ongoing. Gillian Bowskill agreed to amend this. The status will remain ongoing but the action will be marked as complete or closed.</p> <p>Kirsten Burns reported that the SICPs audit does not fit in with Dental as some of the questions are not tailored to their area which makes the scores low. Lynn Pritchard updated that the SICPs audits is not appropriate for Dental, Outpatient areas and CDU/EDU and a separate audit tool will be completed for these areas.</p>	
131	<u>SAFE CARE</u>	
	<u>Sector Leads Update Report</u>	
131.1	<u>Clyde Sector –</u> Dr Bagnade updated the group with the following exceptions:-	
	<p>HIS inspection took place at IRH, awaiting feedback and the report for this. The visit mainly focused on Estates and there were no major issues for IPC.</p> <p>An investigation into a HAI Vancomycin-Resistant Enterococcus is taking place and an incident summary will be provided.</p> <p>In relation to Group A Strep infection there has been no further spread and the source is not patient to patient.</p> <p>Ongoing incident in the Endoscopy Unit at IRH. There are 4 cases of <i>Exophiala dermatitidis</i> which is a black yeast. It has not been confirmed if this was identified from a patient sample or is contaminated from a sample. An incident management meeting took place to review all aspects of decontamination, user, practice and the situation is being monitored. Another case has been identified and there are a couple of issues regarding domestic cleaning. Actions are in place to prevent transmission.</p>	
131.2	<u>North Sector –</u> Gillian Mills updated the group with the follow exceptions	
	There was a CDI trigger in Ward 21, GRI with 2 cases of HAI CDI in a 12 day period and a CDI trigger tool was completed.	

		ACTION
	<p>One case was reported as a severe CDI with a severity score of 2 but is not classed as an HAI. Sadly one of the patient's died and this was cited on Part 1b of the death certificate.</p> <p>2 cases (1 confirmed and possible) of Linezolid Resistant VRE identified in November. This brings the total to 13 confirmed, 1 possible, 1 discounted and 3 deaths but not all were cited on the death certificates. An IMT has been arranged for tomorrow afternoon but there are no outstanding issues. All patients are well and isolated appropriately.</p> <p>ITU East had a clinical wash hand basin with Pseudomonas but this has now been rectified.</p> <p>In November MSSA was identified from an Ortho patient who had an arthroplasty but was community acquired. The result to confirm this will take 3 weeks to come from Colindale.</p> <p>Estates are leading on the Legionella results identified on Level 3, PRM. The third meeting has been arranged for next week and the birthing pools are out of use with a risk assessment in place. The Authorised Engineer attends these meetings.</p>	
131.3	<u>South Sector</u> – Allana Kelly updated the group with the following	
	<p>2 HAI VRE from blood cultures were reported in Edenhall on 10th October and the typing was the same. A PAG was held on 3rd November and a hand hygiene audit was carried out which scored 90%. A HPV clean was also carried out in the unit and the gym. Patients are well and there has been no further isolates.</p> <p>Raised TVCs and Pseudomonas species were identified in the final rinse water sample at the Endoscopy Decontamination Unit at GGH. These were different species of Pseudomonas and the machines were put out of use and had a thermal disinfectant. The scopes affected were recalled and reprocessed through a different machine. 4 patients were identified to have used these scopes and 3 of their Consultants were contacted by the Infection Control Doctor, but the fourth patient could not tolerate the scope. It was agreed to increase the testing to 2-3 times weekly instead of once per week and the washers were put back into use when there were 3 negative results. The increased testing continued and it has now been reduced to two times weekly until next week. If no more positive results are identified it will revert back to weekly.</p> <p>A suspected case of Mucor was identified from an abdominal wound swab taken on 22nd November. Investigation is ongoing to determine what wards the patient had been in and also looking at the ventilation, water, the physical environment and practice. The patient is stable and has stepped down from ITU to a general surgical ward. The HIIAT for this incident was Green and Dr Bal reported that there is a checklist of things to be investigated which may take some time.</p>	
131.4	<u>South Paediatrics</u> – Kate Hamilton updated the group with the following exceptions	
	A further <i>Burkholderia contaminans</i> was identified at the end of October and the ORT was reopened.	

		ACTION
	<p>This is the fourth case and was sent for typing and came back as the same type as the other 3 cases. There has been a 7 month gap since the last case was reported. A PAG and HIIAT were completed and this resulted in a SICPs audit score of 100% and hand hygiene score of 95%.</p> <p>All control measures are in place and the patient is stable and giving no cause for concern. ARHAI have been updated.</p> <p>Dr Bagnade reported that although the incident was reopened it was difficult to find the source as the cases are spread over a few months. It was also difficult to determine if this should be one incident or separate events. Previously it was thought the source was related to contaminated batches of Clinell wipes but these wipes have never been distributed in Scotland. The wipes that were in circulation at the time of the investigation were tested and there is no connection to the wipes.</p> <p>2 <i>Serratia marcescens</i> were reported in Room 7, NICU. Both patients are well and the room has been deep cleaned.</p> <p>One case of <i>Stenotrophomonas maltophilia</i> was reported and this is a HAI to NICU.</p> <p>There has been a large spike in the number of Group A Strep cases.</p> <p><i>Pseudomonas</i> from a blood culture was identified from a patient in ED. The patient was transferred to Ward 2C and then PICU where the [REDACTED]. This is not being reported as a HAI.</p>	
131.5	<p><u>AMT Report</u> – Mairi MacLeod provided the following update from Ysobel Gourlay as she was unable to attend the meeting.</p> <p>GGC are meeting all the SAPG targets.</p> <p>There were 2 CDI triggers but no inappropriate antibiotic use found on ward reviews.</p>	
131.6	<p><u>Theatre Maintenance / Validation</u> – Gillian Mills reported the following</p>	
	<p>The group have not met since November 2021 and the meeting last week was cancelled. There is a new chair for this group and they are looking at the agenda for next year.</p>	
131.7	<p><u>Risk Register</u> – Natalia Hedo reported the following changes</p>	
	<p>A copy of the Risk Register was issued with the agenda. Since the last meeting the only exception is that one of the risks was escalated to the corporate level and awaiting a response for this. This related to the renovation of buildings in acute services. Sandra Devine reported that a conversation with Dr Davidson, Morag Gardner and the Chief Operating Officer will take place to discuss new builds. Dr Davidson agreed to arrange this.</p> <p>The control measures are in place for this risk and some of the mitigation actions include advertising for a HAI SCRIBE Infection Control Nurse for 2 days per week, Water and ventilation training is being offered to IPC teams and an SBAR has been completed regarding the need for an additional ICD. The SBAR has been raised with HAI Executive Lead, Chief Operating Officer and Director of Diagnostics.</p>	SDa

		ACTION
132	<u>PERSON CENTERED CARE</u>	
	<p><u>IPC QI Network Update</u> – Natalia Hedo updated the group</p> <p>A copy of the fourth edition of the IPCQI Network Newsletter was issued with the papers for information as this was included in a recent Core Brief.</p> <p>Natalia Hedo reported that the next Newsletter should be issued in January or February. The format of the Newsletter has been changed to include key updates on outcomes and achievements rather than an update report on all of the ongoing work of the workstreams.</p> <p>Natalia encouraged the group to send her any updates on QI work relating to infection prevention and control within their services to be highlighted and showcased in future newsletter to share the learning.</p> <p>QI work is ongoing in different groups and new groups are being established and some of this work was included in the latest issue of the newsletter</p>	
133	<u>EFFECTIVE CARE</u>	
133.1	<p><u>National Infection Prevention & Control Manual</u> – Lynn Pritchard updated with the following:-</p> <p>There has been no update to Appendix 13 since the last update. A short life working group was set up in Infection Prevention & Control to look at Appendix 13. Lynn Pritchard reported that this is a guidance document for IPC and not for GGC staff.</p> <p>The following Guidance documents were included in the papers sent out to committee members. Any comments should be sent to Lynn Pritchard by close of play on 15th December for final approval at BICC.</p> <ul style="list-style-type: none"> • Measles Guidance • Mumps Guidance • Shingles Guidance • Loose Stools Guidance • Norovirus Guidance • Rubella Guidance • Twice Daily Cleans of Isolation Rooms SOP 	
134	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
134.1	<p><u>Healthcare Improvement Scotland (HIS)</u></p> <p>The HIS report and Action Plan for the inspection to the QEUP campus were issued with the agenda. Gillian Bowskill reported that this inspection was commissioned by Scottish Government regarding concerns at the site. The inspection team visited the campus in June and requested a large amount of information. The inspection resulted in 9 areas of good practice, 4 requirements and 2 recommendations.</p>	

		ACTION
	<p>The requirements included the following:-</p> <ul style="list-style-type: none"> - Ensure cleaning of tracheostomies is in line with guidance and not performed in clinical wash hand basins. - To improve the governance and reporting of critical systems within the built environment. - Support clinical staff who are assuming a more senior role in managing a clinical area. - Ensure that specialist infection prevention and control advice is recorded within the ward-level patient care record to inform care planning. This will ensure that patients are well informed, including information on when their isolation period will end. <p>An Action Plan was completed and the inspection team did highlight good Infection Prevention & Control leadership. Also noted a good approach to Aspergillus but they did notice a lack of guidance with Aspergillus and this was raised with ARHAI. Dr Davidson commented that the feedback was good especially due to how busy the hospital was at the time of the visit.</p>	
134.2	<u>Board Infection Control Committee Update</u> - Sandra Devine reported	
	The last meeting of the Board Infection Control Committee was cancelled in October and the next meeting is scheduled for 15 th December.	
134.3	<u>Facilities Update</u> – Helen Gemmell updated the group	
	<p>Following the HIS inspection there was a discussion regarding implementation of the ward manager tool and this has now been activated. This means that when an audit is completed the Ward Manager will now receive an email to inform them that the audit has been completed for their area. The inspection team commended the Board for the additional auditing been carried out and work is ongoing to take this forward and to do this in house. It was noted that external auditing has been taking place in Langlands for the last two years but this will now be pulled back and an internal audit team will carry this out.</p> <p>The Domestic work has been focussed on terminal and manual cleans as required.</p>	
134.4	<u>Water & Ventilation Update</u>	
	A paper regarding the above was issued with the agenda for information and no comments were received.	
134.5	<u>Decontamination Group</u>	
	Gillian Mills reported that the Decontamination group have not met and the membership has been reviewed. Sandra Devine and Gillian Bowskill to discuss this.	SDe/GB
135	<u>AOCB</u>	
	a) In relation to the agenda and this meeting Dr Davidson said that the papers should be read in advance to allow any documents to be approved, noted or for assurance purposes.	

		ACTION
	<p>b) Morag Gardner commented that there have been no minutes from the Theatre Maintenance and Ventilation Group and asked what the governance is regarding this. Sandra Devine replied that there is a new ventilation group and Mark Riddell is looking at if this group should still exist. She did say the output from the Ventilation Group should come to AICC and BICC for governance.</p> <p>c) It was noted that the Decontamination Group have an email address for any questions which is live and is actively monitored. Dr Andrew Smith is also looking at all endoscopy units with Estates.</p> <p>d) Dr Davidson advised that we need to build sustainability into the agenda and have someone from IPC sitting on these committees e.g. Ventilation, Decontamination, and ICBEG.</p> <p>e) From January Dr Bagrade reported that there will be reduced ICD support available. Microbiology assisted with support during the COVID-19 pandemic but this will stop.</p> <p>f) Dr Kennedy reported that two Alerts were issued regarding Group A Strep cases and Diphtheria. The cases of Diphtheria relate to asylum seekers coming from Afghanistan or Syria but does not relate to Ukrainian refugees. Dr Davidson suggested to look at how information is disseminated to ensure there is no duplication. Dr Kennedy advised that they are reviewing their SOP and need to establish how information is communicated.</p> <p>g) Dr Davidson agreed that it should be noted when information is shared.</p>	
136.	<u>Proposed AICC Dates for 2023</u>	
	<p>The proposed dates for 2023 AICC meetings were approved at the meeting.</p> <p>Calendar invites for each meeting will be sent out to committee members one month in advance of each meeting.</p>	
NEXT AICC IS BEING HELD ON TUESDAY 14TH FEBRUARY 2023 AT 10:30AM		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 14th February 2023 at 10:30**

PRESENT:

Dr Scott Davidson (Chair)	Deputy Medical Director
Kate Hamilton	Lead IPC Nurse, South Paeds
Donna McConnell	Lead IPC Nurse, Clyde
Morag Gardner	Deputy Nurse Director – Acute Services
Lynsay Creighton	Interim Associate Chief Nurse, Regional Services
Mandy Meechan	Chief Nurse, Paediatrics & Neonates
Lynn Pritchard	Nurse Consultant, IPC
Geraldine Marsh	Chief Nurse
Sandra Devine	Director of Infection Prevention & Control
Natalia Hedo	Business Manager, IPC
Kirsten Burns	Clinical Service Manager, Dental Hospital
Mairi McDermid	Associate Chief Nurse
Mark Riddell	Assistant Director, Operational Estates
Karen McGugan	Lead Nurse, Imaging
Dr Abhijit Bal	Infection Control Doctor
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Linda Bagrade	Lead Infection Prevention & Control Doctor
Lorna Loudon	Chief Nurse, Clyde Sector
Dr Erica Peters	Consultant Physician
Helen Gemmell	Assistant Director – Facilities & Production
Alison Edwardson	Senior IPC Nurse, South Adults
Ann Lang (minutes)	PA, IPC

APOLOGIES

Ann Kerr	Dr Mairi MacLeod	Kevin McAuley	Janis Young
Lee Savarrio	Elaine Burt	Dr Aleksandra Marek	Dr Iain Kennedy
Allana Kelly	John Carson	Gillian Bowskill	

		ACTION
137	Introductions & Apologies	
	Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned.	
138	Minutes of Previous Meeting	
	The minutes of the previous AICC meeting held on 6 th December 2022 were accepted as an accurate record. Please see separate rolling action plan for update on outstanding actions.	
139	MATTERS ARISING	
	Nil to update.	
140	ASSURANCE & IMPROVEMENT	
140.1	<u>COVID-19 Update</u> – Sandra Devine reported the following	
	The number of COVID-19 patients in hospital is 185 cases with 4 patients in ITU. As of today there are 5 wards closed with either COVID-19 or Norovirus which include 1 at QEUH, 3 at GRI and 1 at Stobhill.	
	CNO Letter – IPC Facemask & Patient Testing Guidance	
	A copy of the above CNO letter was issued with the agenda. Sandra Devine reported that this is an update from the CNO letter issued in September/October. There is no change to the extended use of facemasks and face coverings. This continues to be strongly recommended for use in hospitals, primary care and wider community healthcare settings. The letter also lists a summary of the testing requirements and this was discussed at Acute Tactical Group (ATG).	
140.2	Surveillance Update Reports – Sandra Devine reported the following	
	<u>Enhanced Surveillance Reports</u> The Enhanced SAB and ECB Surveillance reports for November and December 2022 were issued for information. There are no exceptions to report for SABs, ECBs and the SSI reports. With regards to the IV device related SABs, Morag Gardner noted that there is no change to the numbers. She suggested that there is more to do at sector SAB level to make an impact to reduce the numbers. In the SAB/ECB report for January Sandra Devine stated that there is poor compliance with PVC Care Plans. She said this will be brought to the next committee and she will do a summary of flash reports as well.	SDev

		ACTION
140.3	<p><u>Acute Clinical Governance Infection Prevention & Control Report</u> – Dr Bagrade reported</p> <p>The ward closures reported were mostly relating to COVID-19 in the November report and Influenza A and Gastroenteritis in the December report.</p> <p>A total of 1422 Learn Pro modules were completed in December for topics related to Infection Prevention & Control and 64% were undertaken by nursing and midwifery staff.</p> <p>All SPCs are within normal control limits and an update on all incidents that were HIIAT assessed as Red or Amber is included in the report.</p>	
140.4	<p><u>Monthly HAIRT Report</u> – Sandra Devine reported</p> <p>The number of cases for SAB, ECB and CDIs are within the normal control limits for this quarter.</p> <p>Funnel plots from ARHAI have been included in the report. In terms of nationally GGC numbers are better than most other Boards in Scotland.</p> <p>Compliance has dipped slightly in relation to CPE.</p> <p>Three incidents are included in the report and actions have been taken.</p>	
140.5	<p><u>IPC Work Plan</u> – Lynn Pritchard reported</p> <p>The new SICPs audit strategy commenced on 1st November 2022. The IPC teams are commencing QA audits in February 2023 and will be auditing 20% of inpatient areas and Critical Care.</p> <p>Workforce Plan has been updated and new posts have been established; these include a Clinical Scientist (already in post), an Advanced Healthcare Scientist (interviews to be held on 28th February), IPC Support Workers (job description with evaluation panel) and HAI SCRIBE Nurse post (advertised). This post has been re-advertised for 3 days instead of 2 days per week.</p> <p>With regards to Excellence in Care, work is ongoing to review feedback from “What Matters to You” and actions from this. This included interviews with patients, carers and parents in three Sectors. A report has been completed and is with the Person Centred Care Group for review.</p> <p>The Education Strategy has been reviewed and updated and will be shared at the next meeting.</p> <p>Morag Gardner asked in relation to the SICPs audits if a comparison will be carried out regarding the results between the wards and IPC teams. Lynn Pritchard advised that it will nearly be 6 months before enough information will be available to compare these. She said that she attended the Senior Charge Nurses (SCNs) meeting to answer any staff questions regarding the audit process. Sandra Devine reported that IPC aim to compare and put a QI framework in place with regard to this.</p>	

		ACTION
141	<u>SAFE CARE</u>	
	<u>Sector Leads Update Report</u>	
141.1	<u>Clyde Sector</u> – Donna McConnell updated the group with the following exceptions:-	
	<p>There has been an increase in the number of closed wards with COVID-19 and Influenza A reported in RAH.</p> <p>Increase in failure to isolate patients requiring isolation on RAH site in December 2022. IPC guidance was issued on how patients should be managed.</p> <p>3 patients had C-diff in one of the wards in RAH and this is being investigated. A PAG has been arranged on 15th February 2023 to discuss this.</p>	
141.2	<u>North Sector</u> – Dr Bagraade updated the group with the following exceptions	
	<p>There were 3 cases of HAI MDRO <i>Acinetobacter baumannii</i> in ITU West, GRI in a 13 day period and a Hot Debrief was provided regarding this. Some of the issues included difficulties in achieving adequate single room isolation, hand hygiene practice and staff observed wearing gloves and touching computer keyboards and monitoring equipment screens. Education has been put in place regarding inappropriate glove use and hand hygiene.</p> <p>In SCBU, PRM 3 cases of <i>Serratia marcescens</i> were reported in a 24 day period.</p> <p>The Linezolid Resistant VRE incident has closed.</p>	
141.3	<u>South Sector</u> – Dr Bal/Alison Edwardson updated the group with the following	
	<p>Rhizopus arrhizus case was attributed to Critical Care Unit 4, QEUH. All areas the patient has been in during their patient stay has been reviewed (critical care unit 4, critical care unit 6, ward 9B QEUH, Theatre 18 and radiology). The items and areas looked at, include; ice machine, linen cages and store rooms. Environmental sampling, air and water sampling as well as vent cleaning has been carried out and Rhizopus arrhizus was not found. A SICPs audit and hand hygiene audit were also carried out. No associated cases have been identified. Dr Bal reported that he had met with the relatives of the patient and answered questions from the family.</p> <p>Ward 4B had 7 VREs from October - January. Isolates have been sent for sequencing. HPV cleaning of the rooms has taken place.</p> <p>2 HAI Stenotrophomonas maltophilia were identified in Ward 4B, QEUH within 14 days. Some issues were found in the fabric of the rooms and work is being carried out on the flooring which meant 5 rooms had to close. Air sampling has been undertaken and the results should be available tomorrow. Alison Edwardson updated that enhanced supervision will be arranged for next week.</p>	

		ACTION
	<p>Sandra Devine reported that the work in Ward 4B was the result of concerns raised by a clinician who reported this to ARHAI. A Haematology Consultant reviewed the patients and one patient was started on antifungal prophylaxis and the other had prophylaxis changed. It was considered that all appropriate communication had been completed and IPC felt there was a thorough and extensive investigation. Dr Bagraade noted that this was a positive example of good team work with IPC, Estates and the Labs.</p> <p>In B7, Beatson they had a room which had higher fungal counts than other rooms. This was discussed with Estates, clinical and nursing teams. Air sampling was carried out and there was no significant difference compared to other areas in the ward. The clinical team have identified rooms that can be used for lower risk patients.</p>	
141.4	<u>South Paediatrics</u> – Kate Hamilton updated the group with the following exceptions	
	<p>The ORT for the Burkholderia incident in NICU was closed after being discussed at a meeting with ARHAI.</p> <p>There has been a high activity of Influenza A and Group A Strep cases for the months of December and January.</p> <p>A hot water valve gasket broke in NICU and water entered into one room. This has been replaced and a HPV clean was also carried out. Another leak happened in the corridor and the same process was put in place.</p> <p>2 ECMO machines have been quarantined due to Micro bacteria species, and typing is awaited.</p>	
141.5	<u>AMT Report</u> – Ysobel Gourlay reported the following	
	<p>On HEPMA they are recommending oral instead of IV Fluconazole and to encourage the use of oral antibiotics.</p> <p>There were 2 CDI triggers in GRI and the patients had previous antibiotics recorded. On HEPMA it showed that the patients had longer treatment than the guidelines stated.</p> <p><i>With regards to G South, IRH they were notified of 2 patients and not 3 patients but it was noted the third patient was only identified yesterday. A point prevalence study was carried out and antibiotics were recorded for the patients.</i></p> <p>The company that make chlorhexidine sachets have stopped making these. Ysobel Gourlay said that she will arrange a meeting with Dr Marek to discuss this. Dr Bagraade commented that IPC cannot recommend an alternative product but are happy to look at this to try and comply with national guidance.</p> <p>IV antibiotic use has decreased due to new drugs available and patients requiring less antibiotics.</p> <p>A QI project was done regarding the use of IV Metronidazole and this has seen a reduction in the use of this drug.</p>	

		ACTION
	<p>Oral antibiotic use has increased in the last quarter but this may be related to the number of Group A Strep cases. In RHC the use of antibiotics has increased by 95% compared to the same quarter last year.</p> <p>In relation to SAPG targets GGC are meeting the targets for access antibiotics and IV antibiotics.</p> <p>Dr Davidson asked Ysobel Gourlay how she is promoting the use of oral antibiotics via HEPMA. Ysobel replied that they are providing a medicines update and the clinical Pharmacist on the ward is updating staff and this has been put into the teaching notes. He also asked, with regards, to the guidelines what posters should be in use as there is no version control on these but some wards had the older version of the poster. Ysobel informed that they are producing a new poster that has a QR code available and this will link to the most up-to-date guidelines. This will also be available on Staffnet and on the Therapeutics handbook. She stated that she asked IT if this could go on to all desktops but this was refused. Dr Davidson agreed to raise this with E-Health.</p>	S Dav
141.6	<u>Theatre Maintenance / Validation</u>	
	Nil to update.	
141.7	<u>Risk Register</u>	
	<p>A meeting to discuss the Risk Register took place last week and an updated copy was issued with the agenda. The following update was provided:-</p> <ul style="list-style-type: none"> - The risk item "Failure to deliver IPC Service to support clinical services' compliance with recognised policies and procedures in relation to infection control" has been removed as with the control measures and the mitigation actions in place it is no longer considered a risk. - The risk "failure to identify outbreaks" – a framework has been developed and will be updated continually. We will also continue to review the contents of NIPCM and where appropriate submit derogations to the IPC Committees for approval. - "Impact of loss of key members of IPC Nursing staff" service is being redesigned and other types of healthcare workers are being explored and recruited to. - The risk item "Unable to deliver local specialist surveillance - SSI Surveillance Programme due staff shortages i.e. sickness or redeployment" was also removed as SSI reports are being produced locally. - "Inability to provide ICD advice to GGC Services" – An SBAR was sent to the HAI Executive Lead and COO and extra sessions have now been granted with the addition of two Microbiologists with ICD sessions. This risk has been downgraded to High instead of Very High and will be reviewed Sandra Devine commented that she is grateful for the extra ICD sessions. <p>With regard to the Built Environment Dr Bagraade stated that this will affect the ICDs and the ICD group are reviewing this risk. She said they will discuss what workload is expected and how to deliver on this.</p> <p>The changes to the Risk Register was agreed by the committee.</p>	

		ACTION
142	<u>PERSON CENTERED CARE</u>	
	<p><u>IPC QI Network Update</u> – Natalia Hedo updated the group</p> <p>Some of the workstream groups have been cancelled due to holiday season, winter pressures and high demand on services.</p> <p>A 5th edition of the newsletter is being prepared.</p>	
143	<u>EFFECTIVE CARE</u>	
143.1	<p><u>National Infection Prevention & Control Manual</u> – Lynn Pritchard updated with the following:-</p> <p>Lynn Pritchard reported that the SOP group have not met recently but have reviewed the IPC web page to ensure all documents are up-to-date. Some of the disease specific guidance documents will now be referred to the national manual, although the Aide Memoires and Checklists will still be available. Lynn commented that we were criticised by HIS for having our own documents.</p> <p>During the pandemic Sandra Devine advised that ARHAI sought CLO advice regarding the national manual and they said this is not mandatory as there is no legal framework. She reported that Chapter 3 of the manual has been updated slightly. This includes the section on incident and outbreak management and now requests that information should be provided for any severe outcome. As GGC process over 500 samples a month our Board is not in a position to be able to provide this extra information. Sandra Devine confirmed that a SBAR will be presented to the next committee regarding this.</p> <p>The changes to the guidance also include the route of transmission droplet and all risks associated with this. An algorithm was completed regarding air changes and 2m between bed spaces that would mitigate the risk of COVID 19. This implies if there is not 6 air changes and 2.7m between bed spaces, the guidance states to consider Respiratory Protective Equipment (RPE) relating to respiratory viruses. NHS Lothian have raised their concern via the Chief Nursing Officer, as has Ayrshire & Arran, as this could have a significant impact on Boards. This has been raised via the Infection Control Managers, Infection Control Doctors and Infection Control Nursing networks and a letter has been sent to ARHAI as this could be a potential risk to patients.</p> <p>Helen Gemmell reported that ARHAI are to do a literature review of Transmission Based Precautions in March and this will be issued for consultation.</p>	SD
144	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
144.1	<p><u>Healthcare Improvement Scotland (HIS)</u></p> <p>A copy of a letter from HIS was issued with the agenda and this states that they will begin to inspect NHS inpatient mental health areas. HIS did carry out their first Mental Health visit to GRH on 18th January 2023.</p>	

		ACTION
144.2	<u>Board Infection Control Committee Update</u> - Sandra Devine reported	
	A copy of the previous minutes were issued with the papers and noted.	
144.3	<u>Facilities Update</u> – Helen Gemmell updated the group	
	<p>Following the HIS inspection to IRH the inspectors reported that some of the scores were not reflective of the areas, and therefore, additional training has been provided to Domestic staff.</p> <p>Work is ongoing in IRH regarding the fabric of the building.</p> <p>Extra wards have been opened in Stobhill and extra Domestic staff have been allocated to these areas.</p> <p>An unannounced inspection at Gartnavel Royal took place in January 2023. The verbal report from this has been favourable, but the official report is awaited.</p> <p>Work programme regarding the steriliser replacement at Cowlares has been completed. Additional funding has been provided for storage for 25 cabinets and this will be part of a rolling programme.</p> <p>Facilities audits continue to be undertaken.</p>	
144.4	<u>Water & Ventilation Update</u> – Mark Riddell updated with the following	
	<p>In GGH the domestic hot water calorifiers should be replaced by the end of March.</p> <p>Work has started in the ventilation suite in Endoscopy at the Victoria ACH. The validation for this will be carried out on 20th March 2023.</p> <p>In PRM, GRI there are significant out of spec water results. Low level dosing was done on 6th February 2023 and the birthing pool may be back in use soon.</p> <p>With regards to the ventilation verification at GRI no issues have been identified to date and there are also no concerns at QEUH or Clyde.</p> <p>Theatre D, GRI is currently closed for Capital works.</p> <p>In relation to Theatre H, GGH they recently failed the scheduled ventilation verification. A risk assessment has been passed to both ICT and Estates to try and get the theatre back in use.</p> <p>The WSO1 little used outlet returns have increased slightly in South, Clyde and North, but the returns for RHC are now 90%. Mark Riddell advised that they are looking to increase these returns and have these as directorate reports. Work is ongoing with Lynsay Creighton regarding this and, if successful, it will be rolled out to other directorates.</p>	

		ACTION
	<p>Sandra Devine asked with regards to the out of spec results at QEUH, if we are to get CIO2, will Estates require to do out of spec sampling. Mark Riddell replied that once CIO2 is fully up and running the results should decrease. Dr Davidson noted the difference between the number of samples taken at GRI compared to QEUH.</p> <p>At the Dental Hospital, Kirsten Burns reported that with regards to the ventilation work to be carried out the car park requires to be closed to allow for the equipment to get in to carry out the external work. Mark Riddell agreed to get an update regarding the external works. Kirsten Burns stated that the scribe has still not been signed off for this work and Sandra Devine replied that there is no funding available for an ICD to cover the Dental Hospital. Dr Bagrade reported that discussions are taking place for an ICD but this requires funding to advertise for this post.</p>	MR
144.5	Decontamination Group	
	The membership and governance of the Decontamination group is to be reviewed.	
145	<u>AOCB</u>	
145.1	CNO Letter & Infection Prevention Workforce Strategic Plan 2022-2024	
	<p>A copy of the above report was issued with the agenda.</p> <p>Sandra Devine reported that there has been an increase in demand regarding IPC resources and this includes resources for Care Homes and Primary Care during the pandemic. Scottish Government want to see where the work lies for IPC, Public Health and Antimicrobial Stewardship. She said that IPC have struggled to recruit staff and are now looking to enrol other staff to make the team as diverse as possible. A position paper will be brought to the committee in approximately 6 months' time to identify where the gaps will be.</p>	SDev
145.2	NHS Scotland Assure – Key Stage Assurance Reviews	
	<p>The above DL was issued on 6th February 2023. This states that all Health Boards that have business cases going through the NHS Capital Investment Group for review would require the project to complete a satisfactory KSAR before Scottish Government approval would be granted.</p> <p>This DL covers the commissioning, completion, and handover part of the process and notifies Boards that all building projects going through a KSAR, should not open to patients or the public until they receive a 'supported status' from NHS Scotland Assure.</p> <p>Dr Bagrade informed that this will increase in terms of IPC resources. She said the document was also issued with no consultation or discussion regarding finance or extra resources.</p>	
145.3	As this is Ann Kerr's last meeting before she retires Sandra Devine wanted to convey her thanks and to note her contribution to the committee. Dr Davidson also wanted to express his gratitude for all of Ann's work over the years.	

		ACTION
145.4	For future meetings Dr Davidson requested that any papers that are for this committee must be accompanied by an executive summary sheet with the report.	
NEXT AICC IS BEING HELD ON TUESDAY 11TH APRIL 2023 AT 10:30AM		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 11th April 2023 at 10:30**

PRESENT:

Dr Scott Davidson (Chair)	Deputy Medical Director
Allana Kelly	Lead IPCN, South Glasgow
Sandra Devine	Director of Infection Prevention & Control
Kate Hamilton	Lead IPCN, South Paediatrics
Geraldine Marsh	Chief Nurse, South Sector
Chris Haddow	Assistant Head of Operational Facilities
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Karen McGugan	Lead Nurse, Imaging
Marlene Hay	Senior IPCN, North Glasgow
Elaine Burt	Chief Nurse, Regional Services
Morag Gardner	Deputy Nurse Director, Acute Services
Lynn Pritchard	IPC Nurse Consultant
Gillian Bowskill	Associate Nurse Director, IPC
Kirsten Burns	Clinical Service Manager, Dental Hospital
Dr Aleksandra Marek	Infection Control Doctor
Catherine Flannigan	Public Health Registrar
Lorna Loudon	Chief Nurse, Clyde Sector
Catriona Riddell	Catriona Riddell, Lead Nurse Paediatrics
Dr Abhijit Bal	Infection Control Doctor
Dr Iain Kennedy	Public Health Consultant
Helen Gemmell	Assistant Director – Facilities
Dr Kalliopi Valyraki	Infection Control Doctor
Calum MacLeod (minutes)	IPC Administrator

APOLOGIES

Mandy Meechan	Sharon Johnstone	Lynsay Creighton	Mark Riddell
Dr Linda Bagrade	Gillian Mills	John Carson	Dr Erica Peters
Donna McConnell	Natalia Hedo		

145	Introductions & Apologies	ACTION
	Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned. There were no declaration of interest noted.	
146	Minutes of Previous Meeting	
	The minutes of the previous AICC meeting held on 14 th February 2023 were accepted as an accurate record. Please see separate rolling action plan for update on outstanding actions.	
147	MATTERS ARISING – Nil to update	
148	ASSURANCE & IMPROVEMENT	
148.1	<u>COVID-19 Update</u> – Sandra Devine reported the following	
	Numbers are slowly declining and are on a downward trajectory. 9 wards were closed as of last week. CNO letter issued on 28 th February 2023 stating that SSI surveillance is still paused but GG&C still carry out local surveillance. Healthcare associated targets have been extended to 2024. The E-coli Bacteraemia reduction target has been reduced to 25% instead of the original 50% target. The use of FRSM masks in general areas is not required anymore but still required in clinical areas.	
148.2	Surveillance Update Reports – Sandra Devine reported the following	
	<u>Enhanced Surveillance Reports</u> <u>January 2023 SAB & E.coli Bacteraemia Surveillance</u> During January 2023 there were a total of 31 SABs reported, 18 of these SABs were Hospital Acquired Infections (HAI). 9 of the SABs were IV access device related. 100 E-Coli bacteraemia, 25 of which were HAI. <u>February 2023 SAB & E.coli Bacteraemia Surveillance</u> During February 2023 there were a total of 33 SABs reported, 11 of these SABs were HAI. 6 of these were IV access device related. 101 E-Coli bacteraemia reported, 28 of which were HAI. Surgical site infection surveillance reports were also discussed where no exceptions were noted and all were within expected numbers.	

148.3	Acute Clinical Governance Infection Prevention & Control Report – report was issued for noting.	ACTION
148.4	<p><u>Monthly HAIRT Report</u> – Sandra Devine reported</p> <p>Report has reverted back to bi-monthly as previous monthly/quarterly reporting didn't work and the data now aligns to the national setting. The summary at the front outlines the SAB/CDI and ECB numbers are within normal variants and that targets have been extended for another year to drive down the numbers. The next HAIRT will include the new reduction in ECB targets from 50% to 25%.</p> <p>The target rate in terms of CPE/MRSA screening has recovered especially during a very challenging winter.</p>	
148.5	<u>IPC Work Plan</u> – Gillian Bowskill reported	
	<p>Workforce plan has been updated to highlight the new posts put in place recently which are a clinical scientist and advanced healthcare scientist. IPC support workers job description is currently with the job evaluation panel. The HAI scribe nurse post will be re-advertised.</p> <p>HIS standards GAP analysis comparing 2015 and 2022 action plan on track and will be issued in the next few weeks.</p> <p>Education ongoing with mental health and community teams. Training video prepared and hoping to use this for acute services are well.</p>	
149	<u>SAFE CARE</u>	
	<u>Sector Leads Update Report</u>	
149.1	<u>Clyde Sector</u> – Gillian Bowskill updated the group with the following exceptions:-	
	No exceptions to report. The two hot de-briefs will be moved onto the next AICC agenda for June 2023.	
149.2	<u>North Sector</u> – Marlene Hay updated the group with the following exceptions	
	<p>24 ward closures throughout March 2023 all due to COVID.</p> <p>3 quality assurance audits carried out, 2 of them scored RED and the other was amber.</p> <p>Ongoing problems in the PRM regarding out of specification water results in relation to Legionella.</p> <p>Elaine Burt assured the group regarding the CVC sweep carried out in Renal Dialysis Unit at the GRI - patient was allergic to CHD dressings and Biopatch and the discrepancies with the paperwork was due to bank nurse which they are addressing.</p>	

149.3	<u>South Sector</u> – Dr Bal/Allana Kelly updated the group with the following	ACTION
	<p>Numerous ward closures due to Norovirus & COVID but seems to be getting better now. Ward 5C audit scored a red and been re-audited in March 2023 and improved to 97% green.</p> <p>Previously reported Rhizopus in November the South team have been working through all actions with 1 outstanding regarding a review of the ceiling void in Theatre 18 which will be carried out on 21st April by estates.</p> <p>Renal at QEUH is above limit of 9 HAI VRE cases per month. During March 2023 9 VRE cases have been reported, 8 attributed to Ward 4A meaning it is above its upper control limit.</p> <p>Refurbishment of Ward 62 has had issues with scribe regarding dust/debris falling into ward below (Neuro Critical Care). Scribes have been amended and are under review. Decanting of patients from Neuro Critical Care is scheduled for this week. Once decant has been completed then work can resume.</p>	
149.4	<u>South Paediatrics</u> – Kate Hamilton updated the group with the following exceptions	
	<p>Update on the para-therm ECMO machines that were quarantined, one is back in use after negative results from reference laboratory. The other remains in quarantine with results expected back shortly.</p> <p>Heater cooler taken out of use in Theatres due to air sample that was positive for AMS. Sent to reference lab which has come back as mycobacterium <i>chelonae</i> and not mycobacterium <i>chimaera</i> which is the one we would be concerned about in heater coolers. Heater cooler is still out of use and numerous negative results have been obtained.</p> <p>Leaking CHWB in 4 bedded bay in PICU which involved moving patients out of room. Work completed with no evidence of chronic water damage/dampness so patients have moved back into 4 bedded bay.</p>	
149.5	<u>AMT Report</u> – Ysobel Gourlay report was sent out on the morning of the committee	
	<p>An SBAR has been written to highlight the alternatives to discontinued chlorhexidine sachets (0.05%), which Ysobel will bring to the next AICC meeting for discussion.</p> <p>This AMT report outlines the use of IV antibiotics in GGC. Q1 2023 IV antibiotic use is lower than Q1 2019 (pre Covid 19 pandemic).</p> <p>Quality Improvement project promoting the use of oral rather than IV metronidazole, has yielded a reduction in IV metronidazole use. Oral metronidazole is around 100% bioavailable, and should be used where the patient is eating and drinking, no concerns regarding absorption and does not have sepsis.</p>	

149.5	<u>AMT Report Contd</u>	ACTION
	In order to promote the use of oral antimicrobials, information on the good bioavailability of other antimicrobials, fluconazole and levofloxacin has been added to HEPMA.	
149.6	<u>Theatre Maintenance / Validation –</u> Dr Marek & Sandra Devine updated the group	
	Dr Marek informed the committee that there hasn't been a recent meeting of this group. There is now an established board ventilation group and currently awaiting to see if this theatre maintenance/ventilation group can group fit into this.	
149.7	<u>Risk Register –</u> Sandra Devine update the group	
	A new risk has been added at the end of the Risk Register in relation to the contract of ICNet expiring end of this year. This is considered a risk for IPC as it is our HCAI surveillance system that allows early detection and indication of areas of concerns or deteriorating performance. MDT meetings are being held nationwide to explore options.	
150	<u>PERSON CENTERED CARE</u>	
	<u>IPC QI Network Update</u> – Gillian Bowskill updated the group The fifth issue of the newsletter is being drafted and hopefully will be out via Core Brief end of April 2023. If there is any IPC Quality Improvement related work, please send details to Natalia Hedo to include in the newsletter.	
151	<u>EFFECTIVE CARE</u>	
151.1	<u>National Infection Prevention & Control Manual</u> – Lynn Pritchard updated with the following:- 6 aide memories were sent out to committee members for comment - please send any comments onto Lynn Pritchard by Friday 14 th April 2023. Patient information leaflets can now be viewed via Ipads within wards on the IPC icon. This allows patients to increase font size and brightness of information leaflets if required. The IPCT teams will be verbally advising Senior Charge Nurses that this available in another source.	

151.1	<u>National Infection Prevention & Control Manual</u>	
	<p>An SBAR regarding chapter 3 is currently out for discussion. It outlines a change that came out last year where they discuss an exceptional infection episode. It use to be a single case of a serious infection which has major implications for others and has now change to a single case of an infection that has severe outcomes for an individual patient. Sandra Devine has spoken to ARHAI regarding the wording being tweaked and requested a review.</p> <p>Dr Iain Kennedy said in the assessment section, paragraph two it states a single case by definition does not indicate an outbreak or incident but we do have an outbreak definition of outbreaks regarding a single case.</p> <p>Dr Bal commented on the recent HIS report discussed variation and interpretation of ARHAI guidance. A risk matrix has been created on how they are mentioned which Dr Bal is happy to share.</p> <p>Sandra Devine reminded everyone there is an Incident Management Outbreak framework which specifically references the national guidance and Public Health guidance regarding management of outbreaks and also outlines the governance regarding approved documents</p>	
152	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
152.1	<p><u>Healthcare Improvement Scotland (HIS)</u></p> <p>First mental health inspection was carried out at Gartnavel Royal at beginning of this year with report coming out on 6th April 2023. 4 requirements (Hand Hygiene/PPE compliance, storage of clinical waste, awareness of water flushing and retaining a good state of repair in environment) were listed along with one recommendation regarding recurring water spillage within shower areas</p> <p>The QEUH action plan from their inspection last year is complete and sent back to HIS by the 12th April.</p>	
152.2	<u>Board Infection Control Committee Update</u> - Sandra Devine reported	
	Last BICC met on 22 nd February 2023. BICC, AICC & PISCG all had terms of reference updated as a result of QEUH report. The minutes of board water group and ventilation group now go to BICC for noting/review.	

152.3	<u>Facilities Update</u> – Helen Gemmell updated the group	ACTION
	<p>Additional wards are still open and awaiting on the programme pull back from this. Verification audits are being used to check we are auditing correctly with them being recorded on Facilities Monitoring Tool so HIS can access these verification audits with regards to their governance.</p> <p>Upgrade on decontamination units with some sterilisers being installed in GRI today along with some planned to be installed into the Dental Hospital and IRH.</p> <p>Start a monthly meeting with IPC teams every month to go over issues brought up in HIS inspections regarding in-correct reporting of estates issues and get better governance on how to do this.</p> <p>The introduction of red bag system with laundry has not been implemented. This will be rolled out at all sites at the same time. Helen will communicate with chief nurses regarding this, with late April/early May being the start date.</p>	HG
152.4	<u>Water & Ventilation Update</u> – Chris Haddow updated with the following	
	<p>GGH water tank replacement is now complete and equipment is now commissioned and online.</p> <p>Numerous of out of specification water results within the care of the elderly building at the Vale of Leven hospital. Plan is to replace the water tanks to reduce the amount of water stored including removing any dead legs discovered throughout the project</p> <p>No issues to report for ventilation apart from partnerships in Theatre B/C&D where further works required before yearly verification.</p>	
152.5	Decontamination Group – nothing to report	
153	<u>AOCB</u>	
153.1	Dr Iain Kennedy discussed a Chief Medical Officer letter which highlights the updated NICE guidance with regards to reducing the risk of transmission of CJD from surgical instruments used for interventional procedures on high risk tissues. This letter is on the back from a CNO letter which was sent out over 2 years ago. The principle change was the cessation of separate streams of surgical instruments for those born before and after the 1 st of January 1997. This greatly simplifies the use of surgical instruments as well as being a significant cost saving.	
153.2	Lynn Prichard spoke about the HAI education strategy where additional wording regarding recommended and mandatory training required by staff. Main changes to the module is the removal of the urinary catheter module as NES advised it is now out date but the introduction of admission screening for patients has been added.	

	<u>AOCB</u>	ACTION
153.3	Cryptococcus Infection Risk in healthcare and Bird Dropping Guidance were disseminated to the committee group for information. Helen Gemmell said the documents involve responsibilities for both Estates and Facilities staff. Big problem for us is there is a number of birds that protected and need necessary license to remove them. Prevalence of birds on sites will increase as it is coming into nesting season. Chris Haddow is the named person for Seagull removal for the north sector. Pest control providers continues to monitor high risk areas including the netting & spikes to deter birds at high risk areas and vent locations. Helen Gemmell highlighted there is a pond area at the RAH where swans get fed which in turn attracts more birds. There was no consultation regarding this guidance or requirement for comments from any health boards.	
153.4	IPC workforce plan was discussed by Gillian Bowskill. This three year Workforce Plan reflects the challenges faced by the IPC Service during the COVID Pandemic and identifies opportunities for new ways of working. The Plan sets out the requirements for the IPC service to retain and develop the right skills and capacity to continue to deliver strategic priorities. A key element of workforce planning is to focus on the requirement to ensure the Service has appropriate succession planning arrangements in place. Specialist IPC roles have also been created within the service e.g. Clinical Scientist, Advanced Healthcare Scientist, HAI SCRIBE Infection Prevention and Control Nurse and IPC Support Workers.	
NEXT AICC IS BEING HELD ON TUESDAY 13th JUNE 2023 AT 10:30AM		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 13th June 2023 at 10:30**

PRESENT:

Dr Scott Davidson (Chair)	Deputy Medical Director
Jackie Barmanroy	Senior IPCN, South Glasgow
Sandra Devine	Director of Infection Prevention & Control
Dr Aleksandra Marek	Infection Control Doctor
Dr Linda Bagraade	Infection Control Doctor
Donna McConnell	Lead IPCN, Clyde Sector
Lynn Pritchard	IPC Nurse Consultant
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Lorna Loudon	Chief Nurse, Clyde Sector
Gillian Mills	Lead IPCN Nurse, North Sector
Gillian Bowskill	Associate Nurse Director, IPC
Morag Gardner	Deputy Nurse Director – Acute Services
Mhairi Brown	IPC Nurse, North Sector
Kate Hamilton	Lead IPC Nurse, South Paediatrics
Mairi McDermid	Associate Chief Midwife
Dr Enrique Hernandez	Advanced Healthcare Scientist
Mark Riddell	Assistant Director (Operational Estates)
Natalia Hedo	IPC Surveillance Operations Manager
Kirsten Burns (Left at 11:45)	Clinical Service Manager, Dental Hospital
Mairi MacLeod	Consultant Microbiologist
Karen McGugan	Lead Nurse Imaging
Dr Iain Kennedy	Public Health Consultant
Catriona Riddell	Lead Nurse, RHC
Dr Kalliopi Valyraki	Infection Control Doctor
Helen Gemmell	Assistant Director – Facilities & Production
John Carson	Chief Nurse – North Sector
Calum MacLeod (minutes)	IPC Administrator

APOLOGIES

Dr Abhijit Bal	Elaine Burt	William Hunter	Geraldine Marsh
Kevin McAuley	Lee Savarrio	Dr David McCarey	Allana Kelly

153	Introductions & Apologies	ACTION
	Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned. There were no declaration of interest noted.	
154	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 11th April 2023 were accepted with the following changes to</p> <p>Item 149.5 – AMT Report</p> <p>An SBAR has been written to highlight the alternatives to discontinued chlorhexidine sachets (0.05%), which Ysobel will bring to the next AICC meeting for discussion.</p> <p>This AMT report outlines the use of IV antibiotics in GGC. Q1 2023 IV antibiotic use is lower than Q1 2019 (pre Covid 19 pandemic).</p> <p>QI project promoting the use of oral rather than IV metronidazole, has yielded a reduction in IV metronidazole use. Oral metronidazole is around 100% bioavailable, and should be used where the patient is eating and drinking, no concerns regarding absorption and does not have sepsis.</p> <p>In order to promote the use of oral antimicrobials, information on the good bioavailability of other antimicrobials, fluconazole and levofloxacin has been added to HEPMA.</p> <p>Please see separate rolling action plan for update on outstanding actions.</p>	
155	<p>MATTERS ARISING - IPC Committees Cover Paper Template – Natalia Hedo reported</p> <p>Looking at having one committee per sector rather having the AICC but decided to remain the same.</p> <p>A cover page for papers was submitted to the committee so that it will be in line with other committees within GG&C. Highlighted areas in yellow where the admin for the meeting will complete. The highlighted green areas are for the people who will be presenting the paper. It gives an executive summary outlining key issues within the paper for example if it's a policy being reviewed and updated then list the changes. This will cut down the time having to read through reports if the cover sheet highlights the changes/recommendations within the papers themselves.</p> <p>Natalia Hedo will send Calum MacLeod a separate template for any reports as sometimes the cover page does not suit every paper.</p>	NH

156	ASSURANCE & IMPROVEMENT	ACTION
156.1	<u>COVID-19 Update</u> – Sandra Devine reported the following	
	Scottish Government letter regarding withdrawal of the use of face masks was disseminated to the committee for information.	
156.2	Surveillance Update Reports – Sandra Devine reported the following	
	<p><u>Enhanced Surveillance Reports</u></p> <p>Work is ongoing in Clyde and Glasgow Royal Infirmary regarding implementation of PVC care plan.</p> <p><u>March 2023 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During March 2023 there were a total of 26 SABs reported, 9 of these SABs were Hospital Acquired Infections (HAI). 4 of the SABs were IV access device related. 85 E-Coli bacteraemia, 31 of which were HAI.</p> <p><u>April 2023 SAB & E.coli Bacteraemia Surveillance</u></p> <p>During April 2023 there were a total of 39 SABs reported, 17 of these SABs were HAI. 6 of these were IV access device related. 62 E-Coli bacteraemia reported, 17 of which were HAI.</p> <p>Quarter 1 SAB enhanced directorate reports were also disseminated for information.</p> <p>Surgical Site Infection reports were disseminated for information where there has been an increase in large bowel SSI but still within their control limits. The cohort of patients we are dealing with at the moment is not representative of the population pre pandemic. Earliest national surveillance will start in 2024.</p> <p>Morag Gardner asked if any concerns regarding increase SSI, would this committee be used as a platform. Dr Bagrade informed the committee that the IPC review all alerts and keep reviewing SSI rates. IPCT have clinical involvement with clinical teams giving them assurance including holding problem assessment group if there is increase in SSI even if areas are still within their own controls. IPCT are also reviewing the information we put into SSI reports. Previously if there is a data exceedance in SSI SPC charts a text box is added outlining what actions the IPC team have undertaken to review this. Looking forward the IPC team would like to link our Hot De-briefs to our SSI reports. SSI data does go to clinical teams and is also in the dashboard for medical staff to review. All these reports are looked through sector clinical governance meetings as well so it's not all IPC ownership.</p>	

156.2	Surveillance Update Reports – Sandra Devine reported the following	ACTION
	<p>Ysobel Gourlay has requested some data regarding antimicrobial prophylaxis and patients BMI. This is recorded and reviewed for all cases being classed as SSI. Dr Bagrade informed Ysobel that during some PAG meetings surgical teams may undertake their own antimicrobial prophylaxis audits and will contact Ysobel after this meeting to give some contacts of surgical teams to obtain this.</p> <p>Dr Davidson spoke about how these reports all come together and how the IPC team should not be responsible for writing these when numerous items included in the report come from the clinical team. Clinical ownership should allow these reports come to the IPCT instead of the IPCT writing them. Dr Davidson is looking into the ownership/responsibility of papers across a number of committees at the moment.</p>	
156.3	<p>Acute Clinical Governance Infection Prevention & Control Report – report was issued for noting.</p> <p>Dr Bagrade highlighted 7 wards closed in April mainly due to COVID but some gastroenteritis issues as well.</p> <p>SPC charts reporting SAB/CDI and ECB all within limits and no Amber or red HIIAT score incidents.</p> <p>Looking at changing sector SAB reports where it will support local SAB groups with slightly different aims and targets for each sector and what problems they may need to tackle.</p>	
156.4	<p><u>Monthly HAIRT Report</u></p> <p>Sandra Devine reported no exceptions to report with all key performance indicators within expected levels.</p>	
156.5	<p><u>IPC Work Plan</u> – Gillian Bowskill reported</p>	
	<p>Appointed HAI scribe nurse and Surveillance Operations Manager. Only appointments we need to make is the Band 3 Health Support Workers. In the meantime there is a short life working group looking at induction programme for this new post.</p> <p>Added an appendix with the HSCP care home collaborative work plan as a lot of items on this work plan are the same as the acute work plan.</p> <p>Planning to have 3 IPC Nurses on HIS engineering course although spaces are very limited and currently on a waiting list for this.</p>	

156.5	<u>IPC Work Plan</u> – Gillian Bowskill reported	ACTION
	<p>For sustainability Lynn Pritchard is developing some videos that will narrate the patient information leaflets along with developing QI codes where patients can view leaflets online to move away from paper use.</p> <p>HIS steering group will be reconvened over the summer with corporate visits being re-started as well.</p> <p>Format of the IPC annual report where we are using the WHO guidelines and IPC core control programmes which will illustrate the work that we undergo and give more rounded picture of what the IPC team do over the year.</p> <p>Morag Gardner said the work plan looks very good and comprehensive. New SICPs audit tool there is quite a significant difference from SICPs audit carried out by ward staff compared to audits carried out by the IPC team. The IPC team will start to pull together an analyses of the gaps found between the audits carried out but this will not be ready until September/October as currently not enough information. Morag wondered if we feel if there is maybe a discrepancy whether it feels appropriate from a governance prospective to wait until September/October until we take any action? If there is an issue which we think there likely is can we put some actions in while we are going along? Lynn Pritchard informed the committee there is some things where we think there are areas for improvement. Trying to revamp bulletins as a way to focus on these issues the IPC teams have picked up already.</p> <p>Sandra Devine thinks a good forum for this would be the Quality Improvement network as SICP is one of the key work streams. If Morag and Sandra have a discussion regarding this it could bring out flash reports and bring out news in the network newsletter.</p>	
157	<u>SAFE CARE - Sector Leads Update Report</u>	
157.1	<u>Clyde Sector</u> – Donna McConnell updated the group with the following exceptions:-	
	<p>The latest Activity report for the Clyde sector was submitted to the committee for information. The following two hot de-briefs were discussed:</p> <p>Ward 14 RAH Influenza outbreak during December 2022 which involved 5 HAI Influenza cases. Lessons learned were about prompt isolation, obtaining samples and clinical team assessing prophylaxis about any Influenza contacts. Dr Davidson asked how do we share/disseminate that learning across all the sectors and not just the Clyde sector? The Clyde IPC team has disseminated this information through local clinical governance meetings. John Carson said there is three different networks we could share this information through - sector governance groups, SAB sector groups and the Lead Nurse network. Also feed this through the Chief Nurse group as well.</p>	

157.1	<u>Clyde Sector</u> – Donna McConnell updated the group with the following exceptions:-	ACTION
	<p>Dr Bagrade said it is not always learning applies to GG&C but sometimes it does. How do we engage with these learning outcomes with Medical Staff? In a recent incident the IPC engaged with the clinical lead with the area and disseminate this information through their network and also through clinical governance groups.</p> <p>Dr Davidson said we share a lot of information through this committee but how do we know that we are reaching the teams on the ground especially medical staff. We have to share this information with them as they have a professional responsibility to engage with this. We need to have to look at how this information is shared between sectors.</p> <p>Lynn Pritchard informed the committee one of the actions from the HIS standards is to look at a report from the learning of the hot de-briefs. What we may need to look at is how this is disseminated further than committees but that would be a quarterly or every 6 months with a report highlighting the lessons learned.</p> <p>Dr Iain Kennedy said there is two separate questions here: First what happens next - as it's not within the remit of IPC to follow through all issues raised in debriefs and outbreak reports. The board incident management plan requires incident reports to be submitted to Care and Clinical Governance, which as well as providing assurance and oversight, creates an opportunity for patterns within incidents to be identified. The process and pathway for how clinical governance and incident teams interact and work together still need to be worked up.</p> <p>Second question is what do you do with that information and how do you create change within the system and that would depend on the individual of the situation being reported on. Tool box is another way to disseminate learning to the front line.</p> <p>Hot de-brief for 3 CDI cases linked to one ward within Inverclyde. Typing returned different but there were some lessons learned.</p> <p>Dr Davidson asked how do we know if an action regarding antimicrobial stewardship for certain antibiotics has been actioned/concluded and a result has been obtained as questions would be raised if this reoccurs again. Dr Kennedy said in broad literature regarding outbreak and best practice one of the key points is failing to get recommendations to decision makers. Dr Davidson said our job is not to dictate at this point but further investigation into possible problems and what were the outcomes of these.</p> <p>Ysobel Gourlay said she can review antibiotic use to date and check to see if it is given through the guidelines. Ysobel will speak to antimicrobial pharmacist in IRH.</p> <p>Dr Davidson reiterated that this is not an IPC role to take forward, it is a sector role for local governance to take this forward and act upon. Dr Davidson wants this committee to be given assurance this is the case and being acted on.</p>	

157.1	<u>Clyde Sector</u> – Donna McConnell updated the group with the following exceptions:-	ACTION
	Sandra Devine reflected on this saying we were thinking of changing the structure of the committees for this reason to try and connect to clinical terms and close the loop with some of these lessons learned. Bit more thought into how we link into sector groups with regards to adding in hot de-briefs to reports.	
157.2	<u>North Sector</u> – Gillian Mills updated the group with the following exceptions	
	<p>Most recent Activity report regarding the North Sector was issued to the committee for information</p> <p>Hot Debrief Linezolid Resistant VRE Incident February – November 2022, 13 confirmed cases during this period. Required significant time and resource as incident was not just focussed to one area within GRI. Not all cases had epidemiology links so was quite hard to ascertain if this was an actual outbreak. Over 100 environmental screens taken with only 1 isolated positive sample (BP cuff) for VRE. Commenced enhanced supervision and carried out Hydrogen Peroxide Vapour cleaning within areas involved. Also visiting specialities to ICU where they thought TBPs and SICPs not be adhered to by visiting staff</p> <p>John Carson informed the group that this is consistently part of their lead nurse agenda about reminding staff about SICPs. Process for peer reviews and process for inter-speciality reviews like medical auditing surgical staff etc. Asked everyone to carry out a full sector sweep by end of July and keep it going as a recurring theme.</p>	
157.3	<u>South Sector</u> – Jackie Barmanroy updated the group with the following	
	<p>Most recent Activity report regarding the South Sector was issued to the committee for information</p> <p>Hot Debrief Ward 8C, GGH – CDI Trigger</p> <p>This relates to September 2022 where a CDI trigger in Ward 8C, GGH. Both CDI specimens returned different types, patients were isolated immediately when developing loose stools and no issues identified when carrying out daily checklists by IPC.</p>	
157.4	<u>South Paediatrics</u> – Kate Hamilton updated the group with the following exceptions	
	<p>Most recent Activity report regarding the South Paediatric Sector was issued to the committee for information</p> <p>Hot De-Brief ECMO & Heater Cooler machine, RHC – lessons learned highlighted who receives results and how are they acted upon.</p>	

157.5	<u>AMT Report –</u> Ysobel Gourlay reported on the following	ACTION
	<p>SBAR and memo highlighting the alternatives to Tiasept and Unisept, both which have been discontinued. It outlines the following two options</p> <p>Option 1</p> <p>One 1L bottle per patient. This would result in considerable waste, both of the unused solution and financially.</p> <p>Option 2</p> <p>For multiple patients over a day dispensing into a sterile gallipot. If using for multiple patients then an aseptic technique used when dispensing from the bottle. An expiry would also be needed to be agreed.</p> <p>The committee agreed to go with option 2 with clarification regarding timing especially with regards to theatre staff. Dissemination should be put through Clinical/Sector Governance, BICC and also include in the acute update from the Senior Management. Morag and Scott will send to chief of nursing and chief of medicine and get them to share it at all of their groups.</p> <p>GG&C are meeting SAPG ARHAI national targets with regards to antimicrobial use although highlighted a big increase during the last quarter due to Group A Strep increase.</p>	MG/SD
157.6	<u>Theatre Maintenance / Validation –</u>	
	Group hasn't met since November 2021. There is a board ventilation group which is currently looking to get some clinical representation which has taken over this role. It was agreed to remove this from the AICC agenda.	
157.7	<u>Risk Register –</u> Natalia Hedo update the group to say there was no changes to the risk register.	
158	<u>PERSON CENTERED CARE - IPC QI Network Update</u> – Natalia Hedo updated the group	
	Sandra Devine and Morag Gardner will be meeting Angela Wallace regarding the future format of this meeting. The IPCQI Newsletter will hopefully be out this week via the core brief.	
159	<u>EFFECTIVE CARE</u>	
159.1	<p><u>National Infection Prevention & Control Manual</u> – Lynn Pritchard updated :-</p> <p>Decontamination & Group A Strep documents are out for comment which are due back until the 4th of July. No major changes to these documents.</p> <p>National manual guidance appendix has been updated due to the removal of COVID appendixes.</p>	

160	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	ACTION
160.1	<p><u>Healthcare Improvement Scotland (HIS)</u> – Gillian Bowskill updated the group</p> <p>SBAR with a summary of QEUH Unannounced Inspection 2022 Update & Completed Action Plan for information.</p> <p>Public Involvement Input for Inspection Improvement Plans looking to restart public involvement. Looking for approval from committee that we are fine for going ahead with this. No concerns were raised by the committee, but highlighted the timescales are challenging.</p> <p>Couple of mental health inspections that went quite well along with Gartnavel inspections which seem to have gone well.</p>	
160.2	<u>Facilities Update</u> – Helen Gemmell updated the group	
	<p>Pulling back from the company which is carrying out external auditing. By the end of July GG&C should be doing all internal auditing in addition to FMT auditing.</p> <p>New RO plant at IRH new sterilisers going into Dental Hospital going through commissioning stage.</p>	
160.3	<u>Water & Ventilation Update</u> – Mark Riddell updated with the following	
	<p>GRI installed HPV within PRM looking at exit strategy with point of use filters being carried out with conjunction with the board water safety group.</p> <p>Dental hospital chlorine dioxide plant now at commissioning stage looking to have this finished in the next 2/3 weeks.</p> <p>Beatson & Gartnavel new Chlorfiers being complete by end of July.</p> <p>Legionella results in VOL using point of use filters in some areas.</p>	
160.4	Decontamination Group – nothing to report as group has not met. Looking at different process of decontamination requests coming into the service.	
161	<u>AOCB</u>	
161.1	Risk Assessment regarding Ward 2A/2B RHC has been updated and disseminated to the group for information.	
161.2	Pseudomonas Risk Assessment was disseminated to the group. This is reviewed every year and will also go to BICC and GG&C water safety group.	
161.3	Annual IPC Programme 2023-24 – Sandra Devine comply with all the government policies. Including ongoing work with public inquiry and Scottish governance workforce plan.	
NEXT AICC IS BEING HELD ON TUESDAY 15th AUGUST 2023 AT 10:30AM		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 15th August 2023 at 10:30**

PRESENT:

Dr Linda Bagrade (Chair)	Lead Infection Control Doctor
Allana Kelly	Lead IPC Nurse, South Sector
Dr Abhijit Bal	Infection Control Doctor, Head of Service for Microbiology
Donna McConnell	Lead IPC Nurse, Clyde Sector
Dr Iain Kennedy	Public Health Consultant
Gillian Bowskill	Associate Nurse Director, IPC
Kerr Clarkson	Estates Manager
Anne Gallagher	Lead IPC Nurse, South Paediatric
Natalia Hedo	IPC Surveillance Operations Manager
Geraldine Marsh	Chief Nurse, South Sector
Morag Gardner	Deputy Nurse Director, Acute Services
Gillian Mills	Lead IPC Nurse, North Sector
Simon Pybus	Microbiology Registrar S7
Morag Walsh	Head of Facilities Operations, Clyde Sector
Dr Enrique Hernandez	Advanced Healthcare Scientist
Mandy Meechan	Chief Nurse, RHC
Karen McGugan	Lead Nurse, Imaging
Lorna Loudon	Chief Nurse, Clyde Sector
Lynn Pritchard	IPC Nurse Consultant
Dr Aleksandra Marek	Infection Control Doctor
Claire Buchanan	IPC Nurse, North Sector
Lynsay Creighton	Associate Chief Nurse, Regional
Dr Erica Peters	Consultant, Infectious Diseases
Ysobel Gourlay	Lead Antimicrobial Pharmacist

APOLOGIES

William Hunter	Sandra Devine	Dr Scott Davidson	Dr Mairi MacLeod
Mark Riddell	Kirsten Burns	Dr Kalliopi Valyraki	

162	Introductions & Apologies	ACTION
	Dr Bagraade welcomed everyone to the meeting and apologies were received from the above mentioned. There were no declaration of interest noted.	
163	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 13th June 2023 were accepted with the following changes to</p> <p>Page 6, Item 157.1, Paragraph 4 - Dr Iain Kennedy will send Dr Bagraade wording in relation regarding clinical governance pathway.</p>	IK
164	ASSURANCE & IMPROVEMENT	
164.1	<u>COVID-19 Update</u> – Gillian Bowskill reported the following	
	<p>Chief Medical officer Letter – Advance notice to Scottish Government’s COVID-19 testing guidance came out on 9th August 2023. Main changes to take effect by the 30th August which highlights pause in routine COVID testing in Health, social care and prisons. Only exception to this is patients being discharged from hospitals to care homes or Hospice. Testing protocol for COVID will revert back to testing as appropriate to support diagnosis or support outbreak management as per national IPC manual. Routine staff testing has also been paused and should follow NHS Inform guidance.</p> <p>Dr Bagraade asked about staff groups who get routine COVID screening as they work in high risk units like Bone Marrow Transplant/Haematology/Oncology units. Possible staff anxiety in stepping back from routine testing? We should be cautious about their requirements with adding in additional testing which is not part of what is required nationally. Patients will not have access to COVID screening within the community so would need to come up to the hospital for COVID screening. With regards to a governance perspective where does this sit as it is broader than Infection Control where these decisions are being taken? This document is for information only and initial discussion and hoping we can agree most appropriate way forward for communication and clinical governance.</p> <p>Dr Marek said we should use these opportunities as an emphasis of good practice instead of using the stepping back wording to highlight what should have always been done.</p> <p>Dr Bagraade will discuss with Sandra Devine how to involve all groups of staff involved with the COVID testing changes.</p>	LB

164.2	Surveillance Update Reports – Natalia Hedo reported the following	ACTION
	<p><u>SAB & E.coli Bacteraemia Surveillance May & June 2023</u></p> <p>During May 2023 there were a total of 39 SABs reported, 18 of these SABs were Hospital Acquired Infections (HAI). 11 of the SABs were IV access device related. 105 E-Coli bacteraemia, 24 of which were HAI.</p> <p>During June 2023 there were a total of 32 SABs reported, 16 of these SABs were HAI. 7 of these were IV access device related. 105 E-Coli bacteraemia reported, 31 of which were HAI.</p> <p>A new HEAT map is included in June's report which shows all different sectors and overall GG&C numbers for ECB and SABs. The darker the red colour is the higher the number of SABs each sector has.</p> <p><u>Surgical Site Infection Reports</u></p> <p>Large Bowel Surgery 3 SSI in June and in April had 5 which was above control limit but numbers have since come down.</p> <p>C-Section in June 6 SSI, 5 of which were in the QEUH. No direct links between the 5 cases as they are all different organisms. Meeting has been arranged with the Surgical team at the QEUH to discuss this.</p> <p>Vascular surgery 5 SSI in QEUH, all patients had existing risk factors and no direct links have been established.</p>	
164.3	<p>May Acute Clinical Governance Infection Prevention & Control Report – Dr Bagrade reported</p> <p>There were no Red or Amber outbreaks reported during the month of May and all charts are within control limits.</p> <p>1625 Learnpro modules were completed in May with most completed by nursing staff.</p>	
164.4	<p><u>Monthly HAIRT Report –</u> Natalia Hedo reported</p> <p>May and Junes HAIRT report highlighting SAB and ECB rates remain within expected limits.</p> <p>Clinical risk assessment compliance was 90% for CPE and 89% for MRSA. Overall Scotland is sitting at 77% and 78% so we are higher than other health boards.</p>	

164.4	<u>Monthly HAIRT Report –</u> Natalia Hedo reported	ACTION
	<p>CDI healthcare associated rates for May (21 cases) & June (28 cases) were above the aim of 17 cases per month. It is thought this could be due to a seasonal variation as each case showed no cross contamination between patients. Additional analysis of the cases were undertaken with regards to PPI or antimicrobial prescribing which may have been an influence in numbers. The numbers have returned to normal for July 2023.</p> <p>One incident during June which scored Amber regarding ward closures within Langland's building, QEUH.</p> <p>Stopped including COVID numbers in this report but still include incidents regarding COVID.</p> <p>Unannounced inspection at Gartnavel General Hospital in May 2023 where 6 areas of good practice were noted with 1 recommendation and 3 requirements. Action plan has been completed and submitted.</p> <p>Dr Erica Peters queried the report at the bottom of the HAIRT in relation to the antimicrobials used in the C-Diff review and if we are looking at this in depth to see if these antibiotics were appropriately used and if there was any direct feedback to clinicians. IPC are going to do more work on this antimicrobial report and look at antibiotic consumption in GG&C. Ysobel Gourlay asked if she can be involved in any future antimicrobial investigations and reminded the committee that antimicrobial pharmacists compile an antimicrobial report whenever there is a CDI trigger with any actions from these reports are brought to this meeting.</p>	
164.5	<u>IPC Work Plan 2023/2024 –</u> Gillian Bowskill reported	
	<p>The following changes have been made to the IPC work plan 2023/24</p> <ul style="list-style-type: none"> • Merged the HSCP work plan in with the overarching IPC work plan. • 3 Health Care Support Workers will go out for advert tomorrow. Post for North, South and Clyde sectors. • The impact on the revised audit function. IPC team have now got a report regarding all the SICPs audit carried out on the CAIR dashboard where the IPC will report on this soon. • IPC annual report in draft form and out for comment. • Updated the glossary with the acronyms used within the report. 	

165	<u>SAFE CARE - Sector Leads Update Report</u>	ACTION
165.1	<u>Clyde Sector</u> – Donna McConnell updated the group with the following exceptions:-	
	<p>HCAI SAB rate is at 20 where the target is 14 for the most recent quarter. Re-established SAB group where initial focus will be any links between Datix with regards to any lessons that can be learned.</p> <p>Out of spec legionella counts in Ward 36, RAH which resulted in decant of ward on 13th July which is still decanted. Estates are on target for carrying out remedial works with the ward being handing back by the beginning of September.</p>	
165.2	<u>North Sector</u> – Gillian Mills updated the group with the following exceptions	
	<p>Ongoing outbreak of MRSA in Ward 45 which is a burns ward. 8 cases in total (7 HAI and 1 community case) Last case was on 10th August. Patients 1-5 have same MRSA isolate from typing results awaiting further results from the other 3 samples.</p> <p>Environmental swabbing has been carried out in Ward 45 where 3 pieces of equipment (ECG machine, condiment tray & digital camera button) came back positive matching the patient typing results. HIIAT is currently amber. Staff screening has commenced at start of August and awaiting on results for this.</p> <p>4 cases of VRE all hospital acquired within a 27 day period between May and June in Ward 63. Isolates not sent for typing but however all patient had been in same 6 bedded bay at one point. Terminal cleans undertaken with control measures put in place however issues were not resolved so an action plan has been escalated.</p>	
165.3	<u>South Sector</u> – Allan Kelly updated the group with the following	
	<p>HAI CPE Klebsiella attributed to Ward 8D at the QEUH purely on timing as patient had been in numerous wards throughout their stay. Patient admitted on [REDACTED] March and positive sample came back on [REDACTED] May. Patient hadn't reported having healthcare abroad but had healthcare in Wales which came to light later on. A look back exercise was undertaken where 43 contacts were identified with the majority from critical care. As per our policy only patients that were still in-patients would be screened for CPE with all screens coming back negative. Patient died but CPE was not cited on their death certificate.</p> <p>4 HAI VRE within Ward 4C QEUH Renal which is above upper control limit (UCL) for the month of July. Ward has also had 2 non-HAI VRE in the ward in the month of July. A total of 9 isolates from Ward 4C (7 renal, 2 haematology) during the period covered by this investigation has been sent away for genome sequencing. Ward is currently receiving twice daily terminal cleans, with all patient shared equipment received Hydrogen Peroxide Vapour treatment. All VRE patients are also isolated with transmission based precautions put in place.</p>	

165.3	<u>South Sector</u> – Allan Kelly updated the group with the following (Contd)	ACTION
	<p>All isolates for the month of July for all the renal wards have been sent away for sequencing. . SICPs audit (93%) and Hand hygiene (90%) carried out within Ward 4C. Once sequencing results are returned the group will review the current IPC measures in place</p> <p>Ward 6B, QEUH have had two line related SABs, PVC related sab on 17th July. Carried out a PVC audit which scored 64%. On the 5th August a CVC related SAB was also identified, carried out CVC audit which scored 100%. Speaking with ward staff regarding education.</p> <p>QEUH have 2 patients with <i>Candida auris</i> which are not connected. 1 patient currently in stroke rehab ward and awaiting to be discharged home. The second patient is currently in Critical Care. This second patient has been classed as a hospital acquired infection according to surveillance definition but we strongly think this was contracted from abroad.</p> <p>Working with estates and putting a risk assessment in place with regards to poor ventilation verification reports at Gartnavel theatres.</p> <p>Hot De-Brief Rhizopus</p> <p>Rhizopus arrhizus isolated from abdominal wound taken on ■■■ November 2022 from a patient in Unit 4 Critical Care, QEUH. Patient admitted on ■■■ November as an emergency and infection has been a hospital acquired infection attributed to Unit 4 Critical Care, however patient had been in numerous areas prior to result. Due to the number of areas patient was in, IPC included all these areas. In all areas we looked at linen, dressing's storage of these items, any previous leaks, vents and their cleaning regime, air/water sampling, SICPs & Hand Hygiene audits undertaken and estates looked into ceiling voids in all areas. No Rhizopus or other related fungi was identified. Communication between clinical teams/lab staff/estates went well. ICD and ICN and clinician team met with patient and their family twice. Due to the number of areas identified it took a while for all actions to be completed.</p> <p>Hot De-brief - Langland's Ward Closures</p> <p>3 wards in Langland's Unit, QEUH were closed with suspected/confirmed Norovirus at the same time (Wards 51/54/55). Education arranged for all Langland's staff which has been very well received. Samples sent by Ward 51 and 55 were not very good. Not all patients were referred to the IPC team regarding symptoms.</p> <p>Lynn Pritchard informed the committee a report will be compiled which will focus on learning outcomes from all the Hot De-Briefs in the last 6 months.</p>	

165.4	<u>South Paediatrics</u> – Anne Gallagher updated the group with the following exceptions	ACTION
	3 cases of multi resistant aeruginosa within PICU between January and June. [REDACTED] [REDACTED]. HPV clean carried out. Hand hygiene and SICPs audit undertaken.	
165.5	<u>AMT Report</u> – Ysobel Gourlay reported on the following	
	Meeting national targets – new and updated guidelines coming to the AUC later this month. Increase in piperacillin / Tazobactam use in GG&C which will be discussed this afternoon at AMT meeting on whether to change guidelines or just monitor use.	
165.6	<u>Risk Register</u> – Natalia Hedo updated the group	
	Natalia Hedo updated on the risk register and this was noted by the committee. Dr Erica Peters informed the group that they recently put on their risk register the lack of a High Consequence Infectious Disease Unit and wondered if this should sit on the IPC risk register as well. IPCT will look at this to see if it should or not.	LB
166	<u>PERSON CENTERED CARE - IPC QI Network Update</u> – Natalia Hedo updated the group	
	IPC Newsletter 5 th version which was published via team brief can be viewed online. Next update will be available in October/November 2023.	
167	<u>EFFECTIVE CARE</u>	
167.1	<u>National Infection Prevention & Control Manual</u> – Lynn Pritchard updated :- Whooping cough and Meningococcal Disease Guidance documents were disseminated to the group. Any comments/suggestions should be sent to Lynn Pritchard by the 23 rd August 2023. Dr Kennedy said in the meningococcal one –should we include the probably case detention in the guidance as well. It was agreed that everyone will be given until the 23 rd of August to read the two guidance documents and send any comments/suggestions to Lynn Pritchard.	

168	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	ACTION
168.1	<p><u>Healthcare Improvement Scotland (HIS)</u> – Lynn Pritchard updated the group</p> <p>Paper was originally a GAP analysis with regards to the HEI standards from 2015 against the 2022 standards. Both standards are very different so instead of doing a GAP analysis the report outlines where we met the standards, where we didn't and where improvement should be.</p> <p>9 standards in total and within these 9 standards there are 48 recommendations. No standards that GG&C did not meet at all. We fully met 43 of the standards and 5 of them we partially met.</p> <p>A mini action plan will be created by Lynn to keep track of standards we are not currently meeting.</p> <p>Gillian Bowskill informed the group that the HIS corporate inspection group will recommence meetings again on 12th September where corporate inspections will recommence.</p>	
168.2	<u>Facilities Update</u> – Morag Walsh updated the group	
	<p>Overall board wide for July score was 95.76% for domestic scoring.</p> <p>Transitional period from external audit company to our own corporate quality team which is well underway and started their roles in August.</p> <p>Cross sector peer reviews continue which assist each sector head with any issues.</p>	
168.3	<u>Water & Ventilation Update</u> – Kerr Clarkson updated with the following	
	<p>RAH Ward 36/37 works pushing ahead regarding remedial works in relation to the out of spec Legionella with handback moved to September due to recent request for removal of sinks.</p> <p>GRI Theatre E annual verification fell short of recommended guidance and was removed from service for 2 days (24/25th July) pending extract adjustment.</p> <p>Seen improvements in little used water outlet returns in particular regional services which scored 100% return rate.</p> <p>Lorna Loudon wanted some clarification on what the escalation process is if you do not get returns regarding little used water outlets. Dr Bagrade informed Lorna that estates are submitting reports to sector clinical governance and also a discussion at board meeting on how to improve the situation. Clarification regarding this escalation process and a short one page document regarding this would be helpful for this.</p>	KC

168.4	Decontamination Group – Gillian Mills updated the following	ACTION
	<p>Continue to monitor the decontamination mailbox where all queries are taken to the IPC Lead Nurse meeting to discuss and if required ICD input is obtained as well.</p> <p>Group remains under review by Dr Andrew Smith/Sandra Devine and Gillian Bowskill.</p>	
169	<u>AOCB</u>	
169.1	<p>CNO Letter – Publication of the Healthcare Infection Strategy 2023 – 2025 - (For Information/noting) – Dr Bagraade updated the following</p> <p>This is a two year strategy where a lot of concerns from IPC community that all these strategies will be adding a lot of pressure to already stretched teams. This has been addressed so that first two year strategy document is not adding to local board teams however there is a lot of work involved regarding national organisations. However once this project is finished, there is a 5 year strategy which will incorporate how much work these national groups require from the IPC teams.</p>	
169.2	<p>Dr Bagraade discussed a new ARHAI briefing note (not sent out with papers) on how to deal with Candida <i>auris</i> patients in acute care settings. The document details what additional screening is required with regards to re-patriated patients with additional screening for patients who are CPE/CPO positive. Document is not clear how this implementation will happen. It would require changing patient admission files including patient consent/clinical risk/changes to lab information systems. Dr Bagraade will speak to IPC colleagues on how this can be taken forward.</p>	LB
NEXT AICC IS BEING HELD ON TUESDAY 10th OCTOBER 2023 AT 10:30AM		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 10th October 2023 at 10:30**

PRESENT:

Dr Scott Davidson (Chair)	Deputy Medical Director
Allana Kelly	Lead IPC Nurse, South Sector
Gillian Mills	Lead IPC Nurse, North Sector
Kathryn Anderson	Senior IPC Nurse, South Paediatrics
Donna McConnell	Lead IPC Nurse, Clyde Sector
Gayle Brown	Head of Facilities, North Sector
Mark Riddell	Assistant Director of Operational Estates
Natalia Hedo	IPC Surveillance Operations Manager
Kara Black	IPC Business Manager
Sandra Devine	IPC Director
Gillian Bowskill	Associate Nurse Director, IPC
Janis Young	Site Facilities Manager
Dr Enrique Hernandez	Advanced Healthcare Scientist
Elaine Burt	Chief Nurse, Regional Directorate
Catriona Riddell	Lead Nurse, RHC
Karen McGugan	Lead Nurse, Imaging
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Abhijit Bal	Infection Control Doctor
Kirsten Burns	Clinical Service Manager, Dental Hospital
Dr Kalliopi Valyraki	Infection Control Doctor
Morag Gardner	Deputy Nurse Director, Acute services

APOLOGIES

William Hunter	Dr Aleksandra Marek	Dr Iain Kennedy
Lynn Pritchard	Dr Chloe Keane	Geraldine Marsh

170	Introductions & Apologies	ACTION
	Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned. There were no declaration of interest noted.	
171	Minutes of Previous Meeting	
	The minutes of the previous AICC meeting held on 15 th August 2023 were accepted with no changes requested. If anyone would like to request any changes can you please email Calum.MacLeod [REDACTED]. Please see separate rolling action plan for update on outstanding actions.	
172	ASSURANCE & IMPROVEMENT	
172.1	<u>COVID-19 Update</u> – Gillian Bowskill reported the following	
	Currently 4 acute wards and 1 mental health ward closed due to COVID-19. COVID-19 numbers have dropped to about 164 inpatient cases, which are the lowest numbers since August 2023.	
172.2	Surveillance Update Reports – Natalia Hedo reported the following	
	<p><u>SAB & E.coli Bacteraemia Surveillance July & August 2023</u></p> <p>During July 2023 there were a total of 30 SABs reported, 14 of these SABs were Hospital Acquired Infections (HAI). 8 of the SABs were IV access device related. 107 E-Coli bacteraemia, 23 of which were HAI.</p> <p>During August 2023 there were a total of 27 SABs reported, 11 of these SABs were HAI. 5 of these were IV access device related. 92 E-Coli bacteraemia reported, 22 of which were HAI.</p> <p>Natalia highlighted to the committee there is a sharp rise in ECBs associated with urinary catheters with 17 healthcare associated cases recorded in August which is very close to the upper control limit. Natalia requested staff to be reminded to have care plans in place and are adhering to the CAUTI guidance.</p> <p><u>July Surgical Site Infection Reports</u></p> <p>Large bowel Surgery - 2 SSI reported Major vascular - 1 SSI reported C-Section - 4 SSI reported (QEUH x 3, RAH x 1) Orthopaedic - 0 SSI</p> <p>Sandra Devine reminded the committee that the IPC surveillance team have a process in place if any increase in SSI it triggers an Incident Management Team meeting. Surveillance nurses work behind the scenes and will notify any teams of any issues.</p>	

172.3	July Acute Clinical Governance Infection Prevention & Control Report – Dr Bagraade reported	ACTION
	<p>A total of 8 wards were closed during July 2023 due to COVID-19 and/or Gastroenteritis. There has been a good uptake on Learnpro modules for staff.</p> <p>SABs/ECB and CDI rates are within control limits. Working with local SAB groups to look at information with regards to sector SABs to see if any trends/highlight any recurring problems which can be addressed.</p> <p>Trying to merge antimicrobial consumption data with CDI data retrospectively to understand if the increase in CDI cases in June was something significant or something we see from time to time.</p> <p>Candida auris incident in QEUH where no forward transmission to any patient.</p> <p>Multi resistant pseudomonas in PICU where 2 cases, 5 months apart had the same matching isolates. Identified no common links and due to time frame this was all done retrospectively with all issues have been addressed. No further cases reported.</p>	
172.4	<u>Monthly HAIRT Report –</u> Sandra Devine reported	
	<p>No longer have AOP targets, it has been replaced by Scottish Government Standards in healthcare associated infections and indicators.</p> <p>SAB and CDI numbers are all within limits, with GG&C performing well against other health boards. Slightly above expected numbers of ECBs but action plan in place to address this.</p> <p>Clinical risk assessment for CPE and MRSA has completely recovered and we are now above 90% thresh hold for these.</p>	
172.5	<u>IPC Work Plan 2023/2024</u> – Gillian Bowskill reported	
	<p>HAI scribe work process in place to standardise the process - expected date of completion is now December. To align with HIS standards and compliance the board have reconvened HEI steering group with first meeting last month where they discussed revising the corporate audit tool with bi-monthly inspections.</p>	
173	<u>SAFE CARE - Sector Leads Update Report</u>	
173.1	<u>Clyde Sector –</u> Donna McConnell updated the group with the following exceptions:-	
	<p>Ongoing SICPs audits in support with SCN to get action plans progressed forward.</p> <p>Ward 36 still decanted due to legionella issues identified.</p> <p>HCAI and HAI SAB for Clyde sector are being looked into through their sector SAB group.</p>	

173.2	<u>North Sector</u> – Gillian Mills updated the group with the following exceptions	ACTION
	<p>2 SICPs audits with an overall compliance of red and 1 amber SICPs audit was highlighted. Concerns from IPCT regarding cleanliness of ward so terminal clean was undertaken.</p> <p>ICU had 4 water leaks over period of time due to variety of reasons. Update in August is that we are awaiting on external contractors and wondering if this ITU west had been resolved. This will be included in the next update. Other leaks were in next unit due to in-appropriate waste disposal from the units above ITU.</p> <p>Increase in Healthcare Associated ECB where urinary catheter as the source. GRI average is usually 3 patients per month but in August 8 patients were identified. IPC are doing toolbox talks for their weekly theme during ward visits.</p> <p>CDI trigger in Ward 2, GRI is now closed with ribo typing returned as different. Concerns regarding cleanliness of patient equipment was highlighted.</p> <p>Significant water leak in August in Dental clinic at Stobhill. Clinic remains out of use as do not have Infection Control Doctor to advise regarding this. Issues with visual contaminated dental water bottles situated on dental chairs has been raised both at Stobhill and the Victoria ACH. IPC have been speaking to manufacturers and now an expiry date on them. Due to the Dental service having no Infection Control Doctor cover Gillian Mills has given as much advice within her remit as possible regarding these concerns.</p> <p>Sandra Devine has pulled together an SBAR for ICD resource for dental hospital/satellite clinics regarding cost and submitted to Susan Groom for consideration and awaiting reply.</p>	
173.3	<u>South Sector</u> – Allana Kelly updated the group with the following	
	<p>Candida auris patient has been discharged to a separate health board with no issues identified with this.</p> <p>Victoria ACH had two incidents of water ingress all actions completed regarding this.</p> <p>Ward 4C, QEUH had their VRE numbers increase during July and August.</p> <p>W&C had 5 SSI C-sections for June - all were different organisms with no similarities found.</p> <p>Ward 4B, QEUH increase in gram negative organisms. Problem assessment meeting held with action plan currently underway.</p> <p>Incident Management Team meeting held in relation to 2 patients who had HAI CPE attributed to separate wards but during look back exercise it was highlighted they both were inpatients in Ward 8C at the QEUH. Ward 8C underwent a full Hydrogen Peroxide Vapour clean.</p>	

173.3	<u>South Sector (Contd)</u> – Allana Kelly updated the group with the following	ACTION
	<p>Increase in gram negatives in Neuro Critical Care with pseudomonas and Klebsiella including 2 EVD infections. Acton plan currently underway.</p> <p>Theatres C/D and F at Gartnavel General hospital had a poor ventilation verification report but process in place and risk assessment completed.</p> <p>Morag Gardner raised concerns about increase E-Coli bacteraemia associated with urinary catheters and should we have a plan put in place to deal with this? IPC team are reviewing the cases to see how big the problem is and look to see if the sector SAB groups could see if any improvements/training is required with clinical team taking ownership of this.</p> <p>Gillian Mills informed the group that the challenge is as soon as patient who has a catheter in SITU is brought into A&E it is automatically a Healthcare Associated Infection. Sandra has asked Lynn Pritchard, IPC Nurse consultant to look into this to put together a best practice newsletter. The IPC Quality Improvement network was always to include a CAUTI workstream and a toolbox talk is also available for staff to use.</p>	
173.4	<u>South Paediatrics</u> – Kathryn Anderson updated the group with the following exceptions	
	<p>Increase in Serratia marcescens in Neonatal unit, with no further cases.</p> <p>In Ward 2A (Haematology/Oncology) staff member with potential pertussis, meeting has been arranged to discuss potential contacts.</p>	
173.5	<u>AMT Report</u> – Ysobel Gourlay reported on the following	
	<p>Pharmacy undertook an audit of ward 2 GRI due to a CDI trigger being actioned. There was a higher percentage of IV antibiotic dosage missed (about 5%) compared to GG&C average of 2.5%. Patient had swallowing difficulties so swapped between IV and oral antibiotics.</p> <p>Ward 2 currently has no funded pharmacist cover as it was opened as a COVID-19 ward during the pandemic. There was poor recording of oral antibiotic duration in which pharmacy is going to engage with the ward regarding this. Dr Davidson requested to see the formal antimicrobial report from the CDI trigger which Ysobel sent onto Dr Davidson during the meeting.</p> <p>Ysobel informed the committee that when wards run out of antibiotics there is an on-call pharmacist that can be contacted out of hours to rectify this.</p> <p>Dr Davidson wanted clarification regarding this as it has an impact on current operational issues regarding pharmacy being closed at weekends. If you can contact an on-call pharmacist day or night to get antibiotics then patients could be discharged over weekends? Dr Davidson queried if this process been agreed across all GG&C sites especially during out of hours.</p>	

173.5	<u>AMT Report –</u> Ysobel Gourlay reported on the following	ACTION
	<p>Ysobel Gourlay confirmed this is the case as the on-call pharmacist will have a list of where all IV/oral antibiotics are stocked. Dr Davidson said it would be beneficial if this can be shared around the acute teams via chief of medicines/chief nurses so staff can maximise the use of this so no patient can miss their antibiotics if the ward runs out.</p> <p>Ysobel will speak to lead pharmacist to see if a memo can be sent out in relation to the services the on-call pharmacist can assist with.</p>	YG
173.6	<u>Risk Register –</u> Natalia Hedo updated the group	
	<p>No changes to risk register and next meeting to review this is being held in next few weeks.</p> <p>High Consequence of Infectious Diseases unit will also be discussed at this meeting.</p>	
174	<u>PERSON CENTERED CARE - IPC QI Network Update</u> – Natalia Hedo updated the group	
	<p>Merged operational and steering group into one with the next meeting being held on 14th November 2023.</p> <p>Revised terms of reference have been sent out for comment and membership will also be reviewed likely to include community services.</p>	
175	<u>EFFECTIVE CARE</u>	
175.1	<u>National Infection Prevention & Control Manual</u> – Gillian Bowskill updated :- MRSA SOP & Scabies guidance have received no comments regarding the updated documents. All SOP's have had no significant change. Dr Rosie Hague has contacted Lynn Pritchard regarding a few comments regarding the proposed updated MERs CoV SOP in relation to paediatric patients. This will be updated and re-issued at the next AICC meeting.	
176	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
176.1	<u>Healthcare Improvement Scotland (HIS) –</u> Gillian Bowskill updated the group Nothing to report as no inspections have been undertaken since Gartnavel General Hospital. Sandra Devine reminded the committee that the Scottish hospital inquiry continues and the IPC team are supporting information gathering for this process. The COVID-19 public inquiry has also started with numerous items of evidence/information has been requested and is taking up some time for the IPC	

	team to deliver these documents.	
176.2	<u>Facilities Update</u> – Gayle Brown updated the group	ACTION
	<p>Winter cleaning commenced on 1st October 2023.</p> <p>Moving from Actichlor to Titanchlor in the next week.</p> <p>All GGC sectors have successfully implemented and embedded their interactive 10 step plan regarding quality assurance which is all on share point for all domestic leads to view.</p> <p>Over past few months there was 5 amber audits with 1 red audit with all actions completed within timescale.</p>	
176.3	<u>Water & Ventilation Update</u> – Mark Riddell updated with the following	
	<p>Action plan and timescales for Ward 36/37 at RAH was included in the report. Ward 36 is due to be handed back on October 16th and Ward 37 due to be finished on 20th November. Each ward would require about a further week to get everything in place for patients to be returned.</p> <p>IRH maternity birthing pool had positive legionella result with remedial action being taken with further results awaited.</p> <p>VOL project of replacement of water tanks is now completed and commissioned.</p> <p>Training will be held on 21st October (2 sessions AM and PM) in the Teaching & Learning building in relation to water management. Information will be cascaded to everyone and would encourage people to attend.</p> <p>WSO1 little used outlets every sector apart from Clyde has seen a decrease in returns. Continue to work with the chief nurses regarding this.</p>	
177.1	AOCB - SBAR for Air sampling in Ward 2A/2B RHC – Dr Bagraade reported	
	<p>SBAR was disseminated to the group for approval:</p> <p>This document is specifically for air quality management within Ward 2A/2B (Schiehallion), RHC for fungi and particle counts. There is no national strict requirements to have air monitoring for these purpose built units. We continue to rely on engineering controls with regards to air quality management and not carry out routine air sampling within the unit.</p> <p>If we are confident that all engineering controls are in place then air monitoring with regards to a Microbiology purpose will not add any new information and will be extremely difficult to interpret these results. Therefore we are not proposing to</p>	

	carryout air sampling within the unit, unless there is a significant incident that would require it.	
177.1	AOCB - SBAR for Air sampling in Ward 2A/2B RHC – Dr Bagrade reported (Contd)	ACTION
	<p>When writing up this SBAR, similar units across the UK were contacted to see what air sampling they carried out. Dr Davidson requested that more information in relation to the survey undertaken regarding how many were centres were included and responded. Dr Bagrade informed the group only one unit said they are doing routine air monitoring but they could not give precise details on when/how and what they are monitoring.</p> <p>Also had engagement with the clinical multidisciplinary team of Ward 2A/2B who were all in agreement of this document and has also been sent to their clinical governance meetings.</p> <p>Dr Bal informed the group that the CDC and Irish guidelines do not recommend routine monitoring of room air in Haematopoietic Transplant Units. Undertaking air sampling only increases footfall within the unit itself.</p> <p>Morag Gardner reiterated that it is important that estates are content that the engineering systems can be relied on.</p> <p>Sandra Devine informed the group that despite significant challenges in relation to sampling these specially ventilated areas we are 5 years down the line and have no national guidance in order to inform this process. Ward 2A/2B is a completely HEPA filtered unit with very few units in the UK have this specification.</p> <p>This will be taken to BICC and to acute Senior Management Group so they are aware of this document and request any amendments.</p> <p>The committee agreed to approve this document with the additional pieces of information added into it.</p>	LB/AM
NEXT AICC IS BEING HELD ON TUESDAY 12th DECEMBER 2023 AT 10:30AM		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 12th December 2023 at 10:30**

PRESENT:

Dr Linda Bagrade (chair)	Lead Infection Control Doctor
Allana Kelly	Lead IPC Nurse, South Glasgow
Gillian Bowskill	Associate Nurse Director, IPC
Dr Chloe Keane	Infection Control Doctor
Dr Aleksandra Marek	Infection Control Doctor
Natalia Hedo	IPC Surveillance Operations Manager
Euan Smith	Assistant Head of estates (South Sector)
Dr Abhijit Bal (Left at 12)	Infection Control Doctor
Geraldine Marsh	Chief Nurse, South Sector
Gayle Brown (Left at 12:10)	Head of FM services (North Sector)
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Kara Black	IPC Business Manager
Anne Gallagher	Lead IPC Nurse, South Paediatrics
Dr Iain Kennedy	Public Health Consultant
Karen McGugan	Lead Nurse, Imaging
Dr Erica Peters	Infectious Diseases Consultant
Dr Enrique Hernandez	Advanced Healthcare Scientist
Dr Awilly Chofle	SpR, Microbiology and Infectious diseases
Kirsten Burns (left at 12pm)	Clinical Service Manager, Glasgow Dental Hospital
Denise Wilkinson	Associate Chief Nurse, Clyde Sector
Sandra Devine (Joined at 11:30)	IPC Director
Calum MacLeod (minutes)	IPC Administrator

APOLOGIES

Donna McConnell	Mandy Meechan	Mark Riddell
Morag Gardner	Lynn Pritchard	Lorna Loudon
Dr Scott Davidson	William Hunter	Elaine Burt
Gillian Mills		

178	Introductions & Apologies	ACTION
	Dr Bagrade welcomed everyone to the meeting and apologies were received from the above mentioned. There were no declaration of interest noted.	
179	Minutes of Previous Meeting	
	The minutes of the previous AICC meeting held on 10 th October 2023 were accepted with no changes requested. If anyone would like to request any changes can you please email Calum.MacLeod [REDACTED]. Please see separate rolling action plan for update on outstanding actions.	
180	ASSURANCE & IMPROVEMENT	
180.1	<u>COVID-19 Update</u> – Gillian Bowskill reported the following	
	Today there are 170 – 180 inpatient COVID cases in NHS GGC. Currently 4 wards closed today but may increase to five by the end of the day.	
180.2	Surveillance Update Reports – Dr Enrique Hernandez reported the following	
	<p><u>SAB & E.coli Bacteraemia Surveillance September & October 2023</u></p> <p>During September 2023 there were a total of 30 SABs reported, 12 of these SABs were Hospital Acquired Infections (HAI). 12 of the SABs were IV access device related. 114 <i>E.coli</i> bacteraemia, 31 of which were HAI.</p> <p>During October 2023 there were a total of 40 SABs reported, 21 of these SABs were HAI. 10 of these were IV access device related. 84 <i>E.coli</i> bacteraemia reported, 33 of which were HAI.</p> <p>Quarter 3 SAB Enhanced Surveillance Reports were disseminated to the group for information. Things to highlight was all sectors were below the Healthcare associated standards apart from Clyde that was slightly above the aim. IPCT working closely with sector SAB groups helping them with the information we have. There is a new QI Network workstream to look at ECB that are associated with catheters. IPC are currently monitoring these numbers and work on the reduction of these cases.</p> <p>Dr Erica Peters asked within these work streams are we looking at staffing levels as a variable as staff are under extreme strain/pressure and not being able to fill out care plans etc. This variable is not being evaluated specifically for this work but when we investigate incidents/clusters staffing is always coming up as one of the risk factors and is acknowledged within the situation management plan.</p>	

180.2	Surveillance Update Reports – Dr Enrique Hernandez reported the following	ACTION
	<p>The QI network can look at this separately but unsure there is much we can do about the staffing issues. Kara Black is meeting with Sandra Devine and Morag Gardner and will raise staffing and amount of paperwork which is required for all the care plans and the competing priorities regarding feeding/fluids/falls etc. as a concern to see if anything can be streamlined.</p> <p><u>September Surgical Site Infection Reports Natalia Hedo</u></p> <p>Large bowel surgery surveillance system has identified 5 SSI for September. Cases are reviewed and there is nothing significant to highlight at the moment.</p> <p>C-Section surveillance programme has identified 9 cases, of which 4 were in PRM patients. This has not met the trigger as one case was out with the 10 day post-surgery timeframe.</p> <p>Major vascular surveillance programme identified 4 SSI cases, all out with the 10 day surveillance timeframe.</p> <p>No orthopaedic SSI were identified for the month of September.</p>	
180.3	Latest Acute Clinical Governance Infection Prevention & Control Report – Dr Bagraade reported	
	<p>Reported 8 ward closures for COVID during the reporting period. There is a good progress in Learnpro module uptake in all staff groups.</p> <p>SAB, CDI and ECB infections are all within their expected control limits.</p>	
180.4	<p><u>Monthly HAIRT Report –</u> Natalia Hedo reported</p> <p>Monthly HAIRT report and summary saw a sharp rise in Health care associated ECB cases associated with urinary catheter use in August but numbers have fallen back to normal limits. Work stream established as part of QI network to look into this.</p> <p>Funnel plot reports showing incidence rates for SAB, ECB and CDI infections demonstrate that NHS GG&C are performing well compared to other health boards in Scotland.</p> <p>1 HIAAT Amber incident was recorded within the INS building at the QEUH. Incident involved 3 patients with <i>Pseudomonas aeruginosa</i> and 2 patients with <i>Klebsiella pneumoniae</i>. <i>P.aeruginosa</i> typing results were different but the <i>K.pneumoniae</i> isolates were the same type.</p>	

180.4	Monthly HAIRT Report (Contd)	ACTION
	Clarification regarding ECB catheter associated infections were sought to establish if the breach was for upper control limit or the warning limit? It was clarified it was the warning limit and change in the report was requested for accuracy.	
180.5	<u>IPC Work Plan 2023/2024</u> – Gillian Bowskill reported	
	<p>HAI SCRIBE nurse is working on streamlining the HAI SCRIBE process by creating “building block” approach which will standardise the controls required and reduce workload required for review of HAI SCRIBE documents. Education sessions regarding this will be carried out with IPCN and Estates colleagues in the start of the new year. Dr Bagraade said the scribe work is progressing well and will bring a positive changes, especially while the IPC teams are under massive pressure in terms of complying with all the requirements for built environment works.</p> <p>IPC annual report has been finalised and final changes have been agreed.</p>	
181	<u>SAFE CARE - Sector Leads Update Report</u>	
181.1	<u>Clyde Sector</u> – Dr Chloe Keane updated the group with the following exceptions:-	
	<p>8 COVID outbreaks in total reported during October, 5 reopened early with risk assessments put in place due to pressure on the site.</p> <p>Out of spec Legionella results recorded in IRH CCU, F South and F North and actions undertaken to rectify this.</p> <p>A ward scored zero percent score on a PVC sweep, actions are being undertaken to improve and support this.</p>	
181.2	<u>North Sector</u> – Dr Marek updated the group with the following exceptions	
	<p>CDI trigger in Ward 4, GRI, typing returned as the same type.</p> <p>Ward 50/51 had has had two consecutive RED audits (37% and re-audit score was 60%), discussion on how this is being escalated with a work plan in place to take this forward.</p> <p>Number of clinical areas with water ingress for a variety of reasons continues to be a significant challenge of the GRI site.</p> <p>E.coli bacteraemia associated with urinary catheters reported 8 cases in August but this has fallen to 2 cases in September and 3 cases in October.</p> <p>Zero IV access device associated SABs in September and October.</p>	

181.3	<u>South Sector</u> – Allana Kelly updated the group with the following	ACTION
	<p>INS Critical Care had 3 cases of <i>P.aeruginosa</i> 2 <i>K.pneumonia</i> cases from EVDs. Typing results for 2 Pseudomonas came back different (1 case could not be typed). The 2 Klebsiella cases came back the same. All actions from the Problem Assessment Group meetings have been completed.</p> <p>Ward 4B had increase in gram negative including two Pseudomonas (different typing). Hypothesis is gut translocation in both cases and typing results give strength to that.</p> <p>CDI trigger in ward 9C completed. No typing results available as isolates were not available.</p> <p>No ward closures during October 2023.</p> <p>Gyn Theatre 3 failure in ventilation verification as did not meet SHTM requirements. Risk assessment has been completed around ventilation verification report with theatre being put back into use.</p> <p>Geraldine Marsh gave a proposal for the South Glasgow sector where when an email will be sent out on the behalf of herself and Dr Wesley Stuart (Chief of Medicine) regarding SABs and particularly IV device related SABs. Any learning generated from the Clinical Review Tools can be discussed at SAB meetings planned every few months. This will become part of the South Glasgow SAB Group work stream.</p> <p>Dr Erica Peters said this would make a good opportunity for Infectious Diseases trainees to be involved with this if possible. It could be very useful to have senior trainees with experience in ID and Microbiology to be involved with this. Dr Peters will email Geraldine Marsh and Dr Bagnard to get the dates for these meetings to take this forward.</p>	
181.4	<u>South Paediatrics</u> – Anne Gallagher updated the group with the following exceptions	
	<p>Rise in RSV numbers throughout the hospital with cohort established in Ward 2C and PICU.</p> <p>PAG held in relation to staff member being positive for <i>Bordetella pertussis</i>, meeting held with multi-disciplinary team where contacts were identified and an action plan was undertaken.</p>	

181.5	<u>AMT Report –</u> Ysobel Gourlay gave the following verbal update	ACTION
	<p>AUC met at the end of November. One of the issues highlighted at the meeting was a significant increase in Meropenem and Piperacillin-Tazobactam antibiotic use. The group are looking to see what can be done to reduce the use of these antibiotics within GG&C.</p> <p>Dr Bal asked what areas this applies to which Ysobel informed the committee that the increase is all over GG&C with no particular area but could be specific to areas that carry out complex surgeries/certain specialities.</p>	
181.6	<u>Risk Register –</u> Kara Black updated the group	
	<p>Risk 2 – Failure to identify outbreaks and incidents effectively. Standard Operating Procedures for <i>Pseudomonas aeruginosa</i> and the environmental organisms in high risk areas has been updated. A GGC surveillance review group has been established and meets on a regular basis. Testing of an early warning system implementation for NICU has been restarted.</p> <p>Risk 4 – Failure to provide appropriate infection control advice associated with new builds and renovation projects. IPC team are going to scope the new impact of the new NHS Assure KSAR process</p> <p>Risk 7 - ICNET Servers were almost up to full working memory capacity and therefore affecting the speed of the ICNET and at times preventing access. MS SharePoint are being considered as a central resource depository to release memory capacity.</p> <p>Risk 9 has been reduced to a lower risk as the contract has been extended and will be taken off risk register once official confirmation has been received.</p>	
182	<u>PERSON CENTERED CARE - IPC QI Network Update –</u> Kara Black updated the group	
	<p>The group last met on 14th of November 2023 where a work plan has been agreed to be developed from the contents of the flash reports.</p> <p>January 2024 IPC newsletter has been drafted and will be published in the new year.</p> <p>A new work stream regarding urinary catheter associated <i>E.coli</i> Bacteraemia (ECB) infections will be tabled at the next meeting being held on the 9th of January 2024. Dr Bagraade asked how we are planning on doing this work stream regarding the ECB catheter associated infections. Sandra Devine said we are suggesting a subgroup so Infection Control are not taking lead regarding this and scope out what is possible and what may not be.</p>	

183	<u>EFFECTIVE CARE</u>	ACTION
183.1	<p><u>National Infection Prevention & Control Manual</u> – Gillian Bowskill updated :-</p> <p>ARHAI have removed appendix 15 which is the outbreak reporting template with a switch over to their online reporting template.</p> <p>Hand Hygiene Guidance & Toy Cleaning papers we disseminated to the group. If anyone has any comments can you please send onto Lynn.Pritchard [REDACTED] by the end of the year.</p>	ALL
184	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
184.1	<p><u>Healthcare Improvement Scotland (HIS)</u> – Gillian Bowskill updated the group</p> <p>Nothing to update as no HIS inspections carried out, but continuing to adapt the corporate audit tool to try and make it shorter.</p>	
184.2	<u>Facilities Update</u> – Gayle Brown updated the group	
	<p>Looking at winter plan, with winter wards identified at GGH site and IRH with winter staff coming into assist.</p> <p>GRI identifying opening another Outpatient Parenteral Antibiotic Therapy service and working with clinical teams regarding this.</p> <p>Ongoing discussion and awaiting clear guidelines from ARHAI with regards the use of mechanical cleaning equipment within theatres. This came on the back of discussion with the Golden Jubilee hospital which started with the use of “Imops” where all boards are using mechanical equipment to clean their theatres. If ARHAI decide to remove this it would have large implications.</p> <p>Discussion ongoing with ARHAI in relation to SOP for cleaning the point of use filters on taps. Need to have further conversation with IPC team regarding this.</p> <p>National guidance regarding cleaning of sinks and taps may change but nothing has been sent out by ARHAI.</p> <p>A short life working group lead by estates looking at the removal of point of use filters. Currently the group is looking at which areas will be safe to remove their point of use filters.</p> <p>Sandra inquired about a red score within the ASIS table. Gayle informed the group that in September a red score was recorded within the RAH due to staffing issues. A lot of focus was put onto this with all the re-audits done within their timescales.</p>	

184.3	<u>Water & Ventilation Update</u> – Euan Smith updated with the following	ACTION
	<p>Ward 37 at the RAH was handed back on 27th November and Ward 36 is due to be handed back week commencing 18th December 2023 subject to water quality reports.</p> <p>Sandra Devine highlighted that the SOP for <i>Pseudomonas aeruginosa</i> was not approved by water group when they last met and awaiting some comments back from group. As soon as comments are received the SOP will be updated.</p>	
185.1	AOCB – ARHAI Location Review Terms of Reference – Sandra Devine reported	
	<p>This document has been sent out to the group for information as there is a team looking to ask health boards where they think ARHAI should be placed with regards to a governance point of view nationally. Traditionally, ARHAI would sit with Public Health Scotland but the review was to interview service users of ARHAI where this service should be placed. A final report will be sent to CNO in early 2024.</p>	
185.2	AOCB – Incident Management Process Framework – Sandra Devine reported	
	<p>Looking for approval of this document which is a summary of systems and processes that already exist within GG&C board.</p> <p>The communications SOP is due to be updated which Sandra will discuss with Dr Iain Kennedy. The work on the communication section is not preventing us to approve this document so if anyone has any comments regarding this can you please contact Sandra Devine. This will be tabled at the next round of committees with any updates.</p>	ALL
185.3	AOCB – AZETs Internal Audit Report for NHS GG&C Infection Prevention & Control – Sandra Devine to report	
	<p>This is a very positive audit report for the IPC team looking at 6 elements where we achieved 5 green scores and 1 amber score. The report also included 3 areas for improvement which should all be in place by January 2024.</p> <p>Dr Iain Kennedy highlighted that the report says not enough people are doing the SICPs mandatory training but this is a much broader responsibility for other management teams and not just the IPC teams. The IPC teams are going highlight hot spots of poor SICPs training uptake in their sector directorate reports.</p>	

185.4	AOCB – IPC Annual report – Sandra Devine to report	ACTION
	Annual report is currently in draft form and is with medical illustration to add in illustrations.	
185.5	AOCB - SBAR CDI Analysis – Dr Bagrade/Dr Enrique Hernandez reported	
	<p>Increase in CDI cases in June 2023 was reported previously and IPCT has looked into the details to explain this increase.</p> <p>Various data sources were explored and linked together to look at the major risk factors.</p> <p>This report will also be sent to the AUC in February 2024.</p> <p>Dr Erica Peters asked what is being done with regards to the report highlighting the use of the antibiotic co-amoxiclav. Dr Bagrade said we need to be careful of over interpretation of one of the factors to explain this increase in CDI. The IPC team have been communicating with Ysobel Gourlay regarding antimicrobial stewardship and the use of co-amoxiclav.</p> <p>Ysobel Gourlay asked if there is a lag time in relation to antibiotic use and CDI diagnosis. This was taken into account where a time frame of 2 months was used.</p>	
185.6	AOCB - The 2024 AICC dates were disseminated to the committee which was approved.	
185.7	AOCB - Dr Kennedy asked if ToR should be reviewed to state when the meeting is quorate. Dr Bagrade will discuss with Dr Davidson regarding quorum criteria for the AICC.	LB
185.8	AOCB - Sandra Devine informed the committee that we still do not have an Infection Control Doctor cover for dental services in NHS GG&C. Sandra has written an SBAR for William Edwards and discussed with Susan Groom.	
185.9	AOCB – Sandra Devine informed the committee of the current situation regarding the North East hub project and the expectation regarding the IPCT involvement in KSAR process. There is a document issued by NHS ASSURE on this subject but the details are not clear and there is a difference of an opinion what the IPCT role should be therefore there is a risk to this project being delivered/cost implications/delay of completion. ICD resource is a nationally recognised problem acknowledged by SG Policy unit.	

	AOCB	ACTION
186	<p>AOCB - Dr Keane asked if a review of potential consequences of wards closed for COVID outbreaks being opened early should be considered.</p> <p>Dr Bagnade said this would be a significant additional work for IPCT especially if patients are not tagged electronically and all review would need to be done manually. There have been no major issues with early opening of wards and there is a close monitoring of these wards in place.</p> <p>Dr Peters did said this would be very hard with regards to the complexity of ward setups and patient acuity. Also the risk of backlog of patients waiting on beds needs to be considered.</p>	
187	<p>AOCB – Dr Iain Kennedy highlighted the Public Health alert regarding shiga toxin-producing <i>E.coli</i> O26:H11 with haemolytic uraemic syndrome which has a high morbidity rate.</p> <p>We are seeing significant rise in Shiga toxin-producing E-Coli cases from usually 40-50 cases per year but since November this year there has been 100 cases. Late notification to public health has caused some difficulties regarding this.</p>	
NEXT AICC IS BEING HELD ON TUESDAY 13th FEBRUARY 2024 AT 10:30AM		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 13th February 2024 at 10:30**

PRESENT:

Dr Scott Davidson (chair - left at 1130)	Deputy Medical Director
Sandra Devine (took over chair at 1130)	IPC Director
Dr Linda Bagrade	Lead Infection Control Doctor
Morag Gardner	Deputy Nurse Director – Acute Services
Allana Kelly	Lead IPC Nurse, South Glasgow
Gillian Bowskill	Associate Nurse Director, IPC
Lynn Pritchard	IPC Nurse Consultant
Mark Riddell	Assistant Director – Operational Estates
Natalia Hedo	IPC Surveillance Operations Manager
Catriona Riddell	Lead Nurse, Paediatrics
Lynsey Creighton	Interim Associate Chief Nurse, Regional Services
Dr Abhijit Bal	Infection Control Doctor
Kara Black	IPC Business Manager
Dr Chloe Keane	Infection Control Doctor
Anne Gallagher	Lead IPC Nurse, South Paediatrics
Lorna Loudon	Chief Nurse, Clyde Sector
Geraldine Marsh	Chief Nurse, South Sector
Kirsten Burns	Clinical Service Manager, Dental Hospital
Dr Enrique Hernandez	Advanced Healthcare Scientist
Karen McGugan	Lead Nurse, Imaging
Sharon Johnstone (left at 12pm)	Head of Facilities Management Operations, South Sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Kalliopi Valyraki	Infection Control Doctor
Calum MacLeod (minutes)	IPC Administrator

APOLOGIES

Gillian Mills	Dr Aleksandra Marek	Kevin McAuley	Mandy Meechan
Dr Erica Peters	Lee Savarrio	Donna McConnell	Dr Iain Kennedy
Ashleigh Irons	Elaine Burt	Jayne Jones	

188	Introductions & Apologies	ACTION
	Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned. There were no declaration of interest noted.	
189	Minutes of Previous Meeting	
	The minutes of the previous AICC meeting held on 12 th December 2023 were accepted with no changes requested. If anyone would like to request any changes can you please email Calum.MacLeod [REDACTED]. Please see separate rolling action plan for update on outstanding actions.	
190	ASSURANCE & IMPROVEMENT	
190.1	<u>COVID-19 Update</u> – Gillian Bowskill reported the following	
	Today there are 159 inpatient COVID19 cases in NHS GGC. Numbers are going down which reflects the number of ward closures where 2 are currently closed due to COVID19.	
190.2	Surveillance Update Reports – Dr Enrique Hernandez reported the following	
	<p><u>November Surgical Site Infection Reports Natalia Hedo reported</u></p> <p>Large bowel surgery has breached their upper control limit for GG&C and RAH. Sent detail information to the local teams to start their investigations.</p> <p>Issue with Orthopaedic SSI where a tag was removed from our ICNet system meaning the IPC team were unable to detect any SSI during July and October. This has been rectified for November's report but July to October reports will be inaccurate.</p> <p>HAI quarter 3 report from ARHAI shows GG&C SAB rate of 14.7 was below the national rate of 18.1. GG&C was above the national rate for CDI and E-coli bacteraemia.</p> <p><u>SAB & E.coli Bacteraemia Surveillance November & December 2023 Dr Enrique Hernandez reported</u></p> <p>During November 2023 there were a total of 36 SABs reported, 28 of these SABs were related to healthcare associated infections. 9 of the SABs were IV access device related. 77 <i>E.coli</i> bacteraemia, 50 of which were healthcare associated infections.</p> <p>During December 2023 there were a total of 36 SABs reported, 31 of these SABs were related to healthcare associated infections. 7 of these were IV access device related. 71 <i>E.coli</i> bacteraemia reported, 35 of which were healthcare associated infections.</p>	

190.3	December Acute Clinical Governance Infection Prevention & Control Report – Dr Bagrade reported	ACTION
	<p>Highlights of the report were 30 wards closed during December, SAB/ECB/CDI infections are within limits. IPC reported 2 amber incidents during December both in Glasgow Royal Infirmary one was related to RSV and the other was due to Influenza.</p> <p>Morag Gardner informed the committee that they are reviewing number of ward closures from the heat map created by Dr Hernandez.</p> <p>Dr Bagrade informed the committee that the North IPC team is going to do a hot de-brief regarding the recent GRI norovirus outbreak and possible association with estates. There are certain wards that are closed more often within sectors which is more related to patient category and set up of the ward.</p>	
190.4	<p><u>Monthly HAIRT Report –</u> Sandra Devine reported</p> <p>Compliance with CPE and MRSA screening has dipped significantly in the last locally reported quarter so will remind staff in core brief. This could have been due to front door pressures during the winter months.</p> <p>The committee approved the measles guidance which will then be sent onto the BICC for final sign off.</p>	
190.5	<u>IPC Work Plan 2023/2024</u> – Gillian Bowskill reported	
	<p>HEI scribe nurse is leaving GG&C this month with no scope for the position to be replaced. No one is in a position to give up their ICN role to solely to do scribes 3 days a week. This risk will sit with IPC team where the scribe process will still go on but won't have a dedicated resource.</p> <p>Next IPC newsletter is going out in April 2024.</p> <p>Planning on doing narrative videos with regards to patient information leaflets but this has been put on hold due to freeze spend.</p> <p>Update HIS standards, plan was to start corporate audits this year but due to winter activity this has been postponed and hopefully should be up and running in the 4-6 weeks.</p>	

191.1	<u>SAFE CARE - Sector Leads Update Report</u> <u>Clyde Sector</u> – Dr Chloe Keane updated the group with the following exceptions:-	ACTION
	<p>No IV device associated SABs in December but continue to see a high percentage of unknown sources for SABs.</p> <p>Increase in surgical site infections for large bowel surgery. IRH and RAH are currently above their upper control limit. Having briefly looking at the cases in the RAH it looks like antibiotics were not given appropriately. If the situation is serious enough for a report then this will be sent to Clyde clinical governance and will also be included in the papers of this committee.</p>	
191.2	<u>North Sector</u> – Dr Marek updated the group with the following exceptions	
	<p>No one was present to report for North sector – however the main issues were increase in RSV and Norovirus ward closures.</p> <p>RSV testing for adults will be reviewed for next Winter season. A unified approach across all areas will be required as we did not see significant increase in RSV cases across other GG&C sites.</p> <p>It was agreed that front door testing for next winter will be added onto the rolling action list to remind the committee.</p>	ALL
191.3	<u>South Sector</u> – Allana Kelly updated the group with the following	
	<p>10 ward closures in December - 8 COVID19, 1 Norovirus and 1 influenza. 5 ward closures in January – 3 COVID19, 2 Norovirus, 1 influenza</p> <p>5 cases of RSV in Ward 4B, QEUH 3 HAI and 2 non HAI. Staff moved all patients to one side of ward.</p> <p>Room 92/93 in Ward 4B, QEUH has been out of use due to fungi found in air sampling. Both rooms reviewed, looked behind the IPC panels and above ceiling tiles. Moisture readings were taken which were satisfactory. Water sampling has been taken and awaiting results and drain dosing has been carried out. Dr Bagraade had similar situation in the Beatson where a risk assessment was carried out with multidisciplinary people involved etc.</p> <p>GGH were above their upper control limit for CDI cases in January. Majority of cases were not related apart from 2 who were in Ward B5, Beatson, but was not a trigger as 24 days apart from samples.</p> <p>Philipshill had two Hospital acquired Group A Strep infections. Awaiting typing results, Hand Hygiene audit and SICPs audit to be carried out.</p> <p>Ward 66 had two HAI VRE in urine but patients were not in same area. Hand hygiene and SICPs audit undertaken.</p>	

191.4	<u>South Paediatrics</u> – Anne Gallagher updated the group with the following exceptions	ACTION
	PAG in December following TB exposure in PICU. 3 patient's contacts identified with two of them remaining in patients who were commenced on antibiotic prophylaxis. Patient who was positive has since been given treatment and discharged. Staff members were also identified who carried out AGPs on positive patient and are currently liaising with occupational health.	
191.5	<u>AMT Report</u> – Ysobel Gourlay gave the following verbal update	
	<p>4 CDI triggers (Clyde x2, 1 QEUH, 1 GRI) which will be discussed at the next AUC meeting this Thursday. In two of these cases there was missed doses of Fidaxomicin which is kept in all the emergency cupboards across GG&C. On the clinical guidelines page we have a list of the rarely used antibiotics and antivirals and where they are kept across GG&C. Unsure how to get this message out across nursing staff/co-ordinators to inform them of this. It was decided a memo/email could be circulated through the chief nurses. Ysobel will send Morag Gardner a link which can be disseminated to the chief nurses throughout GG&C.</p> <p>CDI trigger at RAH, two positive CDI patients were on Rifaximin which was being used to prevent Hepatic Encephalopathy and staff were unaware this is an antibiotic. Going to add to the CDI guidelines to stop Rifaximin for patients who develop CDI.</p>	YG/MG
191.6	<u>Risk Register</u> – Kara Black updated the group	
	<p>Risk 2: Failure to identify outbreaks and incidents effectively - The Board's Outbreaks and Incidents Policy is being reviewed at the February 2024 BICC.</p> <p>Risk 3: Failure of the IPCT Information Management System – ICNET system their contract extended for 3 years.</p> <p>Risk 5: Impact of loss of key members of IPC Nursing staff reassessing skill mix for teams is underway to ensure a broad range of skills within each Sector. Continue to recruit experienced nurses into IPC posts.</p>	
192	<u>PERSON CENTERED CARE - IPC QI Network Update</u> – Kara Black updated the group	
	<p>First version of a highlight report which will be brought to the committee going forward. Content will have updates on the work streams and flash reports. Current key points are to continue to meet bi-monthly, share point site is being created to support the groups with accessing documents and increase collaboration.</p> <p>A new work stream focussed on CAUTI has been established which will be led by the sector teams.</p> <p>Next meeting is on 7th of March where newsletter and work plan will be finalised.</p>	

193	<u>EFFECTIVE CARE</u>	ACTION
193.1	<p><u>National Infection Prevention & Control Manual (NIPCM)</u> – Lynn Pritchard updated :-</p> <p>Update of the NIPCM in February where ARHAI have reviewed chapter 3 exceptional infection episode definition section. They thought they would provide clarity around the wording of this section. The wording has changed to a single case of rare infection that has severe outcomes for an individual AND has major implications for others (patients, staff and/or visitors), the organisation or wider public health.</p> <p>Following PHS alert that came out in relation to increase in measles in Europe and North England, we have reviewed our guidance and strengthened the wording around contacting Public Health. The committee approved the changes to the measles guidance.</p>	
194	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	
194.1	<u>Facilities Update</u> – Sharon Johnstone updated the group	
	<p>Report submitted provides cleaning compliance and assurance that standards have been met.</p> <p>The following winter wards were opened on 3rd January 2024 – Brownlee and Ward 5C at GGH, Ward 3 at the Victoria ACH and Ward L South at the IRH. Additional winter pressure staff have been successfully implemented and work is ongoing to match them to vacancies when their fixed term ends.</p> <p>OPAC service opened up in GRI on the 5th February.</p> <p>Decontamination update - all 25 cabinets have had noise cancelation modification carried out.</p> <p>Sandra Devine informed Sharon Johnstone that ARHAI were updating their cleaning regime for their point of use filters. Sharon will speak to her colleagues to see if there is any update on this.</p> <p>In terms of discharge cleans Geraldine Marsh will meet with Sharon Johnstone regarding the turnover times in relation to discharge cleans which can lead to delays in admitting patients at the QEUH site.</p>	

194.3	<u>Water & Ventilation Update</u> – Mark Riddell updated with the following	ACTION
	<p>Looking at replacing storage tanks in Vale of Leven in the maternity unit building with a scope being prepared to take this forward.</p> <p>Stobhill hospital has recently completed their TMV servicing of the site and cleaning of the water tanks was also undertaken.</p> <p>Little used outlets, north sector continue to pose issue so Mark has asked local team to engage with departments regarding this.</p> <p>A power point presentation was disseminated to the group which highlighted approximately 40000 water samples taken during 2023. QEUH is currently performing very well with just 12 out of specification results, all of them are very low in count and the majority are due to retrograde contamination.</p> <p>Dr Bagrade reiterated that this was an excellent point to demonstrate the extent of testing undertaken and the small percentage out of spec results. Currently no national agreed standards so GG&C are working with our own agreement standards which are extremely stringent. If we have confidence that the water system is in reasonable control we could look at scaling down testing in some areas like we are looking at reducing the use of point of use filters.</p> <p>Areas unable to get ventilation cleans within the Beatson are maybe closed at the weekend but Lynsay Creighton will liaise with colleagues so access can be granted when rooms are not in use.</p> <p>Sandra Devine informed the group that the pseudomonas SOP was tabled at the water safety group. Estates want to confirm that all augmented care areas are doing the same testing and once confirmed this document will be brought to the next committee meeting.</p> <p>Mark informed the committee that there is an ongoing request for sampling of birthing pools where a decision will be made at the next water safety group to take this forward and implement this.</p>	
195.1	AOCB – Briefing Note Regarding Emergence of new Clostridioides difficile Ribotype 955 – Sandra Devine reported	
	<p>New CDI Ribotype is causing severe infection and significant outbreaks. If any severe CDI patient identified within GG&C the IPC team would contact the labs to have the sample typed. So far there are no Scottish hospitals affected by this new type of CDI Ribotype.</p>	

195.2	AOCB – Winter IPC Surveillance & Vaccination Letter – Sandra Devine reported	
	<p>Chief Nursing Officer letter regarding IPC surveillance and vaccinations for Influenza and COVID19 was disseminated to the group for information.</p> <p>Sandra Devine informed the group that within the context of the letter it requests that any wards that are being re-opened or re-purposed to provide additional capacity over the winter months a risk assessment should be undertaken by the water and ventilation groups.</p> <p>Morag Gardner said there is currently no policy/procedure in opening areas which have been closed for a period of time. A short life working group is going to be created to identify all the different aspects/components required to open a ward.</p>	
195.3	AOCB – HAI Strategy – Guidance for IMTs – Sandra Devine discussed for approval	
	<p>Document was developed by GG&C communications team. Dr Bagrade requested to remove the identifications of health board/hospital/ward from the examples listed and make them more anonymous.</p> <p>Morag Gardner requested that the staff communications part could be strengthened (Page 10) on who will inform staff after IMTs are held.</p> <p>Sandra Devine will update this document and send it back to Morag and ask communications to anonymise the examples documented. Sandra will then take to BICC once Linda and Morag are happy with the updated document.</p>	
195.4	AOCB – Incident Management Process Framework SOP – Sandra Devine discussed for approval	
	The committee approved this document but final approval will be via BICC.	
195.5	AOCB – Patient Placement SOP – Gillian Bowskill discussed for approval	
	Confirmed with estates that all the specialist ventilated rooms were accurate. Added Ward 4B BMT, QEUH and Ward 2A, RHC to the document. The committee approved this document with final approval being via BICC.	

195.6	AOCB – SBAR Regarding Air Sampling Ward 2A, RHC- Dr Bagraade discussed for approval	ACTION
	Proposal is not to do routine air sapling in this unit and rely on engineering controls. The committee asked to input the responses from other similar centres in the UK which have been added. Any final comments can you send to Dr Bagraade by this Friday so it can be updated for next week's BICC for final approval.	
195.7	AOCB – Ward 6 Vale Of Leven – Dr Chloe Keane	
	<p>Dr Keane asked if Ward 6 at the Vale of Leven hospital is being ready as a surge ward as water testing is being undertaken there. This ward is not being considered as part of the winter plan and estates may not have been informed of that.</p> <p>Mark Riddell informed Dr Keane that a new Chlorine Dioxide treatment plant was installed at the Vale of Leven site last year. Water testing is being undertaken as the chlorine dioxide breaks away any biofilm accumulated within water pipes so point of use water filters have been installed due to this. The biofilm is still there and until estates get robust information to say there is not a legionella problem anymore the testing will stop in conjunction with IPC advice. Vale of Leven is also one of the pilot hospitals for the removal point of use filter programme.</p>	
NEXT AICC IS BEING HELD ON TUESDAY 16th APRIL 2024 AT 10:30AM		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 16th April 2024 at 10:30**

PRESENT:

Dr Scott Davidson (Chair)	Deputy Medical Director (Acute)
Sandra Devine	IPC Director
Dr Linda Bagrade	Lead Infection Control Doctor
Allana Kelly	Lead IPC Nurse, South Glasgow
Gillian Bowskill	Associate Nurse Director, IPC
Lynn Pritchard	IPC Nurse Consultant
Mark Riddell	Assistant Director – Operational Estates
Natalia Hedo	IPC Surveillance Operations Manager
Gillian Mills (left at 12)	Lead IPC Nurse, North Sector
Elaine Burt (left at 1130)	Chief Nurse, Regional Sector
Kara Black	IPC Business Manager
Eleanor Singer	Microbiologist
Dr Iain Kennedy	Public Health Consultant
Dr Abhijit Bal	Infection Control Doctor
Anne Gallagher	Lead IPC Nurse, South Paediatrics
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Janis Young (left at 12)	Site Facilities Manager
Mandy Meechan	Chief Nurse, Paediatrics
Dr Enrique Hernandez	Advanced Healthcare Scientist
Dr Erica Peters	Consultant in Infectious Diseases
Kirsten Burns	Clinical Service Manager, Dental Hospital
Lorna Loudon	Chief Nurse, Clyde Sector
Dr Chloe Keane	Infection Control Doctor
Dr Aleksandra Marek	Infection Control Doctor
Karen McGugan	Lead Nurse, Imaging
Lynsay Creighton (joined at 1130)	Associate Chief Nurse, Regional Directorate
Calum MacLeod (minutes)	IPC Administrator

APOLOGIES

Lee Savarrio	Denise Wilkinson	Kevin McAuley
William Hunter	Jayne Jones	

196	Introductions & Apologies	ACTION
	Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned. There were no declaration of interest noted.	
197	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 13th February 2024 were accepted with no changes requested. If anyone would like to request any changes can you please email Calum.MacLeod2 [REDACTED].</p> <p>Please see separate rolling action plan for update on outstanding actions.</p>	
198	Any Matters Arising or Emerging Issues	
	<p>Sandra Devine reported that Healthcare Improvement Scotland (HIS) carried out a safe and effective care inspection on the Emergency Department at the QEUH on Monday 8th April. Initial feedback said this was quite a positive inspection.</p> <p>In the same week HIS carried out a full 3 day inspection including their Emergency Department at the RAH. A few issues with regards to hand hygiene, access to cleaning materials and double cleans but positive feedback with regards interaction with patients.</p> <p>HIS also carried out an inspection of the Emergency Department at the Glasgow Royal Infirmary were feedback was not as positive and there has been a focus effort around to pick up some of the issues raised. IPC team have been in daily since the visit and educational sessions are planned for staff.</p> <p>There has been nothing formally back with HIS saying these were very unusual inspections and still working through on their reports.</p> <p>Dr Kennedy asked if this is 3 separate inspections or some sort of thematic urgent care inspection. It is unsure if the 3 Emergency departments will be rolled into one inspection or the RAH will be reported as separate.</p> <p>Dr Davidson thanked everyone involved with regards to every involved with regards to this recent HOIS inspection.</p>	

199	ASSURANCE & IMPROVEMENT	ACTION
199.1	<u>COVID-19 Update –</u> Gillian Bowskill reported the following	
	<p>Sitting between 80 -90 inpatient cases where 1st positive was in the last 28 days. Currently 2 acute ward closures within the Clyde sector.</p> <p>Dr Kennedy informed the group that Public Health nationally don't have Covid19 conversations anymore. They do have a plan if certain variants come along but it is not a day to day conversation they have.</p> <p>Sandra will inform SEG with regards to stepping down the COVID19 reporting and this will be dropped from the AICC agenda moving forward.</p>	
199.2	Surveillance Update Reports – Natalia Hedo & Dr Enrique Hernandez reported the following for information	
	<p><u>December Surgical Site Infection Reports Natalia Hedo reported</u></p> <p>Large Bowel Surgical Site Infections reached their Upper warning limit for January 2024.</p> <p>Sandra Devine informed the committee that National SSI surveillance programme is still paused and this could be changed into an electronic system.</p> <p><u>SAB & E.coli Bacteraemia Surveillance January & February 2024 Dr Enrique Hernandez reported</u></p> <p>During January 2024 there were a total of 29 SABs reported, 21 of these SABs were related to healthcare associated infections. 5 of the SABs were IV access device related. 79 <i>E.coli</i> bacteraemia, 40 of which were healthcare associated infections.</p> <p>During February 2024 there were a total of 33 SABs reported, 25 of these SABs were related to healthcare associated infections. 8 of these were IV access device related. 70 <i>E.coli</i> bacteraemia reported, 41 of which were healthcare associated infections.</p> <p>There has been a continuous reduction in terms of ECB related to urinary devices.</p>	

199.3	February Acute Clinical Governance Infection Prevention & Control Report – Dr Bagraade reported	ACTION
	<p>18 wards closed during February due to Influenza, Norovirus and Covid19.</p> <p>2 incidents reported during February</p> <ol style="list-style-type: none"> 1. Respiratory virus in Ward 3 RAH managed very successfully in relation to various respiratory infections within ward. 2. Astrovirus in Ward 2A, RHC where suspicion there might be transmission from patient to patient via staff or contaminated equipment. Short closure of the ward which was managed successfully. 	
199.4	<u>Monthly HAIRT Report –</u> Sandra Devine reported	
	<p>In terms of SAB rates we are just above the national rate for Q4. For ECB and CDI are both below national rates for Q4.</p> <p>CPE and MRSA clinical risk assessment with regards to compliance were we are around 90% for CPE and 87% for MRSA.</p> <p>Dr Davidson asked if possible could we highlight positive aspects and successes of this report in the executive summary.</p>	SDe
199.5	<u>IPC Work Plan 2023/2024</u> – Gillian Bowskill reported	
	<p>HAI SCRIBE Nurse has work in progress to create a system of building blocks that can be used to create HAI Scribe documents in line with NHS Assure built environment requirements. Lead ICD and Nurse Consultant IPC will now continue with SCRIBE work following departure of SCRIBE nurse.</p> <p>Implement an improvement plan and measure impact using IPCT surveillance data. Work ongoing to review HAI ECB cases and identify any areas of improvement. This had an autumn deadline which hasn't been achieved, but work ongoing. Work commenced by IPCNC & LIPCN. Tool Box Talk has been updated and is available on IPC Web page. The E. Coli bacteraemia in Adults Tool Box Talk will be reviewed and updated. In progress is information leaflet for staff, Patient Information Leaflets (including narrated video) and IPC education sessions using the display boards to refresh staff on this topic. Work ongoing to review HAI ECB cases and identify any areas of improvement.</p> <p>Develop an early warning system for high risk units as per HDL (2006)38, CEL11 (2009) and DL (2022)19 with partners in ARHAI. Previous deadline not achieved, however ARHAI Scotland have proposed a meeting to view what is available from ECOSS data – this meeting is due to take place 15th April, so now back on track.</p> <p>2024/25 work plan is being developed just now and will be available for the next committee.</p>	

200.1	<u>SAFE CARE - Sector Leads Update Report</u> <u>Clyde Sector</u> – Donna McConnell updated the group with the following exceptions:-	ACTION
	<p>No device related SAB across the Clyde sector for February and managed to ascertain a source for every SAB reported during this month.</p> <p>Large bowel SSI reported in November trying to get date with clinical team. Found a few issues which will be highlighted on Thursday's meeting with regards to antibiotic prophylaxis where on HEPMA it looks like it wasn't given in time.</p> <p>Elaine Burt asked if there was any improvement initiatives regarding SABs she could share with the group. No evidence at the moment as focus has been on device related SABs and helping ward staff carry out sweeps. Donna will share any learning outcomes. Lorna Loudon will share the Lunch and Learn they have got planned with Elaine Burt.</p> <p>Ysobel Gourlay informed the group that pharmacy have developed an IVOST poster which will be displayed in all wards highlighting if able patients can switch from IV antibiotics to oral antibiotics.</p>	
200.2	<u>North Sector</u> – Gillian Mills updated the group with the following exceptions	
	<p>Number of water leaks across ICU East and West at the GRI. Started in January and continued into April 2024. Leaks have been a result of inappropriate waste disposal into the water pipes by staff and patients. Estates have taken out hand held paper dispensers in some of the toilets and since this has been actioned no leaks have been reported.</p> <p>Number of SICPs audits across the GRI site where ward 52 does require some support with their improvement plan.</p> <p>Improvement in Healthcare E-coli bacteraemia associated with urinary catheters since August. Improvement in IV access device SABs since December.</p> <p>Mark Riddell informed the group this is a problem across all sites with wipes/paper towels being disposed down waste water pipes. Removal of the hand dryers is making a significant difference. Communications regarding correct disposal of wipes/paper towels will be sent out.</p>	SD/MR/S De

200.3	<u>South Sector</u> – Allana Kelly updated the group with the following	ACTION
	<p>Ward B5 at Beatson had 2 cases of HAI CDI during January 2024 – wasn't a trigger as results were 24 days apart and typing results were different.</p> <p>Ward 4B at QEUIH had numerous rooms closed due to air sampling. Rooms 92/93 were both opened back up in February. Room 97 was then closed and has since re-opened.</p> <p>Ward B7, Beatson had to 2 HAI VRE one from PICC line on 29 January and 1 from Hickman line in February. A further 2 VRE cases in March. SICPs audit and Hand Hygiene audit carried out</p>	
200.4	<u>South Paediatrics</u> – Anne Gallagher updated the group with the following	
	<p>Problem Assessment Group following 3 HAI cases of Astrovirus. HIIAT at AMBER and restrictions were discontinued as no further cases reported.</p> <p>Measles exposure in RHC Emergency Department during March involving Public Health. 4 patient contacts identified who have since been discharged home. Prophylaxis was offered to 7 patients. Continue to see a high volume of various respiratory viruses. Public Health de-brief regarding this situation is on Friday afternoon.</p>	
200.5	<u>AMT Report</u> – Ysobel Gourlay gave the following verbal update	
	<p>Chlorhexidine 2% solution is being discontinued by GG&C contracted suppliers saying that Chlorhexidine 0.5% solution can be used instead.</p> <p>2% Chlorhexidine solution via skin applicator will still be available but at significant cost to GG&C.</p> <p>2% Chlorhexidine is still in GG&C guidance and ARHAI guidance with regards to insertion of cannula including scrub the hub.</p> <p>Dr Bagrade said we need to be very careful with regards to information we receive from companies as they could manipulate it not be representing this. NICE does not say you need to use 2%, but WHO does say for surgical prophylaxis 2% solution should be used.</p> <p>Pharmacy currently has 143 bottles of 500ml of 2% chlorhexidine, where approx. 800 bottles are used a month.</p> <p>Dr Davidson will speak to procurement and finance to get a small group set up to discuss this. Clinical input will be required in this group as well. Sandra will also raise with ARHAI as this product is mentioned through all their guidance.</p> <p>Dr Andrew Seaton has applied for GG&C for national accreditation for centre of excellence. GG&C will get assessed in September this year by the GAMSAS team.</p>	SD/SDe

200.6	<u>Risk Register</u> – Kara Black updated the group	ACTION
	<p>Risk 1: Failure to provide IPC Service in the context of increasing demands of the Public Enquires:</p> <ul style="list-style-type: none"> • Current Score upgraded from 6 to 9. • Current Controls – IPC Public Enquires tracker has been developed to monitor information requests to the IPCT. • Mitigation Actions – Reviewing priorities continually and adjusting IPC work plan accordingly. <p>Risk 2: Failure to identify outbreaks and incidents effectively.</p> <ul style="list-style-type: none"> • Mitigation Actions - Agreed to develop an early warning system for NICU. <p>Risk 3: Failure of the IPCT Information Management System (ICNET)</p> <ul style="list-style-type: none"> • The Business Continuity Plan will be updated by June 2024. <p>Risk 4: Failure to provide appropriate infection control advice and support in the assessment and reduction of risk associated with new builds and renovation projects.</p> <ul style="list-style-type: none"> • Current Controls - Infection Control in the Built Environment SharePoint is being developed to support monitoring of project activity and resource requirements for IPCT. This will be presented to the IPC committees routinely. Consideration of development of an IPC request form for projects requiring IPC input. <p>Sandra Devine informed the group there is requirement within ARHAI processes that the governance committee has oversight of projects that are ongoing and any potential risks or derogation process is being used. Although this is in our risk register a report will be developed which will come to this committee. This is a requirement of the Key Stage Assurance Review (KSAR) process. Sandra highlighted the amount of resources required from the IPCT and Estates is significant especially the impact on Infection Control Doctors clinical responsibilities. This has been raised to Professor Wallace.</p>	
201	<u>PERSON CENTERED CARE - IPC QI Network Update</u> – Kara Black updated the group	
	<p>The work plan is being finalised and will be a standing agenda item going forward to support monitoring and assurance of work stream actions and progress.</p> <p>The CAUTI bundle is now live on the IPC website and will be included in the next IPC newsletter which will be published in May 2024. Newsletters will be published every two months going forward.</p> <p>The e-learning module for Vascular Access Device education is under development to be added to Learn Pro, and a communication strategy will be drafted to promote this work.</p>	

202	<u>EFFECTIVE CARE</u> <u>National Infection Prevention & Control Manual (NIPCM)</u> – Lynn Pritchard updated :-	ACTION
	<p>HAI compendium within the national manual had update with regards to IPC principles with regards to cataract surgery.</p> <p>5th May is world Hand Hygiene day so over the rest of this week and following week Stefan Morton will be working around the sites to promote this.</p>	
203	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL</u> <u>GOVERNANCE REPORTS</u>	
203.1	<u>Facilities Update</u> – Janis Young updated the group	
	<p>Further IPC meeting being set up to cover GGH, Beatson, Dental Hospital and Victoria Hospital.</p> <p>There continues to be high levels of activity across all acute sites. Preparations are underway for stepping down winter ward provision, and Brownlee has already closed.</p> <p>Additional winter pressure staff are either being moved into available permanent roles or contracts will be ending in line with agreed processes and procedures.</p> <p>No HIS Inspections have been undertaken this quarter, facilities continue to work towards preparedness with clinical and IPCT colleagues.</p> <p>Patricia Coyne is providing some site support around preparedness for HIS inspections, in particular in RAH which is realigning staff resource via staff placing sheets and costed rotas.</p> <p>The OPAT service opened at GRI on 5th February, and continues to operate as expected from a domestic services compliance point of view.</p> <p>Continued auditing is in place across all sites, with FM management reviewing compliance and governance from a housekeeping perspective. Improvements to ensure the effectiveness of the internal domestic monitoring tool are underway.</p> <p>Decontamination cabinets - as it stands all 25 cabinets have had the noise cancelling modifications carried out and we are now at the stage where we are carrying out commissioning and quarterly testing to 14 days.</p> <p>A Short Life Working Group has been established to review the testing requirements of Cowlaids CDU Cleanroom. At the moment tests are carried out on a monthly basis and we are looking to reduce the regularity of testing akin to that carried out at Inverclyde CDU. The group consists of Decontamination Management, Lead Nurse IPC and Consultant Microbiologist. To date, the Consultant Microbiologist will advise that we no longer require a yeast/ mould identification as it doesn't give us any benefit</p>	

203.2	<u>Water & Ventilation Update</u> – Mark Riddell updated with the following	ACTION
	<p>95% of projects/minor works are currently on hold. Paper has been sent to Clinical Management Team for prioritisation.</p> <p>New financial year so a lot of water testing and tank cleaning being carried out. Ward 36 and 37 at RAH had a silver hydrogen peroxide system due to go live last week but has been deferred to going live tomorrow.</p> <p>Little used outlets returns within the north sector continues to be a problem. Estates are contacting Kevin Mcauley to get message across that water flushing is critical.</p> <p>Communications be sent regarding the importance of water flushing and the implications of cost saving carrying this out has for the GG&C.</p> <p>Gillian Mills is running interactive study days in May/June where estates are joining to discuss water flushing toolbox talk and inappropriate waste disposal into the water system.</p>	SD
204.1	AOCB – IPC Annual report Sandra Devine reported for noting	
	First annual report and highlights our performance. Report goes over mainly about IPC performance and our aspirations into research. About 40 thousand referrals received each year including numerous scribes, and highlights performance related regarding CDI/SAB and ECB cases.	
204.2	AOCB – HAI Communications Strategy – Sandra Devine discussed for noting	
	Document developed by communications team for noting. If anyone has any comments can they be sent to Sandra Devine by 26 th April 2024.	
204.3	AOCB – Pseudomonas aeruginosa SOP- Sandra Devine discussed for noting	
	Water safety group expected updated guidance due at any time and this SOP may need updated. Tabled at this group for noting, this group does not approve this document as the Infection Control Built Environment Group will sign this off as well and may need a final ratification before final sign off.	

204.4	AOCB – Proposed changes to Environmental screening process for Central Decontamination Units	
	<p>Dr Bagrade reported on the proposed change regarding regular environmental monitoring process in Central Decontamination Unit. We have been identifying fungus and yeasts growing on plates but this is not required. If there is any clinical reason in response to incidents/outbreaks this option of identification will be available from GRI labs rather than it be carried out routinely. Dr Bagrade will let the short life working group there was no objections from this committee regarding this change.</p>	
<p align="center">Next AICC will be held on Tuesday 11th June at 10:30.</p>		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 11th June 2024 at 10:30**

PRESENT:

Dr Scott Davidson (Chair)	Deputy Medical Director (Acute)
Sandra Devine	IPC Director
Morag Walsh	Head of FM Operations, Clyde Sector
Dr Linda Bagrade	Lead Infection Control Doctor
Dr Iain Kennedy	Public Health Consultant
Geraldine Marsh	Chief Nurse, South Glasgow
Mandy Meechan	Chief Nurse, Paediatrics
Raymond Carruthers	Operation Governance Manager, Oral Health
Kara Black	IPC Business Manager
Allana Kelly	Lead IPC Nurse, South Glasgow
Anne Gallagher	Lead IPC Nurse, South Paediatrics
Gillian Bowskill	Associate Nurse Director, IPC
Elaine Burt	Chief Nurse, Regional
Gillian Mills	Lead IPC Nurse, North Glasgow
Natalia Hedo	IPC Surveillance Operations Manager
Ashleigh Irons	Interim Associate Chief Nurse, North Glasgow
Dr Aleksandra Marek	Infection Control Doctor
Dr Andrew Blunsum	Chief Resident in Infectious Diseases
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Lorna Loudon	Chief Nurse, Clyde Sector
Dr Kalliopi Valyraki	Infection Control Doctor
Morag Gardner	Deputy Nurse Director, Acute
Calum MacLeod (minutes)	IPC Administrator

APOLOGIES

Kirsten Burns	Karen McGugan	Lynn Pritchard	Donna McConnell
Mark Riddell	Dr Erica Peters	Sara Quinn	Dr Abhijit Bal
Denise Wilkinson	Jayne Jones	Dr Chloe Keane	

205	Introductions & Apologies	ACTION
	<p>Dr Davidson welcomed everyone to the meeting and apologies were received from the above mentioned. There were no declaration of interest noted.</p> <p>Meeting was recorded for minute taking accuracy and will be deleted once minutes have been agreed by the committee.</p>	
206	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 16th April 2024 were accepted with no changes requested. If anyone would like to request any changes can you please email Calum.MacLeod [REDACTED].</p> <p>Please see separate rolling action plan for update on outstanding actions.</p>	
207	Any Matters Arising or Emerging Issues	
	Glasgow Royal Infirmary underwent a Health Improvement Scotland inspection, where initial reports back have been positive for the 3 day visit.	
208	ASSURANCE & IMPROVEMENT	
208.1	Surveillance Update Reports – Natalia Hedo reported the following for information	
	<p><u>SAB & <i>E.coli</i> Bacteraemia Surveillance March & April 2024</u></p> <p>During March 2024 there were a total of 29 SABs reported, 19 of these SABs were related to healthcare associated infections. 4 of the SABs were IV access device related. 93 <i>E.coli</i> bacteraemia, 59 of which were healthcare associated infections.</p> <p>During April 2024 there were a total of 43 SABs reported, 32 of these SABs were related to healthcare associated infections. 9 of these were IV access device related. 84 <i>E.coli</i> bacteraemia reported, 47 of which were healthcare associated infections.</p> <p>GG&C are below the aim for SAB numbers during March but due to an increase of 14 cases in April this has put us above the aim.</p> <p><u>December Surgical Site Infection Reports Natalia Hedo reported</u></p> <p>The following Surgical Site Infections for December were reported as:</p> <p>Major vascular - 3 Large bowel - 8 C-section - 8 Orthopaedics - 3</p> <p>All sectors remain within control limits.</p>	

208.1	Surveillance Update Reports Contd	ACTION
	Sandra Devine informed the committee that the targets were due to be completed by April 2024 are due to be updated by the Scottish Government in the next month. These updated targets should broadly be the same. E-coli Bacteraemia targets will be very hard to achieve as no other health board has managed to achieve this year's target. In terms of SSI surveillance its been paused since the start of Covid19 pandemic but GG&C have a local arrangement in place with expectation it will be recommenced again but doesn't look like it will start again and are looking at an e-health solution for surveillance with a timeline of 2027.	
208.2	April Acute Clinical Governance Infection Prevention & Control Report – Dr Bagraade reported	
	16 wards closed, some due to more than one infection at the same time. All SPC charts are within control limits and did not have any red or amber outbreaks to report.	
208.3	<u>Draft Monthly HAIRT Report –</u> Sandra Devine reported	
	<p>This report still has some governance group to review before being finalised. Slightly above SABs in last nationally reported quarter 4 and below ECB and CDI targets.</p> <p>Issue with clinical risk assessment with CPE and MRSA at the end of last year but have recovered this position and reporting 90% compliance for CPE and 87% compliance for MRSA where the standard is 90%. This is set against the Scottish reported compliance which is 76% (CPE) and 74% (MRSA).</p> <p>One incident reported regarding the impact due to multiple wards closed due to Covid and/or Norovirus within the QEUH/GGH sites which was HIIAT scored Amber.</p>	
208.4	<u>IPC Work Plan 2024/2025</u> – Gillian Bowskill reported	
	<p>Attached HSCP work plan as an appendix to the overarching IPC work plan.</p> <p>Reviewing process on how we report SABs and see if the HIS national standardisation may be better but this will not be reviewed until October 2024.</p> <p>Work to develop more accessible patient information leaflets with regards to narrative videos but works was recently paused due to spending freeze.</p> <p>Governance and risk management thematic analysis of any hot de-briefs going forward. This will be prepared in a report format so it can be shared throughout GG&C. This will allow any lessons learned can be shared across the whole of the GG&C.</p> <p>Going to align the IPC strategy to the GG&C quality strategy. Questionnaire was going to be sent out to service users but is currently paused due to upcoming election.</p>	

208.4	<u>IPC Work Plan 2024/2025 Contd</u> – Gillian Bowskill reported	ACTION
	Added in a SBAR at the end of this year's work plan highlighting any items that were not completed in last year's work plan will be carried forward and completed in this year.	
209.1	<u>SAFE CARE - Sector Leads Update Report</u> <u>Clyde Sector</u> – Linda Bagrade updated the group with the following exceptions:-	
	<p>Device associated SABs there has been slight increase however a lot of work happening within Clyde sector within the local sab group led by Claire Harrow. Hoping this work will give a stable reduction in PVC/CVC related SABs.</p> <p>Issues with patients diagnosed with TB who were not isolated in time due to no clinical suspicion of this. Currently trying to work with clinical team to identify any patient contacts.</p>	
209.2	<u>North Sector</u> – Gillian Mills updated the group with the following exceptions	
	<p>Main items highlighted in April report was the significant improvement with regards to HAI SABs and vascular access device SABs. In January, February and April there no HAI vascular access device SAB infections were reported within the North sector. In additional there was no HAI SABs in April.</p> <p>CDI trigger in ward 44 where 2 cases of CDI in a 6 day period. All actions have been completed currently awaiting on antimicrobial review.</p> <p>Reduction in ward closures only 4 closed in May.</p> <p>Will capture the SAB improvement work and add this to the IPC newsletter so the rest of the sectors can be made aware.</p>	
209.3	<u>South Sector</u> – Allana Kelly updated the group with the following	
	<p>Ward 8A in QEUH has had 5 HAI MRSA since March to present date. SPA typing shows 4 of the isolates had the same antibiotic resistance but unable to be SPA typed. Also a patient from Ward 10D has the same antibiotic resistant pattern. Whole genome sequencing has been requested for these isolates. Action plan is currently ongoing.</p> <p>Audit within ward 10D due to an MRSA incident came back as RED with clinical team and IPC put an action plan in place where a repeat audit saw an increase score to 93%.</p> <p>21 SABs (19 South, 2 regional) -13 were HAI, 6 were line related. IPCT have put in work with giving out toolbox talks to staff.</p> <p>Substantial water leak in the INS building affecting INS Critical care with all patients having to be decanted to the QEUH critical care for 24 hours while rectification works had to be carried out to take care of the damage. Patients are back in the ITU side however they have used this opportunity to carry out further works.</p>	

209.3	<u>South Sector Contd</u> – Allana Kelly updated the group with the following	ACTION
	<p>Ward 63 QEUH had 4 HAI VRE attributed to the ward between 05/02/24-16/03/24.</p> <p>In response to a recent poor SICPs audit results in langlands multidisciplinary walk rounds are being undertaken with estates/facilities/IPC team and senior management on a weekly basis.</p> <p>Increase in VRE within Ward B7 with a total of 7 cases.</p>	
209.4	<u>South Paediatrics</u> – Anne Gallagher updated the group with the following	
	<p>Only exception in May was a Problem Assessment Group due to pertussis exposure through a staff member. 6 inpatient contacts identified in total, they all remained symptomatic which has now been completed. Staff contacts were identified and referred to occupational health for assessment. No HIIAT score was required as no onward transmission within hospital.</p>	
209.5	<u>AMT Update</u> – Ysobel Gourlay gave the following verbal update	
	<p>Antimicrobial utilisation committee there is no nursing representative so Ysobel has asked Angela Wallace for someone to represent them.</p> <p>Currently gathering all their data for their GAMSAS accreditation in September.</p> <p>Dr Davidson requested if a written report could be submitted with regards to antimicrobial usage/prescribing instead of a verbal update. Ysobel receives data on a quarterly basis so will send reports onto Calum MacLeod to include these in the AICC papers once released.</p> <p>There is a group currently looking at alternatives that can be used once the 2% chlorhexidine solution is being discontinued. Looking at using Chlorhexidine 2% “Lollipops” and liaising with other health boards to see what they plan to incorporate. The IPCT spent a lot of time working up using 2% chlorhexidine for prep for central lines and for surgical prep. Make sure someone from the IPCT team is linked into Dr Wesley Stuart working group regarding the implementation of chlorhexidine 2% withdrawal.</p>	<p>YG</p> <p>SD</p>

209.6	<u>Risk Register</u> – Kara Black updated the group	ACTION
	<p>The following 3 risks were updated</p> <p>Risk 3: Failure of the IPCT Information Management System (ICNET) <u>Update:</u> The Business Continuity Plan will be published June 2024.</p> <p>Risk 4: Failure to provide appropriate infection control advice and support in the assessment and reduction of risk associated with new builds and renovation projects. <u>Update:</u></p> <p>Mitigating Actions - IPCT will attempt to scope the impact of the new NHS Assure KSAR process by completing the IPCT built environments tracker, tabling an exception/highlight report to the IPC committees.</p> <p>Risk 8: Failure for the Infection Prevention and Control team to be able to support fully the requirements of NHS Assure and the Board regarding New Builds and Renovations. <u>Update:</u> Mitigation actions – IPC Business Manager developing a system to capture the resources required and identify risks for delivery.</p> <p>Dr Davidson asked if the withdrawal of chlorhexidine 2% solution be added onto the IPC risk register as it does have potential for IPC implications.</p> <p>Dr Kennedy asked if this is an infection control service risk or an acute divisional risk. Balancing the risk to see what is the alternative product that provides a performance that we accept. What is the evidence base of other alternative products then it becomes a clinical and financial decision about the cost benefit analysis of all of this. Dr Marek said depending on the outcome of the group this will determine if this will need to be put on our risk register or not.</p> <p>Dr Bagrade stated that the reason we are back with discussion is not because we were made aware of new evidence but the company decided to discontinue this product and unsure why they are doing this. Reason we were tied in with this particular product was due to licences they hold regarding this. If it is cost then it's not probably an IPC risk if we are going for a lesser strength of chlorhexidine our risk may be we need to introduce some surveillance system and what the impact may be? More of a board risk rather an IPC risk.</p> <p>Ysobel informed the group there are other manufacturers of 2% chlorhexidine 2% but the quality control is not up to scratch from a Scottish Government point of view.</p>	<p>KB</p>

210	<u>PERSON CENTERED CARE - IPC QI Network Update</u> – Kara Black updated the group	ACTION
	<p>The IPCQIN continues to meet bi-monthly, the last meeting was on the 14th May 2024. The work plan has been agreed upon and is now a standing agenda item going forward to support monitoring and assurance of work stream actions/progress.</p> <p>The next Newsletter will be published in July, where the work streams will take turns having a spotlight on the newsletters to promote ongoing improvement work and share good practices.</p> <p>Vascular Access Device education is now a standing agenda item to support the ongoing education work and e-learning module.</p> <p>Measurement Plan for CVC PVC process Data – colleagues are collaborating options for a plan to capture CVC PVC process data from teams in a standardised approach.</p> <p>New flash report template was approved which will be used for next round of the meeting.</p>	
211	<u>EFFECTIVE CARE</u>	
	<u>National Infection Prevention & Control Manual (NIPCM)</u> – Gillian Bowskill updated :-	
	<p>The following SOPs/guidance documents were presented to the committee for approval:</p> <ul style="list-style-type: none"> • CDI (adults) SOP • Cleaning of Near Patient Equipment SOP • MRSA SOP • Policy Development & Approval Guidance • Scabies Guidance • TB Guidance <p>Dr Kennedy raised an issue with the scabies document which refers to skin scrapings which may not be carried out anymore. It was agreed this policy will not be put forward for sign off until amendments are made.</p> <p>Sandra Devine requested to pull the policy development & approval guidance and bring it back to the next committee as some of the structures and committees described are different now.</p> <p>Dr Davidson raised within the TB guidance about occupational health taking a lead role in identifying staff and whether there is something more we can do regarding this? Dr Marek is meeting with TB colleagues with regards to TB contact screening and is hoping to create an aide memoire with regards to TB contacts.</p>	

211	<u>National Infection Prevention & Control Manual (NIPCM)</u> – Gillian Bowskill updated :-	ACTION
	<p>Morag Gardner asked about cleaning of near patient equipment with some of the recent HIS inspections there had been a bit of confusion as to what domestics clean compared to what nursing staff clean. Sandra Devine carried out an analysis of hot de-briefs where the cleaning of near patient equipment was one that came out quite clearly as something that is reported. Geraldine Marsh informed the group the lead nurses in Older People Services at the QEUH have created a document that outlines what pieces of equipment their housekeepers are responsible for cleaning and how frequent they should be cleaned. This is a local document which was produced in response to an ongoing issue within the Older People Services. Morag Gardner reiterated that the Near Patient Equipment SOP process could be considered for sign off, identification of responsibility is different and will sit within the IPC QI network and be brought back as a highlight report.</p> <p>Could any further comments for the 4 SOP documents being put forward for sign off (CDI SOP, Cleaning of Near Patient Equipment, MRSA & TB Guidance) be sent to Lynn Pritchard no later than Friday 14th June 2024.</p>	ALL
212.1	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u> – Gillian Bowskill updated	
	Had previous Health Improvement Scotland (HIS) inspections in April at RAH, GRI and QEUH. HIS returned to GRI last week and carried out a 3 days safe patient care audit. RAH report is anticipated to be released tomorrow.	
212..2	<u>Board Infection Control Committee Update</u> – Sandra Devine updated	
	Currently developing an IPC strategy which has been paused due to upcoming election.	
212.3	<u>Facilities Update</u> – Morag Walsh updated the group	
	<p>Continued auditing is in place across all sites, with FM management reviewing compliance and governance from a housekeeping perspective.</p> <p>Quality Assurance audits remain in place, with recurring trends being identified and rectified. The full monthly feedback report for May 2024 is attached as appendix 1 in the report sent out to the committee.</p> <p>Facilities Management's HIS preparedness, a number of peer audits are undertaken. The programme of peer reviews has been refreshed, and the recording documentation including how any actions arising are recorded has been reviewed.</p> <p>RAH continues to realign its staff resource via staff placing sheets and costed rotas.</p>	

212.3	<u>Facilities Update</u> – Morag Walsh updated the group	ACTION
	<p><u>Decontamination</u></p> <p>IRH EDU continue to provide contingency decontamination services to the VoL EDU. This has now been running successfully for nearly two years without impact on service delivery. Regular communication continues to be effective</p> <p>Funding for the works to replace the Air Handling Unit (AHU) and associated ductwork in the Greenock CDU has been secured with an approved supplier identified through the procurement process. We are currently in the 10 day standstill period. This will be an extensive project that will have some impact on the Greenock CDU's ability to provide service as there will be a period of closure. More information to follow on conclusion of the 10 day standstill once approximate timescales are known and project plans are being developed.</p> <p>Environmental monitoring frequency has been reduced within Cowlares CDU after robust interrogation in collaboration with IPC and Microbiology colleagues. This heightened monitoring was as a result of the 2018 closure of Cowlares however after review of results over an agreed period it was agreed that monitoring could return to the same frequency as the other CDU's within the GG&C</p> <p>Geraldine Marsh raised issues with Serco within Langland's at the QEUH. One ward that was terminally cleaned 3 times and scored 86% from a peer audit carried out by Sharon Johnstone. Serco domestics seem to be working to a different specification than NHS domestics. Local management are meeting with Serco but concerns are such that we need to formally note this here. Morag Walsh informed Geraldine Marsh that Serco staff should be working to the same specifications and will raise this with senior Facilities management. This will also feature on South Governance meetings and SMT meeting within the south sector. IPC are carrying out assurance walk rounds with Serco and Facilities management. Morag Gardner informed the group this has been a re-occurring issue across previous years and for assurance previously we have asked facilities to bring back reports highlighting concerns, governance action taken and the remedial monitoring and wondered if this should come back?</p>	
212.4	<u>Water & Ventilation Update</u> - Mark Riddell was unable to attend meeting	
212.5	<u>Decontamination Group</u> – Gillian Mills updated with the following	
	<p>Request for decontamination advice from Neurosurgery team at QEUH in relation to neuro ultrasound probes which are used on brain tissue in adults and paediatrics. Identified some areas that require improvement and currently working with clinical team and Lynsay Gracie from CDU on how this is going to happen.</p>	

213.1	AOCB – AICC Terms of Reference – Kara Black reported	ACTION
	<p>Replacement of December 2022 version. Format updated to match the same format for other committees like BICC and PICSG. No major changes other than specific sentence about the curate for membership at 50%.</p> <p>Lorna Loudon asked if the sector Chief Nurses could be added onto the initial front page of membership, Kara Black will update this. It was agreed that if no more comments were sent to Kara Black by the end of the week then the committee will take this as approved.</p>	KB
213.2	AOCB – SBAR Hot De-brief Review – Sandra Devine discussed for approval	
	<p>Suggestion of a process where each year we will look at the outputs from the hot debriefs to see if there are any common themes and if any they will be put into a work stream. Sandra has embedded a summary of all the hot de-briefs over the past few years to see any commonalities that have appeared. A report will produced every year. Hopefully these themes that keep appearing will reduce for future hot de-briefs.</p>	
213.3	AOCB – CNO Letter – NHS Scotland Infection Prevention & Control Roles & responsibilities – Dr Bagraade reported	
	<p>Scottish Government have sent out a CNO letter which outlines the main responsibilities for Boards in relation to the infection prevention and control (IPC) service and introduces the team and specialist IPC role descriptors. IPC were quite disappointed by the consultation process and given this document without appropriate engagement with the people who are going to carry out these roles/responsibilities. Will see how as a board we are going to respond to this.</p>	
213.4	AOCB - UK Antimicrobial Resistance National Action Plan – 2024-2029 – Dr Linda Bagraade reported	
	<p>New action plan looking at this for IPC actions that may be required. First on the list on terms of interventions and will have a look what the IPC role is regarding this and will update our annual programme/work plan accordingly.</p>	
213.5	AOCB – Annual IPC Programme- Dr Bagraade reported	
	<p>Make sure all documents we are referring to are still up to date and our work plan is responding to tasks given to us by CNO/Scottish Government.</p>	

213.6	AOCB – New PVC Care Plans – Gillian Bowskill reported	ACTION
	<p>Gillian Bowskill informed the group of a new PVC care plans for adults and paediatrics. Paediatrics will launch in 2 weeks' time and then the adult PVC care plans will be launched in 6 weeks' time. All appropriate communications will be sent out regarding this. Morag Gardner asked if we have got the right level of governance regarding this with regards to change where PVC being allowed to be left in for up to 7 days instead of 72 hours. Need to have some due governance regarding this and if a virtual sign off to make sure all are content with this change? It was agreed to pause this role of the new PVC care plan. Dr Davidson asked if we could conclude this sign off quite promptly as junior doctors will turnover in 8 weeks' time and keen to have this concluded ahead of change over.</p>	
<p>Next AICC will be held on Tuesday 13th August at 10:30</p>		

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 13th August 2024 at 10:30**

PRESENT:

Sandra Devine (Chair)	Director of Infection Prevention & Control
Allana Kelly	Lead IPC Nurse, South Glasgow
Gillian Bowskill	Associate Nurse Director, IPC
Natalia Hedo	IPC Surveillance Operations Manager
Jayne Jones	Assistant Director, FM
Enrique Hernandez	Advanced Clinical Scientist
Dr Kate McArthur	Lead Clinician, Older Peoples Service
Nicola Mallon	Senior Infection Control Nurse
Geraldine Marsh	Chief Nurse, South Glasgow
Mandy Meechan	Chief Nurse, Paediatrics
Raymond Carruthers	Operation Governance Manger, Oral Health
Margaret Ann Montague	Senior Infection Control Nurse, IPC
Chris Haddow	Head of Operational Estates
Marlene Hay	Senior Infection Control Nurse, IPC
Lynsay Creighton	Interim Associate Chief Nurse, Regional Services
Ashleigh Irons	Interim Associate Chief Nurse, North Glasgow
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Lorna Loudon	Chief Nurse, Clyde Sector
Dr Kalliopi Valyraki	Infection Control Doctor
Ann Lang (minutes)	PA, IPC

APOLOGIES

Scott Davidson	Gillian Mills	Donna McConnell	Morag Gardner
Mark Riddell	Karen McGugan	Anne Gallagher	Dr Iain Kennedy
Dr Linda Bagrade	Kirsten Burns	Elaine Burt	

214	Introductions & Apologies	ACTION
	<p>Sandra Devine welcomed everyone to the meeting and apologies were received from the above mentioned.</p> <p>Meeting was recorded for minute taking accuracy and will be deleted once minutes have been agreed by the committee.</p>	
215	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on 11th June 2024 were accepted with no changes requested.</p> <p>Please see separate rolling action plan for update on outstanding actions.</p>	
216	Any Matters Arising or Emerging Issues	
	<p><u>Scottish Hospital Inquiry</u></p> <p>The next round of hearings is due to start on Monday and colleagues from GGC will be involved in this round. Support is available from Rachel McGowan, Corporate Legal & Witness Support Manager.</p>	
217	ASSURANCE & IMPROVEMENT	
217.1	Surveillance Update Reports	
	<p><u>SAB & E.coli Bacteraemia Surveillance May & June 2024</u></p> <p>Enrique Hernandez advised that in May, GG&C were below the rate reduction of 10% for 2019 – 2024 for Healthcare Associated Infections (HCAI) for SABs but were above the rate reduction of 25% for 2019-2024 for HCAI reduction of E-coli bacteraemia.</p> <p>For June GGC were above the HCAI reduction aim for SABs and ECBs. With regards to ECBs, in total there were 14 healthcare associated cases which were associated with a urinary catheter this month.</p> <p>SAB GGC cases increased by 18, whereas ECB cases increased by 5 compared to May 2024.</p> <p>Scottish Government issued 3 indicators for Board to work on and these include CDI, SAB and ECB. GGC are below the national average for all three indicators in this period. As there is no update regarding a new target GGC are still being monitored against the old target. Ysobel Gourlay stated that SAPG are thinking about the new targets and one of the targets they are thinking about is compliance with surgical prophylaxis guidelines. She said that this might be one of the things that Antimicrobial Pharmacists may be asked to audit in the future.</p> <p>Sandra Devine reported that the local SAB groups feed into the QI Network and these indicators are discussed at these meetings. There is also a CAUTI sub group to be set up to look at catheter associated urinary tract infections.</p>	

217.1	Surveillance Update Reports (contd)	ACTION
	<p><u>December Surgical Site Infection Reports - Natalia Hedo reported</u></p> <p>The following Surgical Site Infections for April and May were reported as:</p> <p>Major vascular – Increase in previous months Large bowel – GGC are below aim for April but within control limits for May. C-section – 6 cases for April / 9 cases for May Orthopaedics – 4 cases for April / 5 SSIs for May</p> <p>As national SSI surveillance was paused in 2020 and remains paused for the foreseeable future Scottish Government plans for an e-health solution for IPC surveillance. There is a process in place to look at the role of the Surveillance Nurses because of this.</p> <p>Ysobel Gourlay asked why there has been a rise in SSIs and Natalia Hedo commented that the numbers fluctuate. Sandra Devine stated that if there was a cluster a PAG or IMT would be arranged but suggested that an additional risk factor could be related to patients having to wait longer for surgery.</p>	
217.2	Acute Clinical Governance Infection Prevention & Control Report (May and June 2024)	
	Copies of the above reports were issued for information.	
217.3	<u>Draft Monthly HAIRT Report –</u> Sandra Devine reported	
	<p>This report is presented to the Clinical & Care Governance Committee, Acute and Board Clinical Governance Committees and IPC Committees. Sandra Devine reported that for all three indicators for CDI, SAB and ECBs that GGC are below the national average for all 3 indicators.</p> <p>Sandra Devine informed that the CAUTI data has been good for a number of months, however, GGC are now above the mean. This will be monitored.</p> <p>With regards to C-diff there have been 4 months above the normal background rate. Ysobel Gourlay reported that they are going to allow for Cephalosporin to be used but this has not started yet. She said they can look at the antibiotic data but have not made any changes so far. She said they have just launched guidelines for Ceftriaxone but the use of this antibiotic has not increased.</p> <p>Last year Enrique Hernandez did a lookback exercise to analyse the C-diff cases to see if there were any seasonality associated but there was no strong signal of seasonality. This could be due to the intervention and control measures in place.</p>	

217.4	<u>IPC Work Plan 2024/2025</u> – Gillian Bowskill reported	ACTION
	<p>The IPC Work Plan was issued with the agenda.</p> <p>Gillian Bowskill said that IPC carried out a thematic analysis regarding all the Hot Debriefs that have been issued to see if there were any common themes. From this two work streams were identified and these include – Cleaning of Near Patient Equipment and Assessment of Patients on Admission for Infection Risk. These will be supported by the IPC QI Network Group.</p> <p>The CJD Group will be reinstated and will meet twice a year.</p> <p>As this is a live document Sandra Devine commented that any items can be added.</p>	
218	<u>SAFE CARE</u>	
	<u>Sector Leads Update Report</u>	
218.1	<u>Clyde Sector</u> – Margaret Ann Montague updated with the following	
	<p>In June there were 2 wards closed with Scabies. In one of the wards a SICPs audit was carried out and this scored Red and 3 further SICPs audits were undertaken with the ward. 2 came back as Red and the last one as Amber. Enhanced observation is being carried out in the ward and some issues being identified. Education will be done this week with the ward. It was noted that the ward uses agency staff and this was reported by the clinical team.</p> <p>5 Datix were submitted in June and these included 1 severe HAI CDI, 1 severe non HAI CDI, 1 HAI CDI death, 1 non HAI CDI death and 1 non HAI SAB death. No device associated SABs were reported for June.</p>	
218.2	<u>North Sector</u> – Marlene Hay updated the group with the following exceptions	
	<p><u>June 2024</u></p> <ul style="list-style-type: none"> • 2 SICPs audits completed in June. 1 clinical area having a red overall compliance score and 1 clinical area with an amber overall compliance score. • 7 ward closures as a result of outbreaks throughout June – 4 COVID-19, 1 Norovirus, 1 suspected Gastroenteritis and 1 with both COVID-19 and suspected Gastroenteritis. • 2 patients were reported with severe CDI, 1 patient was reported as a CDI death on Part II of the death certificate and 1 patient was reported as a SAB death on Part 1 of the death certificate. • Ward 4, GRI had a CDI trigger. 2 cases of CDI in a 13 day period. All investigations were completed and Ribotyping results were different for both cases. 	

218.2	<u>North Sector (contd)</u>	ACTION
	<p><u>July 2024</u></p> <ul style="list-style-type: none"> • There are ongoing improvement with SICPs audits when wards score Red. IPC are providing education for staff and have noticed that some areas have agency workers. • SAB improvement continues with HCAI SAB cases and has reduced as Q1 had 14 cases and Q2 had 11 cases. • Sustained improvement with HCAI ECBs continues. Q1 had 34 cases and Q2 also had 34 cases. This is a reduction compared to the same period last year. • 2 SICPs audits completed in July, 1 re-audit green overall compliance score and 1 audit following a CDI trigger, overall compliance score red. • CDI trigger ward 15/28, GRI. 3 cases in total. 2 cases of HAI confirmed CDI, 21 days between cases and an equivocal case of CDI being treated clinically as a case of CDI. Investigation carried out and incident reported to ARHAI via ORT. • Significant increase in COVID-19 cases with 11 wards closed in total. 10 with COVID-19 and 1 with suspected Gastroenteritis. • 2 HAI SABs to Ward 43, GRI. 1 was PICC line related and 1 PVC related. • 3 separate investigations across ICU in July which include VRE in ICU East, <i>Pseudomonas aeruginosa</i> in ICU East and <i>Stenotrophomonas maltophilia</i> in ICE East and West. <p>Ashleigh Irons advised that with regards to the COVID-19 outbreaks they will do walk rounds again and are working with Estates. Shared learning will be feedback to the IPC Quality Improvement Network.</p>	
218.3	<u>South Sector</u> – Allana Kelly updated the group with the following	
	<ul style="list-style-type: none"> • Multidisciplinary walk rounds carried out in Langlands Building QEUH after raised concerns around cleaning, domestic and estate issues. The weekly meetings that were set up have been changed to monthly. • Ward 8A, QEUH has had 11 cases of MRSA since March 2024. 6 of these cases are confirmed, 2 have been excluded and waiting on typing for 3 cases. A terminal clean, cleaning of vents, education, hand hygiene and SICPs audits have been carried out. Enhanced supervision is also being carried out. • An increase in urinary catheter ECBs. • 2 audits carried out in INS Critical Care which scored Amber. • A Datix was completed for a severe CDI death in July. • 2 cases of hospital acquired <i>Serratia marcescens</i>. A PAG was held and the HIIAT was Green. Water sampling was carried out and this was satisfactory. Typing was different for the cases. • Ward 4B had a room closed due to aspergillus being isolated in air sampling in the toilet. Resampling will be carried out. 	

218.3	<u>South Sector (contd)</u> – Allana Kelly updated the group with the following	ACTION
	<ul style="list-style-type: none"> • 4 SABs to report for Ward 1C. 3 of these are line related and a CVC audit scored 100%. Education will be carried out in ward. • The ventilation was down in INS Critical Care from 26th July – 30th July. Estates have fixed this and it is working now. • Maternity have had 2 incidents with Parvovirus exposure. A patient phoned to say they had been in contact with someone in the community but had not been isolated in hospital. The clinical team drew up a list of contacts and this was followed up by the Maternity Team when patients came back in to get their bloods taken. A second patient was readmitted to Maternity Assessment and bloods were taken. The patient came back with Parvovirus B19 IgM isolated from plasma. The patient's baby was unwell on delivery as born at 30 weeks. Baby also had Parvovirus. ICD discussed this with the clinicians. • Theatre D, GGH had a blocked DSR pipe which resulted in water ingress within the corridor. Estates visited and unblocked the pipe and the area was cleaned. 	
218.4	<u>South Paediatrics</u> – Gillian Bowskill updated the group with the following	
	<p>PICU had 3 patients positive with COVID-19. A HIIAT was completed and this was Green. The unit cannot be closed down as this is a national unit.</p> <p>A cluster of <i>Serratia marcescens</i> was identified in NICU and SCBU. A meeting is being arranged for the end of the week.</p>	
218.5	<u>AMT Update</u> – Ysobel Gourlay gave the following update	
	<ul style="list-style-type: none"> • GGC is meeting ARHAI Primary Care, IV Antibiotic use Targets and are better than the rest of Scotland. • In relation to the Primary Care target GGC is meeting this target with a 12.4% reduction in primary care antibiotic use compared with 2015/16. • Use of intravenous antibiotics in secondary care will be no higher in 2023 than it was in 2018. • IV antibiotic use in GGC in 2023 is down by 16.3%. • A point prevalence study was done in GRI and Dr McArthur agreed to give Ysobel Gourlay a list of wards for there. With regards to 4C antibiotics 19.1% of patients were included and of these 77.3% were considered appropriate. • 40.5% of patients were on IV antibiotics and the median duration of IV antibiotics was 3 days. • Antibiotic duration was recorded for 43.9% of patients. For oral antibiotics this was recorded in 55.7% patient notes. • There were 3.7% of patients that had missed antibiotic doses. Per patient 21.5% on patients missed 1 or greater antibiotic doses. 	KMcA

218.5	<u>AMT Update (contd)</u> – Ysobel Gourlay gave the following update	ACTION
	<ul style="list-style-type: none"> • The HEPMA data states that the recording of oral antibiotic duration for Nitrofurantoin and Trimethoprim has increased. For July Nitrofurantoin was prescribed for 96.9% patients and Trimethoprim for 89.7% patients. • Ward 44 GRI had a CDI trigger with 2 patients. Antibiotics for the patients were managed appropriately once CDI identified, including daily review. Antibiotic duration on HEPMA was 33% of oral antibiotics. All 10 meropenem prescriptions over April/May were made on microbiology/ID advice. <p>Sandra Devine advised that the PVC Care Plan has been deferred to the next meeting but it has been updated. Ysobel Gourlay stated that she has heard that the nurses at IRH have stated that as the PVC Care Plan has changed from 3 days to 7 days they are highlighting this could prevent or reduce IV antibiotic review. Gillian Bowskill said that she will discuss this with Lynn Pritchard. Margaret Ann Montague commented that the Infection Control Nurse at Inverclyde has been involved in these discussions but nobody has highlighted this to her. Margaret Ann Montague agreed to discuss this with Infection Control Nurse. Lorna Loudon also advised that conversations and discussions are ongoing at the SAB group regarding this.</p>	<p>GB</p> <p>MAM</p>
218.6	<u>Risk Register</u> – Natalia Hedo updated the group	
	<p>The Risk Register has recently been reviewed.</p> <p>The only Risk to update on is:-</p> <p>Risk 3: Failure of the IPCT Information Management System (ICNET) <u>Update:</u> The Business Continuity Plan was updated in June 2024.</p> <p>A meeting will be arranged before the next round of committees and any updates will be provided at the next meeting.</p>	
219	<u>PERSON CENTERED CARE - IPC QI Network Update</u> – Sandra Devine updated the group	
	<p>The IPCQIN continues to meet bi-monthly and this is jointly chaired by Morag Gardner and Sandra Devine.</p> <p>There are 2 new workstreams being proposed and these include a review of the Patient Placement and Cleaning Near Patient SOPs.</p>	

220	<u>EFFECTIVE CARE</u>	ACTION
	<u>National Infection Prevention & Control Manual (NIPCM)</u> – Gillian Bowskill updated :-	
	New guidance has been issued regarding the isolation period for COVID-19.	
	<u>National Infection Prevention & Control Manual (NIPCM) (contd)</u> – Gillian Bowskill updated :-	
	<p>This has changed from 10 to 5 days for an individual case but if part of an outbreak to refer to the outbreak guidance.</p> <p>ARHAI have launched the new water section (Chapter 4) in relation to the National Infection Prevention and Control Manual. A DL regarding this was issued on 1st August to be implemented by 1st January 2025. A Gap Analysis will be carried out to identify additional actions and resources. It should be noted that the time scale for implementation is challenging and may not be achieved.</p>	
221	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u> – Gillian Bowskill updated	
221.1	Healthcare Improvement Scotland (HIS) Update – Gillian Bowskill updated	
	<p>The draft HIS report for GRI has been issued for factual accuracy. Sandra Devine informed that the inspectors visited 3 sites in 2 days and included Emergency Departments in these visits. She thanked the staff who participated in the inspections and provided all the evidence required for assurance purposes.</p> <p>Chris Haddow stated that the feedback received was regarding issues with the fabric of the building. He said investment funding has been provided and Ward 5's refurb has been completed. The next ward to be refurbished is Ward 3 but is subject to funding.</p> <p>Morag Gardner has formed a new short life working group and will look at the last 10 inspections to see if there are any themes across the boards. The first meeting of the group took place last week.</p>	
221.2	<u>Board Infection Control Committee Update</u> – Sandra Devine updated	
	<p>The Public Inquiry is due to restart again.</p> <p>For the next AICC meeting the minutes of the Board Infection Control Committee will be included with the papers.</p>	

221.3	<u>Facilities Update</u> – Jayne Jones updated the group	ACTION
	<p>A paper and appendices have been tabled by Jayne Jones to give oversight of governance for assurance purposes to the committee.</p> <p>Auditing is in place across sites and Appendix 1 provides an update to the end of June. GGC's Domestic result score is 94.6%, is just under the Scottish average across all NHS Boards, which is 95.2%.</p> <p>Quality Assurance audits are carried out in addition to Facilities Management audit. A copy of the report for July was issued with the papers.</p> <p>RAH to realign Domestic staff resource.</p> <p>Domestic Services provision within Langlands Building has been raised as a concern by clinical colleagues. Assessment of current provision and additional auditing has been undertaken, with QEUH Facilities Management and PFI Liaison undertaking a review of provision and participating in weekly ward inspections. Improvement actions have been implemented and are being monitored.</p> <p>The Laundry Service has highlighted an area of concern around some clinical teams not following the correct process for linen, and posters have been developed to assist with reducing the volume of linen lost through incorrect disposal.</p> <p>Public consultation for SHPN 13: a planning note for CDU's in Scotland commenced 31st May and closes 30th August.</p> <p>Greenock CDU had to close in July due to a broken drive shaft within the air handling system. The drive shaft was replaced, clean room deep cleaned, air handling unit re-validated and environmental monitoring completed. All results were satisfactory. There was no patient impact.</p> <p>The project to replace the AHU in Greenock is progressing and will take approximately 26 weeks in total, completion end date of March 2025. A Project Board will be established to provide assurance to all relevant governance groups that all standards and requirements are being met throughout the project.</p> <p>In Cowlairs CDU gaps were identified in the HEPA filter in the clean room. As a result all work was suspended and initial control measures have been implemented. There was no impact on operations.</p> <p>Sandra Devine commented on the green audit scores and thought this process has been in place for a number of years and wondered if there were any updates to changing this process.</p>	

221.3	<u>Facilities Update (contd)</u> – Jayne Jones updated the group	ACTION
	Jayne Jones replied that this is the national FM tool and it is useful to read this report along with the quality teams monthly report as this will show some amber scores. She said they have tried to provide detail in the report whether there are any FMT amber results and how many have been identified. This will provide more context to the national snapshot.	
221.4	<u>Water & Ventilation Update</u> – Chris Haddow updated the group	
	<ul style="list-style-type: none"> • Ward 36/37 at RAH had out of spec water results last year. The water system remains stable and under control. • VOL is installing Biocide, silver hydrogen peroxide, which is 90% complete with a planned completion date of end of August. • The new Lister Building at GRI has a silver hydrogen peroxide system which is now commissioned. There is a research part to look at water quality. • The Point of Use filters, currently PALL filters at QEUH will be changed to an alternative product called T-safe. This will be progressed through the Board Water Safety Group. • With regards to the Point of Use Filter removal pilot there is a draft paper in progress in collaboration with Infection Control, Estates and the Water Safety Group is progressing. • There were some actions from the HIS inspection to GRI in relation to Facilities Management. A programme is currently based on high or red areas and to have a reduction in red categories throughout the site subject to funding. • The mould/yeast sampling at QEUH has been ceased and this was agreed by the board and Water Safety Group. This will continue in the tank rooms. • WS01 returns regarding water flushing has improved this quarter, however the North returns continue to be low. Chris Haddow will take this up with colleagues in the North after this meeting. 	CH
221.5	<u>Decontamination Group</u> – Gillian Mills updated with the following	
	<p>There is a Decontamination group which Gillian Mills and Professor Andrew Smith are part of and they try and answer if anyone has any specific issues.</p> <p>There is an issue in INS and RHC theatres regarding Neuro ultrasound probes and they are working with the unit to try and get a solution so these can be centrally decontaminated. Lindsay Gracie said this is being looked at nationally. Professor Smith will provide an update to the next meeting.</p>	

222	<u>AOCB</u>	ACTION
222.1	<u>IPC Strategy –</u> Sandra Devine reported on the following	
	The public and staff engagement has been completed and the analysis for this has been finalised. This will be included in the draft Strategy and hoping for this to be completed in autumn this year.	
222.2	<u>Built Environments IPCT Project Tracker Highlight Report</u>	
	<p>This is the first cycle of a highlight report for communication regarding the Built Environments IPCT Project Tracker. This is to try and capture the scale of projects being worked on and the governance and escalation to highlight if required.</p> <p>Currently there are 67 projects that are ongoing that the ICNs and ICDs are involved in by supporting or inputting to. Four of these projects in HSCP have a RAG status of At Risk.</p>	
222.2	<u>Built Environments IPCT Project Tracker Highlight Report (contd)</u>	
	<p>This paper will continue to be updated and highlights the scope of IPC in terms of built environment.</p> <p>Chris Haddow said they were trying to utilise more of the generic scribes to cut down on the demands of IPC and Estates. Sandra Devine replied that Mark Riddell has identified a couple of colleagues in Estates to take this work forward with Dr Bagrade and Lynn Pritchard. Gillian Bowskill said an initial meeting has taken place and work will progress on this.</p>	
Next AICC will be held on Tuesday 8th October at 10:30		

**Minutes of the Acute Infection Control Committee
Videoconference
Friday 25th October 2024 at 10:30**

PRESENT:

Dr Linda Bagrade(Chair)	Lead Infection Control Doctor
Sandra Devine	Director of Infection Prevention & Control
Sharon Johnstone	Head of FM Operations South Glasgow
Gillian Mills	Lead IPC Nurse, North Glasgow
Donna McConnell	Lead IPC Nurse, Clyde
Anne Gallagher	Lead IPC Nurse, South Paediatrics
Allana Kelly	Lead IPC Nurse, South Glasgow
Dr Iain Kennedy (left @ 1155)	Public Health Consultant
Patricia Myers	Associate Chief Nurse, North Glasgow
Mandy Meechan	Chief Nurse, Paediatrics & Neonates
Geraldine Marsh	Chief Nurse, South Glasgow
Dr Enrique Hernandez (left @ 11)	Advanced Clinical Scientist
Lynsey Creighton	Associate Chief Nurse, Regional Services
Karen McGugan	Lead Nurse, Imaging
Natalia Hedo	IPC Surveillance Operations Manager
Dr Chloe Keane	Infection Control Doctor
Dr Abhijit Bal (left @ 1125)	Infection Control Doctor
Denise Wilkinson	Associate Chief Nurse, Clyde Sector
Dr Claire Harrow (joined @ 1130)	Deputy Medical Director (Acute)
Dr Erica Peters (joined @ 1145)	Consultant Paediatrician
Daniel Connelly (joined @ 1210)	Deputy Director of Public Engagement

APOLOGIES

Lynn Pritchard	Elaine Burt	Lorna Loudon	Lee Savarrio
Angela Wallace	Ysobel Gourlay	Janis Young	Jayne Jones
Mark Riddell			

223	Introductions & Apologies	ACTION																								
	<p>Dr Bagrade welcomed everyone to the meeting and apologies were received from the above mentioned.</p> <p>Meeting was recorded for minute taking accuracy and will be deleted once minutes have been agreed by the committee.</p>																									
224	Minutes of Previous Meeting																									
	<p>The minutes of the previous AICC meeting held on 13th August 2024 were accepted with some minor changes requested.</p> <p>Please see separate rolling action plan for update on outstanding actions.</p>																									
225	Any Matters Arising or Emerging Issues – nothing to report																									
226	ASSURANCE & IMPROVEMENT																									
226.1	Surveillance Update Reports																									
	<p><u>SAB & E.coli Bacteraemia Surveillance August & September 2024</u> – Dr Enrique Hernandez reported</p> <p><i>Staphylococcus aureus</i> Bacteraemia (SAB)</p> <table border="1"> <thead> <tr> <th>Month</th><th>HCAI</th><th>Community</th></tr> </thead> <tbody> <tr> <td>July</td><td>33</td><td>7</td></tr> <tr> <td>August</td><td>29</td><td>4</td></tr> <tr> <td>September</td><td>24</td><td>6</td></tr> </tbody> </table> <p><i>Escherichia coli</i> bacteraemia (ECB)</p> <table border="1"> <thead> <tr> <th>Month</th><th>HCAI</th><th>Community</th></tr> </thead> <tbody> <tr> <td>July</td><td>56</td><td>41</td></tr> <tr> <td>August</td><td>62</td><td>27</td></tr> <tr> <td>September</td><td>48</td><td>42</td></tr> </tbody> </table> <p>In terms of SABs over the last 3 months we were above the aim of 23 HCAI SABs per month. For ECBs we were above the aim of 38 HCAI cases per month</p>	Month	HCAI	Community	July	33	7	August	29	4	September	24	6	Month	HCAI	Community	July	56	41	August	62	27	September	48	42	
Month	HCAI	Community																								
July	33	7																								
August	29	4																								
September	24	6																								
Month	HCAI	Community																								
July	56	41																								
August	62	27																								
September	48	42																								

226.1	Surveillance Update Reports Contd	ACTION
	<p><u>SBAR – Redesign of IPC Surveillance</u> – Sandra Devine Reported for noting</p> <p>Proposal to change the type and amount of surveillance we are currently carrying out in GG&C. At the beginning of COVID pandemic all mandatory SSI surveillance was paused. We are now in a position post Covid where surveillance will take an electronic solution using existing data sets from different parts of the NHS. There is also going to be a target for antibiotic prophylaxis for surgery procedures. We have no comparative data in Scotland as all the other health boards have paused their surveillance of SSI. We have diverted this resource into the IPC teams and will continue to do the arthroplasty and C-section surveillance. If the IPC team identify a cluster of SSI or the clinical team have any concerns then the IPC will intervene as per usual. There is a separate resource within the Spinal and cranial procedures which will continue to be supported by the IPC teams.</p> <p><u>Surgical Site Infection Reports</u> - Natalia Hedo reported – Arthroplasty & C-section</p> <p>2 C-section SSI in PRM both within 10 days but still below the control limit.</p> <p>All arthroplasty charts are within control limits.</p> <p>The IPC team will pause SSI reporting for September as they are taking over the work and will recommence from October.</p> <p>Dr Bagrade highlighted that one of the arthroplasty infections had 8 different microorganisms which is quite unusual. Interested to see how our clinical team would classify this.</p>	
226.2	Acute Clinical Governance Infection Prevention & Control Report (August 2024) – Dr Linda Bagrade reported	
	Report disseminated to the group for information with no questions raised regarding this.	
226.3	<u>Monthly HAIRT Report July-August 2024</u> – Sandra Devine reported	
	<p>In terms of SAB we are above national indicator at 18.6 as a rate compared to 17.3 nationally. Compared to ECB we are under 35.2 with national rate being 39.4. CDI we at 18.4 with national rate being 17</p> <p>Draw attention to page 8 monitoring HCAI Sab cases we have 3 months above the mean where we are continuing to work with SAB groups.</p> <p>Got 5 months above the mean in terms of HCAI ECBs which we are working on.</p>	

226.3	<u>Monthly HAIRT Report July-August 2024</u> – Sandra Devine reported	ACTION
	<p>In terms of CDI 5 months above the mean.</p> <p>Antimicrobial prescribing is being looked at by Pharmacy. Possible high prescribing rates within the community.</p> <p>New indicators for Scotland will be released in the next few months with new targets for GG&C to achieve.</p> <p>Dr Bal said the increase in CDI cases could have been a result in a new microbiology diagnostic test currently being trialled within the labs. Should the trial be successful then a note stating when the new CDI diagnostic tests began on the CDI Statistical Processing Charts would be proposed. ARHAI will be informed with regards to the change in CDI testing which could give a reason for increase CDI numbers. ICDs are working on to see if they can link antibiotic consumption data with the increase in CDI cases.</p>	
226.4	<u>IPC Work Plan 2024/2025</u> – Gillian Bowskill reported	
	<p>IPC education group looked at doing narrative Patient Information Leaflets. Medical illustration have all the leaflets and awaiting a timeslot to film them. Looking at QR codes for patients to scan so they can access the narrative videos.</p> <p>A short life working group has been informed to look at the last 10 HIS inspections and start to pull out the key elements. This discussion will form the beginning of a thematic analysis paper before setting out a multi-disciplinary visit programme. IPC, Facilities and Nursing colleagues have contributed to a scoping paper to look at 3 main key elements.</p> <p>Trying pull information from the CAIR dashboard to provide some information in relation to where possible training is required. Requested help with Business management but they have not been able to assist due to current working commitments.</p> <p>Annual IPC report all the key contributors have submitted their reports and should be available by January 2025.</p> <p>Dr Bagrade asked if some items on the work plan where the deadline is in October could be changed to say ongoing and not have a deadline. Dr Bagrade will contact Gillian regarding the items she wants changed.</p> <p>Sandra Devine informed the group that due to numerous IPC staff being diverted to meet requirements for the Scottish Hospitals Inquiry some of the timeframes for the items in the work plan have slipped. Dr Bagrade reiterated this by saying the IPC staff have put in a lot of work having to respond to numerous requests. There are several groups established in GG&C where it is their fulltime job supplying the inquiry with this but IPC still have their daily clinical duties to commit to along with maintaining quality of care and achieving quality improvement.</p>	LB

227	<u>SAFE CARE - Sector Leads Update Report</u>	ACTION
227.1	<u>Clyde Sector</u> – Donna McConnell updated with the following	
	<p>8 wards closed in August 5 wards closed in September 6 wards closed in October to date</p> <p>As part of the quality improvement SICPs they have undertaken 5 audits. 2 red, 2 amber and 1 was green. Of the two that scored red they were both re-audited within a month with the IPC team. One is now green and the other scored an amber score.</p> <p>Biggest exception is the Datix associated to PVC SABs which have been 3. Each PVC audit has been very low ranging from 0% to 12.5% scores. Doing a lot of work within QI network, carrying out PVC sweeps for a further 4 weeks. Adapted safety cross and carried out education for staff. A second practice educator has joined Clyde SAB group whose key focus is quality improvement and PVC.</p> <p>Parvovirus incident during August in ward 10, RAH. Good collaboration with clinical team where they followed all IPC advice regarding sample taking and isolation precautions. Final summary will be sent out shortly.</p> <p>KPI compliance is above the national compliance for the most recent quarter.</p>	
227.2	<u>North Sector</u> – Gillian Mills updated the group with the following exceptions	
	<p>In August there were 4 ward closures due to COVID and Norovirus.</p> <p>ICU had 4 cases of HAI VRE with epidemiology links between the 4 cases. Enhanced cleaning carried out in the unit.</p> <p>Breached aim for both SABs and ECBs in August. Education work with staff and used the SAB toolbox talk as a weekly theme while visiting all wards.</p> <p>Ribo typing of all CDI isolates during July & September regardless of origin. July's cases returned two as the same Ribotype but no known epidemiology links between the two patients. For September Ribotyping hasn't all come back but 3 cases are the same but no obvious epidemiological links.</p> <p>For October we are typing the HAI CDI cases. Currently sitting with 9 HAI CDI cases for October with the upper control limit being just above 9 cases. Working with antimicrobial pharmacy prescribing as well as some community prescribing data.</p> <p>CDI trigger for Ward 15/28 both in July and September. Problem Assessment Group held as this was their second trigger. Ribotyping from the second CDI trigger is not the same as the first but only 1 sample has been returned.</p> <p>6 ward closures for October to date. Gillian has highlighted to the Chief Nurse wards not informing the IPC team of patients who are symptomatic and not being referred to IPC until several days later or until a positive Norovirus sample has been highlighted on ICNet.</p>	

227.2	<u>North Sector</u> – Gillian Mills updated the group with the following exceptions	ACTION
	<p>Reports of numerous water leaks throughout GRI within Theatre L and W3.</p> <p>No IV device related SAB's during September.</p> <p>Gillian Bowskill highlighted that it's not only the GRI where patients are not getting isolated would be beneficial if staff could inform the IPC of any patient with symptoms. Patricia Meyers informed the group that this has been highlighted at their lead nurse meetings regarding early identification and isolation of patients.</p>	
227.3	<u>South Sector</u> – Allana Kelly updated the group with the following	
	<p>No wards were closed during August and September. So far in October we have 1 ward closures due to Norovirus.</p> <p>No severe CDI cases or deaths during August.</p> <p>MRSA incident within Ward 8A, QEUH where 11 cases of MRSA associated with the ward since March. 7 of the cases came back as the same type, 2 were excluded and the other 2 cases were probably associated. Numerous PAGs and IMTs held. Numerous issues identified with environmental cleaning but these have been rectified. Ward also underwent additional cleaning and enhanced MRSA screening.</p> <p>In September [REDACTED] were above their Upper Control limit for CDI. They did have 2 CDI triggers.</p> <ul style="list-style-type: none"> • First trigger was in Ward 3C where they had 3 HAI cases of CDI within a 12 day period. Typing for 2 patients have returned different and awaiting result for one. • Second CDI trigger was in Ward 8C where 2 HAI CDI attributed to them within a 4 day period. Typing has returned different. Education has been set up for the ward. All actions have been complete but awaiting on antimicrobial review. <p>INS had Hospital Acquired Burkholderia <i>sepecia</i> where there was concern this was associated with initial surgery. Action plan completed with no issues identified</p> <p>6 incidents of water ingress during August/September in Ward 4B. Estates are always quick to identify and rectify these issues. This patient group cannot be moved easily and regional services have added this onto their risk register.</p> <p>5 cranial SSI in month of August which is above their upper control limit but the clinical team have assessed all cases but found no common links.</p>	

227.3	<u>South Sector</u> – Allana Kelly updated the group with the following	ACTION
	<p>South sector KPI for Quarter 3 was 88% for MRSA which is below national rate of 90% but CPE was above national rate at 92%.</p> <p>W&C maternity ultrasound room out of use due to smell within room where a heating battery had burst inside air handling unit and condensate pipe was also leaking. Estates are currently rectifying this.</p> <p>Labour suite has a number of areas of water ingress due to leaking roof of NICU. 2 delivery rooms and prep room are out of use but should be back into use today following rectifications.</p> <p>Geraldine Marsh reiterated the MRSA incident within Ward 8A went really well but some education is required regarding MRSA as we have been so focussed in the past few years on Covid.</p> <p>Hot De-Brief VRE Incident in Ward B7, Beatson was sent out to the group for information. 7 VRE attributed to Ward B7 between 1st January and the 25th June 2024. Problem Assessment Group held with discussion regarding cleaning of equipment. The clinical team have decided to obtain blood cultures on admission with patients with pre-existing lines for a 3 month period. Cases 2/3/4/6 were identified from the same cluster which was also associated with a patient who had been in Ward 4B during 2022 but the IPC team found no cross over links.</p>	
227.4	<u>South Paediatrics</u> – Anne Gallagher updated the group with the following	
	<p>During September 4 MRSA cases and an increase in <i>staph capitis</i> within NICU. PAG held with measures put in place. Hand Hygiene co-ordinator to carry out training every 4 months, uniform policy reiterated to all staff including minimising visiting staff to the unit.</p> <p>Neonatal roof replacement was commenced in September, this has resulted in major issues with numerous water ingress into multiple rooms resulting in the decant of NICU. NICU patients have been decanted to SCBU with SCBU patients being moved to Ward 1A. Ward 1A patients have been moved to Wards 1B, 2C and 3A.</p> <p>Dr Bagrade re-iterated that as a result of these moves we have significantly reduced NICU capacity (by approx. 50%) which has significant effect on the provision of services not just for GG&C but in Scotland as a whole. IPCT working with estates to increase capacity of NICU patients within SCBU by changing two offices to accommodate a further 4 patients.</p> <p>Ward 4 had case of Chicken pox, patients mum had shingles with patient developing a rash and pyrexia. Patient unable to be isolated. All 4 patients currently in the ward were immune along with all staff. Advised any visiting staff should be informed there is a positive chickenpox patient which cannot be isolated.</p>	

227.5	<u>AMT Update</u>	ACTION
	Ysobel Gourlay gave her apologies for this meeting but Dr Bagraade highlighted Item 7 in her report with the proposed Scottish Antimicrobial Prescribing Group Proposed Antimicrobial Targets for 2024 – 2029 targets regarding reduction in gram negative blood stream infections.	
227.6	<u>Risk Register</u> – Natalia Hedo updated the group	
	<p>Risk 1: Failure to provide IPC service in the context of increasing demands of the multiple Public Enquiries e.g. Scottish Hospital's Inquiry, KOPER and Quadric. - 3 ICD sessions have been now utilised with new appointments added.</p> <p>Risk 2: Failure to identify outbreaks and incidents effectively. The following were added as current controls:</p> <ul style="list-style-type: none"> - Adhere to the requirements in the Mandatory Surveillance of Scottish Government Standards on Healthcare Associated Infections Indicators (SGHAI). - SOP for the environmental organisms in high risk areas is in place. <p>The following was added under the mitigating actions:</p> <ul style="list-style-type: none"> - The national IPC manual updates are presented at the IPC Committees. <p>Risk 5: Impact of loss of key members of IPC Nursing staff. - Healthcare Support Workers have commenced employment.</p>	
228	<u>PERSON CENTERED CARE - IPC QI Network Update</u> – Sandra Devine updated	
	<p>CAUTI group is now up and running as we have a commitment to look at all invasive devices.</p> <p>A short life working group is being established to support the ongoing work of the Vascular Access Device education in terms of communication and promotion of the e-learning module – with collection of training videos being released</p>	
229	<u>EFFECTIVE CARE</u>	
	<u>National Infection Prevention & Control Manual (NIPCM)</u> – Gillian Bowskill updated :-	
	<p>ARHAI update to Mpox guidance regarding case definitions separated out for clarity and includes definitions for suspected Mpox and HCID Clade 1 Mpox operational definition. Separate link to specific countries that are reporting Clade 1 Mpox cases (historic or current), indicating where there may be a risk of Clade 1 Mpox exposure</p> <p>ARHAI have launched their winter preparedness campaign regarding winter illnesses.</p>	

230	<u>REPORTS FROM ASSOCIATED AREA INFECTION CONTROL GOVERNANCE REPORTS</u>	ACTION
230.1	Healthcare Improvement Scotland (HIS) Update – Gillian Bowskill updated	
	<p>HIS are restarting mental health visits and will start to visit maternity units.</p> <p>IPC teams have started to attend Maternity Clinical Governance meetings to give them guidance regarding the upcoming visits.</p>	
230.2	<u>Board Infection Control Committee Update</u> – Sandra Devine updated	
	It was agreed that the agreed minutes from the last BICC will be sent out for future AICC meetings.	
230.3	<u>Facilities Update</u> – Sharon Johnstone updated the group	
	<p>Continue to have challenges with linen being binned at ward level incorrectly, instead of it being bagged and returned to laundry. This means it is being taken out of the system without the laundry department being informed. If anyone wants of copy of how to discard of linen (Binning the linen Poster) which requires to be destroyed please contact Sharon Johnstone.</p> <p><i>Facilities Update</i></p> <p>Infection control manual guidelines continue to be followed across all sectors, and a desktop review of the National IPC Manual to be undertaken for both domestic services and laundry,</p> <p>Continued auditing is in place across all sites, with FM management reviewing compliance and governance from a housekeeping perspective. Numerous tables were imbedded in the report showing performance scores across all hospital sites.</p> <p>Quality Assurance audits remain in place, with recurring trends being identified and rectified. The full monthly feedback reports for August and for September 2024 were attached to this report.</p> <p>RAH continues to realign its staff resource via staff placing sheets and costed rotas, this process is making good progress and is due to close by the end of 2024.</p> <p>At the request of the IPC Team, domestic services have, from Monday, 2 September, reintroduced winter chlorine cleaning.</p> <p>Domestic Services provision within Langlands Building has been raised as a concern by clinical colleagues. Assessment of current provision and additional auditing has been undertaken, with QEUH Facilities Management and PFI Liaison undertaking a review of provision and participating in weekly ward inspections. Improvement actions have been implemented and are being monitored.</p>	

230.3	<u>Facilities Update</u> – Sharon Johnstone updated the group	ACTION
	<p>Work has been undertaken at the QEUH to repair the bird proof netting at QEUH/RHC which had deteriorated over time. There had been a delay from the third party abseiling contractor which had prevented this from being resolved, however this was addressed with the supplier, nets were replaced and this work concluded on 26 September 2024.</p> <p><i>Decontamination Update</i></p> <p>NHS Assure: The draft revision of SHTM 01-03 is out for public consultation. This SHTM provides guidance for staff involved with, or responsible for, the transportation of used Reusable Medical Devices to CDUs, EDUs and LDUs. The draft has been shared with Paul Reid, Transport Manager, and any comments will be returned prior to the closing date of 31st October.</p> <p>Both Cowlairs CDU and the Dental CDU have completed recertification audits. This is a three year cycle, audited by BSI. There were no recommendations to increase surveillance so standard annual surveillance visits will continue. Draft copy of the Infection Control Audit template for decontamination was received and returned with minimal comments for consideration.</p> <p>Greenock CDU: The project to replace the air handling unit (AHU) within the Greenock CDU started on 19th August 2024. The plan is to construct the housing for the new AHU externally to the CDU. It is anticipated that there will be a total shut down of the unit for approximately 6 weeks commencing March 2025 to allow replacement of associated ductwork, pipework and connection of the new unit. As of 1st October 2024 the programme is on plan.</p> <p>Cowlairs CDU: Following the steps taken to address the vermin concern, there have been no further events relating to vermin entering the CDU from the vacant adjoining building.</p> <p>Cowlairs quality team continue to work closely with the Clinical Sustainability Group locally and Green Theatre team nationally. The reintroduction of reusable instruments where they are currently single use is a key aspect of this work. Some concern has been raised in relation to flexible tubing, cleaning efficacy testing will be undertaken.</p>	
230.4	<u>Water & Ventilation Update</u> –	
	<p>Mark Riddell sent his apologies but within his report the following issues were highlighted</p> <p>Issues with water supplies in GRI where problem with filtration in certain parts of hospital which has been discussed at board water safety group with a plan in place.</p> <p>Critical ventilation verification are out of date where a couple of areas are overdue.</p>	

230.5	<u>Decontamination Group</u> – Gillian Mills updated with the following	ACTION
	<p>Review to neuro ultrasound probes current process not in line with manufacturer's guidance. Interim process until a process was set up at Cowlares CDU for re-processing however the service do not want to utilise this process due to the cost implications of having to purchase additional ultrasound probes. Andrew Smith has done a position paper which has been sent to clinical teams regarding the IC position and guidance the process is in breach of.</p> <p>Andrew Smith has advised that GDH endoscopy decontamination air handling unit is not in line with current specifications and therefore the clean room should not be used. Meeting planned to discuss this.</p>	
231	<u>AOCB</u>	
231.1	<u>Continuous Flow Model</u> – Dr Erica Peters reported	
	<p>Continuous breaches of IPC guidelines as patients are being moved into corridors while awaiting admission into wards. IPC guidelines cannot be fully managed due to no toilets, limited cleaning and number of patients with D&V/respiratory infections being housed in corridors until bed is made available in ward.</p> <p>This has gone to south sector governance group but currently there are no exceptions to patients being put into corridors and Infection Control issues are not an exception to moving these patients?</p> <p>Dr Bagrade understanding was that when the Glasflow model was introduced any patients who were infectious or had suspicion of having an infection would be excluded from this process but that is not the case now.</p> <p>We can only emphasise the need to comply with the guidelines that infectious patients should be excluded from the Glasflow model and agreed that IPC principles should not be breached.</p> <p>Discuss with clinical governance groups across all sectors are emphasise we need to comply with the initial SOP and IPC principles are essential here as that not only puts the patient at risk but other patients and staff at risk.</p> <p>Dr Peters raised this last year with the chief of medicine where she was told there are no exceptions to Glasflow at the QEUH. Categorisation is only for risk assessment basis.</p>	

231.1	<u>Continuous Flow Model (Contd)</u> – Dr Erica Peters reported	ACTION
	<p>Geraldine Marsh informed the group that in response to the concerns that were raised a traffic light system was introduced. Patients who are infectious are classed as red are discussed at daily huddles and should go straight into rooms and not be left outside in corridors. The onus is on the receiving ward where an existing inpatient within the ward will be moved out their room (even if not being discharged) to accommodate the new infectious patient. This has resulted in reluctance from staff when there is no confirmed discharges and patients are being out of their rooms. Dr Neil Ritchie has revamped the SOP where the night before, wards will identify patients who will sit out in the morning so that any red patients are brought up into the wards and straight into rooms. Going to ensure that the handover of a patient who is moved up into a ward from the receiving ward and requires a bed will have a face to face conversation with the senior charge nurse regarding the patient transfer.</p> <p>Dr Harrow said the principle of the policy is that the least unwell patient who is not in the bed space should be moved. The continuous flow policy reports every 4-6 months to the clinical governance where all Datix/ staff / patient feedback is reviewed where IPC colleagues are part of this meeting as well.</p> <p>Dr Bagrade will take this to the BICC next week with Dr Peter's concerns and there is a plan in place to make this process better.</p>	LB
231.2	<u>SBAR implementation of the new PVC Care Plan in Adult & Paediatric Wards</u> – Sandra Devine reported	
	PVC care plan is in place and has been rolled out in numerous areas and agree if this can be rolled out to theatres and emergency departments.	
231.2	<u>Evaluation of Public Involvement in Inspections</u> – Daniel Connelly reported	
	<p>Testing an approach to have public involvement in development of the improvement action plans following HIS inspections. This has been a request from HIS where they expect public involvement in relation to their action plans. Pulled together a small group of 8 public partners and developed a process from 4 recent hospital inspections. Looked at key priority areas from the HIS reviews and are being picked up in the improvement plans and are we clear in what the actions are. Facilities/estates colleague were involved and discussion involved to test public partners were asking to be a bit clearer and bolder in what they were seeing as good practice with the improvement action plans. Refined this process looking to reflect on where we have got to this work. Only board in Scotland who has carried this out with their improvement action plans.</p> <p>Considering how we develop something on an ongoing basis to lighten the load of the quick turnaround times for the improvement plans to be returned to HIS after their inspections.</p>	

231.3	CNO Letter – ARHAI Healthcare Associated Infection Related Incidents, Outbreaks and Data Exceedance Reporting & Communication Requirements – Sandra Devine reported	ACTION
	This letter was disseminated to the committee for information.	
Dates for 2025 AICC will be sent out in due course		

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Tuesday 20 April 2021 at 2.00pm via
MS Teams Videoconference**

Present:	
Prof Wallace (chair)	Interim Operational Director of Infection Prevention and Control
Dr Chris Deighan	Deputy Medical Director (Corporate)
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Kate Hamilton	Acting Nurse Consultant, Infection Prevention & Control
Suzanne Clark	Public Partner
Sandra Devine	Acting Infection Control Manager
Prof Alistair Leanord	Clinical Director, Microbiology / Acting ICD
Liz McGovern	Specialist Pharmaceutical Public Health
Dr Iain Kennedy	Consultant Public Health
Mags McGuire	Board Nurse Director
Rona Wall	Occupational Health Service Manager

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Dr Rosie Hague	Consultant Paediatrician, ID & Immunology
Mary Anne Kane	Associate Director of Facilities
Dr Scott Davidson	Deputy Medical Director, Acute Services
Dr Andrew Seaton	ID Consultant/Lead AMT
Kirsty Strannigan	Head of Health & Safety
Karen Jarvis	Chief Nurse, Renfrewshire H&SC Partnerships

Minute		Action
116.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
117.	Minutes of Previous Meeting	
	<p>The minutes of the previous meeting held on 15 December 2020 were accepted with the following amendment:-</p> <ul style="list-style-type: none"> - Item 111, 2nd bullet point, last para - should read “In terms of being reflective Professor Wallace said that in relation to the acute hospital Covid admissions ...” - Item 111, 3rd bullet point – should read “As of yesterday Sandra Devine reported that Scotland had a rate of 2.0% and GGC had a rate of 2.3% for nosocomial infections”. 	
118.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and updated at the meeting.	

Minute		Action
119.	Matters Arising	
	Nil to update.	
120.	Standing Agenda Items	
	(a) Draft HAI Reporting Template (HAIRT)	
	<p>Copies of the HAIRT reports for January and February 2021 were distributed for today's meeting. Sandra Devine stated that the HAIRT is now reported every month in a new format. The control limits in some of the charts within the HAIRT are recalculated to demonstrate progress over time and show improvements.</p> <p>Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> SSI continues in GGC although national surveillance has been paused. The KPIs for CPE and MRSA have slightly increased and GGC are above the national average. Issues were identified in ITU with VRE in RAH and GRI. This might have been related to the use of sessional gowns but the national guidance changed for this in March to single use. <p>Suzanne Clark commented that in the Glossary it would be helpful to include the acronym for SPCs and an explanation of Datix would be useful. Dr Deighan suggested that the report includes the number of Datix generated for infections. Sandra Devine agreed to discuss this with the Datix team.</p>	SD
	(b) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>A copy of the monthly activity report was issued with the agenda.</p> <p>Sandra Devine reported that the audit process was suspended during the Covid-19 pandemic and the process is now being reviewed. This was due to a recommendation from the Oversight Board and a sub group has been set up that Pamela Joannidis chairs and they will review the audit process.</p> <p>All LDPs are on target.</p> <p>Over 2,000 Learnpro modules were completed each month.</p> <p>The committee noted the report.</p>	
	(c) IPC Work Plan	
	<p>The IPC Work Plan was distributed prior to the meeting and Pamela Joannidis advised that this will be the final version of the Work Plan for 2020/2021. A new plan is being developed and will incorporate the RAG scoring going forward.</p> <p>The main changes have been highlighted in yellow in the report and new parts have been added with the recommendations from the Oversight Board. Pamela Joannidis updated on the following:-</p> <ul style="list-style-type: none"> On page 3 there is the addition of every Gram Negative environment bacteraemia occurring in Paediatric Haematology Oncology and patients should be investigated using RCA methodology. Page 4 includes work to be taken forward regarding the Scottish Government IPC Sub Group recommendations. 	

Minute		Action
	<p>Professor Wallace stated that she is pleased the additions from the Oversight Board have been included. She said she would like to acknowledge and thank the staff for their hard work.</p> <p>Dr Kennedy informed that PHPU will work together with the new IPC Care Home team.</p>	
	(d) SOPs	
	<p>The SOPs have been distributed for approval and Kate Hamilton advised that these were approved at the recent AICC meeting. If there are any comments these should be sent to Kate Hamilton.</p> <p>A meeting was held with ARHAI to discuss a recommendation from the Oversight Board to look at the SOP process and review these. Kate Hamilton reported that a SBAR had been prepared and NHSGGC had sent it to ARHAI to add in their proposals on how to take this forward. NHSGGC are looking to remove as many the disease specific SOPs as possible and move the National Manual to the top of our website as the Oversight Board's view is to have the National Manual as the first point of call.</p> <p>Pamela Joannidis highlighted that this committee may no longer need to approve SOPs and the committee need to consider this. Dr Deighan stated that if the SOPs are taken from somewhere else there needs to be a governance process that SOPs are met to assurance standard.</p>	
	(e) Update from Public Inquiry/Oversight Board/Case Note Review	
	<p><u>Oversight Board</u> The report from the Oversight Board has been published.</p> <p><u>Casenote Review</u> The casenote review has also been published.</p> <p>Professor Wallace updated that the recommendations for GGC are being taken forward and will be presented at the Board meeting next week.</p>	
	(f) Risk Register	
	The Risk Register will be a live document and Sandra Devine reported that this will be presented to each of the committees. She has spoken to the Policy Unit at ARHAI to look at different Risk Registers in other boards.	
	(g) Update NIPCM	
	<p>Since the last meeting Kate Hamilton reported that the following has been updated in the national manual:-</p> <ul style="list-style-type: none"> - New addendum for care home settings on HPS website. - Appendix 13 has been updated regarding mandatory alert organisms/ conditions regarding Staphylococcus aureus. "Boards should implement local surveillance to allow intervention where a data exceedance is recognised for common circulating strains and where two or more cases with the same resistant strain are identified". Sandra Devine advised that this was put in as a proposal to the national manual but the group that approves that section of the manual have not met recently to approve this. As this will generate a significant amount of work for boards it was agreed to note the proposed changes and carry out an analysis of the impact on the teams in GGC. 	

Minute		Action
121.	Exception Reports and Updates	
	(a) vCJD Group	
	Dr Kennedy reported that the new NICE 2020 CJD guidance is still not implemented as it needs to be adopted by the Scottish Government. If it is adopted will have a significant positive financial impact for the board.	
	(b) Antimicrobial Management Team	
	Nil to report.	
	(c) Acute Infection Control Committee (AICC)	
	A meeting of the committee took place last week.	
	(d) Partnership Infection Control Support Group (PICSG)	
	The last meeting of the group was in December and Pamela Joannidis reported that the latest meeting was cancelled by the chair of the committee.	
	(e) Recent Outbreaks/Incident Reports	
	<p><u>Hot Debrief</u></p> <p>A copy of a Hot Debrief regarding a CDI trigger in Ward 11C at QEUH was issued with the agenda. The CDI trigger was on 14th January 2021 as two patients had HAI CDI within an 11 day period. The HPS CDI trigger tool commenced on 21st January 2021.</p> <p>An Antimicrobial Pharmacist carried out an assessment and there are a number of learning points which Infection Control will discuss with the ward. The Infection Control team provide regular visits to support the ward.</p>	
	(f) HEI Steering Group	
	<p>The inspectors carried out an unannounced inspection to Vale of Leven hospital which resulted in no requirements or recommendations. Five areas of good practice were identified.</p> <p>Professor Wallace stated that the board received a letter from the Cabinet Secretary thanking the staff at Vale of Leven hospital for such a good report.</p> <p>The HEI corporate inspection team visited the Beatson and wards at GGH with good outcomes. This group includes members from Infection Control, Facilities and representatives from clinical teams and Mags McGuire thanked the corporate team for these inspections.</p>	
	(g) SAB Steering Group	
	The SAB Steering Group met in December and a new chair of the group has been appointed. The next meeting is scheduled for May. The focus of the group was to look at IV device related SABs and PICC lines to reduce the number of IV devices being put in.	

Minute		Action
	(h) Update from Estates and Facilities	
	As Mary Anne Kane could not access the Teams meeting there was no update from Estates and Facilities.	
122.	New Business / Documents Received	
	(a) <ul style="list-style-type: none"> CNO Letter – Continuing to reduce the risk of COVID-19 transmission in hospital settings 	
	The above CNO letter was noted.	
	(b) <ul style="list-style-type: none"> CNO Letter - Carbapenemase Producing Organisms – New Regulations come into force 28th January 2021. 	
	New regulations came into force on 28 th January to make Carbapenemase-Producing Organisms a notifiable organism.	
	(c) <ul style="list-style-type: none"> CNO Letter – Health and Safety Executive (HSE – Covid-19 Spot Check Inspection 	
	HSE have issued a self assessment document for boards to complete. Kirsty Strannigan is putting this together for Health and Safety. Kate Hamilton will take this forward for Infection Control and the results are to be sent to Jonathan Best. Professor Wallace informed that the completed document will be presented to the Acute Tactical Group. She asked for this to be kept on the agenda until BICC can see the completed document.	
	(d) <ul style="list-style-type: none"> ARHAI COVID 19 Addendum 	
	Links to the COVID 19 Addendums from ARHAI were included with the agenda.	
	(e) <ul style="list-style-type: none"> NHS GGC Nosocomial COVID-19 Analysis 	
	<p>ARHAI distributes a weekly COVID-19 update and this is presented to the Acute Tactical Group. Sandra Devine reported that this report gives us an indication of where GGC are in terms of Scotland as a whole. She said the nosocomial rate for GGC is 2% and the rate for Scotland is 1.8%.</p> <p>With regard to the Scottish mean Sandra Devine advised that GGC were above the mean on two occasions. The first was during the first peak of the first wave and in mid October during the second wave. She said this could be attributed to the full PPE not in place until April which could be factored in to the first wave. The second could be related to the community population, built environment and an ethnic diverse population. Two of the Infection Control Doctors will be working with ARHAI to look at the built environment, screening practice and vaccination rates to see if this can be adjusted which will help boards. Dr Deighan commented that this is a useful report and the analysis of bed days could be that the population is different across the country. In Forth Valley Professor Wallace reported that they had an IMT as community cases were high in the second wave.</p> <p>Looking at the guidance received during the pandemic Pamela Joannidis reported that boards received 45 addendum updates from Scottish Government during this period. Also this did not include updates for nursing homes or Test & Protect guidance.</p>	

Minute		Action
	<p>Professor Wallace stated that with regards to the Care Homes it has been good working with Mags McGuire and Infection Prevention & Control team and acknowledge the joint working relationship in HSCP.</p>	
(f)	<ul style="list-style-type: none"> Quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland 	
	<p>The above report was issued with the agenda. Some of the key points in the report included:-</p> <ul style="list-style-type: none"> The healthcare associated CDI rate in GG&C was 15.9% which is under the Scottish rate of 16.1% per 100,000 total occupied bed days. The healthcare associated ECB rate in GG&C was 40.7% which is under the Scottish rate of 40.9% per 100,000 total occupied bed days. The healthcare associated SAB rates in GG&C was at 20% which is just out with the Scottish average of 18.8% per 100,000 total occupied bed days. National SSI surveillance is currently suspended due to COVID pandemic. 	
123.	Update from Public Health Protection Unit	
	<p>Dr Kennedy provided the following update from PHPU:-</p> <ul style="list-style-type: none"> Work is restarting on the HAI Standards. Review of IPC workforce infrastructure – workshops are taking place and a programme board has been set up. Public Health Scotland are leading on work regarding the post pandemic of post virus workforce. Testing to be expanded and all staff are to receive lateral flow test kits. 	
124.	AOCB	
(a)	IPCT Assurance and Accountability Framework	
	<p>A copy of the above document was distributed with the agenda.</p> <p>The framework document pulls together existing documents and the CNO letter. Sandra Devine reported that this document will change and will include how to take forward the SOP and audit process. It will also include roles and responsibilities for Infection Prevention & Control.</p> <p>This is the first Framework that GGC has developed and Professor Wallace asked for the committee to approve the first edition of the Framework and to support this in principle.</p> <p>In the document on page 6 Suzanne Clark noticed it states the HAIRT will be produced bi-monthly whereas this has changed to monthly as discussed earlier. Professor Wallace confirmed that the report will go to the board bi-monthly with the two reports going under one cover.</p> <p>Pamela Joannidis asked how can we encourage responsibility to all employees and embed safe practice for every employee. Professor Wallace replied that as part of ongoing work in IPC committees this is board collaborative working and the evidence sits in Quality and Strategy. The roles and responsibility from ward to board are part of this. She said practice happens in teams, director and practitioner level.</p>	

Minute		Action
	With regards to the improvement work and the Action Plan Mags McGuire said this talks about governance and said to ensure governance is part of the sequence of point of care to board.	
	(b) Outbreak and Incident Management Plan	
	<p>The next copy of the Outbreak and Incident Management Plan is being prepared by Dr Kennedy. He said this will include the Covid-19 pandemic and a copy of the new version of the plan should be available at the end of the month.</p> <p>Sandra Devine reported that she is trying to align the language between the Assurance and Accountability Framework and this document. She said she is hoping that the committees would approve the Outbreak and Incident Management Plan as ours. If this is approved the IPCT Assurance and Accountability Framework will be updated. Dr Kennedy said to note that the committees would need to adopt this and would not be for approval as the Corporate Management Team have already approved this document.</p>	
	<p>As Mary Anne Kane is leaving GGC and this would have been her last meeting the committee wished to express their thanks for her support to BICC. Suzanne Clark also said she would like to send best wishes to Mary Anne.</p> <p>Congratulations are sent to Professor Leanord as he has been appointed as the Chief of Medicine for Diagnostics.</p>	
125.	Date of Next Meeting	
	The date of the next meeting is scheduled for Tuesday 22 nd June 2021 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Tuesday 22 June 2021 at 2.00pm via
MS Teams Videoconference**

Present:	
Prof Angela Wallace (chair)	Interim Director of Infection Prevention and Control
Dr Chris Deighan	Deputy Medical Director (Corporate)
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Kate Hamilton	Acting Nurse Consultant, Infection Prevention & Control
Suzanne Clark	Public Partner
Sandra Devine	Acting Infection Control Manager
Prof Alistair Leanord	Clinical Director, Microbiology / Acting LICD
Liz McGovern	Specialist Pharmacist Public Health
Dr Iain Kennedy	Consultant Public Health
Rona Wall	Occupational Health Service Manager
Natalia Hedo	Business Manager, IPC
Angela O'Neill	Deputy Nurse Director, Acute
Robert Wallace	Head of FM Operations (Clyde)

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Mags McGuire	Board Nurse Director
Karen Jarvis	Chief Nurse, Renfrewshire H&SC Partnerships
Dr Andrew Seaton	ID Consultant/Lead AMT
Dr Scott Davidson	Deputy Medical Director, Acute Services
Kirsty Strannigan	Head of Health & Safety
Lyndsay Gracie	Head of Decontamination

Minute		Action
126.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
127.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 20 April 2021 were accepted with the following amendment:- - Item 123, 3 rd bullet point should read - "Public Health Scotland are leading on work regarding the post pandemic of Public Health workforce".	
128.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and updated at the meeting.	

Minute		Action
129.	Matters Arising	
	Nil to update.	
130.	Assurance and Improvement	
	(a) IPC Programme/Work Plan	
	<p>The Annual IPC Programme and Work Plan was distributed prior to the meeting and Pamela Joannidis advised that the Annual IPC Programme is a collective document and includes items carried forward to next year. The Work Plan updates on progress with elements at each meeting and contains any new elements e.g. SG /ARHAI policy requirements and this year includes the updates on the progress of the IPC QI Collaborative. It will also include sections from the SG Oversight Board, Case Notes Review and the Independant enquiry.</p> <p>Professor Leanord commented that it would be more useful if in addition to collecting data that we plan how we will meaningfully use this to drive change. Pamela Joannidis replied that some of the data is mandatory and is provided to Clinical Governance committees. In the report Professor Wallace stated in future it is hoped that the Dashboard will ensure services have the correct information to inform decisions and agreed that using data as a force for change was the objective.</p> <p>With regards to the Person Centred Care section Angela O'Neill said the report makes reference to the IPCQIN and how the data is linked. She said this is one of the four work streams in the IPC Improvement Network. Sandra Devine also confirmed that data is available which should support all the improvement network work streams.</p> <p>Another part of the work plan and by extension the network is to ask patients and their carers what data they would like displayed or communicated to provide them with assurance around their environment and IP procedures and processes. Professor Wallace said it would be helpful to hear staff and patient stories to inform this work.</p> <p>Chris Deighan commented that it is not clear in the report who delivers, in what timescales. He suggested to include what was achieved this year with timescales and owners for each item. Pamela Joannidis updated that the Work Plan is divided into two sections and Professor Wallace said that this committee has a role in the oversight of the Work Plan and its progress and defined priorities. She stated that she would like to see a delivery plan and how this links to the Risk Register. She also said it would be helpful to have a demonstration of the Dashboard at the next meeting.</p> <p>It was agreed that BICC noted the document but would prefer it to be more delivery focussed and Professor Wallace said if someone is leading on an item to make sure they have the support to do this.</p> <p>In the glossary section Suzanne Clark recommended that an explanation is included for the abbreviation GNB.</p>	
	(b) Draft HAI Reporting Template (HAIRT)	
	Copies of the HAIRT reports for March and April 2021 were distributed for today's meeting.	

Minute		Action
	<p>Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> • SAB rates have been stable since 2019. Work is ongoing to try and reduce the number of bacteraemias. • CDI rates for March and April are above the aim for the 2022 target. There was one trigger and samples were sent but typing was different therefore they were not due to cross transmission. • There has been an increase in the number of c-section SSIs and this is being reviewed by the clinical teams. • An IMT was held relating to SSIs for cranial surgery. • IPCAT was paused and one of the recommendations from the Oversight Board is to carry out a review of all IPC audit process. <p>Professor Wallace asked how GGC were performing compared to other boards. Sandra Devine reported that GGC are now compared against our own data.</p> <p>The HAIRT report is being reviewed and the full report will be presented to the Care & Clinical Governance Committee with an abridged version for the NHS Board meeting next week.</p>	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>In the Monthly Activity Report for April Sandra Devine reported that approximately 3,000 Learnpro modules were completed for April.</p> <p>The charts for SAB and CDI are more stable within the acute division and numbers are reducing. Angela O'Neill agreed that there is positive work ongoing relating to this and this will help the collaborative regarding the trend and where we need to focus our efforts on.</p> <p>The committee noted the report.</p>	
	(d) Main Self-Assessment Covid-19 Tool	
	<p>A self-assessment tool was created after a CNO letter requested assurance that a number of policy initiatives regarding COVID screening and social distance measures had been put in place. This is a voluntary tool intended for self-assessment which does not require to be submitted to SG but was suggested might be helpful for GG&C. The completion of the self-assessment was a collaborative piece of work involving several services including Health & Safety, Occupational Health and Facilities. This document had been submitted to SEG, ATG and Acute Clinical Governance for noting. It has also gone to all of the IPC committees.</p> <p>Chris Deighan asked at what frequency this tool should be completed as he said it would be useful to look back at nosocomial infections to cross reference these. Sandra Devine indicated that this was not a requirement for boards to repeat this assessment at this time.</p> <p>Professor Wallace reported that there is a new Chief Nurse for Scotland and that as there are a lot of lessons to learn from COVID which should inform future practice.</p>	

Minute		Action
(e)	Update from Independent Review /Oversight Board/Public Inquiry/Case Note Review	
	<p><u>Independent Review of QUEH</u></p> <p>The independent review commenced in 2019 due to concerns raised at QUEH and RHC. From this Inquiry there were 63 recommendations and 40 requirements to address by GGC. Some of the key points for IPCT are:-</p> <ul style="list-style-type: none"> - Complete Governance and Accountability Document which was done as requested, however Sandra Devine noted that this is a live document and will need to be continually updated. - Role of ICT regarding Duty of Candour. - Review of IPCT which was presented at Silver Command and was part of the OD work. <p><u>Oversight Board</u></p> <p>The Oversight Board was established in November 2019 to review systems and processes in GGC. Some of the key actions are:-</p> <ul style="list-style-type: none"> - To review audit process. - Review existing SOPs to align policies to the national manual and work is ongoing with ARHAI regarding this. - Standardise approach to IMT process. A framework to support the application of existing policies is in progress. - Strengthen links between Estates & Facilities Management and IPCT. - GGC wide improvement collaborative for IPC. <p><u>Casenote Review</u></p> <p>The Casenote Review has also been published.</p> <p>The following points were raised:-</p> <ul style="list-style-type: none"> - That every GNB should be investigated using a Root Cause Analysis Tool in paediatric haematology oncology. - Frequency of hand hygiene audits within the context of IMT to be considered and the increase in frequency when there are any concerns. - SICPs review should be an automatic part of the IMT process. <p><u>Gold Command</u></p> <p>The gold command structure has oversight of all of the recommendations and their implementation. Gold command is chaired by the Chief Executive and CMT and NHS Board are updated regularly.</p> <p>There is also a Silver Command and Bronze Command and outputs from these groups are reviewed by Gold Command.</p> <p>Professor Wallace reported that the Chief Executive wanted to connect performance in acute care to the work to support patients and families and this all links to the priorities contained within the Quality Strategy.</p> <p>The first meeting of the SG Advice and Assurance Review Group (AARG) was held three weeks ago and was chaired by the Chief Nurse. A review on progress with action from each of the reports will take place in August.</p>	

Minute		Action
	<p><u>Duty of Candour</u></p> <p>A SBAR was developed by Clinical Governance Support Unit and ICT. Chris Deighan advised that there is a recommendation to develop work in relation to Duty of Candour (DOC) professional and legal obligations in relation to the IMT process. There is agreement to develop a set of questions to test if DOC is applicable in the context of IMTs. These questions have yet to be tested.</p> <p>Professor Leanord commented that in Appendix 3 it states is the harm avoidable and if unknown it should trigger a SAER but wonders if local teams and clinicians will definitely be able to say if infection was avoidable. Chris Deighan stated that he recognised this and will feed this back to Geraldine Jordan.</p> <p>In the Incident Management Plan Dr Kennedy advised that the purpose of the IMT is to reduce current risks rather than assessing the requirements around Duty of Candour. He said the purpose of the IMT is not to find fault and the service has a responsibility for its own actions and this is referenced to in paragraph 109 of the plan. As the Incident Management Plan is going to Met Vet for approval Dr Kennedy asked if there were any changes if he could be informed before next week.</p>	
	(f) Update from Estates & Facilities	
	<p>A copy of the Facilities Update report for May and the Water Report were issued with the agenda.</p> <p>Robert Wallace provided the following update:-</p> <ul style="list-style-type: none"> - Domestic Services adhere to the national addendum for COVID 19. - Facilities continue to carry out social distance compliance in public areas in all hospitals. - A Facilities Management Team meeting is scheduled every Friday and Pamela Joannidis is in attendance. <p>With regards to the Water Report Robert Wallace advised that there are no areas of concern and the Water Report.</p> <p>For the next meeting Professor Wallace said it would be useful if Estates & Facilities can provide a front page of key issues.</p>	E&F
	(g) SBAR Nosocomial COVID-19 in NHSGGC	
	<p>GGC asked ARHAI for a bespoke report regarding nosocomial COVID rates within GGC. Sandra Devine reported that overall GGC were largely in line with other health boards within Scotland.</p>	
131.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The IPC QI network has been running since the beginning of the year and prior to the recommendations being issued from the Oversight Board. Angela O'Neill informed the committee that Sandra Devine is the lead for the operational group and that she chairs the Steering Group.</p>	

Minute		Action
	<p>There is a governance framework that supports the collaborative and there are four workstreams. These include Patient Experience, Quality Improvement, SICPs and IV Access Device and leads have been identified for these groups.</p> <p>Angela O'Neill provided an update on the following workstreams:-</p> <p><u>Patient Experience</u> This is relating to how we engage with our patients and how we take on board their feedback.</p> <p><u>IV Access Device</u> This is discussed at the Board SAB group and local SAB groups continue in the North and will be starting in the South and Clyde. The chairs of these groups sit on the Operational Group and work is ongoing regarding the PICC line passport among other things.</p> <p>Professor Wallace said it would be good to have a report for the Committee. She stated that the Board are pleased with the exceptional work relating to this especially during the COVID pandemic.</p>	
132.	Safe Care	
	(a) Risk Register	
	<p>A copy of the Risk Register will be presented at each BICC meeting.</p> <p>Sandra Devine reported a new format of the Risk Register was issued and Natalia Hedo is reviewing and updating the IPCT risk register. A meeting is being held next week to review the Risk Register and update.</p>	
	(b) Recent Outbreaks/Incident Reports	
	<p><u>Hot Debrief</u></p> <p>A copy of a Hot Debrief regarding an increased incidence of VRE across Intensive Care Units in GRI during COVID-19 pandemic was issued with the agenda.</p> <p>Pamela Joannidis reported that there were 19 cases of HAI VRE were identified across 3 ICUs in GRI – ICU East, ICU West and Gyn ICU PRM from 25th January – 7th April 2021.</p> <p>The lessons learned from this incident include:</p> <ul style="list-style-type: none"> - Sessional use of long-sleeve gowns in COVID ICU AGP hot-spots which may have been a contributing factor. - Three of the patients identified in this incident had VRE isolated from blood cultures, line care in patients who require to be prone has been reported to be an on-going challenge. - There was a lack of single rooms to isolate patients with VRE due to COVID-19 pandemic. <p>The other Hot Debrief issued related to 2 HAI cases of Streptococcus pneumonia in ITU 1 QEUH with same typing. This was fully investigated and controls were put in place. There were no further cases.</p>	

Minute		Action
	(c) SOPs	
	<p>The SOPs have been distributed for approval and Kate Hamilton advised that these were approved at the recent AICC meeting.</p> <p>With regards to the CJD SOP there were minor changes to the wording. Dr Kennedy said this policy relates to Public Health and not Infection Control.</p> <p>In the Chickenpox SOP Dr Kennedy said it states to contact an ID Physician for advice but this does not cover pregnant women as there is separate guidance for these type of patients. Pamela Joannidis reported that Dr Hague raised concern aligning this SOP to the national manual, as this will require clinical staff to wear PPE for every patient positive with airborne organisms. it was suggested that GGC could consider a Risk Assessment. The board wrote to ARHAI regarding this issue and they said we must align to the national manual. As this was a recommendation from the Oversight Board.</p>	
133.	Effective Care	
	(a) Care Home National Infection Prevention & Control Manual	
	<p>An Infection Prevention & Control Manual specifically for care homes was launched on 24th May.</p> <p>A new Care Home team has been created within Infection Prevention & Control and they are providing assistant to care homes.</p>	
	(b) NHSGGC Benchmark Report	
	<p>A recommendation was received from the Oversight Board to benchmark GGC systems and processes with other boards across Scotland with the help of HIS and ARHAI. All health boards were sent a questionnaire and responses were received from four health boards.</p> <p>Pamela Joannidis discussed this SBAR and said that GGC would appear to have systems and processes in place which are in the main comparable if not in excess of what was in place in other Boards in Scotland but nevertheless she had made recommendations with regards to how these systems could be improved.</p> <p>Professor Wallace said with this work ongoing this will allow us to complete one of the recommendations from the Oversight Board which will give assurance regarding the IPC process to the Board and SG.</p>	
	(c) Update NIPCM	
	Kate Hamilton updated that there has been small minor updates regarding the COVID addendum.	
134.	Reports from Associated Area Infection Control Governance Groups	
	(a) vCJD Group	
	As discussed earlier.	

Minute		Action
	(b) Antimicrobial Management Team	
	The committee noted the report from the Antimicrobial Team.	
	(c) Acute Infection Control Committee (AICC)	
	A meeting of the committee took place on 8 th June and the committee noted the minutes from the previous meeting.	
	(d) Partnership Infection Control Support Group (PICSG)	
	<p>The first meeting of the group for this year took place in June but decisions were not agreed as there was not the required minimum quorum for the meeting. There is ongoing discussion regarding the refreshing of the role and membership of this group with the Deputy Director of Nursing for Corporate and Community,</p> <p>At the meeting discussion took place regarding a bespoke work plan for this committee with a clear focus on community and mental health services including care homes.</p>	
	(e) Update from Public Health Protection Unit	
	Nil to update.	
	(f) HEI Steering Group	
	The membership and Terms of Reference for the group have been refreshed and Pamela Joannidis reported that work is ongoing with Practice Development to refresh the GGC corporate inspection process. Inspection dates are in the diary and HEI inspection reports from other health boards have been reviewed to ensue learning from other boards.	
	(g) SAB Steering Group	
	<p>The SAB Steering Group met in May and the focus of the group was to look at IV device related SABs and they are looking to review Datix reports with Health & Safety.</p> <p>Professor Wallace said it would be helpful to have reports from these groups tabled at the BICC meetings.</p>	
135.	AOCB	
	(a) NHS Scotland Assure – DL (2021) 14	
	<p>A copy of the above document was distributed with the agenda.</p> <p>A new body was set up on 1st June 2021 and is part of services delivered by NHS National Services Scotland. They will provide assurance that the Healthcare Build Environment is safe, fit for purpose, cost effective and capable of delivering sustainable services over the long term.</p>	

Minute		Action
	(b) Other Business	
	<p>Professor Wallace wanted to wish congratulations to the following people on their new appointments:-</p> <ul style="list-style-type: none"> - Professor Leanord as he is now Chief of Medicine for Diagnostics. - Dr Bagraade who has been appointed as the Lead Infection Control Doctor. - Natalia Hedo has been appointed as Business Manager with the Infection Prevention & Control team. <p>Sandra Devine also wanted to congratulate Professor Leanord and thanked him for his help during this last year with all the challenges associated with COVID. She also said wanted to congratulate Dr Bagraade and said she is delighted she is now the new Lead Infection Control Doctor. Dr Bagraade thanked colleagues for the support she has received and thanked Professor Leanord for creating the team it is now.</p>	
136.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 12 th August 2021 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 12 August 2021 at 2.00pm via
MS Teams Videoconference**

Present:	
Prof Angela Wallace (chair)	Interim Director of Infection Prevention and Control
Dr Chris Deighan	Deputy Medical Director (Corporate)
Dr Scott Davidson	Deputy Medical Director, Acute Services
Sandra Devine	Acting Infection Control Manager
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Dr Linda Bagrade	Lead Infection Control Doctor
Natalia Hedo	Business Manager, IPC
Suzanne Clark	Public Partner
Billy Hunter	Assistant Director - FM Operations (South Sector)
Gerry Cox	Assistant Director of Estates and Property
Rona Wall	Occupational Health Service Manager
Dr Andrew Seaton	ID Consultant/Lead AMT
Ann Kerr (Item 2)	Lead Nurse Surveillance
Dr Rosie Hague	Consultant in Paediatric ID/Immunology

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Mags Mcguire	Board Nurse Director
Karen Jarvis	Chief Nurse, Renfrewshire H&SC Partnerships
Kirsty Strannigan	Head of Health & Safety
Lyndsay Gracie	Head of Decontamination
Dr Iain Kennedy	Consultant Public Health
Kate Hamilton	Acting Nurse Consultant, Infection Prevention & Control
Tom Steele	Director of Estates and Facilities
Liz McGovern	Specialist Pharmaceutical Public Health

Minute		Action
137.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
138.	Presentation of Dashboard	
	<p>Sandra Devine provided an update of the Dashboard and said that Microstrategy is a platform used in GGC for information that Infection Prevention & Control has collected. This was a recommendation from one of the reports received and Professor Wallace said she challenged this as GGC were already planning the dashboard prior to the issue of the action plan.</p> <p>The platform is called the Directors Dashboard and is populated by the Data Team. They collect information regarding LDP targets, SSIs, KPIs for CPE and MRSA, Incidents and Outbreaks. This far LDP targets are included but it is hoped SSI,</p>	

	MRSA/CPE information and ultimately outbreak data will be included.		
Minute			Action
	<p>Ann Kerr, Lead Nurse Surveillance shared a presentation on Microstrategy. She said the software platform is a flexible data analytics reporting tool and the Dashboard can be customised for individual change, date range, wards and data items e.g. SAB, ECB, CDI and MRSA. The system is easy to use and is already in use in GGC for other measures.</p> <p>There is a security level access for users and Lead Nurses will only see information that is relevant to their wards. Ann Kerr said the data is prospective surveillance and they are working with e-Health colleagues to ensure achieving the right information for what users want. The information available is from January 2018 and is for the acute sector only.</p> <p>In the Directorate Dossier in time Senior Charge Nurses (SCNs) will be able to see information for their ward area in real time and will include CVC and PVC sweep results and the monitoring of Care Plans.</p> <p>With regards to the availability of SAB data for ID Consultants Dr Seaton asked if it would be easier for them to access this system they currently receive information on SAB three times per week. Ann Kerr replied that the Dashboard is information relating to the previous day whereby the email that is sent to the ID generic email account includes up-to-date information for that day. Professor Wallace thanked Ann Kerr for the very good work and for the assistance given by e-Health colleagues. She asked the group to think about what other colleagues would benefit from seeing this presentation and to get their feedback. Ann Kerr agreed to share the presentation with the committee after the meeting.</p>		All AK
139.	Minutes of Previous Meeting		
	The minutes of the previous meeting held on 12 th June 2021 were accepted as an accurate record.		
140.	Rolling Action List		
	The Rolling Action List was distributed with the agenda and noted at the meeting.		
141.	Matters Arising		
	Nil to update.		
142.	Assurance and Improvement		
	(a)	IPC Work Plan	
		<p>The Work Plan was distributed with the agenda and Pamela Joannidis reported that this has been updated to incorporate the actions from the programme and to identify the items that are ongoing (core work). All the updates have been highlighted in red.</p> <p>Dr Deighan thought there has been real improvement to the Work Plan and found this to be much easier to follow. Sandra Devine reported that this was also discussed at the recent AICC and positive feedback was received.</p> <p>Sectors have been asked to consider the Work Plan through their governance groups. It will also be issued to MDTs for consideration.</p>	

Minute		Action
	<p>Discussions are ongoing regarding structures for BICC, AICC and PICSG and Professor Wallace said there is a suggestion to have one group for all of these with sub groups for each Sector. Meetings are taking place with Sandra Devine, Scott Davidson, Jonathan Best and Dr Bagrade to review this.</p> <p>The committee noted the report.</p>	
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A draft HAIRT report has been issued to the Infection Control committees for comments and consultation Sandra Devine reported that previously we had two reports one for each month but now they have been combined into one. She said a summary HAIRT will go to the NHS Board meeting and the full HAIRT will be presented at the Clinical and Care Governance Committee.</p> <p>Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> SSI rates are within expected control limits for May and June 2021. SSI surveillance for major maxillofacial reconstructive surgery has been undertaken at the QEUH site since November 2016. There have been no SSIs detected for 20 consecutive months. In Ward 47, GRI there were two SSI VRE cases reported. This was assessed as HIIAT Amber on 17th May 2021 and then Green on 21st May 2021. Both patients have been discharged. An increase in SSIs in Neurosurgery with six cases but no patients are giving cause for concern. This was assessed as HIIAT Amber on 7th May 2021 and then Green on 12th May 2021. A review of practice was undertaken and a change in practice in the recovery area was identified and immediately stopped. Three Equivocal CDIs were identified in Ward 53, QEUH. This was assessed as HIIAT Red at a PAG on 23rd June 2021, the incident was then reassessed as Green on 25th June 2021 and the incident was declared as closed. Only one patient was confirmed as a positive case of CDI. <p>The committee noted the report.</p>	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>Copies of the Monthly Activity Reports for May and June 2021 were distributed with the agenda. Sandra Devine reported that these reports include similar information to that in the of the HAIRT report e.g incidents, outbreaks, education and audits.</p> <p>The committee noted the report.</p>	
	(d) Main Self-Assessment Covid-19 Tool	
	<p>The self-assessment tool was created after a CNO letter which requested assurance that a number of policy initiatives regarding COVID screening and social distancing measures had been put in place. Sandra Devine reported that this has been presented to the committee before but two additional updates have been included since. The work was completed by Infection Prevention and Control, Health & Safety, Occupational Health and Estates & Facilities with the Executive Lead being Anne McPherson. Dr McGuire requested more information on how the incidents were managed and this has been updated.</p>	

		SEG have already approved this.	
Minute			Action
		<p>As part of the Self-Assessment exercise Dr Seaton advised that he sits on the Nosocomial Review Group and he feels there is inconsistent use of Point of Care Testing at the front door and wanted to flag this up. He said there appears to be inconsistency regarding staff testing, whose responsibility this is and how this is reported. He also raised concerns regarding the uptake of LFT among staff.</p> <p>With regards to staff testing; Sandra Devine stated that some staff do not upload their results on the system and discussions have taken place how this can be promoted. A reminder was issued in the Core Brief to encourage staff to do this. Dr Bagrade reported that staff testing is also discussed at each IMT and at the beginning of the pandemic, there were problems with testing but now there is an established process with results coming in timeously. It was agreed that Dr Seaton and Dr Bagrade to discuss this further outwith the meeting.</p>	AS/LB
	(e)	Update from Oversight Board/Public Inquiry/Case Note Review	
		<p>The second meeting of the Government Assurance and Advisory Group was postponed until the following week as the Chief Nurse for Scotland is on leave. Professor Wallace reported that actions continue to be addressed by the Chief Executive and her team and a decision regarding escalation will come from this meeting. All the work relating to Infection Control has been delivered and Gold Command has acknowledged this work.</p> <p>An Action plan to complete recommendations for the IPC Benchmark SBAR has been completed. Pamela Joannidis reported that the Action Plan focussed on six elements and one of these is for Infection Control to benchmark against other Health Boards. This has been completed and some of the processes GGC have in place are very favourable.</p> <p>Some of the work included:-</p> <ul style="list-style-type: none"> • Review of alert organism surveillance, the method for notification of alert organisms to the IPC team (IPCT). • Application of Appendix 13 of the NIPCM to guide alert organism activity by the IPCTs and microbiology in their health board. • Health boards were asked if they provide care plans / checklists for ward staff to ensure and support compliance with SICPs and TBPs for specific alert organisms. • Documentation of advice given to clinical staff re IPC precautions to be undertaken with patients with alert organisms. • Surveillance. • IPC SICPs compliance. <p>The SBAR has been shared with ARHAI and HIS and Pamela Joannidis advised that GGC also has a critical friend who is an Infection Control Manager and all are happy with the SBAR. A meeting has been arranged with ARHAI for 13th August 2021 to finalise this.</p> <p>It was noted that GGC have ICNET and not all other health boards are using a similar software.</p> <p>Professor Wallace updated that the early findings were provided to the Chief Executive and Chairman and they were happy with this. She suggested that a front page is attached to the SBAR and to possibly have a presentation showing</p>	

		learning so that other health boards can look at this and benefit from the lessons learned.	
Minute			Action
	(f)	Update from Estates & Facilities	
		<p>A copy of the Facilities Update report for August and the Water Report were issued with the agenda.</p> <p>Billy Hunter reported that management team meet twice a week and also a Facilities Management Team meeting is scheduled every Friday and these have been taking place for a year. He said they also have their own Infection Control meetings and participate in IMTs. He provided an updated on the following:-</p> <ul style="list-style-type: none"> - Domestic Services adhere to the national addendum for COVID 19 and note any updates that are released regarding the medium and low risk pathways. - Any changes were noted regarding enhanced cleaning and the use of chlorine based detergent. The frequency of cleaning has been increased in the amber and red pathways in each of the sites. - Routine huddles take place and the service can be flexed to provide support where required. - The Estates and Facilities Directorate continue to focus on COVID 19 safety and social distancing requirements which include routine monthly staff briefings. <p>Suzanne Clark noted that in Table 8 it states that the frequency of cleaning in a low risk pathway is greater than a medium pathway and that all three pathways have the same risk. Billy Hunter replied that this is misleading but they continue to comply with the arrangements they had in place originally. Sandra Devine informed that pathways were defined for COVID 19 and the areas identified as a green pathway include areas for elective patients and therefore the frequency of cleaning is greater to protect these vulnerable patients from contracting COVID 19.</p> <p>Professor Wallace asked what committee do the minutes from the Infection Control meetings in Estates and Facilities go to and Billy Hunter replied that these are presented at AICC.</p>	
	(g)	PICU ARHAI Framework	
		<p>PICU had been put on the national support framework in December 2019. Sandra Devine reported that ARHAI assisted GGC to implement actions in the unit. All clinical actions have been completed and a SBAR with recommendations was created. Infection Control completed the Improvement Action Plan and submitted this to ARHAI who were happy with the content and this has been approved by the Scottish Government. Following this Scottish Government removed GGC from the framework on 6th August 2021.</p>	
	(h)	Quarterly Epidemiological Data on CDI,ESB, SAB and SSIs in Scotland	
		<p>ARHAI have released the quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland for January to March 2021.</p> <p>Sandra Devine reported that CDI/ECB and SAB are below the Scotland average in all categories.</p>	

Minute		Action
	<p>She said there is a rolling year of data and provided an update regarding healthcare associated infection cases for year ending March 2021:-</p> <ul style="list-style-type: none"> - For year ending 2021 Quarter 1 rate for CDI cases in Scotland the rate is 16.2 and for GGC the rate is 17. - For year ending 2021 Quarter 1 rate for ECB cases in Scotland the rate is 39.3 and for GGC the rate is 37.6. - For year ending 2021 Quarter 1 rate for SAB cases in Scotland the rate is 18.6 and for GGC the rate is 19. <p>She commented that the rates are good for GGC and these will be included in the slides for the meeting next week.</p>	
	(i) Requirement for NHS Boards to Undertake Structured Risk Assessments in High Risk (Red) Pathways	
	<p>A copy of a DL (2021) 23 letter was issued from the Deputy Chief Nursing Officer Designate regarding an additional requirement for Boards to undertake a local risk assessment, specifically aimed at areas designated for care of patients in high risk (red) pathways. Sandra Devine informed that Health & Safety are leading on this. They have worked with IPC, Occupational Health and Estates and Facilities to put together a risk assessment regarding social distancing.</p> <p>A paper went to ATG which was being discussed with Sandra Devine Dr Bagraade and Gerry Cox.</p>	
143.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The IPC QI network has been running since the beginning of the year and Natalia Hedo shared a presentation to the last Gold Command with this group.</p> <p>She said that the presentation updates on the work of the four workstreams that report into the Operational Group:-</p> <p><u>Workstream 1: Person Centred Care</u> Work is ongoing with Patient Experience and Public Involvement (PEPI) and the Person Centred Care Group to recruit representatives for the workstream and the focus was to improve communication based on patient feedback and experience. The workstream also aims to involve the public going forward to provide them with assurance that the environment is safe and clean.</p> <p><u>Reducing Infections Associated with IV Access Device</u> Baseline data is available for SAB/ECB, aim to meet the 2022 SAB and ECB target, with sustainment throughout 2022. There are currently two local SAB Groups; North Sector, South Sector (recently established) and a SAB group in the Clyde Sector is being looked into. All these groups will report into the Board SAB Group which will provide the update on behalf of the 3 groups.</p> <p><u>QI Capacity</u> 25 IPC staff have completed the QI course and are able to support services in improving the work they are involved in.</p> <p><u>SICPs</u> Development of a new SICPs Audit Tool using improvement methodology. This new SICP tool can be used by any healthcare worker including IPC to provide assurance re SICPs compliance. Work ongoing looking at ways to display SICPs scores using a true quality structure that focuses on improvement.</p>	

Minute		Action
	<p>Natalia Hedo added that she will project manage the work of the IPCQI Network group going forward. A first draft issue of a newsletter has been created pending the visual branding to be agreed with Comms. The vision statement has been agreed and will be included with the visual branding in all communication papers.</p> <p>Natalia Hedo said she is working on an overarching project plan that will include the Operational Group and the Workstreams' objectives. Flash reports have been completed for the four workstreams and presented at the Operational and Steering group meetings.</p> <p>In relation to the SICPs workstream Pamela Joannidis reported that there is a strategy group looking at moving away from the Red, Amber, Green scores and to replace this with something else. Professor Wallace commented that looking at governance and assurance and if this is already working maybe it should remain.</p>	
144.	Safe Care	
	(a) Risk Register	
	<p>A new copy of the Risk Register for IPC was issued with the agenda. Natalia Hedo said that the Board had asked for the Risk Register to be updated using the new format provided by them and this was seen as an opportunity for IPCT to review their Risk Register.</p> <p>The IPC risk register now includes six risks:-</p> <ol style="list-style-type: none"> 1. Inability to provide ICD advice to GGC Services 2. Failure to provide appropriate infection control advice and support in the assessment and reduction of risks associated with new builds and renovation projects 3. Failure of the IPCT Information Management System (ICNET) 4. Failure to provide IPC service in the context of increasing demands of the Public Enquiry 5. Failure to identify outbreaks and incidents effectively 6. Impact of loss of key members of IPC Nursing staff <p>Natalia Hedo said that going forward, she would only update on new risks or changes to current risks at this meeting. Professor Wallace said this was part of the evidence submitted to Scottish Government.</p> <p>Natalia Hedo added that this group has been assigned as the review board for the Risk Register and therefore any comments from the members should be sent to her.</p>	
	(b) Recent Outbreaks/Incident Reports	
	<p><u>Hot Debriefs</u></p> <p>A Hot Debrief regarding two cases of VRE in Ward 47, GRI was issued with the agenda.</p>	

Minute		Action
	<p>A PAG was held on 14th May 2021 to discuss both cases and control measures in place have prevented further transmission to other patients. Both patients had behavioural issues which made compliance with isolation a challenge. The ice machine with reservoir and scoop dispenser was identified as being contaminated and has been removed from use. Advice regarding water coolers will be forwarded to ICBEG.</p> <p>The other Hot Debrief issued related to four patients with VRE in Ward 5D, QEUH between 18th March and 21st April 2021 (3 cases were Vancomycin resistant and 1 case Vancomycin sensitive). All patients had cultures taken from PICC lines and isolates were sent for typing and all four cases were unique. The HIIAT for this was Green on 25th March and reassessed on 26th April 2021 and remained Green. PVC and CVC audits were carried out with a score of 100%. Education has also been carried out in the ward.</p>	
145.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<p>Pamela Joannidis provided the following updates:-</p> <ul style="list-style-type: none"> - CE marking on PPE is changing in the UK from January 2021. - Changes to COVID 19 Addendum (5.6) is taking place regarding valves over sterile wounds. This has been fed back to the PPE group for them to look at staff that have FFP3 valves and for them to switch over to non valve masks. - There is a Letter regarding the Hierarchy of Controls for COVID 19. 	
146.	Reports from Associated Area Infection Control Governance Groups	
	(a) vCJD Group	
	The SBAR Dr Kennedy issued with the agenda was noted at the meeting.	
	(b) Antimicrobial Management Team	
	<p>Dr Seaton provided an update on the Progress Against Antibiotic Prescribing Indicator Reports for Scotland and GGC which have been published this week.</p> <p>He said there are three national prescribing indicators as follows:</p> <p><u>Scotland</u></p> <ul style="list-style-type: none"> - Indicator 1 - A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015 data as the baseline. <i>The percentage difference baseline is 19.93% but this is due to Primary Care having less presentation due to COVID 19.</i> - Indicator 2 - Use of intravenous antibiotics in secondary care will be no higher in 2022 than it was in 2018. <i>There is no increase to baseline reduction and this is driven by COVID 19.</i> - Indicator 3 - Use of WHO Access antibiotics greater or equal to 60% of total antibiotic use in Acute by 2022. <i>Percentage difference is 3.36%.</i> 	

Minute		Action
	<p>NHSGGC</p> <ul style="list-style-type: none"> - Indicator 1 - A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015 data as the baseline. <i>The percentage baseline reduction is 20.55% with a percentage difference target of 11.72%.</i> - Indicator 2 - Use of intravenous antibiotics in secondary care will be no higher in 2022 than it was in 2018. <i>IV antibiotic use in GGC is the highest in Scotland but there was a substantial reduction of 25% which is below the target.</i> - Indicator 3 - Use of WHO Access antibiotics greater or equal to 60% of total antibiotic use in Acute by 2022. <i>Nearly 62% of antibiotics are access antibiotics and compared to trusts in England they have a rate of 40%</i> <p>Dr Seaton informed that this data is also presented at AMT and they report to ADTC. Ysobel Gourlay has also shared this information at AICC.</p>	
	(c) Acute Infection Control Committee (AICC)	
	A meeting of the committee took place on 10 th August 2021. Scott Davidson informed that discussions are ongoing to restructure AICC and a focus group is required to look at this before the next meeting. Professor Wallace said there is a consideration to combine PICSG as well.	
	(d) Partnership Infection Control Support Group (PICSG)	
	<p>The last meeting of the PICSG group was cancelled due to the number of apologies.</p> <p>There are ongoing discussions regarding a new chair for the committee and Professor Wallace suggested to have an interim chair until the committees have been finalised.</p>	
	(e) Update from Public Health Protection Unit	
	As Dr Kennedy sent his apologies for today's meeting Professor Wallace asked for the papers from Dr Kennedy to be carried forward to the next meeting.	C/F
	(f) HEI Steering Group	
	<p>The last HEI inspection was to Vale of Leven.</p> <p>Corporate inspections are taking place and Pamela Joannidis reported that the audit tool has been trialled in mental health wards. The membership and Terms of Reference for the group have been updated and dates have been issued for further inspections in September.</p> <p>The HAI Standards are under review and the groups have met. The new standards are out for consultation and the aim is to have the final standards to health boards by April 2022.</p>	
	(g) SAB Steering Group	
	As discussed earlier.	

Minute		Action
147.	AOCB	
	<p>Professor Wallace welcomed Dr Bagrade to her first BICC meeting and thanked her for supporting the IPCT.</p> <p>As this may be Professor Wallace's last BICC meeting Sandra Devine wanted to thank her for all her help and guidance over the last 18 months.</p>	
148.	Date of Next Meeting	
	The date of the next meeting is scheduled for Tuesday 19 th October 2021 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Tuesday 19 October 2021 at 2.00pm via
MS Teams Videoconference**

Present:	
Prof Angela Wallace (chair)	Interim Director of Infection Prevention and Control
Sandra Devine	Acting Infection Control Manager
Rosie Cherry	Head of FM Operations
Euan Smith	Assistant Head of Estates
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Kirsty Strannigan	Head of Health & Safety
Liz McGovern	Specialist Pharmaceutical Public Health
Dr Andrew Seaton	ID Consultant/Lead AMT
Angela O'Neill	Deputy Director of Nursing, Acute
Suzanne Clark	Public Partner
Natalie Hedo	Business Manager, Infection Prevention & Control
Mags McGuire	Board Nurse Director
Dr Iain Kennedy	Consultant Public Health
Dr Chris Deighan	Deputy Medical Director (Corporate)
Dr Linda Bagrade	Lead Infection Control Doctor

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Dr Scott Davidson	Deputy Medical Director, Acute Services
Rona Wall	Occupational Health Service Manager
Kate Hamilton	Acting Nurse Consultant
Professor Alistair Leanord	Chief of Medicine, Diagnostics
Billy Hunter	Assistant Director, FM Operations
Gerry Cox	Assistant Director of Estates and Property

Minute		Action
149.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
150.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 12 th August 2021 were accepted as an accurate record.	
151.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
152.	Matters Arising	
	Nil to update.	

Minute		Action
153.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>The Work Plan was distributed with the agenda and Pamela Joannidis reported that the updates have been highlighted in red.</p> <p>The main highlights include:-</p> <ul style="list-style-type: none"> - The Case Review Data Collection Tool is in progress. - The process to add the new SICPs tool to CAIR is progressing. - IPC Audit strategy SOP is being updated. - A new item is the Surveillance Review Group which is chaired by Dr Bagrade to review the surveillance systems and processes in place within GGC and look into what can be changed/optimised and the results used. 	
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A draft HAIRT report for July and August 2021 has been tabled for assurance. The report is being refined and the formal charts from ARHAI will be included in the report before it is presented to the Clinical and Care Governance Committee.</p> <p>Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> • SSI rates for SAB, ECB and CDI are within normal control limits. • There was one CDI trigger for Ward 3A, GGH in August 2021. Isolates were sent to the Reference Lab for typing and these were confirmed as the same type due to cross contamination. • The Infection Prevention and Control Quality Improvement Network (IPCQIN) Steering Group and the Operational Group have been meeting regularly. • COVID-19 activity continued during July and August 2021. There was an increase in ward closures with 18 in August 2021 compared to 5 or 6 in the previous 3 months. <p>In relation to the trajectories for the end of March 2022 Professor Wallace asked what the position was against these. Dr Seaton reported that clinicians expect to see an increase in hospital cases as the hospitals have been busier in the last 2 – 3 months. He said more antibiotics are being prescribed and he expects this to increase further which will be a concern with regards to winter and to the upper trajectory of figures. Sandra Devine stated that GGC is not an outlier in any of the categories and other Health Boards have experienced an increase in CDI and SAB cases. Professor Wallace suggested to have a narrative to show GGC over time what support is required to reduce infection.</p> <p>Dr Deighan commented that in relation to the CDI information these are sometimes driven by community cases as opposed to cases in secondary care. He asked Dr Seaton was there information from the Antimicrobial Prescribing Committee in relation to prescribing for COVID-19. In 2020 Dr Seaton reported that nationally and locally, community prescribing reduced by 20% in primary care. After lockdown there were more viral respiratory tract infections and there had been an increase in antibiotic prescribing, which is back to where it was in 2019. Communication was issued by SAPG to all prescribing practices regarding the use of Co-Amoxiclav.</p> <p>The committee noted the report.</p>	

Minute		Action
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Report for August 2021 was distributed with the agenda. Sandra Devine reported that this report mirrors the HAIRT in its contents but is related to acute and not community.</p> <p>The committee noted the report.</p>	
	(d) Update from Oversight Board/Public Inquiry/Case Note Review	
	<p>There was a presentation to Scottish Government a couple of months ago and Professor Wallace reported this included an overarching Action Plan. Chief Executive and the Executive Team are working with Scottish Government regarding the process.</p>	
	(e) Update from Estates & Facilities	
	<p>A copy of the Facilities Update report for August and the Water Report were issued with the agenda.</p> <p>Rosie Cherry reported that an SBAR went to ICBEG to discuss the current additional resource implications within Domestic Services associated with the Acute Settings Addendum increased cleaning frequencies. The current increased cleaning activity continues to be maintained. At Gold Command meeting Professor Wallace stated that the feedback received from this group was that the cleaning at QEUH and RHC hospitals was excellent.</p> <p>A meeting is held with Estates and Facilities and Infection Prevention and Control every Friday to discuss any rising issues.</p> <p>Euan Smith provided an update regarding Estates:-</p> <ul style="list-style-type: none"> - Foxbar Health Centre has been closed since the commencement of COVID-19 in March 2020. During this period regular outlet flushing has been carried out. On completion of the cleaning programme, the water samples returned some out-of-spec results for TVC's. During investigation some hidden Dead legs were found on the distribution pipework which are in the process of being removed. The refurbishment work started on 4th October and should be complete by mid November 2021. Full retesting will be carried out before reopening. - There was an issue with debris in the water supply at VOL. Consultation has taken place with Business Stream and there is a proposal to replace a significant section of mains pipework which will cost approximately [REDACTED]. Arrangements are being put in place to ensure a robust PPM and service schedule is implemented. - In relation to little used outlets Estates have asked clinical staff to identify rarely used outlets so that Estates can remove these if not used. Work is ongoing with the Chief Nurses to ensure this is completed. - Work is progressing regarding the ventilation lists in the board and the recording of air change rates. <p>On page 4 Sandra Devine asked what the remedial action was regarding the outstanding PPM. Euan Smith replied that sometimes this can be due to access issues.</p>	

Minute		Action
	<p>Where there are ventilation breakdowns Sandra Devine asked if this was communicated to the service. Euan Smith reported that ICE Theatres have ongoing problems relating to the initial build and this requires input from several contractors for their expertise. Kirsty Strannigan reported that with regards to PPM there is a separate SBAR written and part of this was to look at the ventilation and this will go through Estates SMT. A ventilation group is to be established</p> <p>Professor Wallace recommended having a front page and summary for this report. She also said it would be helpful for Sandra Devine, Pamela Joannidis and Natalia Hedo to look at a reporting template that could be used by services presenting at this group for future meetings.</p>	<p>S Devine P Joannidis N Hedo</p>
154.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>Natalia Hedo presented slides at the meeting updating the group on the progress for the Infection Prevention and Control Quality Improvement Network.</p> <p>Angela O'Neill advised that the work is progressing well and the commitment to this from colleagues has been hugely impressive. She said she would like to thank Natalia Hedo for co-ordinating the visual branding. Sandra Devine also wanted to thank Pamela Joannidis for the work relating to SICPs and the positive feedback received. Professor Wallace shared the information with Gold Command and they thanked all colleagues for their input.</p>	
155.	Safe Care	
	(a) Risk Register	
	<p>A copy of the Risk Register for IPC was issued with the agenda. Natalia Hedo reported that this has been updated and includes a new risk relating to the ICN Servers which were almost up to full working memory capacity and therefore affecting the speed of the ICNET and at times preventing access to the system. E-Health have increased the memory of the servers and will update patches and reboot the servers on a monthly basis and ensure the anti-virus software is up to date and running as efficiently as possible.</p>	
	(b) Recent Outbreaks/Incident Reports	
	<p><u>Hot Debrief</u></p> <p>A Hot Debrief regarding three patients with Equivocal CDI results associated with Ward 53, QEUH was issued with the agenda. One of the patients died and CDI was cited on Part 1 of the death certificate.</p> <p>Ward 53, QEUH closed on 16th June 2021 due to 7 patients symptomatic of loose stools which includes 2 of the patients above. The ward reopened on 23rd June 2021 following a terminal clean. Isolates were sent for typing and none of these cases were linked.</p> <p>Hand Hygiene audit was carried out: the Opportunities Taken score was 95% and the Combined Compliance was 95%. The HIIAT score was Red as a patient had died.</p>	

Minute		Action
	The good points identified were communications between the ward and Infection Prevention and Control Team. What did not go well was clinical staff not good at getting samples for loose stools, however education was carried out in the ward to raise staff's awareness in relation to this.	
	(c) ARHAI Healthcare Associated Infections – Annual Report 2020	
	<p>The above report from ARHAI was published on 21st September 2021 and was for noting.</p> <p>Sandra Devine confirmed that GGC are not an outlier in any sections. Dr Deighan said with regards to this it would be useful to cross reference these so that NHSGGC Board knows what the position is against all other Health Boards.</p> <p>In relation to nosocomial COVID-19 related mortality which is approximately 30%, Dr Seaton commented that he was not sure how much contribution there was to an underlying disease as COVID-19 is always on the death certificate. He said there is a new drug called Ronapreve and the benefit of this drug is giving it early to potential COVID-19 patients. Patients are usually elderly and they fit the criteria for this drug, although it is an expensive drug. He commented that if there is a high mortality rate in these patients this is something that could be considered.</p>	
156.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates – Patient Placement SOP	
	<p>A copy of the above SOP was distributed with the agenda. Pamela Joannidis advised that this was to assist staff to identify ventilation rooms as positive or negative pressure rooms. This will give a breakdown of the rooms and determine what patients could be nursed in what rooms. This will remain as an interim SOP and Pamela Joannidis agreed to update the version control.</p> <p>The committee noted the SOP.</p>	P Joannidis
157.	Reports from Associated Area Infection Control Governance Groups	
	(a) vCJD Group	
	The CJD group have decided to abandon the streaming of instruments. NHS Lothian have already adopted the guidance which will be issued via a CNO letter.	
	(b) Antimicrobial Management Team	
	The antibiotic prescribing for Primary Care is at 2019 levels with a similar trend in secondary care. Dr Seaton reported that they are trying to reduce the use of Temocillin due to its cost and using Piperacillin/ Tazobactam instead.	
	(c) Acute Infection Control Committee (AICC)	
	A copy of the last minutes of the AICC meeting were noted by the committee.	

Minute		Action
	(d) Partnership Infection Control Support Group (PICSG)	
	The PICSG group have not met for a few months now. Pamela Joannidis reported that there are ongoing discussions regarding a new chair for the committee.	
	(e) Update from Public Health Protection Unit	
	<p>Dr Kennedy provided an update on the two papers that were carried forward from last meeting.</p> <p>The following points were highlighted from the PHPU update:-</p> <ul style="list-style-type: none"> - Blood Borne Viruses (BBV) work is ongoing. - In ITU there was a nosocomial Salmonella case from a patient who had been PEG fed. This is being sent for typing as there could be an issue with the supplied PEG tube. Liz McGovern informed that the manufacturer of the PEG feeds is using a third party for sterilisation and an alert has been issued. She said they are trying to find out all the manufacturers that are involved. - With regards to patients being discharged from hospital with COVID-19 Dr Kennedy asked if it could be reiterated to ward staff regarding the isolation period of 10 or 14 days. There have been some cases whereby patients were informed they could travel home by public transport. Dr Seaton commented that Respiratory have discharged over 100 patients with COVID-19 and there appears to be a discrepancy regarding duration and onset of symptoms. There is a patient information leaflet and on this he suggested to add the date of symptoms and how long patient should isolate for. - GGC Area Outbreak Plan has been approved in principle by CMT with minor changes to be applied. 	
	(f) HEI Steering Group	
	<p>Two dates are in the diary for the end of November 2021 for further Corporate inspections. Pamela Joannidis reported that the membership of the group has been updated</p> <p>The new HAI Standards are out for consultation and the aim is to have the final standards to health boards by April 2022. Pamela Joannidis reported that she can summarise the changes to this group at the next meeting.</p>	P Joannidis
	(g) SAB Steering Group	
	A review of the remit of the Board SAB Steering Group is taking place in context of the Improvement Network as there are now three local SAB groups. Sandra Devine said she is preparing a paper for Dr Davidson for AICC regarding this.	
158.	AOCB	
	<p><u>HAI Communication Strategy & Guidance for IMTs</u></p> <p>One of the recommendations from the Oversight Board was to update our HAI Communication Strategy. Andrew Clark reported that this has been updated and incorporated learning, suggestions and recommendations from various reports to the document to have more relevant set of guidelines.</p>	

Minute		Action
	<p>From this he said there is an accompanying set of guidance notes for IMTs included with the papers.</p> <p>The committee approved the document.</p> <p><u>Winter (21/22) Respiratory Infections in Health and Care Settings Addendum</u></p> <p>A copy of the above guidance was issued by ARHAI. Sandra Devine said the key changes as we move from the COVID-19 addenda to Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum include the removal of the three distinct COVID-19 care pathways (high/red, medium/amber and low/green) to respiratory and non –respiratory pathways. Boards expressed their concern regarding the implementation of this as this should be implemented on 1st November 2021 and has now been delayed.</p> <p><u>IPC Gold Command</u></p> <p>Professor Wallace asked for this item to come under Safe Care in future agendas.</p> <p><u>Review of IPC Structure Committees</u></p> <p>A review will take place of all the IPC committees and for the PICS to include care homes. Sandra Devine and Natalia Hedo to take this work forward.</p> <p><u>COP 26</u></p> <p>Sandra Devine reported that Pamela Joannidis has carried out work on preparedness for COP26. IPC are involved in supplying training for PPE and Professor Wallace thanked all staff involved in providing this. Pamela Joannidis confirmed that they have trained trainers and the trainers will take this training forward. A hub has been created on the IPC website regarding PPE for VHF.</p>	<p>S Devine N Hedo</p>
159.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 9 th December 2021 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 9 December 2021 at 2.00pm via
MS Teams Videoconference**

Present:	
Dr Chris Deighan (Chair)	Deputy Medical Director (Corporate)
Sandra Devine	Acting Infection Control Manager
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Kirsty Strannigan	Head of Health & Safety
Liz McGovern	Specialist Pharmaceutical Public Health
Angela O'Neill	Deputy Director of Nursing, Acute
Suzanne Clark	Public Partner
Natalie Hedo	Business Manager, Infection Prevention & Control
Dr Iain Kennedy	Consultant Public Health
Dr Linda Bagrade	Lead Infection Control Doctor
Sharon Johnstone	Head of FM Operations
Dr Rosie Hague	Consultant in Paediatric ID/Immunology

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Professor Angela Wallace	Interim Director of Infection Prevention and Control
Dr Scott Davidson	Deputy Medical Director, Acute Services
Dr Andrew Seaton	ID Consultant/Lead AMT
Billy Hunter	Assistant Director, FM Operations
Kate Hamilton	Acting Nurse Consultant

Minute		Action
160.	Welcome and Apologies	
	Dr Deighan welcomed everyone to the meeting and apologies were received from the above mentioned.	
161.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 19 th October 2021 were accepted with the following amendment:- Page 5, item 157(a) should read – “The CJD group have decided to adopt the new NICE guidelines and not continue with the streaming of instruments.”	
162.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
163.	Matters Arising	
	Nil to update.	

Minute		Action
164.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>The Work Plan was distributed with the agenda and Pamela Joannidis reported that the updates have been highlighted in red.</p> <p>The main highlights include:-</p> <ul style="list-style-type: none"> - Review of IPCT audit strategy to support improvement. The final draft will be presented to the next BICC for approval. - All alert organisms now trigger a review at 2 in 30 days. Surveillance review group has been set up to look at alert organism surveillance. There is also a sub-group that has been set up and first of two meetings have been held to review the Appendix 13 organism list. - Funding has been identified and an Epidemiologist has been appointed for Infection Prevention & Control (IPC). - The HAI Standards will stay on the Work Plan until the final version of the standard is received. <p>Dr Deighan recommended that when a comment is added in or SOP has been approved to add a date in relation to this. PJ agreed to do so.</p>	PJ
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A draft HAIRT report for September and October 2021 has been tabled for assurance.</p> <p>Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> • SAB, ECB and CDI rates are within normal control limits. With regards to CDI there were 24 healthcare associated CDIs in September 2021 and 17 in October 2021. Aim is 17 or less per month. ARHAI to modify the ECB target and include analysis to link this to the ARHAI target. • Continue to develop IPC Dashboard for Microstrategy which should be completed in the next couple of months. SSI data should be available by the end of December 2021. • In relation to the CDI chart there are 6 points above the mean. Community acquired cases have had a slight increase in 2021 to date, but remain within chart limits. • COVID-19 hospital numbers are decreasing in ITU but there may be an impact with the new variant. A weekly report of COVID-19 cases is received from ARHAI and Dr Deighan confirmed this is also presented at the Clinical and Care Governance Committee. <p>As there may be challenges in reaching the targets, Dr Deighan asked if this can be added to the next HAIRT for assurance to BICC. He asked if anything is being raised at IMTs to suggest there is a breach in policy and Sandra Devine advised that IPC try to enforce the message regarding hand hygiene and social distancing at IMTs.</p> <p>He also asked if there was any unusual genome typing; Dr Bagraade replied this can be requested but this is not in real time. Sandra Devine also commented that at IMTs they do try to generate a hypothesis.</p>	SD

Minute		Action
	<p>In relation to the incident with VRE and CDI in Ward 64, Dr Deighan stated there may be lessons that could be shared. Sandra Devine advised that she is waiting for the Hot Debrief but the CDI cases were the same but the VRE were different. As with the normal process the Hot Debrief will be presented at a future BICC.</p> <p>The committee noted the report.</p>	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Report for October 2021 was issued with the agenda.</p> <p>Sandra Devine reported that this report includes the acute data within the HAIRT. She advised that approximately over 2,000 – 4,000 Learnpro modules have been completed monthly.</p> <p>The committee noted the report.</p>	
	(d) Update from Oversight Board/Public Inquiry/Case Note Review	
	<p>The ongoing review of all actions are complete. Sandra Devine reported that there will be an audit process to ensure all actions are in place. In terms of the audit of actions Dr Deighan asked for the timescale to report back to BICC. Sandra Devine replied that BICC should see the completed Action Plan of all the recommendations with only one to be completed at this time.</p> <p>Dr Deighan wished to express his thanks to Infection Prevention & Control Team for all the work undertaken regarding this, especially during the pandemic and the publicity relating to the IPC Team.</p>	
	(e) Update from Estates & Facilities	
	<p>The following update for Estates and Facilities was provided by Sharon Johnstone:-</p> <ul style="list-style-type: none"> - Current increase in activity is being maintained in public areas and public toilets. - Use of detergent continues to be used for twice daily clean of isolation areas. - Social distancing updates are provided at the monthly briefing for staff. - A meeting is held with Estates and Facilities and Infection Prevention and Control every Friday to discuss any rising issues. <p>Sandra Devine asked if there will be an update from Estates regarding ventilation for the next meeting. Sharon Johnstone agreed to ask Mark Riddell for an update regarding this. Dr Deighan commented that it would be useful to have a front page summary for reports to detail if the report is for noting or for approval.</p>	<p>SJ</p> <p>All</p>
165.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The Operational and Steering Group continue to meet on a bi-monthly basis to oversee the progress of the workstreams.</p>	

Minute		Action
	<p>Natalia Hedo provided the following update on the workstreams:-</p> <p><u>Person Centred Care</u>: Role descriptor and advert drafted for patients with lived experience to join the Person Centred Care Reference Group.</p> <p><u>Standard Infection Control Precautions (SICPs)</u>: Looking at incorporating the new SICPS Audit Tool into Care Assurance and Improvement Resource (CAIR) Dashboard. Also linking work of SICPs collaborative to Oversight Board/Case Notes Review recommendations.</p> <p><u>Reducing Infections Associated with the Use of Access Devices</u>: Three SAB groups have been established in North, South and Clyde and the following update was provided for each group:-</p> <ul style="list-style-type: none"> - North - good processes in place and are rolling out education for junior doctors. Good clinical engagement. PICC line training for FYI trainees taking place and the Driver Diagram has been completed. - South – good clinical membership. Good progress to reduce line infections in a pilot ward and a set of Learn-Pro modules for Boardwide Acute services on generic topics relating to the care of invasive lines along with specific Learn-Pro modules on each of the invasive devices are being pulled together with a competency sign-off framework. - Clyde – this group is now up and running. <p>The second issue of the Newsletter will be issued in January. A draft version of this will be presented to the Operational Group next week.</p> <p>The Communication Strategy is now completed and includes the communication matrix. The project plan is now in place and it is an ongoing document with continuous updates.</p> <p>With regards to the SAB target Dr Deighan asked if GGC miss the target in April 2022 when will this committee see the deliverables from these groups. Sandra Devine stated that there has been positive feedback from the SAB groups. With the different sites each having different challenges e.g. North group are looking at deprivation scores. She also reported that Pamela Joannidis has done a lot of work regarding the improvement side of things. Dr Deighan said it would be helpful to see what learning is coming from the SAB groups and to have visibility of good outcomes.</p>	
166.	Safe Care	
	(a) Risk Register	
	<p>A copy of the Risk Register for IPC was issued with the agenda.</p> <p>The Risk Register has been updated and the changes were discussed.</p> <p>The Risk Register was approved with no additional changes.</p>	
	(b) Recent Outbreaks/Incident Reports	
	<p>Pamela Joannidis reported on two incidents which included COVID-19 in Balmore Ward, Leverndale and Klebsiella Pneumonia in ITU, RAH.</p>	

Minute		Action
	(b) Recent Outbreaks/Incident Reports	
	<p>Baltimore Ward, Leverndale is a 18 bedded mental health ward and the incident was from 3rd October 2021 – 23rd October 2021. The ward was closed and this involved 12 patients and 12 staff that tested positive for COVID-19. A double clean of the area was carried out and patient and staff screening was put in place. The HIIAT for this incident was assessed as Amber and then Green.</p> <p>ITU, RAH incident had a mixture of COVID-19 positive patients and non COVID-19 patients. There were 4 HAI cases but these were not HAIs to ITU. 3 of the patients contracted Klebsiella as they were a contact, and the hypothesis was direct contact from hands. [REDACTED] and this was cited on Part 1b on one of the patient's death certificate. 4 IMTs were carried out with the last IMT held in September. The control measures put in place included twice daily cleans and typing was undertaken to identify the original source. The source was found in the environment in the sharps trolley and a review of how this is cleaned was undertaken. The HIIAT was assessed as Red due to the patients' deaths.</p> <p>As these were nosocomial cases Dr Deighan asked if this was declared under Duty of Candour. Dr Bagrade confirmed that Professor Rooney discussed this with the families and Sandra Devine also advised that a SAER was completed for this incident.</p>	
	(c) Update from Gold Command	
	<p>The Gold Command is chaired by the Chief Executive. Angela O'Neill confirmed that Gold Command does not govern but is an oversight group that is based on performance and clinical care for Estates and Infection Prevention & Control.</p> <p>Sandra Devine reported that from an Infection Prevention & Control perspective there was progress against the Action Plan for the three reviews. She said Gold Command is updated every month and that she covers Infection Prevention & Control and Tom Steele reports on Facilities.</p> <p>It was agreed to remove this item as a standing agenda item and include any updates from this group under item 4.4.</p>	
167.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates – Urethral Urinary Catheters SOP	
	<p>A copy of the above SOP was distributed with the agenda.</p> <p>As there are no changes to content of SOP Pamela Joannidis asked for approval of this document.</p> <p>Pamela Joannidis replied that the SOP supports the use of the care bundles and evidence is based on the National Infection Control Manual. Angela O'Neill advised that this is monitored via peer reviews, local audits and SICPs process which are driven by outcomes. She said it would be useful if the SOP could stay on the IPC website for ease of reference for staff.</p> <p>The committee noted the SOP.</p>	KH

Minute		Action
168.	Reports from Associated Area Infection Control Governance Groups	
	(a) vCJD Group	
	Nil to report.	
	(b) Antimicrobial Management Team – AMT Report December 2021	
	<p>A copy of the AMT report was distributed with the agenda.</p> <p>Liz McGovern provided an update to the committee.</p> <ul style="list-style-type: none"> - A meeting was held regarding the targets relating to WHO antibiotics. - At the meeting they discussed looking at Pencillin allergy resource as a Scottish group want to look at this also. - Antiviral spend has increased. - Meropenem use has also increased. - There are three targets for Primary Care - OPAH referrals had increased previously and are now back to pre COVID-19 referrals. - Rachael Rodger, Antimicrobial Pharmacist provided a presentation at the meeting regarding a QI project relating to oral metronidazole and the company's risk of giving IV. It was suggested at the meeting that this could be rolled out to other sites. <p>Dr Deighan requested that a front page summary of the main issues of the report are highlighted. Liz McGovern agreed to raise this with Ysobel Gourlay.</p>	LMcG
	(c) Acute Infection Control Committee (AICC)	
	<p>A copy of the last minutes of the AICC meeting were noted by the committee.</p> <p>All key topics are presented at BICC and Angela O'Neill informed that AICC follow the same governance as this committee.</p>	
	(d) Partnership Infection Control Support Group (PICSG)	
	<p>The PICSG group met on 3rd December 2021 but had not met since June and the group were not quorate for that meeting. Pamela Joannidis reported that a new chair has been appointed and the membership and terms of reference are being reviewed. The Group representation includes a member from the Care Home Collaborative as well as representatives from Pharmacy, Estates and Public Health and many others.</p> <p>She advised that the group are looking to have a separate Work Plan and have set up a separate HEI group.</p> <p>A webinar was held by the HAI Standards Inspectors and they informed that they would not inspect community hospitals. Dr Kennedy stated that these standards do not cover Care Homes as they are governed by the Care Inspectorate.</p> <p>There is a national manual for Care Homes and Pamela Joannidis said that there are gaps regarding input from Facilities and Estates for Care Homes.</p>	

Minute		Action
	<p>A meeting was held with Public Health as they manage incidents and outbreaks in Care Homes and IPC have built up a good relationship with them.</p> <p>In relation to Antimicrobial Stewardship and expanding the remit to cover Care Homes Liz McGovern commented that this is something maybe for SAPG to respond to. Pamela Joannidis and Liz McGovern to have a further discussion regarding this.</p> <p>Dr Deighan said to ensure what the responsibilities are for this group and for this to be noted in the Terms of Reference and to bring this to a future BICC meeting.</p>	PJ/LMcG
	(e) Update from Public Health Protection Unit	
	<p>Dr Kennedy provided an update from Public Health Protection Unit.</p> <ul style="list-style-type: none"> - The number of Omicron cases have increased in the community. Today there were 1200 new cases reported but there might be a delay with the reporting of figures. The new variant is doubling every two days, whereas the Delta variant increased every 5-7 days. Discussions are ongoing in Scottish Government to change the contact tracing from telephone calls as these take twice as long. At the moment there is no indication that the new variant is more severe but the age cohort is related to the younger group. - There was a 4 Nation IPC meeting regarding Omicron and the view is there is no need to change the IPC controls as there is no evidence of change in mode of transmission. - Vaccination work is rapidly ongoing. - The fixed term contract for the Health Protection Nurses has been made permanent. <p>With regards to staff who have household contacts and are asymptomatic Dr Hague said they would require a PCR test and if negative can come back to work, but there are instructions if Omicron is suspected they need to isolate for 10 days. She said this is placing a significant resource pressure on departments. Dr Kennedy reported that 80% of the positive cases are relating to the new variant. Work is ongoing to improve the access to the S gene droplet information which is used in Lighthouse and Regional testing labs. There is a delay of approximately 24–48 hours for results but work is ongoing with NHS digital colleagues to get results from a new system which is hoping to go live from 15th December 2021.</p>	
	(f) HEI Steering Group	
	<p>A report was submitted to Infection Control Built Environment Group (ICBEG) regarding the unannounced corporate inspection to QEUH and RHC. Feedback from the inspection was given to the Senior Charge Nurse and the Lead Nurse. Infection Prevention & Control Teams are supporting them locally.</p> <p>Themes from the inspection were high and low dust, dirty floors and checklists not being completed. Dr Deighan asked how much detail is wanted from supportive visits and asked if a report is provided. Pamela Joannidis replied that an Action Plan is generated and given to the Lead Nurse and Senior Charge Nurse. The closure of the Action Plan is assurance that actions are closed. The completed action plan is sent to the Senior Charge Nurse.</p>	

Minute		Action
	Dr Deighan suggested to have a summary report of what areas were visited and the grading of the report. Pamela Joannidis advised that a SBAR is provided for ICBEG and this could be provided for this committee.	PJ
	(g) SAB Steering Group	
	Nil to update.	
169.	AOCB	
	<u>ARHAI Quarterly Report – July – September 2021</u> A copy of the above report was noted.	
	<u>Incident Management Process Framework</u> An action from the Oversight Board was how IPC Teams apply the Outbreak & Incident Plan and how to implement this locally. Sandra Devine reported that this has been to AICC and PICSG for approval. Dr Deighan asked how this relates to the previous Infection Prevention & Control Framework and Sandra Devine said that she tried to put a process in regarding how we would implement the policy. Dr Kennedy advised that the Outbreak & Incident Management Plan is a separate document, with joint ownership by GGC, the six local authorities and Scottish Water. He would like to discuss changes to the Agenda and templates in the Incident Management Process Framework, but is happy for the main document to be approved. Dr Bagnard said that the Agenda cannot follow the same one used in Public Health. Dr Kennedy suggested to have an example Agenda according to IMT. It was agreed to approve the main document and remove the Appendices, except for one as this relates to Duty of Candour. Dr Deighan recommended that this document is retabled at the next BICC with the addition of the Appendices.	SD
	<u>CNO Letter – Commission for Wider Independent Assurance</u> HIS propose to carry out an external review process in QEUH which includes a review of IPC data via ARHAI. ARHAI will provide more information regarding this. The outcomes will be presented to BICC. She stated that senior management in the acute site is aware of this.	
	<u>DL2021-46 Launch of Scottish Winter Respiratory Guidance 2021-22</u> The above DL2021-46 was issued to all boards on 25 th November 2021. Pamela Joannidis reported that this includes the removal of the 3 distinct COVID-19 care pathways (high/red, medium/amber and low/green) and replaced with non – respiratory (SICPs only) and respiratory (SICPs and TBPs) pathways. In the North they have created a pathway document which has been modified by other sectors and this has been to ATG in terms of implementation of the pathways.	

Minute		Action
170.	Draft BICC Meeting Schedule 2022	
	The draft meeting schedule was noted at the meeting. The date for the meeting in April should be 28 th April and not 26 th April as stated in the schedule.	
171.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 17 th February 2022 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 17 February 2022 at 2.00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Interim Director of Infection Prevention and Control
Morag Gardner	Interim Acute Deputy Nurse Director
Laura Moore	Chief Nurse
Sandra Devine	Acting Infection Control Manager
Mark Riddell	Assistant Director (Operational Estates)
Liz McGovern	Specialist Pharmaceutical Public Health
Billy Hunter	Assistant Director, FM Operations
Dr Scott Davidson	Deputy Medical Director, Acute Services
Dr Rosie Hague	Consultant in Paediatric ID/Immunology
Natalie Hedo	Business Manager, Infection Prevention & Control
Dr Linda Bagrade	Lead Infection Control Doctor
Suzanne Clark	Public Partner
Dr Iain Kennedy	Consultant Public Health
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Kirsty Strannigan	Head of Health & Safety

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Dr Andrew Seaton	ID Consultant/Lead AMT
Kate Hamilton	Acting Nurse Consultant
Dr Chris Deighan	Deputy Medical Director (Corporate)
Rona Wall	Head of Occupational Health
Lynsay Gracie	Head of Decontamination
Angela O'Neill	Deputy Nurse Director, Acute Services

Minute		Action
172.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
173.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 9 th December 2021 were accepted as an accurate record.	
174.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
175.	Matters Arising	
	Nil to update.	

Minute			Action
176.	Assurance and Improvement		
	(a)	IPC Work Plan	
		<p>The IPC Work Plan was distributed with the agenda and Pamela Joannidis reported that the updates have been highlighted in red. The target completion dates have been added to the report as recommended by Dr Deighan at the last meeting. Some of the dates have been extended due to the impact of Omicron on the IPC teams.</p> <p>The main highlights include:-</p> <ul style="list-style-type: none"> - At the last BICC an SBAR was presented regarding the changes to the HAI Standards. - CPE toolbox talk updated and in use. - With regard to the Implementation of the NIPCM; Suzanne Clark stated that the abbreviation for NIPCM was not included in the glossary. Pamela Joannidis agreed to update the glossary and the Work Plan. 	PJ
	(b)	Draft HAI Reporting Template (HAIRT)	
		<p>A draft HAIRT report for November and December 2021 was tabled for assurance and the full report will be presented to the NHS Board meeting on Tuesday.</p> <p>Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> • SAB, ECB and CDI rates are within normal control limits. • Annual Operational Plan (AOP) targets set for 2019-2022 for SAB, CDI and ECB are due to be achieved by March 2022. Although GGC continue to progress with these challenging targets it is anticipated that on reviewing the current trajectories that it is unlikely that GGC will meet these. Although the target may be reissued this year. • There was an increase in the number of CDI cases at GRI for December into January but the rates have decreased for February. A multidisciplinary team including local clinicians, antimicrobial pharmacists and IPCT met to review all the cases and have suggested a number of actions which are currently underway. • SSI surveillance remains paused nationally and was paused locally in mid-December 2021 when surveillance staff were redeployed to assist with COVID-19 vaccination clinics. This means that there will be no data available for December and January. • The second issue of the Infection Prevention and Control Quality Improvement Network (IPCQIN) newsletter will be issued to staff via Core Brief in February 2022. • In relation to the previous CDI chart, there were 6 points above the mean. Sandra Devine reported that this has now returned within normal limits for November and December. • No red or amber incidents outwith COVID-19 to report. • There has been a slight increase in non compliance with CPE screening. Toolbox talks regarding CPE are being carried out at QEUH and work is ongoing to take this forward to achieve the target. <p>In relation to other boards Professor Wallace asked if any other boards are likely to meet their AOP target and Sandra Devine replied that it was unlikely, as this has been unusual times and it is difficult to benchmark to previous years.</p>	

Minute		Action
	<p>With regards to the increase in CDI numbers in the North Professor Wallace asked if there is an indication of what needs to be done. Sandra Devine confirmed that they are looking at antimicrobial prescribing in hospital and community. IPC are also looking at deprivation in the north to compare this to other sectors. Pamela Joannidis commented that the cases cannot be linked, there are no triggers and there is no epidemiological link. Investigations are ongoing.</p> <p>The committee noted the report.</p>	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Report for December 2021 was issued with the agenda.</p> <p>Sandra Devine reported that this report includes the acute data within the HAIRT. The breakdown of SAB cases is included in the report and there is one SAB associated IV access device for December 2021.</p> <p>The committee noted the report.</p>	
	(d) Update from Oversight Board/Public Inquiry/Case Note Review	
	<p>The ongoing review of all actions are nearly complete. Sandra Devine reported that there is one outstanding action in terms of the structure for IPC. Audits are taking place to ensure all actions are in place.</p> <p>Professor Wallace reported that Gold Command meetings are ongoing. Actions from the Oversight Board and Inquiry go to Gold Command.</p> <p>The reopening proposal of Ward 2A/B has received positive feedback.</p>	
	(e) Update from Estates & Facilities	
	<p><u>Estates Update</u></p> <p>Mark Riddell provided an update on the paper issued by Estates which was also presented at the recent AICC meeting.</p> <p>He said the paper is split into three sections which includes:-</p> <ol style="list-style-type: none"> 1) minor works that Estates are involved in 2) ventilation – report on annual verification and ventilation cleaning and the issues associated with access to some areas 3) water section – WS01a little used outlet returns and flushing. <p>With regards to the escalation for the ventilation cleaning this was highlighted at the recent AICC. Mark Riddell said as there has been difficulty gaining access to some rooms for the ventilation clean, discussions have taken place with Morag Gardner and Mandy Meechan. A programme of works has now been circulated. A meeting will be held with W&C next week to discuss the cleaning.</p> <p>A chart detailing the WS01a quarterly returns summary was issued for each sector and the results for returns are as follows:-</p> <ul style="list-style-type: none"> - South = 8.7% - Clyde = 19% - North = 34% - Partnership = under 10% 	

Minute		Action
	<p>Mark Riddell stated that it has been difficult to get engagement from staff to return these. Morag Gardner commented that they acknowledge that this is not the standard to be expected and this is being addressed. She said they have not received a report like this before but found it very helpful. There have been some data issues in terms of flushing and work is ongoing with colleagues to understand this.</p> <p><u>Facilities Update</u></p> <p>Billy Hunter reported that with regards to decontamination there has been capital spend of [REDACTED] investment.</p> <p>As part of the Decontamination Service EDU replacement programme, IRH EDU was identified as the first unit to close and have their AER's replaced. Testing was carried out and areas were identified with adverse results in terms of water results. This was discussed at a meeting similar to an IMT and a representative from NHS Assure was included in the meeting. The meeting looked at the cause and problem and reviewed the SOP arrangement. Work is ongoing with Microbiology and IPC and Facilities are working closely with the new Lead Infection Control Doctor.</p> <p>In the clean room, an environmental testing has been carried out at Cowlairs for many years and there are staff trained in this process. Adverse results were received from the testing and an IMT was convened. The IMT looked at the test results, testing plates and how these are handled but there is good governance regarding this. A further review and analysis for the CDU clean room will be carried out. Professor Wallace asked what the timescale is for completion of both areas and Billy Hunter advised these should both be complete by the end of March.</p>	
177.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The IPC QI Operational and Steering Groups continue to meet on a bi-monthly basis to oversee the progress of the workstreams. The last meeting of the Operational Group was cancelled due to work pressures at sites.</p> <p>Natalia Hedo provided a presentation to the group (embedded).</p> <div data-bbox="384 1496 448 1559" data-label="Image"> </div> <p>Item 5.1A - IPCQI Network Update to G</p> <p>With regards to the advert for people with lived experience Professor Wallace asked if there was much interest in this. Pamela Joannidis replied that this has not been successful and she has spoken with Ann McLinton and Paul Hayes to discuss new ideas. She will also discuss this with Suzanne Clark and other boards to ask how they recruit members of the public.</p> <p>The IPC Person Centred Care Group had their first meeting and agreed a Work Plan and Terms of Reference for the group.</p>	

Minute		Action
178.	Safe Care	
	(a) Risk Register	
	<p>A copy of the Risk Register for IPC was issued with the agenda.</p> <p>Since the last BICC meeting further risks have been added to the Risk Register. Natalia Hedo provided an update on these:-</p> <ul style="list-style-type: none"> - Failure to deliver IPC Service to support clinical services' compliance with IPC guidance and processes was a previous risk on the Board level risk register and has been added to the IPC RR for monitoring purposes. - Unable to deliver local specialist surveillance - SSI Surveillance Programme due staff shortages i.e. sickness or redeployment. This issue has been resolved. <p>With regards to the risk "Inability to provide ICD advice to GGC Services" an SBAR was submitted to Director of Diagnostics outlining care provision and gaps. Professor Wallace reported that she has raised this with the Executive Director and will discuss this further with Dr Linda Bagrade and Sandra Devine.</p>	
	(b) Recent Outbreaks/Incident Reports	
	Two Hot Debriefs were distributed with the agenda and Sandra Devine provided the following update:-	
	<p><u>Ward 63, GRI</u> This is a 30 bedded surgical ward which cares for high acuity complex colorectal and pancreatic surgical patients. The ward reported two patient cases with <i>Enterococcus faecium</i> (VRE) within a 7 day period. A timeline was completed and both patients were in Ward 63 at the same time, but not in the same 6 bedded bay. A PAG was held on 11th August 2021 and the highest HIIAT reported was Green. A SICPs audit was carried out and scored 100% and education was also completed.</p> <p>With regard to the timeline completed, Professor Wallace asked how this is reported. Sandra Devine advised that there is reassurance within the PAG and Action Plan. All information is entered into a single folder on the shared drive and there is a check that all actions are complete.</p> <p><u>Water Leak, QEUH</u> On 31st October 2021, individual leaks from hot water valves/pipes were reported in three stacks of QEUH. These were not linked according to Estates. An urgent Major Incident meeting was called late Sunday afternoon on 31st October 2021 and attended by the clinical team, IPC and Estates. The action focussed on the communication with patients and families.</p> <p>As this was called a Major Incident Sandra Devine stated that the HIIAT tool was not useful for this incident and this was fed back to ARHAI. They are going to review the HIIAT tool in Appendix 13.</p>	

Minute		Action
	<p>Discussion took place to have out of hours processes in place and how to report incidents to the Board Water Safety Group. Mark Riddell reported that he is happy to look into feeding this into the Board Water Safety Group.</p> <p>When there is an IMT, Professor Wallace commented that the IMT Lead would sign this off but noticed that there was no signature. Sandra Devine updated that there is an email trail and contents were approved by the chair of the group that met on Sunday. Dr Kennedy suggested to have this electronically signed.</p>	MR
179.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates – CDI SOP	
	<p>A copy of the CDI SOP was distributed with the agenda.</p> <p>Pamela Joannidis reported that an additional section under severity on page 12 of the document has been updated to take cognisance of equivocal results.</p> <p>The committee approved the SOP.</p>	
180.	Reports from Associated Area Infection Control Governance Groups	
	(a) vCJD Group	
	Nil to report.	
	(b) Antimicrobial Management Team – AMT Report December 2021	
	Liz McGovern reported that there has not been an AUC meeting since last BICC. In terms of prescribing she said that GGC are still meeting the national targets.	
	(c) Acute Infection Control Committee (AICC)	
	Nil to update.	
	(d) Partnership Infection Control Support Group (PICSG)	
	<p>The PICSG group recently met on 4th February and Laura Moore reported that she is now chair of this group.</p> <p>She said they are looking at having a Work Plan for HSCP that will fit in with the overall Work Plan.</p> <p>The Care Home Collaborate team are working well in relation to outbreaks in Care Homes.</p>	
	(e) Update from Public Health Protection Unit	
	Dr Kennedy reported that the shingles vaccine is available and a number of people can now receive this.	

Minute		Action
	(f) HEI Steering Group	
	<p>A meeting of the HEI Steering Group was held last week. Pamela Joannidis informed that the membership and Terms of Reference for the group have been revised. Frank Maguire is the chair for this group.</p> <p>Audits are being carried out and Pamela Joannidis reported that IPC are working collaboratively with Facilities.</p>	
	(g) SAB Steering Group	
	Nil to update.	
181.	AOCB	
	(a) GGC Outbreak and Incident Plan	
	<p>A copy of the above document was distributed with the agenda.</p> <p>Sandra Devine reported that this plan underpins the IPC Incident Management Framework. She said this has been slightly updated with the date changed and this will be the final document.</p>	
	(b) IPCT Incident Management Process Framework	
	The committee noted this document.	
	(c) ARHAI Surgical Site Infections (Jul - Sep 2021)	
	The national SSI surveillance had been paused but GGC continued to carry out SSI surveillance except for two months when the nurses had been redeployed to the COVID-19 vaccination programme.	
	(d) ARHAI Healthcare Infection Incidents, Outbreaks Quarterly Report	
	<p>Sandra Devine reported that the above report includes 21 incidents from October – December 2021. Of these reported incidents, there were no red HIIAT assessed incidents, 5 were assessed as amber and 16 were assessed as green.</p> <p>The majority of the incidents were associated with environmental bacteria. From the lessons learned section the main mode of transmission was contact which links into the cleaning of the environment.</p>	
	(e) Standard Infection Prevention & Control Audit Strategy	
	<p>A copy of the above document was distributed with the agenda.</p> <p>In response to the recommendations from the Oversight Board Pamela Joannidis reported that a meeting was held with ARHAI, HIS and a critical friend to look at how to take forward the recommendation regarding the SICPs Audit Tool. A short life working group has been set up to look at how the Audit Tool can be put onto the CAIR dashboard. HIS recommended to look at the Quality Management framework and for IPC not to lead on this but to work with clinical colleagues.</p>	

Minute		Action
	The Audit Tool has been revised and the tool has been amended from 165 questions to 30 questions and the RAG score will be kept as Red, Amber or Green. There will be a rolling programme of audits each year and IPC will support 20% of these and the high risk areas will be audited once per year. Going forward all audit activity will be captured on one system. Professor Wallace said it would be helpful to show the committee what this means, how this works and reflects front line practice.	
	(f) Letter to First Minister and Response	
	A letter from IPC Team was sent to the First Minister to try to articulate the impact on IPC Team and for families regarding their care. Sandra Devine informed that a response was received from the First Minister and the letter was issued to the committee for information. Professor Wallace thanked IPC Team for providing leadership in difficult times.	
182.	AOCB	
	Professor Wallace thanked Pamela Joannidis who will be retiring in March 2022 for her service, leadership and guidance within IPC. Sandra Devine also thanked Pamela for all her hard work in terms of her service to staff and patients. As Liz McGovern is also retiring in March 2022, the committee thanked Liz for her contribution over the years. This is also Kirsty Strannigan's last BICC meeting and the committee expressed gratitude to Kirsty for her support to BICC.	
183.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 28 th April 2022 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 28 April at 2.00pm via
MS Teams Videoconference**

Present:	
Angela O'Neill (Chair)	Deputy Nurse Director, Acute Services
Sandra Devine	Acting Infection Control Manager
Dr Linda Bagrade	Lead Infection Control Doctor
Mark Riddell	Assistant Director (Operational Estates)
Dr Andrew Seaton	ID Consultant/Lead AMT
Kate Hamilton	Acting Nurse Consultant
Helen Gemmell	Assistant Director – Facilities
Elaine Paton	Senior Prescribing Adviser
Natalia Hedo	Business Manager, Infection Prevention & Control
Dr Iain Kennedy	Consultant Public Health
Suzanne Clark	Public Partner

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Professor Angela Wallace	Executive Director of Nursing
Laura Moore	Chief Nurse
Dr Chris Deighan	Deputy Medical Director (Corporate)
Rona Wall	Head of Occupational Health

Minute		Action
184.	Welcome and Apologies	
	Angela O'Neill chaired the meeting as Professor Wallace was unable to attend due to another meeting she had to chair. Angela O'Neill welcomed everyone to the meeting and apologies were received from the above mentioned.	
185.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 17 th February 2022 were accepted as an accurate record.	
186.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
187.	Matters Arising	
	Nil to update.	

Minute			Action
188.	Assurance and Improvement		
	(a)	IPC Work Plan	
		<p>The IPC Work Plan was distributed with the agenda. Kate Hamilton reported that the Work Plan is split into two parts. The first part covers the actions to support recommendations from the Oversight Board, Case Note Review and QEUH Independent review by IPCT. The second part relates to the actions to support routine work of IPCT. Kate Hamilton informed that one of the outstanding actions includes the inclusion of MDRO KPI data onto a clinical dashboard. This has been delayed due to COVID-19 pressures in Infection Prevention & Control and E-Health. Sandra Devine is working on a new IPC Programme for 2022/2023 and the Work Plan will be updated in line with the Programme.</p> <p>Angela O'Neill commented that under Scottish Government IPC Oversight Group recommendations it states the SICPs audit strategy had been approved and asked when the audit tool will go on to the CAIR dashboard. Kate Hamilton replied that this was due to go on to the development site of the dashboard in May 2022 with an aim for the new tool to be live in October to allow testing to take place. Kate agreed to amend the completion date to October.</p>	KH
	(b)	Draft HAI Reporting Template (HAIRT)	
		<p>A draft HAIRT report for January and February 2022 was tabled for assurance.</p> <p>Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> - The targets for SAB, ECB and CDI rates are within normal control limits. The target is due to be met by the end of March but although GGC continue to progress with these challenging targets it is anticipated that on reviewing the current trajectories that it is unlikely that GGC will meet these. No other boards look as if they will meet this target either. Boards are to be informed if the target is be reissued. - SSI surveillance remains paused nationally and was paused locally in mid December 2021 when surveillance staff were redeployed to assist with COVID-19 vaccination clinics but resumed again in January 2022. - The second issue of the Infection Prevention and Control Quality Improvement Network (IPCQIN) newsletter has been issued to staff via Core Brief in February 2022. - COVID-19 activity continued during January and February. <p>The committee noted the report.</p>	
	(c)	Monthly Activity Report for Acute Clinical Governance Committee	
		<p>The Monthly Activity Report for February 2022 was issued with the agenda.</p> <p>Sandra Devine reported that this report is presented to the Acute Clinical Governance Committee.</p> <p>A total of 1839 Learn-Pro modules were completed this month for topics related to Infection Prevention & Control, 58% were undertaken by nursing & midwifery staff.</p> <p>There were 27 new acute ward closures in February due to COVID-19.</p> <p>The committee noted the report.</p>	

Minute		Action
	(d) Update from Oversight Board/Public Inquiry/Case Note Review	
	<p>The ongoing review of over 100 actions is complete.</p> <p>Sandra Devine reported that information is being gathered for the Public Inquiry as required.</p>	
	(e) Update from Estates & Facilities	
	<p><u>Estates Update</u></p> <p>Mark Riddell provided an update on the paper issued by Estates which was also presented at the recent AICC meeting. He said there is nothing to escalate in this report.</p> <p>Concern was raised by Estates regarding access to chilled beams and flushing water outlets in wards. Wards should highlight to Estates any outlets not being used to allow Estates to remove these.</p> <p>A chart detailing the WS01a quarterly returns summary was issued for each sector and the results for returns are as follows:-</p> <ul style="list-style-type: none"> - South Adults = Q3 - 8.33% → 10.94% - RHC = Q3 - 10.53% → 26.67% - Clyde = Q3 - 34.55% → 20.81% - North = Q3 - 33.05% → 33.86% - Partnership = Q3 - 12.74% → 13.09% <p>Mark Riddell said he is concerned regarding the lack of returns from wards and raised this at the recent AICC as there was little engagement from staff to complete this. Kate Hamilton said this could be a reflection of COVID-19 activity and the reduction in the number of staff. Work is to take place with the Chief Nurses to ensure information is accurate and up-to-date. Dr Bagnard suggested to Mark to show pictures if this did happen to improve collaboration and agreed to work with Mark on this. Angela O'Neill recommended this is part of the IPC focus of the month and to target this message in the Core Brief and at the Lead Nurse forum.</p> <p>With regards to the out of spec water results Dr Kennedy asked who do these get reported to and how have they been managed or resolved. Mark Riddell replied that if there are e.g. legionella counts, 3 samples are carried out of the positive result. An incident reporting template is completed and if the third sample is clear this has been resolved. Dr Bagnard confirmed that the clinical area is looked at but it could be one month before the results are clear. In relation to the Cupraviridus case in Ward 2A work was carried out in the Reference Lab, GRI to establish what is stable in the water. She said there are now point of use filters on taps. Dr Kennedy commented that from the report there is no indication that it has been resolved. Mark Riddell agreed to add in a section to the out of spec results report to highlight what remedial work has been carried out.</p>	<p>LB</p> <p>MR</p>

Minute		Action
	<p><u>Facilities Update</u></p> <p>Helen Gemmell reported that the Facilities paper from AICC will be included with the papers for future BICC meetings.</p> <p>The decontamination programme is progressing and a risk assessment is to be completed to replace the disinfectors at Vale of Leven. Helen Gemmell reported that the service do a higher level of peer audits and do a 10 step review to give additional assurance.</p>	HG
189.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The IPC QI Operational and Steering Groups continue to meet on a bi-monthly basis to oversee the progress of the workstreams. The last meeting of the Operational Group was held on 26th April. An update was provided at the meeting by the workstream groups and Natalia Hedo provided the following update:-</p> <ul style="list-style-type: none"> - Person Centred Care group have agreed their Terms of Reference and a Work Plan. The group are looking for people with lived experience but this has been unsuccessful. PEPI are leading on the recruitment process. Angela O'Neill suggested using a patient focus group approach. Kate Hamilton agreed to discuss this with Ann McLinton. - The SICPs group are looking to have the SICPs audit tool embedded on the CAIR dashboard by the end of May. The SICPs Strategy has been approved and shared. - Most of the SAB group have not met due to clinical pressures but the leads with endeavour to get them up and running again. <p>Natalia Hedo advised that she has drafted a Newsletter for May and this has been issued to the IPCQIN Operational Group members for comments. Angela O'Neill requested a copy of the Newsletter once comments are received.</p> <p>The IPCQIN Steering Group are due to meet again on 9th May 2022.</p>	KH
190.	Safe Care	
	(a) Risk Register	
	<p>A copy of the Risk Register for IPC was issued with the agenda.</p> <p>Natalia Hedo provided an update on these:-</p> <ul style="list-style-type: none"> - COVID-19 closed ward reports are issued to senior management daily and the list of ward closures are presented at Acute Clinical Governance Group. - SICPs audits are done on a 6 monthly basis by Senior Charge Nurses and IPCT audit 20% of areas to provide the Board with assurance. <p>The Risk Likelihood for Failure to identify outbreaks and incidents effectively was changed from unlikely to rare with the score amended from 8 to 4. The accountable officer was also changed from Pamela Joannidis to Kate Hamilton.</p>	

Minute		Action
	There was also a change to the 10 th risk on the Register relating to the function of the ICNet with a section added that ICNet has been added onto the critical systems list by e-Health Lead.	
	(b) Recent Outbreaks/Incident Reports	
	<p>No Hot Debriefs were tabled at the committee today.</p> <p>Kate Hamilton reported that some wards were closed with COVID-19. A couple of wards had norovirus, one ward had Influenza and there were two cases of Cryptosporidium in Clyde. IPC liaised with Public Health regarding these two cases as they were the same type but not linked in time or place.</p>	
191.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<p>A new Chapter 4, titled IPC Built Environment and Decontamination was introduced. Kate Hamilton stated that evidence reviews are taking place and there is an update to the surgical scrubbing poster with an extra step added in.</p> <p>The Winter Respiratory Addendum has been updated. There will be an update to physical distancing guidance at the end of April but NHS GGC are keeping this in place in the meantime.</p> <p>An update regarding testing and contacts has been provided and vaccination status has been removed.</p> <p>Sandra Devine reported that a system was set up to record results of LFDs but this cannot be carried out in A&E. She said patients arriving at the front door should get a PCR or Point of Care test. Day 5 testing and transfer testing has been stopped as there is no guidance relating to this.</p>	
192.	Reports from Associated Area Infection Control Governance Groups	
	(a) vCJD Group	
	The group met last month. Dr Kennedy reported that there are key changes to the NICE guidance and the group felt it was time to refresh the remit of the group. The group agreed they would have two meetings 1) to discuss the CJD guidance and 2) to take action.	
	(b) Antimicrobial Management Team	
	<p>Dr Seaton reported that there are three national prescribing indicators which include:- volume of antibiotics, volume of IV antibiotics in secondary care and use of WHO antibiotics. GGC are achieving these and are well below the target as are other boards. He said this may be due to lockdown and the decrease in clinical activity.</p> <p>There has been an increase in prescribing of antibiotics in Dental practices as there has not been any dental service. Dr Seaton reported that Penicillin had increased in Primary Care and he is to review the guidance relating to Penicillin and to use Amoxicillin instead. He said he is also leading an initiative nationally to reduce Metronidazole.</p>	

Minute		Action
	<p>With regards to the 4 Nations Dr Seaton reported that comparative prescribing work was carried out and GGC managed to keep prescribing down and not use restricted antibiotics, but this is not the case in other parts of the UK.</p> <p>COVID-19 cases are decreasing and patients are not as ill as previously but are presenting with other illness e.g. heart failure, COPD and Infection Prevention & Control measures are still the same with restrictions in wards.</p> <p>Dr Bagrade commented that Infection Prevention & Control try to put measures in to control COVID-19 and it has been the practice in GGC to mitigate the risks. Dr Seaton stated that he sits on COVID-19 Nosocomial Review Group (CNRG) and was invited on this group as chair of Anti Prescribing Group and as an ID Physician to give transparency to the group.</p>	
	(c) Acute Infection Control Committee (AICC)	
	A copy of the agenda for the last meeting and the previous minutes were issued with the papers and noted.	
	(d) Partnership Infection Control Support Group (PICS)	
	The PICS group met on 1 st April and Kate Hamilton reported that the Care Home Collaborative is being launched in June.	
	(e) Update from Public Health Protection Unit	
	<p>Dr Kennedy provided an update from Public Health Protection Unit:-</p> <ul style="list-style-type: none"> - Joint Health Protection Plan has been agreed between the board and six local authorities. - Shingles vaccine is available and a number of people can now receive this. - Vaccine Transition Programme from GP practices is not complete. A new referral pathway for vaccines is being implemented. - Update to two new standards in relation to visiting in Care Homes. Residents should still be able to have visitors during outbreaks. - Changes to guidance regarding testing for COVID-19. General public advice will be issued as of 1st May as there will be no symptomatic testing for general public unless there is an underlying clinical need. There will be no testing in the community, no isolation, no contact tracing, HCW to carry on testing twice weekly with LFTs. If staff test positive to remain off work for isolation period and test on day 6 or 7 and if still positive the line manager to carry out a risk assessment which is in line with what England are doing. Communications will be issued prior to the new guidance being issued. 	
	(f) HEI Steering Group	
	<p>The last meeting of the HEI Steering Group was cancelled with the next meeting scheduled for June.</p> <p>HIS inspectors visited QEUH and RHC last month. Initially the inspectors intended to carry out a full HIS inspection but this was stood down due to the number of COVID-19 patients in wards and staffing levels. Instead a Safe and Clean inspection was carried out. Kate Hamilton reported that she is working with Morag Gardner to prepare for a full inspection and this will be shared with other sites. The report is due to be issued this week.</p>	

Minute		Action
	(g) SAB Steering Group	
	Sandra Devine reported that she is to prepare an SBAR for the SAB group to be stood down as local groups are in place.	
193.	AOCB	
	(a) Hospital Onset COVID-19 Mortality Report Link	
	A link to the hospital onset COVID-19 mortality report was disseminated to the group for information.	
	(b) SBAR – Air sampling for fungus ward 2A RHC	
	<p>A copy of the above SBAR was issued with the agenda for information.</p> <p>Dr Bagrade reported that there is a proposal to change the air sampling testing in Ward 2A, RHC. The ward has been refurbished with a state of the art ventilation system which means there is no compulsory requirement to undertake these air tests. There is a proposal to do fungal testing and if there is a clinical need to carry out air testing within the unit this can be put in place if required. Members were asked if they had any comments to forward these to Dr Bagrade.</p>	All
	(c) CDI/ECB/SAB & SSI Rates in Scotland – Quarter 4, 2021	
	A copy of the above report was issued to the committee for assurance and noting.	
194.	AOCB	
	<p>Suzanne Clark wished to congratulate Sandra Devine on her new appointment.</p> <p>Mark Riddell advised that a new Board Ventilation Safety Group has been created. The first meeting of the group is scheduled for 31st May and this will be chaired by Hugh Brown, Estates Site Manager. The new group will report to this committee, Acute Infection Control Committee and the Board Water Safety Group.</p>	
195.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 23 rd June 2022 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 23 June at 2.00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Angela O'Neill	Deputy Nurse Director, Acute Services
Dr Chris Deighan	Deputy Medical Director (Corporate)
Scott Davidson	Deputy Medical Director (Acute)
Sandra Devine	Director Infection Prevention & Control
Dr Linda Bagrade	Lead Infection Control Doctor
Laura Moore	Chief Nurse
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Gillian Bowskill	Lead Infection Prevention & Control Nurse
Dr Iain Kennedy	Consultant Public Health
Suzanne Clark	Public Partner
Frank Maguire	Head of Sector, FM Operations
Chris Haddow	Assistant Head of Operations

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Mark Riddell	Assistant Director (Operational Estates)
Dr Andrew Seaton	ID Consultant/Lead AMT
Kate Hamilton	Acting Nurse Consultant
Tom Steele	Director of Facilities & Estates
Billy Hunter	Deputy Director of Facilities
Natalia Hedo	Business Manager, Infection Prevention & Control

Minute		Action
196.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
197.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 28 th April 2022 were accepted as an accurate record.	
198.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
199.	Matters Arising	
	Nil to update.	

Minute		Action
200.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>The new IPC Work Plan for 2022-20223 is in progress. Gillian Bowskill reported that this will include the work of the Public Inquiry and Infection Control Teams in general.</p> <p>Sandra Devine advised that this document underpins the Annual Infection Control Programme which maps out NHS Boards accountabilities with regards to IPC. She said this is a live document and encouraged people to contribute to this. Professor Wallace commented that there will be a mini section which will include how we are doing and links to the Acute Infection Control Committee (AICC). The BICC will seek assurance from AICC that agreed actions/processes are in place and this information will be for onward communication to the Board.</p>	
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A copy of the draft HAIRT report was tabled for assurance. A summary HAIRT based on this document will be presented at the next NHS Board meeting on Tuesday. The HAIRT is now considered by the Clinical & Care Governance Committee.</p> <p>Sandra Devine reported that this is the first version of the document in a quarterly format and covers the period from January to March. She said a request was made to the Scottish Government to align this to ARHAI reporting format and this was approved.</p> <p>The targets for SAB, ECB and CDI rates are within normal control limits. GGC has not met the 2022 target but DL 2022 (13) was issued to Boards and this moved the target to March 2023 due to the pandemic. It was noted that no other Board have met the target as it currently stands.</p> <p>The committee noted the report.</p>	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Report for April 2022 was issued with the agenda.</p> <p>Sandra Devine reported that this report is presented to the Acute Clinical Governance Committee and the specific focus is regarding the acute side of the organisation. Suzanne Clark mentioned about the acronyms and Sandra Devine agreed to review this in light of this comment.</p> <p>The following update was provided by Dr Bagrade:-</p> <ul style="list-style-type: none"> - There were 40 new acute ward closures due to COVID-19. - SPC charts for SAB/ECB/CDI infections are all within control limits. - No red/amber incidents to report for April. All HIIAT assessments are now reported to ARHAI. HIIAT assessments due to COVID were suspended for a time at the height of the most recent wave but the request for these has been reinstated. <p>Scott Davidson reported that the Board SAB Group has been disbanded as local SAB groups are now in place. Dr Bagrade stated that each group that has been established can now concentrate on local issues.</p>	

Minute		Action
	<p>Scott Davidson said it appears that Renal seem to have a higher number of cases than normal but said to have infections within the control limits is good.</p> <p>In relation to the number of Learnpro modules completed regarding Infection Control Professor Wallace commented that the numbers are high which is very good considering these have been completed during a pandemic. She congratulated staff in acute for completing these.</p> <p>The committee noted the report.</p>	
	(d) Update from Oversight Board/Public Inquiry/Case Note Review	
	<p>The audit of the implementation of actions for each of the reviews is ongoing. Professor Wallace updated the committee that GGC offered to do this themselves to ensure that all items in the Action Plan were implemented.</p>	
	(e) Update from Estates & Facilities	
	<p>Frank Maguire provided an update on the paper issued by Estates which was also presented at the recent AICC meeting.</p> <p>He said the main points from the report include the removal of double cleans and touch point cleaning by Domestic Services as there is no funding to continue with this as we come out of the pandemic and return to business as usual. They are also in the process of removing the Social Distance posters.</p> <p>Chris Haddow reported that Mark Riddell asked him to highlight the issue of the limited number of quarterly summary returns regarding flushing water outlets and out of spec results in wards. Sandra Devine advised that this was discussed at the recent AICC and Chief Nurses are taking this forward to establish what wards and areas this relates to in order to target actions to help support compliance with this. Angela O'Neill also stated this will be included as the IPC topic of the month and communication will be issued regarding this. Chris Haddow agreed to feedback this information to Mark Riddell and Professor Wallace agreed to include this in the Action List.</p> <p>In relation to the report Chris Deighan commented that it states that the Dental Hospital had out of spec water results and legionella was identified at IRH. He asked what is being done to address this and if there is clinical collaboration. Dr Kennedy said the report should be reporting exceptions and not reporting when these have been resolved for assurance purposes. Sandra Devine updated that IPC are involved in these issues and actions are followed up. She agreed to discuss this with Billy Hunter.</p>	<p>CH</p> <p>SD</p>
	(f) Annual Infection Prevention & Control Programme	
	<p>A copy of the above report was issued with the agenda. Sandra Devine reported that this document cross references to key policy requirements that have to be put in place for IPC. The document will be updated every year and cross referenced to any DLs issued.</p> <p>Sandra Devine advised that this report was presented at AICC and the Antimicrobial section has been updated. Ysobel Gourlay said this was agreed with AMT and they were happy with the update.</p> <p>The committee approved this document.</p>	

Minute		Action
	(g) Assurance and Accountability Framework	
	<p>The IPC Assurance and Accountability Framework was distributed with the agenda for approval and was approved.</p> <p>Sandra Devine reported that this is included as an evidence requirement in one of the new HIS standards. She said this is the second version of this document for GGC and includes the following changes:-</p> <ul style="list-style-type: none"> - A change of process in terms of auditing due to the implementation of the CAIR Dashboard and the recommendation from the SG oversight board. - Change of structure for IPC in that the Executive Lead is now the Board Nurse Director instead of the Board Medical Director. The IPCT will now be part of the nursing directorate. - The work of IPC QI Network. - Structure document for IPC has been updated. 	
201.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The IPC QI Operational and Steering Groups continue to meet.</p> <p>The third version of the Newsletter has been issued and Sandra Devine provided an update on the workstreams:-</p> <ul style="list-style-type: none"> - Person Centred Care group are experiencing difficulty looking for people with lived experience. A small group of staff are to speak with patients to identify what matters to them in relation to COVID-19. - The SICPs audit tool has been developed and is on a test site on the CAIR dashboard and this should be available by October for use by IPC and SCNs. For assurance purposes there will be a rolling programme of audits each year and IPC will support 20% of these. - Local SAB groups have been created to try and reduce infections associated with the use of access devices. There are groups in North, South, Clyde and Regional. Each group are looking at key themes for their areas and will share learning across the organisation. <p>Angela O'Neill commented that the work that has been done so far is very positive and excellent work. She feels there is value having a focus group regarding the Patient Experience workstream.</p> <p>The IPC Dashboard is up and running and SSI data is included in this and includes real time data.</p>	
202.	Safe Care	
	(a) Risk Register	
	<p>A copy of the Risk Register for IPC was issued with the agenda.</p> <p>Sandra Devine updated that there are no changes since last time. Work is ongoing and IPC will look at the risk ratings now GGC are no longer in escalation.</p>	

Minute		Action
	<p>The Corporate Priorities in the organisation have been approved by CMT and will be presented to the Board on Tuesday for approval.</p> <p>Sandra Devine reported that this will include IPC priorities which are included in the corporate objectives.</p>	
	(b) Recent Outbreaks/Incident Reports	
	<p>Gillian Bowskill reported that 15 wards were closed with COVID-19 which is down one from yesterday. Some of the reasons for the closures could be visitors not adhering to mask wearing.</p> <p>Other incidents include:-</p> <ul style="list-style-type: none"> - 2 Klebsiella cases in Paediatric ICU at RAH. This was not the K2 variant and this investigation is now closed. - ICU, RAH had 4 Klebsiella cases which were the K2 variant. Lessons learned have been shared with other sectors. <p>Scott Davidson commented that there are 6 patients reported with COVID-19 in ICU but they were not admitted with COVID-19. As QEUH is at 98% capacity, as of today, he wondered if patients could not be tested and to treat this virus like the flu. Dr Bagnade stated that IPC try not to close wards to keep the flow of patients but there needs to be capacity for contact tracing. She said she would support the change of management for COVID-19 as we are not controlling entry of COVID-19 in hospital. Also there is an impact to hospitals again with the increase of positive cases.</p> <p>Scottish Government are due to issue another DL regarding testing for COVID-19 for asymptomatic patients and Dr Kennedy reported that this decision is with Ministers at present.</p> <p>Regular testing is carried out for care home staff and Dr Kennedy reported that the number of staff testing positive has increased from 2½% to 3½%. He also commented that hospitals are seeing an increase in respiratory infections which is not normally seen in the summer.</p>	
203.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<p>Updates to Chapter 1 of the manual were received on 10th June 2022. Gillian Bowskill reported that this is regarding PPE, glove use and a reminder that this is a single use item.</p> <p>There are also updates for Chapter 3 relating to incidents and outbreaks but there is no change for GGC.</p> <p><u>Patient Placement SOP</u> A copy of the Patient Placement SOP was issued with the agenda. Gillian Bowskill advised that this includes the addition of specialist ventilated rooms in Ward 2A which opened in March 2022.</p> <p>On page 4 Dr Kennedy said it states that the BMT rooms in Ward 4B are validated but does not say the rooms in Ward 2A have been validated and said this should be included.</p>	

Minute		Action
	<p>With regards to the table on page 8, Dr Kennedy stated that room 23 is listed as NPVL type of room which is not listed for other rooms. Gillian Bowskill advised that this room is a lobbied positive pressure room.</p> <p>Sandra Devine commented that IPC need to manually carry out a check of previous versions of the national manual to update this committee. Automatic updates are not routinely issued to the service.</p> <p><u>Influenza Guidance</u> The Influenza Guidance was also issued with the agenda and there are no significant changes from the previous version. Gillian Bowskill stated that any changes are disseminated to Chief Nurses and discussed when IPC teams carry out their weekly visits.</p>	
204.	Reports from Associated Area Infection Control Governance Groups	
	(a) vCJD Group	
	As this group meet twice per year Dr Kennedy asked for this agenda item to be moved to annual reporting.	
	(b) Antimicrobial Management Team	
	<p>Ysobel Gourlay reported that the report that was submitted to this committee was also submitted to AICC.</p> <p>Suzanne Clark asked what alert/protected antibiotics was. Ysobel Gourlay explained that this means the antibiotic is reserved for Microbiology and Infectious Diseases approval before they are used. This is because some drugs may have side effects and are very expensive.</p> <p>Dr Kennedy reported that Elaine Paton is now the Interim Lead Public Pharmacist.</p>	
	(c) Acute Infection Control Committee (AICC)	
	A copy of the agenda for the last meeting and the previous minutes were issued with the papers and noted.	
	(d) Partnership Infection Control Support Group (PICSG)	
	<p>The PICSG group met on 10th June and Laura Moore reported that they discussed the HSCP Work Plan. Kirsty McDaid and Eileen Salmon drafted a copy which has been distributed to the Chief Nurses and the community nursing team. She said it was also noted that the support to the Care Home Collaborate was good.</p> <p>Professor Wallace thanked Laura Moore for re-establishing this group.</p>	
	(e) Update from Public Health Protection Unit	
	<p>Dr Kennedy provided an update from Public Health Protection Unit:-</p> <ul style="list-style-type: none"> - HIV outbreak in Glasgow and West of Scotland – the numbers are down significantly. 	

Minute		Action
	<ul style="list-style-type: none"> - Hep C screening is being carried out to identify people that remain untreated who would have previously been ineligible for treatment but who now are. - Immunisation for COVID-19 will continue with spring boosters. - The vaccine for shingles is being moved from GP surgeries to community clinics. - With regards to Monkeypox people considered to be at risk are being given the small pox vaccine. This has also been given to specific groups and healthcare staff. There will be no vaccine available for Monkeypox until the autumn. - CMO letter was issued regarding the NHS HPV vaccination programme which is changing from Gardasil ® to Gardisil ® 9 during 2022. - STAC has agreed for training to be given to Public Health Consultants and Registrars regarding civil contingency. - There is a National Introduction to Health Protection course being run which is free of charge and there is no limit to who can attend. Dr Kennedy suggested this could be for ICNs. - Training in relation to IMT incidents will be carried out after summer. 	
	(f) HEI Steering Group	
	<p>Gillian Bowskill reported that there is joint work being carried out with ICTs and Chief Nurses regarding SICPs. This will include related bulletins which will be promoted to all ward staff to prepare for an inspection.</p> <p>The report is available for the HIS inspection that took place in March. Sandra Devine reported that the report was positive even though GGC had staffing challenges at this time. Patients that were spoken to during the visit said they were well communicated with and received good care.</p> <p>HIS inspectors returned to QEUH and RHC last month and a detailed portfolio of evidence has been submitted.</p>	
	(g) SAB Steering Group	
	The SAB group has been stood down as local groups are in place. It was agreed that this item will be removed from the agenda.	
205.	AOCB	
	(a) ARHAI – Healthcare Infection Incidents, Outbreaks and Data Exceedances - Quarterly report (January to March 2022)	
	A copy of the above report was noted by the committee.	
	(b) DL 2022 (13) – Updates for Healthcare Professionals – Affecting Staff Testing and Amendments to Guidance	
	A copy of the above report was noted by the committee.	
	(c) DL 2022 (14) - Healthcare Improvement Scotland Infection Prevention and Control Standards	
	Sandra Devine reported that she has asked Kate Hamilton to look at the standards and our evidence for IPC. She said she will speak to Billy Hunter as this will be the same process for Facilities.	SDe

Minute		Action
	(d) Board De-escalation to Level 2	
	<p>The Oversight Board noted that GGC have been de-escalated from Level 4 to Level 2 of the National Performance Framework which is the level that most Boards are on.</p> <p>Professor Wallace reported that the Chief Executive issued communication to thank staff for all their hard work and contribution in relation to this.</p>	
206.	AOCB	
	<p>Professor Wallace wished to congratulate Sandra Devine on her new appointment as Director of Infection Prevention & Control.</p> <p>As this is Angela O'Neill's last BICC Professor Wallace wished to thank her, on behalf of the committee, for her service and all her support given to this committee and wished her well on her upcoming retirement.</p>	
207.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 18 th August 2022 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 18 August 2022 at 2.00pm via
MS Teams Videoconference**

Present:	
Sandra Devine (Chair)	Director Infection Prevention & Control
Dr Chris Deighan	Deputy Medical Director (Corporate)
Dr Linda Bagrade	Lead Infection Control Doctor
Laura Moore	Chief Nurse
Mark Riddell	Assistant Director (Operational Estates)
Kate Hamilton	Acting Nurse Consultant
Natalia Hedo	Business Manager, Infection Prevention & Control
Dr Iain Kennedy	Consultant Public Health
Suzanne Clark	Public Partner
Dr Andrew Seaton	ID Consultant/Lead AMT
Helen Gemmell	Assistant Director Facilities

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Scott Davidson	Deputy Medical Director (Acute)
Professor Angela Wallace	Executive Director of Nursing
Tom Steele	Director of Facilities & Estates

Minute		Action
208.	Welcome and Apologies	
	As Professor Wallace had to attend another meeting Sandra Devine chaired the meeting on her behalf. She welcomed everyone to the meeting and apologies were received from the above mentioned.	
209.	Minutes of Previous Meeting	
	<p>The minutes of the previous meeting held on 28th April 2022 were accepted with the following amendment:-</p> <p>Page 3, Item 200(e) should read – “Dr Kennedy said the report should be reporting exceptions and reporting when resolved for assurance purposes”.</p> <p>Page 7, Item 204(e) should read – “STAC has agreed for training to be given to Consultants and Registrars regarding PHPU updates”.</p>	
210.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	

Minute		Action
211.	Matters Arising	
	<p>At a recent interview with HIS Mark Riddell said he was asked if the minutes of the Board Water Safety Group and the Board Ventilation Group are fed into BICC. He asked if the committee would want these papers tabled at the meeting. Dr Deighan suggested to have a brief paper of what the issues are. Mark Riddell commented that there is little to escalate for water and ventilation and Sandra Devine recommended that a front page highlighting that there are no issues are included with the papers for future BICC meetings. Sandra Devine reported that the HAIRT and minutes of BICC are presented to the Clinical & Care Governance Committee.</p>	MR
212.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>The new IPC Work Plan for 2022-2023 is in progress. Natalia Hedo reported that any actions from the previous Work Plan have been brought forward to the new Work Plan. This includes the HAI Standard target which has been extended to 2023 as per DL 2022 (13).</p> <p>Dr Deighan commented that on page 10 in relation to SABs, Surveillance and datix reporting it states to proceed to SCIs and this should be changed to SAER in line with the framework. Natalia Hedo agreed to amend this.</p> <p>With regards to Datix generated and included in sector reports Dr Deighan reported that this is to be discussed following the HIS inspection to QEUH in relation to Duty of Candour.</p>	NH
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A copy of the draft HAIRT report was tabled for assurance and comment. Sandra Devine reported that a request was made to Scottish Government to align this to ARHAI quarterly reporting format and this was approved.</p> <p>Sandra Devine provided the following update:-</p> <ul style="list-style-type: none"> - GGC are performing well against all 3 targets for CDI/SAB/ECB. - A link to the ARHAI report for January – March 2022 has been inserted. - Funnel plots have been included in the report. - MRSA and CPE Clinical Risk Assessment (CRA) compliance for April to June 2022 was 88% and 91% respectively with a target of 90%. GGC have performed well against other boards. The mean should start to drop for these but this will be deferred until COVID-19 is over. - The incident regarding 2 patients with MDRO <i>Klebsiella pneumonia</i> identified from microbiology samples that was reported at last BICC has been included in the report. <p>Dr Deighan stated that it was good to have the quarterly CDI data and the link to NHS Scotland's performance. He suggested that this information should go to Clinical & Care Governance Committee as this could provide additional assurance at board level with regards to the data compared to other boards.</p>	

Minute		Action
	<p>There has been a major change to the Empirical Guidelines as Dr Seaton reported that Temocillin has been removed from the Guidelines due to the cost of this antibiotic. Other antibiotics have increased at relatively low level and there has not been a rebound in CDI or HAI related consequence. Sandra Devine asked if Dr Seaton could provide a couple of lines to include in the HAIRT and she will update this for the Clinical & Care Governance Committee.</p> <p>The committee noted the report.</p>	AS
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Reports for May and June 2022 were issued with the agenda and noted.</p> <p>Sandra Devine reported that most of the information is already included in the HAIRT.</p>	
	(d) Update from Oversight Board/Public Inquiry/Case Note Review	
	<p>All the actions for each of the reviews has been completed and updated in an Action Plan for the Chief Executive. Sandra Devine reported that a system is in place for auditing and there will be an audit process for all Action Plans.</p> <p>The Oral Hearings for the Public Inquiry have been suspended for the Autumn. These are due to recommence in the new year.</p> <p>Evidence from GGC continues to be gathered for the Scottish Hospital Inquiry.</p>	
	(e) Update from Estates & Facilities	
	<p>Mark Riddell confirmed that there are no water or ventilation issues to escalate to the committee.</p> <p>The quarterly summary returns regarding flushing water outlets continue to increase for the last two quarters. Mark Riddell advised that a toolbox talk will be developed for this and the Authorised Engineer will deliver a two hour training session. Dates will be arranged for the training.</p> <p>Notes from the Board Water Safety Group and Ventilation Group will be included with the papers for the next BICC meeting.</p> <p>Helen Gemmell provided the following update for Facilities:-</p> <ul style="list-style-type: none"> - A copy of the NHS Scotland National Cleaning Compliance Report for Quarter 1 was distributed with the agenda. This is a national paper and gives assurance where our Board is placed compared to other Boards. She said there are no major issues to report. - In relation to Glasgow Dental Hospital Helen Gemmell advised that there is no ICD to cover this service. - At the VOL the air changes in Endoscopy have not met national guidelines. A trial was carried out to send instruments to IRH from September for 18 months. A short life working group has been established to look at options available. There are four options available which include - 1) refurb empty area 2) additional work to make area more compliant 3) complete new build or 4) do nothing. The approximate costs for work would be approximately [REDACTED]. 	MR

Minute		Action
	Sandra Devine stated that at the Clinical & Care Governance Committee Cowlairs was discussed and asked Helen Gemmell for an update. Helen agreed to include an update paper for the next BICC meeting.	HG
213.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The IPC QI Operational and Steering Groups continue to meet.</p> <p>SIFs cohort has commenced and this was to support individuals in QI.</p> <p>The fourth version of the Newsletter should be issued in September or October and Natalia Hedo provided an update on the workstreams:-</p> <ul style="list-style-type: none"> - In relation to Person Centred Care group a small group of staff spoke with patients to identify what matters to them in relation to COVID-19. The feedback received was positive and Kate Hamilton is working on the report for this. The group are experiencing difficulty looking for people with lived experience to join the group and will now explore a patient focus group. - The SICPs audit tool has been developed. This is on a test site on the CAIR dashboard and should be rolled out by October. To link with NES regarding hand hygiene and to provide sessions for staff. - There are four local SAB groups that have been created to try and reduce infections associated with the use of access devices. There are groups in North, South, Clyde and Regional. A SAB toolbox talk will be developed. <p>South – Ward visits continue with the Chief Nurses or Assistant Chief Nurses regarding device related SABs and to link these to the device bundle.</p> <p>Clyde – Clinical reviews of unknown SABs are ongoing.</p> <p>Regional – This group has recently started. They are carrying out reviews of common issues and the drivers behind these.</p> <p>As there are different local SAB groups Dr Seaton asked if there was an Antimicrobial Pharmacist on these groups. Natalia Hedo agreed to check them all but confirmed that North and Clyde have a rep on the group. Sandra Devine confirmed that she is the chair of the Operational group and there is a rep on this group. Dr Seaton suggested to link in with Chief Residents as they link in with junior doctors. Dr Bagnade also confirmed that there are surgical and medical reps on the group.</p>	
214.	Safe Care	
	(a) Risk Register	
	<p>A copy of the Risk Register for IPC was issued with the agenda.</p> <p>Natalia Hedo reported on the following updates to the Risk Register:-</p> <ul style="list-style-type: none"> - Failure to deliver IPC services has been updated with the last four bullet points and the control measures have been changed. - More actions added in relation to the Scottish Hospital Public Inquiry. The risk for this has been reduced as this was part of the Corporate Risk Register and has been removed from that list. 	

Minute		Action
	<ul style="list-style-type: none"> - A new risk has been added called "Infection Prevention and Control support to New Builds and Renovations". There has been significant pressure to provide assurance regarding involvement of these projects. There is no capacity in IPC to support this work and it requires an ICD or ICN dedicated to this. The risk will be escalated to Corporate Risk Register as the risk belongs to Diagnostics directorate to resource this. At the ICM Network this was raised as an issue regarding resource for this within Boards and has been raised with the commissioner of NHS Assure and Scottish Government. It was agreed to escalate this risk to the Corporate Risk Register. <p>Dr Kennedy also wanted to note the loss of key nursing staff within IPC due to retirement</p>	
	(b) Recent Outbreaks/Incident Reports	
	<p>Kate Hamilton reported that there were three positive CPE patients in Phillipshill ward at QEUH. One case is a non HAI and the other two cases are HAIs with two of the cases the same type. IMTs have been held and an Action Plan was created. HPV cleaning, CPE screening and environmental screening have taken place. No further patients have been identified.</p>	
215.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<p>At the last BICC meeting Kate Hamilton reported of the removal of the winter respiratory guidance. She said that Appendix 13 has been updated with the Infection Control organism list added.</p> <p>The SOPs have been distributed for approval and Kate Hamilton advised that these were approved at the recent AICC meeting.</p> <p>Sandra Devine reported that the new CDI guidance is linked into the HAIRT and will also be included in other reports.</p>	
216.	Reports from Associated Area Infection Control Governance Groups	
	(a) Antimicrobial Management Team	
	<p>Dr Seaton provided the following update:-</p> <ul style="list-style-type: none"> - There has been a reduction in the Primary Care targets in total antibiotic use. He said there was a 25% reduction compared to the baseline of 2015/2016. Seasonal peaks related to RSV cases. - In relation to hospital DDDs the antibiotic use has declined in 2018/19-2020. This has been maintained to 2021 and so far the rate is the same for 2022 and below the target. - Use of WHO access antibiotics is 61% with a national target of 60%. GGC and Scotland figures are good compared to other nations. - Temocillin use has decreased although there has been some resistance developing. Measures are in place and this was discussed at AUC. - To reduce the duration of Piperacillin, Tazobactam and Meropenem. - Early indications there could be a bad flu season coming up. - RSV numbers are not decreasing. - Antibiotic awareness campaign to take place in November. 	

Minute		Action
	(b) Acute Infection Control Committee (AICC)	
	A copy of the agenda for the last meeting and the previous minutes were issued with the papers and noted.	
	(c) Partnership Infection Control Support Group (PICSG)	
	<p>The PICSG group met on 5th August and Laura Moore reported that they discussed the HSCP Work Plan at this meeting. They are also going to look at the use of the Catheter Passport.</p> <p>The Care Home Collaborative referral numbers are increasing for IPC.</p> <p>Discussed the number of mental health wards that had closed but this is improving.</p> <p>Sandra Devine reported that an email was received today for volunteers across Scotland to test the HAI tool and pilot this in mental health areas. Laura Moore agreed to look at this and discuss this with Eileen Salmon.</p> <p>There is a workstream regarding patient harm related to patient device. Sandra Devine asked Laura Moore to think about a sub group to feed into the Collaborative. Sandra Devine and Laura Moore to meet to discuss.</p>	<p>LM</p> <p>SD/LM</p>
	(d) Update from Public Health Protection Unit	
	<p>Dr Kennedy reported that GGC's Joint Health Protection Plan was officially approved by the Board. 6 local authorities have signed this off as well as a senior member of the organisation. The second paragraph includes wording on Infection Control and Dr Kennedy said he would like this section to be reviewed and this has to be completed by tomorrow.</p> <p>The key activities in Public Health Protection Unit include:-</p> <ul style="list-style-type: none"> - Monkeypox vaccine is a key activity and includes collaborative working with Public Health, Infectious Diseases and Sexual Health. The highest risk people will receive the vaccine. In September another shipment of 100,000 vaccines will be available in UK but unsure how many will be allocated to Scotland. - Autumn/winter vaccination starts in September. - There is a new public body called Environmental Standards Scotland. This will ensure that public bodies meet their statutory requirements. There has been a number of information notices for local authorities regarding air quality. <p>Sandra Devine asked if there was any update regarding the structure of Public Health. Dr Kennedy stated that there is ongoing organisational change in Public Health Scotland. The East of Scotland moved to a regionalised model for Health Protection and a formal process has started.</p> <p>There is a review of Scotland's Health Protection Network which was set up in 2015. Dr Kennedy advised that this is joint working with Health Protection and local authorities. The co-ordinating group will have a copy of the final report on Monday. This will then go to the national Health Protection group to make a decision regarding this. Initial feedback from the report is positive.</p>	

Minute		Action
	(e) HEI Steering Group	
	<p>HIS inspectors visited QEUH and RHC in June and they have requested more evidence. Facilities have also had to provide further evidence and Sandra Devine thanked Mark Riddell's team for the information supplied to the inspectors. The report is due to be published on 26th September.</p> <p>Meetings of the HEI Steering Group have not taken place due to COVID-19. Kate Hamilton reported that these will reconvene as will the peer reviews.</p> <p>Information Bulletins on various elements of SICPs are planned. Four have been completed with a further four to do.</p>	
	(f) SAB Steering Group	
	Sandra Devine reported that she had a discussion with Dr Davidson to stand down the SAB Steering group as local groups are in place.	
217.	AOCB	
	(a) ARHAI Surgical Site Infection (January – March 2022)	
	A copy of the above report was noted by the committee.	
	(b) NHS Scotland's Approach to Microbiological Water Testing	
	<p>A copy of the above report was noted by the committee.</p> <p>A sub group of the Water Technical Group will be put together to look at recommendations from the report. Mark Riddell confirmed that Kerr Clarkson will arrange for a short life working group to look at water sampling.</p> <p>Dr Kennedy asked if ARHAI asked for any feedback and Sandra Devine confirmed that this report was not issued for comments. She asked Dr Kennedy to forward any comments to her.</p>	
218.	AOCB	
	As this is Kate Hamilton's last BICC and after 20 years as an Infection Control Nurse Sandra Devine wished to thank her for her service and wished her well on her retirement.	
219.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 20 th October 2022 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 15 December at 2.00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Natalia Hedo	Business Manager, Infection Prevention & Control
Suzanne Clark	Public Partner
Gayle Brown	Head of FM Services, North
Mark Riddell	Assistant Director (Operational Estates)
Dr Iain Kennedy	Consultant Public Health
Freddie Warnock	Head of Health & Safety
Laura Moore	Chief Nurse
Dr Rosie Hague	Consultant in Paediatric ID/Immunology
Dr Linda Bagrade	Lead Infection Control Doctor

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Dr Scott Davidson	Deputy Medical Director (Acute)
Lynn Pritchard	Nurse Consultant, IPC
Tom Steele	Director of Facilities & Estates
Dr Chris Deighan	Deputy Medical Director (Corporate)
Gillian Bowskill	Associate Nurse Director, IPC
Dr Andrew Seaton	ID Consultant/Lead AMT
Rona Wall	Occupational Health Service Manager
Helen Gemmell	Assistant Director Facilities

Minute		Action
220.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
221.	Minutes of Previous Meeting	
	<p>As the committee meeting was cancelled in October the minutes of the previous meeting held on 18th August 2022 were issued with the agenda. Dr Kennedy asked for the following amendment to be made to item 216(d) and this should now read as:-</p> <p>“Dr Kennedy reported that GGC’s Joint Health Protection Plan is currently being updated. The document has to be officially approved by the Board and the 6 local authorities. The plan includes wording on Infection Control and Dr Kennedy said he would like this section to be reviewed and this has to be completed by tomorrow.as an accurate record”.</p>	

Minute		Action
222.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
223.	Matters Arising	
	<p>In relation to the reference to NHS Assure's water approach to water testing Sandra Devine reported that no comments have been received and NHS Assure will issue a further draft in January.</p> <p><u>BICC Draft Terms of Reference</u></p> <p>Following the recent HIS inspection to the QEUH campus there was a requirement for the Terms of Reference of the IPC committees to be reviewed and updated with the following:-</p> <ul style="list-style-type: none"> - All members are consulted on guidelines and final copies are sent to BICC for approval. - To record in the minutes if the guideline has been approved or not. - Ensure there is adequate representation at each IPC committee and to identify a deputy if representative unable to attend. - Action Log to note if policies or guidelines are consulted and that there is a plan in place regarding implementation and wider dissemination of these and to follow up on actions at the next meeting. <p>Professor Wallace pointed out that the document states that the Medical Director is the chair of the committee when it should be the Executive Board Director.</p>	
224.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>A copy of the updated Work Plan was issued with the agenda. Natalia Hedo provided a summary of updates as follows:</p> <ul style="list-style-type: none"> - Under the SG IPC Oversight Group recommendations; we were asked to look at our approach to IPC audits and an SBAR regarding this was submitted to this Committee in 2021. The new SICPs audit tool was implemented on 1st November 2022 and all wards and clinical areas have been asked to complete the baseline audit within the first couple of months of the tool going live. The IPCT will commence QA audits in February 2023. We are also trying to strengthen Hand Hygiene (HH) audits to ensure that the audited sample of staff is sufficiently representative in terms of numbers and grades. This is being addressed as part of the IPC QI Network, SICPs workstream. Work is also underway regarding the data collection for HH. - An update will continue to be provided by e-mail to GGC senior management and clinical colleagues on the number of new GGC COVID-19 cases. From September this year, this is only being issued Monday – Friday as no longer required for weekends and public holidays. - IPCT have created a Monkey Pox SOP for Sandyford Services and this action can now be closed. - In relation to Workforce Planning, new IPC posts have been created including Clinical Scientist (already in post), Healthcare Scientist, IPC assistants and Senior IPC Nurse for HAI SCRIBEs post which will be advertised in the new year. 	

Minute		Action
	<ul style="list-style-type: none"> - Excellence in Care Framework work is ongoing regarding “What Matters to Me” and the actions around that. - HAI Standards 2022 are being implemented and a review of the new HIS Standards and a Gap Analysis have been completed. A position paper will be drawn up in due course. - Reviewing the education available for IPC Staff to improve accessibility. We are also looking at developing anew app to make SOPs and Guidelines more accessible to staff. <p>The Work Plan was discussed at the recent Acute Infection Control Committee and one of the comments received was for the date of completion for some of the items to be amended if the process is already in place e.g. if an email is continuously issued regarding the number of patients with COVID-19 – the action should be marked as complete as the process has already been established but the status is ongoing as the task continues. Another comment was that the SICPs audit tool was not compatible for Dental and this is being reviewed to have a specific audit tool for Dental.</p> <p>With regards to the Workforce Plan Sandra Devine stated that they have been unable to recruit to the Healthcare Scientist and HAI Scribe posts but funding is available for these posts.</p> <p>The committee noted the IPC Work Plan.</p>	
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A copy of the draft HAIRT report was tabled for assurance and comment. Sandra Devine updated on the following from the report:-</p> <ul style="list-style-type: none"> - GGC have met the SAB and CDI target for this quarter and are performing well for all three indicators for SAB, CDI and ECB. Funnel plots were inserted in the Quarter 3 HAIRT report. This will allow us to compare our rates against other Boards in Scotland. - An incident summary for red/amber HIIATs is included in the report and for noting. - National SSI surveillance has been paused but local surveillance continues. <p>Professor Wallace commented that the inclusion of the funnel plots gives assurance to the Executive Directors.</p> <p>On page 24 of the report Suzanne Clark noted that the Estates compliance at GRI was lower than anywhere else and the rates continue to go down. Gayle Brown advised that this is related to the age of the building and the environment. She said for assurance purposes these areas are reviewed on a monthly basis. Mark Riddell also stated that the lowest scores are from the older buildings and this would require significant investment to improve these areas. Professor Wallace asked for the rates to be checked for the next quarter and to have this as an action on the Action Log.</p>	MR/GB
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	The Monthly Activity Reports for September and October 2022 were issued with the agenda and noted.	

Minute		Action
	<p>Dr Bagraade reported that 7 wards were closed in September with COVID-19 and 16 wards in October with COVID-19, Influenza A and Norovirus. SPC charts remain within normal control limits for both months.</p> <p>Three incidents have been reported in GRI during the last two months. These include the following:-</p> <ul style="list-style-type: none"> - An increase in the number of cases of Linezolid Resistant VRE (<i>Enterococcus faecium</i>) in GRI between February and September 2022. A follow up IMT is scheduled and all control measures are in place. - Teams are working closely together to find a possible source and looking at cleaning, patient screening and environmental sampling. - 3 cases of HAI MDRO <i>Acinetobacter baumannii</i> were identified. Following investigation and the control measures that were in place, the incident was closed due to no further cases. - 2 cases of Influenza A (1 community acquired and 1 indeterminate) were identified with possible acquisition in the ward. The HIIAT was assessed as Green, then Red due to the death of one of the patients, then Green again. The incident is now closed. <p>In the report Suzanne Clark commented that it states that GGH comes under South Glasgow and wondered if this was correct. Sandra Devine replied that the South IPC team do cover this area. Suzanne Clark also asked how many infections were caused by IV access devices and Sandra Devine stated that a chart is included for IV access devices for ECBs with approximately 10-12% of urinary catheters are related to ECBs. Suzanne noted that the HIS report was complimentary regarding catheters and impressed with the devices and plans in place at GGC.</p>	
	(d) Update from Oversight Board/Public Inquiry/Case Note Review	
	<p>All the recommendations from the Oversight Board have been completed and the Chief Executive has an overarching process in place for all the actions.</p> <p>With regards to the Public Inquiry Professor Wallace confirmed that evidence is being provided for the Public Inquiry and meetings of the Working Group are held every week.</p> <p>Sandra Devine recommended that the title for this agenda item should be amended to "Update on Public Inquiries".</p>	
	(e) Update from Estates & Facilities	
	<p>Mark Riddell confirmed that there are no ventilation issues to escalate to the committee.</p> <p>There have been significant challenges regarding the weather recently. In RHC Theatres 1, 3 and 6 were out of use as the temperature dropped to minus 5 as the air handling units only go to minus 5 then they shut down. This was the same situation in Adults and they lost some of their Theatres yesterday which affected the operating lists but the area is functioning again. The INS Theatre have specialist contractors on site looking at this area.</p> <p>There have been no out of spec water results and no issues to escalate.</p>	

Minute		Action
	<p>Funding has been secured for 3 chlorine dioxide dosing systems for Lightburn, Dental and West Glasgow ACH.</p> <p>Results have improved, compared to last year, regarding the quarterly summary returns for flushing water outlets. RHC increased by 10% every quarter but other sites have plateaued with no difference between quarter 1 and quarter 2.</p> <p>Mark Riddell reported that an Authorised Engineer was coming in to provide training for staff but these had been poorly attended but he did appreciate this could be due to staffing issues.</p> <p>Freddie Warnock reported that Health and Safety are looking to have a task calendar to identify any no compliance with e.g. flushing outlets etc. and can discuss this further with Mark Riddell.</p> <p>Suzanne Clark said it would be helpful to add the full names for the acronyms to any documents as she was unsure what some of them were.</p> <p><u>Cowlairs Report</u></p> <p>A report regarding Cowlairs was issued with the agenda and Gayle Brown provided an update. She said that during one of the scheduled active air sampling tests the results indicated that the clean room in some areas showed mould present. The installation of the remaining washer disinfectors at Cowlairs have been completed and all the contingency arrangements are in place to ensure control of infection needs are met. She said this summary was to give the Board oversight of this. Freddie Warnock asked if the cause of the mould was identified and what is being done to remove this as mould can multiply in moist areas. Sandra Devine confirmed that a full review was carried out of all areas and Gayle Brown said there was a recommendation to increase the spec in the gowning areas. Freddie Warnock stated that HSE will ask what the source is but Dr Bagnard commented that there could be more than one source and investigations are ongoing. It was agreed for discussions to take place with Freddie Warnock and Gayle Brown or Helen Gemmell regarding the mould at Cowlairs and this will be added to the action log.</p> <p><u>Facilities Report</u></p> <p>Gayle Brown highlighted the main points from the Facilities report:-</p> <ul style="list-style-type: none"> - Staff challenges in sectors with increased activity in all levels and Facilities are doing what they can to meet IPC requests. - GRI are trialling new domestic scheduling tool in four wards and are in discussion with local IPC team regarding cleaning of patient equipment. - Ward Managers have completed the roll out of the functionality of the FMT system. It is suggested to have this in place at the beginning of January and training will be carried out for clinical teams. - Operational issues in Clyde due to the recent landslide in the area. - GGC has received notification that HIS audits will commence in Mental Health units. <p>With regards to the new domestic scheduling tool Sandra Devine suggested to trial this in a Mental Health area if HIS are going to commence inspections in these areas.</p>	<p>MR</p> <p>FW/GB/ HG</p>

Minute		Action
	Gayle Brown responded that the initial thought was to trial this in a single building and include four wards but there needs to be conversations with clinical and domestic teams to move from paper copies to electronic. She did say they could trial this in Mental Health areas in GRH or Stobhill and could discuss this further with Sandra Devine.	GB/SD
225.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>A copy of the fourth edition of the IPCQI Network Newsletter was issued with the papers for information as this was included in a recent Core Brief.</p> <p>Natalia Hedo reported that the format of the Newsletter has been changed to include key updates on outcomes and achievements rather than an update report on all of the ongoing work of the workstreams.</p>	
226.	Safe Care	
	(a) Healthcare Improvement Scotland (HIS) Update	
	<p>The HIS report and Action Plan for the inspection to the QEUH campus were issued with the agenda. Natalia Hedo reported that this inspection was commissioned by Scottish Government regarding concerns at the site. The inspection team visited the campus in June 2022 and focused on 6 of the HIS standards looking at all our systems and processes. The inspection resulted in 9 areas of good practice, 4 requirements and 2 recommendations and the action plan has been completed.</p> <p>The report highlighted the following:-</p> <ul style="list-style-type: none"> - good IPC leadership in the hospital campus - staff demonstrated good knowledge of their roles and responsibilities - good vigilant approach to Aspergillus, although there was limited guidance from Scottish Government regarding this. <p>Sandra Devine stated that a large amount of information was requested from Estates and this included information regarding water, ventilation and quality management system. She thanked Mark Riddell and his team for providing all of the information in such a short timescale. Suzanne Clark said it was noted in the report by HIS regarding the co-operation given by GGC to provide all the information requested. Professor Wallace also expressed thanks for BICC, AICC and PICSG to support these inspections.</p> <p>The group agreed that this was a very positive report.</p>	
	(b) Risk Register	
	<p>A copy of the Risk Register for IPC was issued with the agenda.</p> <p>Natalia Hedo reported that since the last meeting the only exception is that one of the risks was escalated to corporate level in relation to the renovation of buildings in acute services as there is no capacity in IPC to support this work. Controls measures are in place and water and ventilation training is available.</p> <p>As a mitigation action, an SBAR was produced regarding the inability to provide ICD advice to GGC Services and this was submitted to the Director of Diagnostics.</p>	

Minute		Action
	<p>Professor Wallace reported that the SBAR was issued and the Chief Operating Officer requested that a benchmark exercise against other boards is carried out. A meeting has been arranged for tomorrow afternoon to discuss this.</p> <p>There were no applications received for the HAI Scribe post and this will be reviewed to maybe increase the hours for this post.</p> <p>The committee noted the Risk Register.</p>	
	(c) Recent Outbreaks/Incident Reports	
	Nil to report. There were no incidents or HIIATS that scored above green.	
227.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<p>The following Guidance documents were included in the papers sent out to committee members. Sandra Devine asked for any comments to be sent to Lynn Pritchard and once these are received the final updates will be issued.</p> <ul style="list-style-type: none"> • Measles Guidance • Mumps Guidance • Shingles Guidance • Loose Stools Guidance • Norovirus Guidance • Rubella Guidance • Twice Daily Cleans of Isolation Rooms SOP <p><u>Alert Organism Listed in Appendix 13</u></p> <p>Sandra Devine reported that a review was led by the Infection Control Doctors to look at the list to determine if an incubation period is required for an alert organisms and if a PAG or IMT was required. The document tabled will be a foundation of what will be used going forward instead of using the 48 hour rule. Dr Bagnade advised that the list is live and can be updated at any time but there is also local alerts and triggers in place. Dr Kennedy said that he found the document to be useful and could add in the document when PHPU should be involved. He agreed to add more information to the document and update this. Dr Bagnade informed that the list was originally used for Labs but would appreciate any information to be added. Dr Kennedy stated that they are doing a similar process in PHPU regarding statutory notifiable organisms and how these should be notified.</p> <p>The other thing to note is that Sandra Devine was informed by ARHAI that the national manual cannot be defined as mandatory as it is a guidance document.</p> <p>Noted by the committee.</p>	IK
228.	Reports from Associated Area Infection Control Governance Groups	
	(a) Antimicrobial Management Team	
	As Dr Seaton could not attend the meeting there was no update available.	

Minute		Action
	(b) Acute Infection Control Committee (AICC)	
	A copy of the agenda for the last meeting and the previous minutes were issued with the papers and noted.	
	(c) Partnership Infection Control Support Group (PICSG)	
	<p>The PICSG group last met on 5th August as the meeting in October was cancelled.</p> <p>Laura Moore reported that they discussed CAUTI and will include this in the HSCP Work Plan. The Care Home Collaborative have challenges regarding resources and are working on a HSCP Work Plan for next year.</p> <p>They are also going to look at SICPs in Care Homes and are putting together toolbox talks for Care Homes.</p> <p>The number of Care Home outbreaks has increased in the last week with 17 Care Homes affected with COVID-19, Norovirus and Influenza A.</p>	
	(d) Update from Public Health Protection Unit	
	<p>A copy of the report from Public Health Protection Unit was issued with the agenda.</p> <p>Dr Kennedy reported that there has been a national increase in Scarlet Fever/Group A Strep cases which has resulted in significant pressures on all parts of the health system. In Scotland he said that Scarlet Fever is not a notifiable disease compared to England and Scotland has not seen the same amount of deaths in children compared to other nations. There has been an increase in the number of throat swabs and the number of positive results is increasing. He stated that invasive Group A Strep numbers are relatively high compared to previous years and in most of these cases Scarlet Fever is not translating to Group A Strep.</p> <p>An alert was issued regarding certain antibiotics used for Group A Strep and an update is expected to the Public Health guidance which will expand the number of people to be offered the antibiotics.</p> <p>In the past week there have been 220 enquiries to Public Health teams from schools regarding Scarlet Fever or Group A Strep outbreaks. Dr Hague reported that this is affecting Paediatric care with problems in out of hours. As people are not being able to access antibiotics they are coming to ED at RHC. She said Paediatrics do not normally swab throats as 10% of people have this in their throats already.</p>	
	(e) Changes to Surgical Site Infections and Enhanced Surveillance	
	A copy of the above report was noted by the committee.	
229.	AOCB	
	As Dr Chris Deighan is leaving GGC Professor Wallace wanted to express her appreciation on behalf of BICC to Dr Deighan for supporting this committee and sometimes acting as chair of the committee. She wished him well on his new appointment.	

<i>Minute</i>		<i>Action</i>
230.	Draft Meeting Schedule 2023	
	The draft meeting schedule for 2023 was approved by the committee.	
231.	Date of Next Meeting	
	The date of the next meeting is scheduled for Wednesday 22 nd February 2023 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Wednesday 22 February 2023 at 2.00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Natalia Hedo	Business Manager, Infection Prevention & Control
Suzanne Clark	Public Partner
Helen Gemmell	Assistant Director Facilities
Mark Riddell	Assistant Director (Operational Estates)
Dr Iain Kennedy	Consultant Public Health
Freddie Warnock	Head of Health & Safety
Laura Moore	Chief Nurse
Dr Rosie Hague	Consultant in Paediatric ID/Immunology
Dr Linda Bagraade	Lead Infection Control Doctor
Lynn Pritchard	Nurse Consultant, IPC
Lynsay Gracie	Head of Decontamination

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Dr Scott Davidson	Deputy Medical Director (Acute)
Tom Steele	Director of Facilities & Estates
Gillian Bowskill	Associate Nurse Director, IPC
Dr Andrew Seaton	ID Consultant/Lead AMT
Ysobel Gourlay	Lead Antimicrobial Pharmacist

Minute		Action
232.	Welcome and Apologies	
	<p>Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.</p> <p>As there are not many representatives from acute sector at this meeting Sandra Devine agreed to invite Morag Gardner to future meetings as Angela O'Neill who was the previous Deputy Nurse Director attended this meeting.</p>	SD
233.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 15 th December 2022 were accepted as an accurate record.	
234.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	

Minute		Action
235.	Matters Arising	
	<p><u>BICC Draft Terms of Reference</u></p> <p>The Terms of Reference for the BICC were discussed at the last meeting. Natalia Hedo reported that she received comments and the final version has been issued with the papers for approval. Professor Wallace suggested reviewing other Board's Terms of Reference and to maybe discuss this with Suzanne Clark for an extra public partner to be a representative on this group.</p>	NH
236.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>A copy of the updated Work Plan was issued with the agenda. Lynn Pritchard provided a summary on the following points:</p> <ul style="list-style-type: none"> - The new SICPs audit strategy commenced on 1st November 2022 in acute areas. IPC teams commenced QA audits in February 2023. In Mental Health these will start in March and HSCP will commence audits in April. - Workforce Plan has been updated and new posts have been established; these include a Clinical Scientist (already in post), an Advanced Healthcare Scientist (interviews to be held on 28th February), IPC Support Workers (job description with evaluation panel) and HAI SCRIBE Nurse post (advertised). This post has been re-advertised for 3 days instead of 2 days per week. - A Gap Analysis is being completed for the HIS Standards to compare the Standards from 2015 to 2022. A paper will be presented to the next round of committees. - With regards to Excellence in Care, work is ongoing to review feedback from "What Matters to You" and actions from this. - New Education Strategy has been updated and will be presented at the next meeting for approval. <p>Sandra Devine said that she would like to thank everybody that contributed to the Work Plan.</p> <p>At the recent NHS Board meeting Professor Wallace reported that the Chairman asked IPC if they could provide an Annual Report. Sandra Devine stated that this should be available in the summer and will include SSI surveillance and other initiatives that have taken place in IPC.</p>	LP
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A copy of the draft HAIRT report was tabled for assurance and comment. Sandra Devine updated on the following from the report:-</p> <ul style="list-style-type: none"> - GGC are performing well for all three indicators for SAB, CDI and ECBs and have demonstrated a significant improvement over the last year. The targets for these have been extended to 2024. - Compliance with CPE screening has dipped slightly but GGC are the same as other Boards. - Norovirus and Influenza A are not included in the HAIRT but will be included in the next report. - COVID-19 reporting will be stepped down nationally from 1st March 2023. 	

Minute		Action
	The HAIRT will now be reported 2 monthly which is in line with the reporting for NHS Board meetings.	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Reports for November and December 2022 were issued with the agenda and noted.</p> <p>Dr Bagraade reported that 18 wards were closed with COVID-19 in November. SPC charts remain within normal control limits and there were no red or amber incidents to report for November.</p> <p>In December, 36 wards closed with COVID-19, Influenza and Norovirus with some wards having all three infections at the one time. There were less numbers completing the Learn-pro modules but this might be due to how busy staff were during this period. SPC charts are also within normal control limits. There was one Influenza A incident at the RAH where the ward was closed with 4 suspected cases and 2 confirmed cases, but sadly one patient died. The incident was HIIAT assessed as red due to the death of a patient. The HIIAT was re-assessed as Green and the ward was reopened.</p> <p>With regards to the Internal Audit Plan Professor Wallace stated that training was good in acute but to maybe look at this across all areas including Partnership areas.</p>	
	(d) Update on Public Inquiries	
	<p>Work is ongoing for the Public Inquiry with a large amount of evidence being provided. Some staff are also being interviewed.</p> <p>Dr Kennedy added that the Public Inquiry have listed details and dates for hearings and topics. A timetable has been provided for the summer.</p>	
	(e) Update from Estates & Facilities	
	<p><u>Water/Ventilation Update</u></p> <p>Mark Riddell confirmed there were no issues to escalate to the committee.</p> <p>In PRM there were out of spec water results. Low level dosing was carried out and the birthing pools are back in use. The results have shown a significant improvement and a flushing regime is in place.</p> <p>At the New Victoria ACH the ventilation unit was to be upgraded in Endoscopy. Mark reported that there was a slight issue as the heat damper failed but this should be up and running by the end of the week.</p> <p>Copies of the minutes of the Board Water Safety Group and the Board Ventilation Safety group were issued and noted.</p> <p>At the last meeting Mark Riddell stated that Dr Davidson had queried the number of samples taken at the QEUH. He confirmed that there are approximately 8,000-9,000 samples taken a year at QEUH. Dr Bagraade commented that this is placing significant pressure on Laboratory as they are struggling to recruit new staff. She had suggested to Sandra Devine to target high risk areas only and to make the sampling more meaningful. A paper is going to Acute Tactical Group (ATG) to try and address this issue.</p>	

Minute		Action
	<p><u>Facilities Update</u></p> <p>Helen Gemmell provided the following update:-</p> <ul style="list-style-type: none"> - Due to significant bed pressures on sites 3 surge wards have opened. These include 2 at GGH and 1 at IRH. 2 further wards are being prepared as additional surge beds at Stobhill. - All of the sterilisers at Cowlares CDU are now fully commissioned and in use. - The change to the Air Handling Unit (AHU) at Greenock CDU has been postponed. There are no concerns regarding air quality as a contingency plan is in place. - There was a HIS inspection to GRH and the draft report is awaited. <p>Professor Wallace raised with HIS that it was not helpful to have two separate Mental Health inspections on the one day.</p>	
237.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The last IPCQIN Operational Group meeting was rescheduled for next week. Natalia Hedo reported that there is not much to update on the workstream groups as some of the leads have changed due to retirement and promotion. The Chair of the IPCQIN Steering Group has also changed and the next meeting is to be arranged soon after the Operational Group meeting.</p>	
238.	Safe Care	
	(a) Healthcare Improvement Scotland (HIS) Update	
	<p>A copy of a letter from HIS was issued with the agenda and this states that they will begin to inspect NHS inpatient mental health areas.</p> <p>HIS carried out their first GGC Mental Health visit to GRH on 18th January 2023. Feedback from the visit was very positive and the inspectors complimented on the care of patients as there was good interaction with the patients.</p> <p>The HIS inspection to IRH was published in January and a follow up inspection is due soon. Sandra Devine confirmed that she will write a paper with all the positive comments received from the inspections.</p>	SDev
	(b) Risk Register	
	<p>A meeting to discuss the Risk Register took place last week and an updated copy was issued with the agenda. The following update was provided:-</p> <ul style="list-style-type: none"> - The risk item "Failure to deliver IPC Service to support clinical services' compliance with recognised policies and procedures in relation to infection control" has been removed as with the control measures and the mitigation actions in place it is no longer considered a risk. - The risk "failure to identify outbreaks" – a framework has been developed and will be updated continually. We will also continue to review the contents of NIPCM and where appropriate submit derogations to the IPC Committees for approval. 	

Minute		Action
	<ul style="list-style-type: none"> - "Impact of loss of key members of IPC Nursing staff" service is being redesigned and other types of healthcare workers are being explored and recruited to. - The risk item "Unable to deliver local specialist surveillance - SSI Surveillance Programme due staff shortages i.e. sickness or redeployment" was also removed as SSI reports are being produced locally. - "Inability to provide ICD advice to GGC Services" – An SBAR was sent to the HAI Executive Lead and COO and extra sessions have now been granted with the addition of two Microbiologists with ICD sessions. This risk has been downgraded to High instead of Very High and will be reviewed Sandra Devine commented that she is grateful for the extra ICD sessions. <p>The changes to the Risk Register were approved.</p>	
	(c) Recent Outbreaks/Incident Reports	
	<p>Two Hot Debriefs were issued with the agenda and Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> - 3 cases of HAI MDRO <i>Acinetobacter baumannii</i> in ITU West, GRI in a 13 day period. Lessons learned include difficulties achieving adequate single room isolation and education was put in place regarding inappropriate glove use and hand hygiene. What went well consists of excellent collaborative team working between all stakeholders across a variety of disciplines. - 3 cases of <i>Serratia marcescens</i> in SCBU, PRM in a 24 day period. Areas for improvement were identified from SICPs and hand hygiene audits. A review of historical cases was carried out. <p>Sandra Devine updated that the incidents regarding VRE and Gram Negative cases in BMT have now closed. Concerns were raised by a clinician to Scottish Government regarding the area and remedial work was required out in the shower rooms at QEUH. This was discussed with the Rectification Group and assurance was put in place to Scottish Government. Professor Wallace wished to express her thanks to the staff for the response to Scottish Government.</p>	
239.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<p>Lynn Pritchard reported that the SOP group have not met recently but have reviewed the IPC web page to ensure all documents are up-to-date. Some of the disease specific guidance documents will now be referred to the national manual, although the Aide Memoires and Checklists will still be available.</p> <p>The addendum to the national manual was discussed at the three IPC network meetings in relation to COVID-19. Sandra Devine informed that a letter has been submitted by the network to ARHAI regarding the changes and seeking clarification on this and feedback is awaited nationally for this. This change would mean significant implications regarding the use of PPE as Chapter 3 of the manual has been updated slightly. The section regarding incident and outbreak management now requests that information should be provided for any severe outcome and awaiting a response from ARHAI regarding the definition of severe outcome.</p>	

Minute		Action
	<p>A paper in relation to this has been drafted for the network meeting next week. Professor Wallace advised that there is a co-ordinated approach and this has been escalated to the Chief Nursing Officer and also discussed at SEND.</p> <p>Advice was also sought by ARHAI as CLO have informed the national manual is not mandatory as there is no legal framework.</p>	
240.	Reports from Associated Area Infection Control Governance Groups	
	(a) Antimicrobial Management Team	
	As Dr Seaton could not attend the meeting there was no update available.	
	(b) Acute Infection Control Committee (AICC)	
	A copy of the last meeting's minutes were issued with the papers and noted.	
	(c) Partnership Infection Control Support Group (PICS)	
	<p>The PICS group last met on 7th February 2022.</p> <p>Laura Moore reported that new representatives have joined the group.</p> <p>At the meeting Laura Moore said they discussed the HSCP Work Plan for 2023-2024. Work is ongoing with the Chief Nurses and groups are progressing well. Professor Wallace stated that if there is anything BICC can do they are willing to support this.</p>	
	(d) Update from Public Health Protection Unit	
	<p>Dr Kennedy provided an update on the work of Public Health Protection Unit:-</p> <ul style="list-style-type: none"> - 3 Boards have reported food poisoning from eating raw oysters. This was tracked back to Poole Harbour and the shipment was sent to premises in West Kilbride. Food Standards and PHS are following this up. - Cluster of Men B was identified with 2 cases reported in a group of 18 year olds. These cases are unique and there has never before been this gene variant. Both cases are doing well but this created a large number of contacts. A possible third case was reported yesterday but not certain if this is linked as no typing is available as yet. - An exceptional detention order had to be put in place for a patient. - The vaccination programme is ongoing and GGC have caught up with the shingles vaccination and are the only Board that has been able to do this. From September and throughout this year there will be a move to a single vaccine type called Shingrix. - With regards to Hep B Blood Transfusion a report by SaBTO reported that there were 2 cases of Hep B that were not detectable through transfusion. This has resulted in a change to the standard screen of blood products. A look back exercise will be carried out as well as checking the archive and if a patient tests positive this could potentially mean approximately 300 patients would need to be contacted. There is no additional resource within PHPU being provided for this exercise. <p>Dr Gillian Penrice will be retiring on 21st March after many years' service and the committee wished to thank Gillian for her service to the Board.</p>	

Minute		Action
241.	AOCB	
	(a) Infection Prevention Workforce Strategic Plan 2022-2024	
	<p>A copy of the above report was issued with the agenda.</p> <p>Sandra Devine reported that there has been an increase in demand regarding IPC resources and this includes resources for Care Homes and Primary Care. Also a number of staff will be leaving post due to retirement and previously IPC have struggled to recruit staff and are now looking to enrol other types of staff to make the team as diverse as possible.</p> <p>At the recent PICSG meeting Laura Moore advised that this was discussed and they are going to look at how to report to IJBs. This will be included in the HSCP Work Plan and she is working with Kirsty McDaid on this. Sandra Devine reported that she had met with Dr Kennedy and Tina McMichael to discuss what each department covers.</p>	
	(b) CNO Letter – Extant Guidance on Infection Prevention & Control, Face Mask and Face Covering Use and Patient Testing for COVID-19 Infection	
	<p>The above CNO letter was issued which states that face masks are to be worn until the end of March.</p> <p>In Paediatrics Dr Hague stated that wearing masks is not helpful when speaking to a child and asked if these could be removed at the earliest opportunity. Laura Moore confirmed that the letter has been sent to Chief Nurses to determine what happens in Care Homes and this is also discussed through the care and governance meetings.</p>	
	(c) DL (2023) 03 – NHS Scotland Assure: Key Stage Assurance Reviews (KSAR) – Commissioning and Handover	
	<p>The above DL was issued on 6th February 2023. This states that all Health Boards that have business cases going through the NHS Capital Investment Group for review would require the project to complete a satisfactory KSAR before Scottish Government approval would be granted.</p> <p>This DL covers the commissioning, completion, and handover part of the process and notifies Boards that all building projects going through a KSAR, should not open to patients or the public until they receive a 'supported status' from NHS Scotland Assure.</p> <p>Sandra Devine reported that this will be resource intensive for IPC and Dr Bagraade commented that there has been no consultation with Boards. She said if GGC were to comply with all the requirements they would need to limit involvement in other projects and limit how many projects they can support. Mark Riddell stated that he has discussed this with Tom Steele as they are losing members of staff who are leaving to go to NHS Assure which is adding additional pressure to their department.</p>	
242.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 20 th April 2023 at 9.30am.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 20 April 2023 at 9.30am via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Suzanne Clark	Public Partner
Helen Gemmell	Assistant Director Facilities
Mark Riddell	Assistant Director (Operational Estates)
Dr Iain Kennedy	Consultant Public Health
Freddie Warnock	Head of Health & Safety
Laura Moore	Chief Nurse
Dr Linda Bagrade	Lead Infection Control Doctor
Lynn Pritchard	Nurse Consultant, IPC
Lynsay Gracie	Head of Decontamination
Gillian Bowskill	Associate Nurse Director, IPC
Ysobel Gourlay	Lead Antimicrobial Pharmacist

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Tom Steele	Director of Facilities & Estates
Dr Andrew Seaton	ID Consultant/Lead AMT
Dr Rosie Hague	Consultant in Paediatric ID/Immunology
Natalia Hedo	Business Manager, Infection Prevention & Control
Morag Gardner	Deputy Nurse Director, Acute

Minute		Action
243.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
244.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 22 nd February 2023 were accepted with the following amendment:- Page 6, Item 240(d), first bullet point – delete second sentence starting with “This was tracked”	
245.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	

Minute			Action
246.	Matters Arising		
	Nil to update.		
247.	Assurance and Improvement		
	(a)	IPC Work Plan	
		<p>A copy of the updated Work Plan was issued with the agenda. Gillian Bowskill provided a summary on the following points:</p> <ul style="list-style-type: none"> - The new SICPs audit strategy commenced on 1st November 2022 in acute areas. IPC teams commenced QA audits in February 2023. In Mental Health audits will start in March and HSCP IPCT will commence QA audits in April. - Workforce Plan has been updated, new posts have been established; these include a Clinical Scientist (already in post), an Advanced Healthcare Scientist (appointed to), IPC Support Workers (job description with evaluation panel) and HAI SCRIBE Nurse post is to be re-advertised on Monday. - Hand hygiene – Hand Hygiene Co-ordinator is reviewing the CAIR dashboard to try and have historic data available. He is working with Mental Health inpatients and community staff regarding the hand hygiene data. - A Gap Analysis is being completed for the HIS Standards to compare the Standards from 2015 to 2022. A paper will be presented to the next round of committees. - Care Home Collaborative are to develop videos regarding hand hygiene and SICPs and this will be adapted for acute. - New Education Strategy has been updated and circulated for comments. - The hand hygiene video will be launched on national Hand Hygiene day on 5th May. Information regarding this will be issued via the Core Brief. <p>Sandra Devine advised that she is working on the IPC programme for next year and anything not completed in the Work Plan will be carried forward. Laura Moore stated that PICSG are also working together on a Work Plan.</p> <p>Work is ongoing to develop an early warning system for infections and Dr Bagrade will work with the Clinical Scientist to try and have this in place. Sandra Devine reported that she will support Dr Bagrade on this work going forward. Dr Bagrade said she would like a system in place that notifies us to prevent a problem happening. Dr Kennedy stated that they are working on exceedance reporting and engaging in other work and are hoping that initial modules would be available next month. He suggested to share the work from these workstreams and Dr Kennedy and Dr Bagrade to discuss this further.</p>	IK/LB
	(b)	Draft HAI Reporting Template (HAIRT)	
		<p>A copy of the draft HAIRT report was tabled for assurance, comment and approval. Sandra Devine stated that this report is now bi-monthly and the data aligns to the national setting. She provided the following update from the report:-</p> <ul style="list-style-type: none"> - The three indicators for SAB, CDI and ECBs are within control limits. - Funnel plots have been added to the report to display the national data. 	

Minute		Action
	<ul style="list-style-type: none"> - SSI surveillance has been paused nationally but GGC continue to carry out local surveillance. - Compliance with MRSA and CPE screening has dipped slightly with 83% for MRSA and 88% for CPE. For the next quarter (Quarter 1) the results are 89% for MRSA and 90% for CPE. - The fifth QI Newsletter should be issued this month. - There was an incident at IRH with 3 cases of C-diff. Control measures were implemented and results of typing subsequently confirmed that all were different types. - HEI update for QEUH final report was submitted this week. - Action Plan update for IRH is going through this week. - The HIS report for the GRH inspection was published in January 2023. 	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Reports for January and February 2023 were issued with the agenda and noted.</p> <p>Dr Bagrade reported that there were 23 ward closures in GGC hospitals in January 2023. The reasons for the closures include COVID-19, Norovirus and Influenza. SPC charts remain within normal control limits and there were no red or amber incidents to report for January.</p> <p>In February, there were 30 ward closures in GGC hospitals and these were closed due to COVID-19 and Norovirus. SPC charts are also within normal control limits. With regards to the incident at IRH with 3 cases of C-diff, Dr Bagrade reported that Clyde senior management team and local clinical team worked well and had daily discussions at site meetings. Twice daily cleaning of ward and terminal cleans by Domestic Services were implemented as soon as requested with no issues. Hand hygiene education was carried out to look at practice in the area.</p>	
	(d) Update on Public Inquiries	
	<p>Work is ongoing to gather information for the Public Inquiry.</p> <p>The Scottish Hospitals Inquiry team have appointed an expert panel and they had visited QEUH to meet different groups of staff on 20 & 21 March. Prof Wallace explained that the PMO Team had detailed notes of the visit and that she would update the committee if we received feedback from the expert panel. Several members of the IPCT and Estates team reported that they found the meetings quite challenging. All agreed that they would welcome feedback and if possible a list of topics to be covered if future events are planned.</p> <p>Professor Wallace informed that she had asked the PMO team to consider both requests and these issues will also be discussed at the Oversight Executive Group.</p> <p>The next round of hearings continue in June and will include clinical teams.</p>	
	(e) Update from Estates & Facilities	
	<p><u>Water/Ventilation Update</u></p> <p>Mark Riddell confirmed there were no issues to escalate to the committee.</p>	

Minute		Action
	(e) Update from Estates & Facilities	
	<p>Copies of the minutes of the Board Water Safety Group and the Board Ventilation Safety group were issued and noted.</p> <p>In relation to the WS01A returns Mark Riddell confirmed there has been a slight increase across sectors. A separate sheet was produced for Regional Services and the first returns for Quarter 4 were 50%</p> <p>A ventilation survey of the air handling units is to be carried. A report regarding this went to the Board Ventilation Safety Group meeting yesterday and will be shared at the next BICC. Mark Riddell said they are looking at funding to replace all of these. A short life working group is being set up with representatives from Estates, Capital Planning, IPC, Health & Safety and patients with concerns will be prioritised.</p>	MR
	<p><u>Facilities Update</u></p> <p>Helen Gemmell provided the following update:-</p> <ul style="list-style-type: none"> - National cleaning service specification quarterly report will be presented at the next meeting. There are no concerns and scores are within expected parameters. - Dykebar and Leverndale hospitals have been signed off as competent of the 10 step review. This is an additional assurance regarding cleaning standards and includes communication feedback, learning and education. - The first 2 porous load steam sterilisers have been installed in TSSU Greenock. - Large ventilation programme is ongoing in Greenock. - There is a focus to standardise some of the risk assessments to ensure they are the same across each sector. - Mass recruitment event was held yesterday as it has been a challenge to recruit staff for the back shift. 150 people were interviewed over the day and this event will be repeated every couple of months. A staff bank list will also be created. 	HG
248.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The fifth Newsletter has been drafted and is with Morag Gardner for final approval.</p> <p>The IPCQIN Operational Group continues to meet but the Steering Group has not been well attended. Sandra Devine and Morag Gardner are to meet with Professor Wallace to discuss maybe merging the Operational Group and the Steering Group into one group.</p> <p>Sandra Devine reported that the workstreams are still working well.</p> <p>Laura Moore updated that she had discussions with Sandra Devine regarding urinary catheter infections in Care Homes and how this could link to ECBs as these mostly occur in the community.</p> <p>She said this will feed into unscheduled care and the Care Home Collaborative team. The Bladder Care Group are also looking at this.</p>	

Minute			Action
249.	Safe Care		
	(a)	Healthcare Improvement Scotland (HIS) Update	
		<p>HEI update for QEUH final report was submitted this week.</p> <p>Action Plan update for IRH is going through this week.</p> <p>The HIS report for the GRH inspection was published in January.</p>	
	(b)	Risk Register	
		<p>An updated copy of the Risk Register has been issued with the agenda. The main updates are as follows:</p> <ul style="list-style-type: none"> - A new risk has been added at the end of the Risk Register in relation to the contract of ICNet expiring at the end of this year. This is a national contract and if this is not renewed and another provider is put in place this would be considered a risk for IPC. With this HCAI surveillance system this allows early detection and indication of areas of concerns or deteriorating performance and links to clinical systems. NHS Lothian have also agreed this would be a risk to their Board. Sandra Devine reported that she has written to Scottish Government to say that if another provider was introduced this would take too long a time to be put in place. She said she has also raised this with Denise Brown, Director of E-Health. <p>The changes to the Risk Register were approved.</p>	
	(c)	Recent Outbreaks/Incident Reports	
		<p>Two Hot Debriefs were issued with the agenda and Gillian Bowskill updated on the following:-</p> <ul style="list-style-type: none"> - 3 HAI <i>Clostridioides difficile</i> infection (CDI) cases in G South, Inverclyde Royal Hospital (IRH). There was good work with management and the domestic team. Improvements demonstrated on repeat hand hygiene and SICPs audits. What did not go well was patients not being isolated or referred to IPCT at the point of developing symptoms. - 5 HAI Influenza A cases in Ward 14, RAH. During ward visit it was reported that 3 further patients had symptoms suggestive of Influenza and 4 patients had also developed sudden onset loose stools; none of these patients were isolated. There was good staff communication with Clyde SMT but there was a delay in respiratory samples from patients with respiratory symptoms. Also patients were not isolated or referred to IPCT at the point of developing symptoms. <p>Dr Bagrade informed that patient isolation was discussed at the Clyde Governance meeting yesterday. It is also discussed at local Clinical Governance group meetings and with Senior Management Teams.</p>	

Minute		Action
250.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<p><u>Aide Memoires</u> Lynn Pritchard reported that the Aide Memoires distributed with the agenda will be uploaded to the website next week.</p> <p><u>Changes to the National Infection Prevention and Control Manual (Chapter 3)</u></p> <p>A Briefing paper in relation to changes in the National Infection Prevention and Control Manual regarding definitions for outbreaks and incidents were issued with the agenda. The changes include the following:-</p> <p>An exceptional infection episode (original) A single case of any serious illness which has major implications for others (patients, staff and/or visitors), the organisation or wider public health e.g. infectious diseases of high consequence such as VHF or XDR-TB.</p> <p>To:</p> <p>An exceptional infection episode (revised) <u>A single case of an infection that has severe outcomes for an individual patient</u> OR has major implications for others (patients, staff and/or visitors), the organisation or wider public health e.g., infectious diseases of high consequence such as VHF or XDR-TB, botulism, polio, rabies, diphtheria.</p> <p>GGC have approximately 200 patients per day on IV antibiotics for serious infections and 500 blood cultures per month. This would mean these are serious infections and would require a PAG or IMT which could equate to 20-30 PAGs per week for IPC.</p> <p>As this is a significant risk to the NHS Board in that the reporting of this as it stands cannot be accomplished. GGC wish to continue to use the definition in the previous version of the guidance. Sandra Devine stated that she has discussed this with ARHAI and they will undertake a review.</p> <p>Sandra Devine reported that an SBAR regarding this was presented to AICC meeting last week and this now includes Appendix 1. She said the SBAR was also shared with other Infection Control Managers and NHS Lothian and Ayrshire & Arran are also looking into this.</p> <p>The committee agreed to note this pending further clarity from ARHAI.</p>	
251.	Reports from Associated Area Infection Control Governance Groups	
	(a) Antimicrobial Management Team	
	<p>An AMT report was issued with the agenda.</p> <p>Ysobel Gourlay reported that this outlines the use of IV antibiotics with regards to SABs. The numbers are decreasing in GGC and Ysobel said they are trying to use HEPMA (Hospital Electronic Prescribing and Medicines Administration) by entering information on to the system that oral antibiotics can be used.</p>	

Minute		Action
	Professor Wallace asked with regards to the target reduction who is monitoring this. Ysobel Gourlay stated that she reports to AUC every quarter. Professor Wallace requested a summary report for the next committee regarding the number of IV antibiotics over the years.	YG
	(b) Acute Infection Control Committee (AICC)	
	A copy of the last meeting's minutes were issued with the papers and noted.	
	(c) Partnership Infection Control Support Group (PICSG)	
	<p>The PICSG group last met on 4th April 2023.</p> <p>Laura Moore reported she had a meeting with Gillian Bowskill and Kirsty McDaid to discuss the Workforce Strategic Plan and how to link this to IJBs (Integration Joint Boards) this will then form part of the Work Plan.</p> <p>As the PICSG meetings are only well attended by IPC Laura Moore said that she will write to Chief Nurses in Health and Social Care Partnership to encourage better attendance at PICSG meetings.</p>	LM
	(d) Update from Public Health Protection Unit	
	<p>Dr Kennedy provided an update on the work of Public Health Protection Unit:-</p> <ul style="list-style-type: none"> - Cases of Cryptosporidium were reported in Vet students. - Winter flu letter has been received from Chief Nursing Officer. - Joint Health Protection Plan was approved at committee on Tuesday. - Public Health Scotland are leading on a lessons learned exercise regarding Mpox. A meeting was held yesterday afternoon and there were questions regarding the governance regarding national led management teams. There was also discussion regarding the vaccination process. Another 2 sessions are planned for next Thursday and Dr Kennedy said that he can forward the invite for these. - A look back to get live data regarding Hepatitis B blood infections process could start in June. 	
252.	AOCB	
	(a) HAI Education Strategy	
	<p>A copy of the above was issued with the agenda for noting.</p> <p>Lynn Pritchard advised that there are not many changes. The Urinary Catheter Care section has been removed as NES informed that this was out of date. This will be launched via Infection Prevention & Control so Senior Charge Nurses are aware of this.</p>	
	(b) IPCT Workforce Plan	
	The IPCT Workforce Plan was revised in April. This three year Workforce Plan reflects the challenges faced by the Infection Prevention and Control Service during the COVID Pandemic and identifies opportunities for new ways of working. The Plan sets out the requirements for the IPC service to retain and develop the right skills and capacity to continue to deliver strategic priorities.	

Minute		Action
	A key element of workforce planning is to focus on the requirement to ensure the service has appropriate succession planning arrangements in place. Specialist IPC roles have also been created within the service e.g. Clinical Scientist, Advanced Healthcare Scientist, HAI SCRIBE Infection Prevention and Control Nurse and IPC Support Workers. Sandra Devine said to note that these posts have been repurposed and no additional monies have been received for these posts.	
	(c) NICE guidance: Reducing the risk of transmission of Creutzfeldt-Jakob disease (CJD) from surgical instruments used for interventional procedures on high-risk tissues	
	A copy of the CMO letter regarding the above guidance issued on 7 th March 2023 was distributed with the agenda. One of the key changes to the NICE guidance is that it no longer recommends the maintenance of separate streams of neurosurgical instruments for those born before and after 1st January 1997. Dr Kennedy reported that GGC have already made the decision to make this change and the committee approved the funding for this.	
	(d) DL (2023) 06 - Changes to COVID-19 reporting and Healthcare Associated Infection (HCAI) Standards and Indicators Update	
	The above DL was issued on 28 th February 2023. This states that Scottish Government have further extended the healthcare associated targets by one year to 2024. Also as of Wednesday 1st March 2023, Health Boards will no longer be required to validate hospital onset data. Surgical site infection (SSI) and enhanced surveillance reporting remains paused for the time being but GGC are still carrying out local surveillance. The use of FRSM masks in general areas is not required anymore but continues to be required in clinical areas for patient care. Sandra Devine stated that she is hopeful to get an update regarding the use of masks. Helen Gemmell reported that it has been a challenge to ask staff to wear masks when the guidance states it is highly recommended and not mandatory. She said they are doing their best to encourage compliance with staff.	
	(e) Cryptococcus Infection Risk in Healthcare	
	Copies of the two documents regarding the above were issued with the agenda for noting. Sandra Devine stated that these were discussed at the Infection Control Managers Network meeting and are being implemented.	
	Professor Wallace reported that the CNO is reviewing ARHAI and the body that supports this for reporting to Scottish Government.	
253.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 15 th June 2023 at 9.30am.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 26 June 2023 at 1.00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Suzanne Clark	Public Partner
Helen Gemmell	Assistant Director Facilities
Mark Riddell	Assistant Director (Operational Estates)
Freddie Warnock	Head of Health & Safety
Lynn Pritchard	Nurse Consultant, IPC
Lynsay Gracie	Head of Decontamination
Natalia Hedo	Surveillance Operations Manager, Infection Prevention & Control
Dr Rosie Hague	Consultant in Paediatric ID/Immunology
Dr Paul Ryan	Non Exec Board Member
Morag Gardner	Deputy Nurse Director, Acute
Helen Benson	Acting Consultant Public Health
Gayle Brown	Head of FM North sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Andrew Seaton	ID Consultant/Lead AMT

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Tom Steele	Director of Facilities & Estates
Gillian Bowskill	Associate Nurse Director, IPC
Dr Linda Bagrade	Lead Infection Control Doctor
Billy Hunter	Deputy Director – Facilities and Corporate
Laura Moore	Chief Nurse
Dr Iain Kennedy	Consultant Public Health
Dr Scott Davidson	Deputy Medical Director

Minute		Action
254.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
255.	Matters Arising	
	<p><u>Publication of the Healthcare Associated Infection Strategy 2023-2025</u></p> <p>A copy of the above document has been published and Sandra Devine advised that this will be on the agenda for the next round of committees. Professor Wallace stated that five colleagues from GGC had input to the committee that developed the Strategy.</p>	

Minute		Action
	<p><u>IPC Committees - Cover Paper Template</u></p> <p>Natalia Hedo sought Committee members' approval for using a cover page for all future reports/papers submitted to the Committee to match the format and be in line with all the other Board Committees. The cover page includes among other things, an executive summary for main highlights of the report and any recommendations required by this Committee.</p> <p>The committee agreed to use the cover page. Ann Lang will issue the cover page for future meetings of the Committee and will also issue a report template that could be used if more appropriate.</p>	AL
256	Emerging Issues	
	Nil to update.	
257.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>A copy of the updated Work Plan was issued with the agenda. Lynn Pritchard provided a summary on the following points:</p> <ul style="list-style-type: none"> - The job description for the IPC Support Workers is with the evaluation panel. There will be a short life working group to develop an induction programme for these posts. - The HSCP Work Plan is now included as an Appendix. - Work is ongoing regarding education for patients and staff. Videos will be developed for Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) and the information leaflets will be available on video hopefully by the end of this year. - QR codes are also being developed for patient information leaflets and will be displayed in wards and departments. - HEI Steering Group is being reconvened and this will include bi-monthly corporate inspections. The first meeting of the group should have taken place in June but there was no date that suited all. Further dates have been issued to have a meeting in August/September. - The Annual Report is almost complete and the WHO guidance was used as the format of the report. <p>The Work Plan supports the IPC Annual Programme and Sandra Devine reported that there was a requirement from Clinical & Care Governance to have an Annual Report and for this to be based on the WHO guidance. This will be brought to the committee in the near future for approval prior to publication.</p> <p>Suzanne Clark said it would be helpful for all acronyms to be included in the glossary as she was not sure what ABHR stood for. Sandra Devine agreed to update this.</p> <p>With regards to page 5 under Surveillance, Professor Wallace asked if there was any update regarding developing an early warning system for high risk units. Sandra Devine replied that they are waiting on an update nationally.</p> <p>The committee noted this paper.</p>	SD

Minute		Action
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A copy of the draft HAIRT report was tabled for assurance, comment and approval and has already been approved at PICSG and AICC. Sandra Devine stated that this covers data for March and April and she provided the following update from the report:-</p> <ul style="list-style-type: none"> - The AOP targets are within control limits and funnel plots have been included in the report. Although ECB has been a challenge they are all within normal levels and below the mean. - Community chart for CDI shows a decrease in cases and we are currently below the established mean. If this continues for May there may be a consideration to lower the control line for CDI. - COVID-19 specific information will be removed as the numbers are down but the information regarding ward closures will still be included. - No incidents to report that were either Amber or Red. - Feedback from the Clinical & Care Governance was to look at compliance with MRSA & CPE. For Quarter 1 compliance for MRSA was 89% and 90% for CPE. The compliance for NHS Scotland for the same quarter was 78% for MRSA and 79% for CPE. <p>Dr Seaton asked when surveillance will be unpaused. Professor Wallace replied that GGC continue to carry out local surveillance whereas some other Boards, e.g. Lothian have stopped surveillance completely. Sandra Devine reported that there is a short life working group looking at c-section surveillance and to have electronic solutions. Ysobel Gourlay advised that local data is available and she has a meeting arranged with Dr Bagraade in August regarding surgical site infection surveillance related to arthroplasty.</p> <p>The committee approved the report.</p>	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Reports for March 2023 was issued with the agenda and Sandra Devine provided the following update:-</p> <ul style="list-style-type: none"> - The new SICPs Audit Tool has been launched and all wards are completing their SICPs audits. IPC will carry out quality assurance and will do 20% of audits and have a trend analysis of any gaps and to offer education if required. - The number of ward closures are listed in the report. - Hoping to include the sector funnel plots for each hospital site for ECB, SAB and CDIs. <p>The committee noted the report.</p>	
	(d) Update on Public Inquiries	
	<p>Work is ongoing to gather information for the Public Inquiry and to support all aspects of this.</p> <p>The expert panel spent time in QEUH and RHC and colleagues will be giving evidence to the Public Inquiry later in July.</p> <p>Freddie Warnock stated that the police investigation is ongoing and colleagues are being contacted by the police.</p>	

Minute		Action
	<p>At the Acute Partnership Forum Morag Gardner commented that she heard from colleagues that had contributed to the Public Inquiry and said they felt supported by Rachel McGowan, Corporate Legal & Witness Support Manager and her team.</p>	
	(e) Update from Estates & Facilities	
	<p><u>Water/Ventilation Update</u> Mark Riddell confirmed there were no issues to escalate to the committee.</p> <p>Copies of the minutes of the Board Water Safety Group and the Board Ventilation Safety group were issued and noted.</p> <p>In relation to the WS01A returns Mark Riddell confirmed there has been an increase across sectors. He said they trialled a pilot scheme for specific directorates. For the fourth quarter the returns were 50% and for the first quarter for QEUH returns are 100% with an improvement in RHC also as returns are 90%.</p> <p>The Board Water Safety Group asked Allan Gallagher to set up a short life working group for the removal of point of use filters. Mark Riddell said that any removal process will include key stakeholders. Morag Gardner stated that she would be keen to have clinical engagement as there is some anxiety regarding this. Mark Riddell commented that it would be helpful to have a nominated person that can join the short life working group and he is happy to support sector or site representatives.</p> <p>With regards to the minutes of the Board Water Safety Group Professor Wallace said there is a discussion regarding birthing pools and asked for an update regarding this. Mark Riddell stated that he had an action to contact NHS Assure and they responded last week with the information being shared with IPC. He said this will be raised nationally at a meeting in July and if there are any questions for this meeting to let Mark know.</p>	
	<p><u>GRI Air Handling Unit Report</u></p> <p>A company were appointed by GGC to carry out a survey of 25 air handling units located within GRI.</p> <p>The purpose of the survey was to record the existing condition of the units to assist in the planned replacement of these. A replacement programme will take place for GRI, GGH and IRH.</p> <p>Summary of the findings for GRI were distributed with the agenda and Mark Riddell advised the sections highlighted in red are the areas that they need to focus on.</p> <p>A short life working group is being arranged and will include Mark Riddell, James Huddleston, Freddie Warnock and IPC. A meeting will take place in July and this will discuss the areas that need to be concentrated on. Professor Wallace said if there are any risks to look at how we can manage the risks and to investigate these.</p>	

Minute		Action
	<p><u>Facilities Update</u></p> <p>Helen Gemmell provided the following update:-</p> <ul style="list-style-type: none"> - The domestic department have returned to carrying out SICPs. The exception to this is the Beatson, where the domestic team have been asked to continue with facemask wearing by clinical staff. This was raised at the recent AICC meeting. - The 10 step planner has been implemented and this will transfer over to the Facilities Quality and Performance team. It is expected that the transition will take place during July, with a planned completion date of 21st July 2023. An external auditor will carry out quarterly audits for 6-9 months in addition to the Facilities Management tool. - Decontamination purchased equipment e.g. sterilisers etc. A number of endoscopy cabinets have been bought but the noise level associated with these is very loud. Lynsay Gracie is working with the Endoscopy teams regarding this. - The roll out of the red hamper bags for laundry is being rolled out to remaining sites at the beginning of June. Compliance is better with linen placed in the red bags and anything not segregated properly will be returned to the ward to address. <p>Freddie Warnock asked for further clarification regarding the noise level associated with the endoscopy cabinets. Lynsay Gracie updated that the specification for the endoscopy storage cabinets is 50 decibels and the company that provided the cabinets comply with less than 50 decibels. She said these have different sound profiles and may need to reduce the optimal sound levels. Freddie Warnock offered any support to Lynsay.</p> <p>On the FMT Domestic Scores chart Professor Wallace noticed that a couple of places had no scores. She also commented that on the second chart there were 35 non schedule audits. Helen Gemmell reported that they are trying to increase assurance and the validation audits are going through FM Teams.</p> <p>Professor Wallace asked if domestic staff recruitment had increased and Helen Gemmell replied that they are having another recruitment event. She said they are trying to encourage to reduce the use of agencies and increase internal staffing levels.</p>	
258.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>A meeting has been arranged with Morag Gardner and Sandra Devine to discuss the possibility of merging the Operational and the Steering Groups together into one group.</p> <p>The fifth Newsletter should be issued via Core Brief this week.</p>	
259.	Safe Care	
	(a) Healthcare Improvement Scotland (HIS) Update	
	<u>SBAR QEUH Unannounced Inspection</u>	
	A copy of the above document prepared by Sandra Devine and Morag Gardner was issued to the committee for assurance that all actions have been completed.	

Minute		Action
	Sandra Devine reported that this inspection was different as Scottish Government requested this take place regarding possible issues with Aspergillus. A large amount of documents were issued to HIS and a final draft report was published last year. All actions within the report have been achieved and the action plan has been closed.	
	<u>Public Involvement input for Inspection Improvement Plans</u>	
	A meeting took place with Sandra Devine, Morag Gardner and Daniel Connolly regarding public involvement with inspection improvement plans. This brings a number of challenges as Boards only have 5 working days to complete the improvement action plan. Morag Gardner said there is willingness from public partners. The aim is to test this with the next draft report and a SOP will be created to align to this. Professor Wallace asked for this to be shared through the networks.	
	<u>SBAR for HAI Standards / Gap Analysis</u>	
	<p>A copy of the above SBAR was distributed with the agenda. Lynn Pritchard advised that the HAI Standards were updated in May 2022. 9 standards were looked at and there are 48 recommendations in the Standards which 5 are partially met and 43 fully met.</p> <p>A 6 monthly report will be completed and this will include Hot Debriefs, education for staff, relaunch of the IPC Bulletins, toolbox talks and to reintroduce the IPC Newsletter.</p> <p>Professor Wallace asked what the timescale is in terms of meeting these recommendations and to ensure there is oversight of these until these are fully met. Lynn Pritchard advised that staff are to have protected time for learning and there is a programme of work for the rest of this year.</p>	
	(b) Risk Register	
	A meeting was held on Friday to update the Risk Register for IPC. Natalia Hedo confirmed that this will be presented to the next committee. She said there were no risks escalated to the Corporate Risk Register. Professor Wallace said it would be helpful to forward the updated Risk Register prior to the next meeting.	NH
	(c) Recent Outbreaks/Incident Reports	
	<p>Copies of the following Hot Debriefs were issued with the agenda and Lynn Pritchard updated on the following:-</p> <ul style="list-style-type: none"> • Hot Debrief – Ward 8C, GGH • Hot Debrief – G South, IRH • Hot Debrief – Ward 14, RAH • Hot Debrief – Linezolid Resistant VRE, GRI • Hot Debrief – ECMO & Heater Cooler Machines, RHC <p>She said that the lessons learned are quite similar and there requires improvement in relation to hand hygiene, samples obtained and isolation. This was discussed at the recent AICC meeting and a hand hygiene bulletin can be used for including information in the IPC Newsletter. This could also be used as topic of the week or month by the ICNs.</p>	

Minute		Action
	Morag Gardner informed that these Hot Debriefs are circulated to sector clinical governance meetings as well as being discussed at AICC.	
260.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<u>Decontamination Guidance</u>	
	In relation to the above guidance Lynsay Gracie asked for this guidance not to be approved at this time to allow her to offer a couple of updates and suggested this was brought back to the next committee for approval. Lynsay Gracie and Lynn Pritchard to discuss.	LG/LP
	<u>Group A Streptococcus Guidance</u>	
	Dr Hague asked why gloves and aprons are still required in cubicles as evidence suggests that the use of gloves stops staff from washing their hands. She suggested that GGC discuss this with ARHAI to re-evaluate this. Professor Wallace assured Dr Hague that many discussions have taken place with ARHAI and Scottish Government Policy Unit. Lynn Pritchard reported that this is based on national guidance and ARHAI did revise the PPE guidance. She said this could be raised via the IPC network to see how other Boards are managing this.	LP
261.	Reports from Associated Area Infection Control Governance Groups	
	(a) Antimicrobial Management Team	
	An AMT report was issued with the agenda and Ysobel Gourlay updated on the following:- <ul style="list-style-type: none"> - A memo and SBAR highlighting the alternatives to Tiasept and Unisept, both which have been discontinued, has been issued. A couple of comments have been received. This has also been sent to Morag Gardner and Sandra Devine to forward to the governance groups. - GGC are meeting the national targets for Primary Care, IV Antibiotics and Access Antibiotic use. There has been an increase in antibiotic use in Primary Care, due to the recent increase in Group A Streptococcal infections and a decrease in access antibiotics. 	
	(b) Acute Infection Control Committee (AICC)	
	A copy of the last meeting's minutes were issued with the papers and noted.	
	(c) Partnership Infection Control Support Group (PICSG)	
	The PICSG group last met on 6 th June 2023 and the previous minutes were noted by the committee. Suzanne Clark asked what the difference is between SOPs and Aide Memoires and Sandra Devine replied that although there was the national manual some Boards had their own policies or SOPs. Health & Safety advised that these policies should be SOPs but are now called Aide Memoires. Lynn Pritchard advised that IPC are trying to direct staff to the national manual but will have a one page summary available for staff to have access to.	

Minute		Action
	Professor Wallace reported that the Oversight Board were critical of us having Aide Memoires and said we should try and make information readily available for staff.	
	(d) Update from Public Health Protection Unit	
	<p>Dr Benson provided an update on the work of Public Health Protection Unit:-</p> <ul style="list-style-type: none"> - There was a possible outbreak of E. coli linked to a wedding party returning from Mexico. No onward transmission was reported and this incident has been closed. - Work is ongoing regarding Hepatitis B cases. - Vaccination for Spring/Summer COVID-19 booster continues to operate to the end of June. - Running mass vaccination clinics throughout the months of July and August for Shingles and Pneumococcal. - PHPU are supporting the Boards involvement in the UCI world championships, being hosted by Glasgow in August. - Work is ongoing on the three yearly outbreak plan exercise. This will be due in first half of October. - There has been a significant increase in the number of investigations of lead in children. This is due to a change in the threshold of detection in the laboratory and is not a real increase as it is due to testing more. 	
262.	AOCB	
	(a) DL (2023) 11 – Withdrawal of the Coronavirus (COVID-19): Extended Use of Face Masks and Face Coverings Guidance Across Health & Social Care	
	A copy of the above DL (2023) 11 was issued on 16 th May 2023 to withdraw the use of face masks. Lynn Pritchard reported that a lot of feedback has been received regarding this and ARHA updated the PPE guidance to reflect these changes.	
	(b) Annual IPC Annual Programme 2023-2024	
	The programme is updated every year and Sandra Devine reported that the two year strategy plan is included in this with the updates highlighted in green. Professor Wallace stated that IPC remains a Board priority and Work Plans reflect this.	
	(c) Risk Assessment Ward 2A/2B RHC	
	<p>The Risk Assessment regarding Ward 2A/2B, RHC has been updated and disseminated to the group for information. Sandra Devine reported that IPC took advice from Health & Safety and this is an updated version. There is ongoing water testing taking place once a month in the area and enhanced supervision will be carried out.</p> <p>Freddie Warnock stated that the format of the Risk Assessment is changing the flow of hazards, risks and control measures.</p>	
	(d) Pseudomonas Risk Assessment	
	Pseudomonas Risk Assessment was issued with the agenda for approval and has already been to PICSG and AICC.	

Minute		Action
	<p>Sandra Devine reported that a review of all blood cultures for <i>Pseudomonas aeruginosa</i> in GGC is undertaken every year, to identify areas with a trigger of 2 or more patients with <i>Pseudomonas aeruginosa</i> in a blood culture in a 2 week period.</p> <p>The committee approved this paper.</p>	
	As this is Helen Gemmell's last BICC meeting Professor Wallace wished to thank her for her support and proactive way of working with colleagues. The committee wished her well in her new job.	
263.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 20 th April 2023 were accepted as an accurate record.	
264.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
265.	Date of Next Meeting	
	The date of the next meeting is scheduled for Thursday 24 th August 2023 at 3.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 24 August 2023 at 3.00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Dr Linda Bagraade	Lead Infection Control Doctor
Mark Riddell	Assistant Director (Operational Estates)
Lynn Pritchard	Nurse Consultant, IPC
Natalia Hedo	Surveillance Operations Manager, Infection Prevention & Control
Dr Rosie Hague	Consultant in Paediatric ID/Immunology
Gayle Brown	Head of FM North sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Andrew Seaton	ID Consultant/Lead AMT
Laura Moore	Chief Nurse
Dr Iain Kennedy	Consultant Public Health
Dr Scott Davidson	Deputy Medical Director
Jen Rodgers	Deputy Nurse Director

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Tom Steele	Director of Facilities & Estates
Gillian Bowskill	Associate Nurse Director, IPC
Billy Hunter	Deputy Director – Facilities and Corporate
Lynsay Gracie	Head of Decontamination
Freddie Warnock	Head of Health & Safety
Suzanne Clark	Public Partner
Morag Gardner	Deputy Nurse Director, Acute

Minute		Action
266.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
267.	Matters Arising	
	Nil to update.	
268	Emerging Issues	
	<u>Ward 45, GRI – MRSA</u> There are 9 cases of MRSA and 6 of these are confirmed cases. There are patients in ITU that require to be stepped down into the unit. Work is ongoing to work through the control measures and as this is a national centre the unit cannot close.	

Minute		Action
	<p>Professor Wallace reported that there has been a large amount of work involved in this incident which included staff testing and she wished to thank colleagues for all their work.</p> <p>Dr Seaton asked if this was a common type of organism or hospital associated with anything else and Dr Bagraade replied that this is specific to the Burns Unit. In terms of common or hospital associated the origin is livestock and is now humanised. She said this is difficult to control as not sure of the primary source of the problem. Sandra Devine assured that all patients are colonised and samples have been taken but this is not impacting significantly on their care. Dr Bagraade said they excluded contamination because of the swabs and lab process and it looks as if it points to something in the ward. Professor Wallace and Dr Davidson agreed to look at how to manage the next steps and think of potential scenarios and how to support colleagues.</p> <p><u>Legionella – RAH</u></p> <p>There has been temporary fluctuation in the water in RAH and Sandra Devine reported that the next step was to test for Legionella in two wards. The wards tested were a Mental Health Elderly ward and the other was a Care of the Elderly ward. A couple of the outlets tested positive for Legionella. Both wards were decanted but a lot of the outlets are too old for Point of Use filters. Mark Riddell has an Action Plan in place for both of the wards. Sandra Devine commented that colleagues in Lothian have been dealing with the same issue for approximately 9-10 months. Scottish Government also reported that 8 Boards are reporting the same situation. Mark Riddell agreed to put the Action Plan on the BICC chat.</p>	<p>AW/SD</p> <p>MR</p>
269.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>A copy of the updated Work Plan was issued with the agenda. Lynn Pritchard provided a summary on the following points:</p> <ul style="list-style-type: none"> - In relation to the IPC Workforce; 3 posts have been advertised for IPC Support Workers. - Work is ongoing to review online education and novel ways to enhance staff learning. Narrated educational videos for hand hygiene and others focusing on SICPs and TBPs have been produced. - A meeting was held to discuss audit functionality on CAIR. Following 6 months of QI audit, a review will be undertaken comparing QI audit results with wards/departments. There was quite a comparison in scores from IPC and CAIR. A paper will be provided at the next BICC meeting in October. - With regards to compliance with HIS Standards, the HEI Steering Group has been re-established and a meeting has been arranged for 12th September 2023. - Annual Report is in draft and will be available for future meeting. <p>The committee noted this paper.</p>	LP
	(b) Draft HAI Reporting Template (HAIRT)	
	A copy of the draft HAIRT report was tabled for assurance, comment and approval and has already been approved at PICSG and AICC.	

Minute		Action
	<p>Sandra Devine stated that this demonstrates performance during May to June period and she provided the following update from the report:-</p> <ul style="list-style-type: none"> - The AOP targets for SAB, ECB and CDI are within control limits. - Clinical Risk Assessment (CRA) compliance was 90% for CPE and 89% for MRSA in the last validated reporting quarter (Q1-2023). From the local information received the trend continues into the second quarter. - There has been an increase in the number of CDI cases in June and due to this an additional analysis of the cases is being undertaken with specific regards to possible increases in PPI or antimicrobial prescribing which may have had an influence on numbers. So far there has been a reduction in cases for July and August. - There has been an increase in the number of COVID-19 positive patients in hospital. <p>With regards to the increase in CDI cases Dr Seaton asked if this was a new emergence and Dr Bagrade replied that not all cases are typed and only the ones that are severe are typed. She said this could be seasonal variation and more testing taking place. Also they are looking to see if this could be antibiotic or PPI driven. Dr Seaton commented that when comparing GGC with the whole of Scotland GGC are prescribing lower. If there is a sustained increase then more detailed analysis will be carried out</p> <p>The hospital associated SABs have come down and Dr Bagrade stated that they are looking closely at the data and done work specifically for each sector. The SAB groups are restarting and will have a specific issue for each sector.</p> <p>Ysobel Gourlay reported that Antimicrobial Pharmacist has put in the report a trigger for 2 CDI cases in BMT Unit. The antibiotic use is as per protocol and nothing inappropriate to mention and the IV antibiotic use is up but down compared to 2018 use.</p> <p>The funnel charts have also been included in the report which compares GGC to other Health Boards and Sandra Devine reported that all other Boards are having issues meeting the target for ECBs.</p> <p>The committee approved the report.</p>	
	(c) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>The Monthly Activity Reports for May 2023 was issued with the agenda and Dr Bagrade updated on the following:-</p> <ul style="list-style-type: none"> - There were 7 ward closures in GGC hospitals in May 2023, 3 were due to COVID-19, 3 due to Norovirus and 1 with Suspected Gastroenteritis. - Good uptake with the Learnpro modules. - SAB, ECB and CDI are all within the control limits. - Work is ongoing with the local SAB groups. - No Red incidents to report for May. <p>The committee noted the report.</p>	
	(d) Update on Public Inquiries	
	<p>Work is ongoing to gather information for the Public Inquiry and to support all aspects of this. Colleagues have also given evidence to the Inquiry. This has had a large impact on the Board in terms of managing this with the number of Press Inquiries and FOI requests received.</p>	

Minute		Action
	<p>The Public Inquiry is paused at the moment as 3 Counsels resigned and other staff have been appointed. GGC continue to provide information as required.</p> <p>The Executive Team is chaired by the Chief Executive and Professor Wallace reported that GGC is dealing with so much but continues to support the Inquiries.</p>	
	(e) Update from Estates & Facilities	
	<p><u>Water/Ventilation Update</u></p> <p>Mark Riddell confirmed that work continues at RAH Wards 36 & 37. The local team are pushing ahead with remedial works to the water system and taking the opportunity to complete as many maintenance tasks as possible while the ward is decanted. Ward 37, RAH is due to be handed back in early September which is ahead of schedule. Ward 36, RAH may take longer and will be at least early October for handover. He advised that he has put the Action Plan on the chat.</p> <p>At GRI, Mark Riddell reported that there are a lot of risk mitigations put in place regarding ventilation. Dr Bagrade stated that the local teams identified possible actions to stabilise the existing ventilation system. If the unit is empty work can be carried out to improve the toilet exhaust and supplies.</p> <p>In relation to birthing pools, Dr Marek raised the question if other Boards in Scotland are testing the water. It was noted that only Highland carry out testing as they had a patient with Pseudomonas. Discussions are ongoing nationally and Mark Riddell will update on this when information is available.</p> <p>Short life working group has been created for the removal of point of use filters. A SOP will be developed and presented for the Board Water Safety Group for approval. The trial will take place in Ward 6A, QEUH.</p> <p>Dennis Kelly has carried out a training programme for clinical and domestic staff and new dates have been issued for October. This includes a session in QEUH and one in GRI.</p> <p>With regards to the ventilation at GRI, Sandra Devine asked if this had been highlighted to Neil McCallum, Director, for his awareness. Mark Riddell updated that this was mentioned at the last BICC and the buildings are 50-60 years old. There is concern that this could take approximately 30 years to replace and funding would be required for this. A short life working group has been set up which includes Mark Riddell, Thomas Mills, Hugh Brown and James Huddleston. The group will look to prioritise what systems need to be replaced first. Mark Riddell confirmed that he is happy to have a discussion with Neil McCallum. Professor Wallace said that BICC is happy to provide support to this group. She also stated that in relation to the output from the short life working group to ensure this is escalated to the right group.</p> <p>A meeting has been arranged with Dr Bagrade, Dr Marek and Freddie Warnock to discuss the ventilation reports and to maybe have a checklist or generic risk assessment. Dr Bagrade commented that a poor report is a failed report and we need to be aware of what kind of risk this may pose.</p>	<p>MR</p> <p>MR</p>
	<p><u>Facilities Update</u></p> <p>Gayle Brown provided an update on the work of Facilities:-</p> <ul style="list-style-type: none"> - A further recruitment drive took place for Domestic staff and the number of Domestic staff has steadily increased. 	

Minute		Action
	<ul style="list-style-type: none"> - The 10 step planner has been embedded and is available on Sharepoint. Domestic Managers were trained on this yesterday and will start this from 4th September 2023. - The Facilities Quality and Performance team are taking over external contracts. This will be reviewed after month one and month three to check if the same. - Work is ongoing with regards to the work involved with the IMT at GRI. FMT scores are sitting at 90% Further investigation is taking place regarding not being able to access unscheduled audits at the end of the quarter and approximately 900 audits have been carried out. <p>Copies of the minutes of the Board Water Safety Group and the Board Ventilation Safety group were issued and noted.</p>	
270.	Person Centred Care	
	(a) Update from Improvement Collaborative	
	<p>The fifth issue of the Newsletter has been published. This includes updates on the three workstreams and SAB groups.</p> <p>It has been agreed to merge the Operational and the Steering Groups together. The Terms of Reference for the group have been drafted and the first meeting of the new merged group is scheduled for 15th September 2023.</p>	
271.	Safe Care	
	(a) Healthcare Improvement Scotland (HIS) Update	
	<p>An unannounced inspection took place at GGH on 23rd and 24th May 2023. This inspection resulted in six areas of good practice, one recommendation and three requirements. Lots of good practice was identified as well as compassionate care and a supportive culture with senior managers and nurses. Some improvements are required which include hand hygiene. Sandra Devine confirmed that hand hygiene education sessions have been carried out in all wards.</p> <p>The 16 week Action Plan for GRH was submitted last week.</p>	
	(b) Risk Register	
	<p>A copy of the updated Risk Register for IPC was issued with the agenda.</p> <p>Natalia Hedo reported that the cover page highlights the main points in the report.</p> <p>Dr Hague stated that due to the lack of training in PPE for high consequence disease should this not be entered on the Risk Register. Dr Kennedy advised that this should maybe be discussed at the Emerging Pathogens meeting. Dr Seaton said there is ongoing concern regarding the ability to manage a high consequence case in an area as some of these areas are being used as general medical beds.</p> <p>This has been raised locally and nationally that there is nowhere to put patients. Dr Bagraade said that this was raised at AICC and as this is not a risk for IPC this needs to sit somewhere else and should not be part of IPC's Risk Register.</p>	

Minute		Action
	<p>In terms of bed placement Dr Davidson reported that there was a detailed document regarding rooms that were most appropriate for these patients. If rooms were not available this should be entered on Datix and SAERs process followed. He suggested this was raised at South Clinical Governance and Acute Clinical Governance meetings to have an agreed pathway. Dr Seaton commented that not all cases are entered on Datix and he has raised this at the South Clinical Governance group. He also stated that they have dealt with VHF approximately 3-4 times. Dr Kennedy said that he thought the VHF pathway had been reviewed recently and is worried that Public Health are not being told of any query MERS cases etc.</p> <p>Natalia Hedo said there is a proposal to take the IPC Risk Register off the agenda and bring this back once a year to BICC for assurance and if anything changes and needs escalated this should be brought back to BICC. Professor Wallace stated that they are waiting on the appointment of a new Risk Manager and could defer this until they are in post. She recommended that a discussion takes place with Elaine Van Hagen regarding this.</p>	NH
	(c) Recent Outbreaks/Incident Reports	
	<p>Copies of the following Hot Debriefs were issued with the agenda and have been shared with AICC for learning.</p> <p>Lynn Pritchard updated on the following:-</p> <ul style="list-style-type: none"> • <u>Hot Debrief – Rhizopus, GGH</u> This was a HAI attributed to Critical Care Unit 4 in November 2022. The patient had numerous transfers between surgical ward and Critical Care due to deterioration in clinical condition. Deterioration was not thought to be due to Rhizopus. • <u>Hot Debrief – Langlands, QEUH</u> Three wards within the Langlands unit, QEUH closed due to confirmed norovirus. These wards were Ward 51, 54 and 55. Hand hygiene issues were identified and IPCT carried out education sessions and hand hygiene audits in all three wards. The hand hygiene bulletin was reissued and used as topic of the week for the last two weeks. 	
272.	Effective Care	
	(a) National Infection Prevention & Control Manual Updates	
	<p><u>Whooping Cough Guidance</u></p> <p>The above guidance was approved.</p>	
	<p><u>Meningococcal Disease Guidance</u></p> <p>The above guidance was approved.</p>	
	<p><u>Decontamination Guidance</u></p> <p>In relation to the above guidance Lynsay Gracie asked for time to review this document but has not submitted any comments. Lynn Pritchard asked BICC to approve this document and if there are any comments from Lynsay Gracie they could be emailed to BICC members.</p>	

Minute		Action
	Members approved the above document but Professor Wallace asked for this to be on the agenda for the next committee to confirm no comments received from Lynsay Gracie.	
	<u>Patient Placement SOP</u> The above SOP will be presented to the next BICC for approval.	
273.	Reports from Associated Area Infection Control Governance Groups	
	(a) Antimicrobial Management Team	
	<p>An AMT report was issued with the agenda and Ysobel Gourlay updated on the following:-</p> <ul style="list-style-type: none"> - GGC are meeting the national targets for Primary Care, IV Antibiotics and Access Antibiotic use. - Tazobactam use is highest it has been and this is due to stopped using Temocillin. - Primary Care prescribing has recovered despite a large increase in antibiotic use due to an increase in Group A Streptococcal infections. This is now back down to the seasonal norm but slightly above pre pandemic. - National work is ongoing regarding the AMR national Action Plan. There appears to be better engagement with the nurses. Appointment to take place for an Antimicrobial Stewardship Nurse or to have a leading role. A meeting will take place with Professor Wallace, Dr Seaton, Ysobel Gourlay and Mairi MacLeod on how to developm this role. 	
	(b) Acute Infection Control Committee (AICC)	
	<p>A copy of the last meeting's minutes were issued with the papers and noted.</p> <p>Dr Davidson asked for further clarification for staff with COVID-19 related absence as communication should be issued to all staff. Sandra Devine replied that HR guidance is not aligned to the new CMO letter issued and this has been raised nationally. It was agreed to put this on the Action Log for the next committee.</p>	SDa/ SDe
	(c) Partnership Infection Control Support Group (PICSG)	
	<p>The PICSG group last met on 6th June 2023 and the previous minutes were noted by the committee.</p> <p>Laura Moore updated on some of the points from the meeting:-</p> <ul style="list-style-type: none"> - Care Homes are getting different guidance regarding COVID-19. - Mental Health have started to carry out QA SICPs audit. The first audit scored completed for a Mental Health ward was Red but was re-audited and scored 93% which is Green. - Looking at ways to get the public involved in IPC Implementation Plan. - Videos have been developed for Care Homes which include hand hygiene etc. and these have been well received. 	

Minute		Action
	(d) Update from Public Health Protection Unit	
	<p>Dr Kennedy provided an update on the work of Public Health Protection Unit:-</p> <ul style="list-style-type: none"> - Legionella has seen an increase nationally. This could be associated with the hot weather in the summer and some water issues. - Two significant outbreaks to report. One is a unique type of shigella flexneri with 10 cases in GGC, 11 cases in Lanarkshire and 4 in England. A Care Home had an outbreak of scabies and all residents were treated with Permethrin although there could be a resistance to this. Residents may now get oral treatment of Ivermectin. - With regards to COVID-19 there had been a slight increase in cases but this is starting to plateau. There is no evidence that this increase is severe or the strain is of concern. - A three-yearly GGC area-wide Incident and Outbreak Management Plan is taking place on 10th October 2023 and colleagues are asked to participate in this. - Autumn/Winter seasonal vaccine begins in September for flu only and October for flu and COVID. Discussions are ongoing with staff and Public Health to promote the uptake of this. Non front line staff will be offered the flu vaccine only and front line staff will be offered both vaccines. <p>Sandra Devine asked in relation to the flu how Public Health capture the number of staff that have been vaccinated. Dr Kennedy replied that work is ongoing to cross check this information but it is difficult to filter by employer.</p>	
274.	AOCB	
	(a) DL (2023) – Publication of the Healthcare Associated Infection Strategy 2023 – 2025	
	The above DL is a two year strategy that is being published. Sandra Devine reported that the purpose of the two year strategy is to set out CNO's approach to supporting NHS Scotland to reduce HCAs, as we recover from the COVID-19 pandemic. She confirmed that she will prepare a GGC IPC Strategy, and the key deliverables, which are relating to Scottish Government, will be aligned to our own work on this.	
	(b) CMO/CNO Letter – Changes to Scottish Government COVID-19 Testing Guidance	
	A copy of the above CMO/CNO letter was issued with the agenda. Sandra Devine reported that clarity has been sought from Scottish Government regarding the letter.	
275.	Minutes of Previous Meeting	
	<p>The minutes of the previous meeting held on 26th June 2023 were accepted with the following amendment:-</p> <p>Page 4, para 4 should read: "... for the first quarter for Regional Services returns are 100%"</p>	

<i>Minute</i>		<i>Action</i>
276.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
277.	Date of Next Meeting	
	The date of the next meeting is scheduled for Monday 30 th October 2023 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Wednesday 21st February 2024 at 3.00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Dr Linda Bagrade	Lead Infection Control Doctor
Mark Riddell	Assistant Director (Operational Estates)
Gillian Bowskill	Associate Nurse Director Infection Prevention & Control
Lynn Pritchard	Nurse Consultant, IPC
Dr Iain Kennedy	Consultant Public Health
Sharon Johnstone	Head of FM Operations, South
David Mains	Deputy Health and Safety Manager
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Andrew Seaton	ID Consultant/Lead AMT
Kara Black	IPC Business Manager (minute taking)
Sue Clark	Public Partner
Laura Moore	Chief Nurse, Inverclyde HSCP

Apologies received:	
Freddie Warnock	Head of Health & Safety
Dr Scott Davidson	Deputy Medical Director
Jen Rodgers	Deputy Nurse Director
Jayne Jones	Assistant Director, Facilities and Production
Natalia Hedo	Surveillance Operations Manager, Infection Prevention & Control
William Hunter	Deputy Director, Facilities and Corporate

Minute		Action
266.	Welcome and Apologies	
	<p>Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.</p> <p>Professor Wallace noted colleagues are asked to provide a deputy to the meeting if members are unable to attend. Sandra Devine will discuss with colleagues regarding instating an additional Board Infection Control Committee meeting as the last meeting in December 2023 was cancelled due to the quorate not being met.</p> <p>Dr Linda Bagrade and Dr Scott Davidson are meeting with Elaine Vanhegan regarding ToR and quorate for the committees.</p>	<p style="text-align: center;">SD</p> <p style="text-align: center;">LB/SDav</p>
267.	Matters Arising	
	Nil to update.	
268	Emerging Issues	

	Mark Riddell advised there are concerns regarding the ultrasound rooms and refurbishment of CT equipment at the GRI. Updates will be provided to the BICC as meetings take place to discuss this. Sandra advised this has been discussed with Tom Steele and a process is being worked through with Mark. The BICC note the update.	MR/AW/TS/SD
269.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>A copy of the updated Work Plan was issued with the agenda. Gillian Bowskill provided a summary on the following points:</p> <ul style="list-style-type: none"> - The HAI Scribe Nurse has now retired, and this position is vacant. Dr Linda Bagrade and Lynn Pritchard will review the post to absorb this workload into the IPCT. A discussion will also take place with Estates colleagues to update them on the approach. - Education – the IPCT newsletter was distributed in December and will be shared every 4-5 months. A hard copy was also provided to the Wards and will be disseminated through the Core Brief and Sharepoint. - The SICPs module has been updated and is regularly reviewed. - The IPCT had plans to produce narrated patient videos however this has been paused until April until the financial pause has been reviewed. The background work is underway, the filming element will be commenced again in April. - HSCP Appendix 1 – A meeting is taking place today in Inverclyde for hand hygiene champions. - Education video clips were created for HSCP and Care Home staff. This has been released on the Care Home Collaborative website. - A test to promote the SICPs tool is underway. <p>Sue Clark asked for CAIR and TBPs to be explained within the glossary of the document.</p> <p>Gillian advised the IPCT is continuing with the Quality Improvement Calendar. Ad-hoc SICPs audits are underway. The audit tools for the corporate audits are ready and plans are underway to undertake the audits in the coming months. Sandra Devine confirmed there are various audits underway.</p> <p>Dr Kennedy advised PHS are looking into whether this year is exceptional for Norovirus cases and will update the committee in due course.</p> <p>Sandra Devine advised a summary of any elements that aren't completed in the workplan for 2023/24 will be provided, ahead of the workplan being developed for 2024/25. An update will be provided at the next round of committees.</p> <p>The committee noted this paper.</p>	
	(b) Draft HAI Reporting Template (HAIRT)	
	A copy of the draft HAIRT report was tabled for assurance, comment and approval and has already been approved at AICC.	

		<p>Sandra Devine stated that this demonstrates performance during November to December period and she provided the following update from the report:</p> <ul style="list-style-type: none"> - The AOP targets for SAB, ECB and CDI are within control limits. - SSI surveillance is paused nationally, although the IPCT have continued surveillance as much as possible. - Due to an administration error a 0-90 days tag to detect SSIs, following surgical procedures, was removed on ICNET and not replaced with the 0-30 days tag for Orthopaedic Procedures. As a result, no SSIs were detected and therefore not investigated during the period of July–October 2023. This issue came to light in November and has been since rectified. The team are carrying out a lookback exercise to provide assurance. - Clinical Risk Assessment (CRA) compliance was 76% for CPE and 84% for MRSA in the last validated reporting quarter (Q3-2023). Members discussed the cause of the compliance reduction and noted winter challenges may have been a contributor. - 2 Amber HIIATs for this time period were noted. GRI Ward 12 RSV and GRI Ward 4 Influenza A. - It was noted the hand hygiene compliance rate increased in December 2023. Sandra Devine noted that Stefan Morton focuses on areas with high and low compliance for audit purposes. - Professor Wallace noted a national report that was received highlighting the Estates and Cleaning Compliance. Further discussion regarding how NHSGGC compares to national figures will take place with Professor Wallace, Mark Riddell and Sandra Devine. Mark Riddell noted areas that have slightly lower compliance are old buildings and a refurbishment programme is required to increase the infrastructure to the compliance rate. The financial position was noted to be a contributing factor. <p>The committee approved the report.</p>	
	(c)	Monthly Activity Report for Acute Clinical Governance Committee	
		<p>The Monthly Activity Report for December 2023 was issued with the agenda and Dr Bagrade updated on the following:</p> <ul style="list-style-type: none"> - There were 30 ward closures in GGC hospitals in December 2023, due to COVID-19, Norovirus, Gastroenteritis, Flu and RSV. - Good uptake with the Learnpro modules. Dr Bagarde confirmed this is a snapshot of the information and is provided by the Learning and Education colleagues. Antimicrobial stewardship is not explicitly included however reporting on this will be considered by Dr Bagrade. Lynn Pritchard advised an action from the Internal Audit was to review the statutory mandatory IPC module. It was noted staff moving between areas, including junior medics results in the system not capturing real-time data. Kara and Lynn are reviewing how the data can be extracted and useful for services. - SAB, ECB and CDI are all within the control limits. - Work is ongoing with the local SAB groups. - 2 Amber incidents were reported in December, one for RSV and one for Influenza A. <p>The committee noted the report.</p>	
	(d)	Update on Public Inquiries	

		<p>Professor Wallace advised the SHI has appointed a new legal team and a visit took place yesterday at the QEUH. The SHI continues as well as the Police Inquiry. Hearings are set for August and September this year, and February and March 2025.</p> <p>The claim in relation to the QEUH build is ongoing.</p>	
	(e)	Update from Estates & Facilities	
		<p><u>Water/Ventilation Update</u></p> <p>Mark Riddell provided an update on Water/Ventilation:</p> <ul style="list-style-type: none"> - Ultrasound at GRI was raised under emerging issues. - Replacement air handling unit programme SLWG is underway, and a further meeting is arranged tomorrow. Jack Cairns is leading this group. A scoring exercise is to be undertaken to invite the relevant stakeholders to the group. - Point of Use Filter Removal – an agreement in principle has been made with the ICDs to remove filters at the PRM and VoL. An SOP is being drafted for this and the aim is to have this complete in the next 7-10 days and this will be shared with the relevant teams. Dr Bagraade advised the group is working on identifying a phased, safe approach to the removal of the filters. - Birthing pool testing – the information has been gathered as to the location of the birthing pools and what testing is underway. This has been shared with the IPCT and at the upcoming Board Water Safety Group an agreement will be made on the next steps regarding this. - Sandra noted the Pseudomonas SOP will be tabled at the next round of committees and will be approved by the Board Water Safety Group. It is noted the SOP is roughly 6 months out of date however colleagues have been working on the paper. Mark Riddell advised the water testing system at the QEUH is A1 and a presentation on the process of this was previously provided to the AICC. 	
		<p><u>Facilities Update</u></p> <p>Sharon Johnstone provided an update on the work of Facilities and the report was included with the papers for the meeting:</p> <ul style="list-style-type: none"> - Each sector have regular meetings which are attended by a range of staff and infection control nurses. In addition to the sector meetings, there are monthly touch point meetings with facilities/ infection control colleagues to discuss in month activity. - Infection control manual guidelines continue to be followed across all sectors. - Winter wards all opened as planned on 3rd January: Brownlee and 5C in Gartnavel, Ward 3 in Victoria and L South at IRH, all staffed appropriately – there continues to be high levels of activity across all acute sites. - Additional winter pressure staff have been successfully on-boarded, work is underway to match to vacancies where possible and appropriate at the end of their fixed term contracts - No, HIS Inspections have been undertaken this quarter, facilities continue to work towards preparedness with clinical and IPCT colleagues. South Sector has a meeting week commencing 5th February to discuss, and to bring new staff members up to date on processes around these visits. - P Coyne has retired to return and is providing some site support around preparedness for HIS inspections. 	

		<ul style="list-style-type: none"> - The OPAT service opened at GRI on 5th February, all equipment has been tested and cleaning is in place. It is staffed and operating as expected. - Continued auditing is in place across all sites, with FM management reviewing compliance and governance from a housekeeping perspective. <p>Decontamination Update:</p> <ul style="list-style-type: none"> - Cabinets - as it stands all 25 cabinets have had the noise cancelling modifications carried out and are now at the stage of carrying out commissioning and quarterly testing to 14 days. This was previously 31 days however it has been agreed that they will be tested to 14 days so they are the same timeframe as the cabinets currently in use. Fortnightly catch ups are in place to ensure the works are carried out on time. It was agreed a Gantt chart would be shared showing testing dates/ retrieval of settle plates/ lumens. Next meeting is 15th Feb. - Environmental Monitoring Protocol - A SLWG has been established to review the testing requirements of Cowlares CDU Cleanroom. At the moment tested are carried out on a monthly basis and are looking to reduce the regularity of testing akin to that carried out at Inverclyde CDU. The group consists of Decon Management, Lead Nurse IPC and Consultant Microbiologist. To date, the Consultant Microbiologist will advise that there is no requirement to undertake a yeast/ mould identification as it doesn't give any benefit. Next steps are to complete an options appraisal. A date will sent out this month for the group to meet. - Clyde AHU - tender returns are due, with tender interviews scheduled on Wednesday 14th February, with the intention of awarding the contract on Monday, 19th February. Mark Riddell confirmed this is for the TSSU. A meeting is arranged regarding this tomorrow. 	
		Copies of the minutes of the Board Water Safety Group and the Board Ventilation Safety group were issued and noted.	
270.	Person Centred Care		
	(a)	Update from Improvement Collaborative	
		<p>The Infection Prevention Control Quality Improvement Network (IPCQIN) highlight report was issued with the agenda.</p> <p>Kara Black provided the following update:</p> <ul style="list-style-type: none"> - A highlight report for the IPCQIN will now be tabled at the IPC committees going forward, and the report provides an update on the current work being undertaken by the workstreams, executive highlights and next steps for the group. - The IPCQIN continues to meet bi-monthly and the last meeting was held on the 9th January 2024. - A SharePoint site has been created to support the IPCQIN for document storing and accessing live papers for collaboration. - A work plan is being developed, from the content of the project plan and the work stream flash reports, to support reviewing and planning improvements and actions. The work plan is on the agenda for the next meeting and the aim is to have final sign-off. - The IPCQIN newsletter is also on the agenda for the next meeting which will be finalised and shared widely. - A workstream focused on CAUTI has been established and will be led by the Sector teams. <p>The next meeting for the IPCQIN is scheduled for the 7th March 2024.</p>	

		The committee noted the report.	
271.	Safe Care		
	(a)	Healthcare Improvement Scotland (HIS) Update	
		<p>Sandra Devine advises no HIS visits have taken place during this reporting period.</p> <p><u>Internal Audit – Azets</u> A positive Internal audit took place in October 2023 by Azets. Various areas of good practice were noted in the report, including:</p> <ul style="list-style-type: none"> - Well-established IPCT and work is embedded throughout GGC. Weekly visits to all wards have enabled them to deliver a 'Theme of the week / month' to provide continuous delivery of education. This was praised by all the wards we visited throughout the audit. - Policies and procedures for all IC related incidents and care plans for each infection that enables the timely implementation of care for all patients and staff. - An effective evaluation process in place conducted by the Learning and Education team and subject matter experts (module leads) which keeps Learnpro modules up to date. - The IC team use ICNet to centrally record and monitor infection throughout GGC. The data team regularly report on infection rates, which enables management throughout the health board to identify trends and patterns of infection cases and where appropriate investigation and actions can take place. This information is shared and reported to four levels of management. - The IC conduct audits on an ongoing basis to identify issues and recommend actions. These are followed up upon to ensure timely implementation. - Out of 6 control assessments, 5 were reported as green and one reported as amber. Amber was associated with Control Objective 2 – <i>Training completion rates for staff</i>. <p>Out of the 3 management actions, 1 is complete, 1 is underway and 1 is outstanding to be completed with Learning and Education colleagues.</p> <p>The full report and updated action tracker will be provided at the next meeting, the report has previously been shared with AICC. Sandra Devine provided an update on the audit undertaken for the IPCT at the Audit and Risk Committee.</p> <p>Professor Wallace highlighted the Board's internal audit plan supporting audit and assurance.</p>	SD
	(b)	Risk Register	
		<p>A copy of the updated Risk Register for IPC was issued with the agenda. The IPCT continue to review the Risk Register bi-monthly.</p> <p>Kara Black provided an update on key points:</p> <ul style="list-style-type: none"> - Risk 2: Failure to identify outbreaks and incidents effectively. The Board's Outbreak and Incidents Policy is on the agenda for discussion and approval for today's meeting. - Risk 3: Failure of the IPCT Information Management System (ICNET) 	

		<p>The national contract for ICNET has been extended for 3 years, this has resulted in Risk 9 being closed. The Business Continuity Plan remains in place.</p> <ul style="list-style-type: none"> - Risk 5: Impact of loss of key members of IPC Nursing Staff Experienced nurses continue to be recruited into IPC posts, and an assessment of the skill mix across the Sector teams is underway to ensure a broad range of skills within each Sector. <p>The committee noted the report.</p>	
	(c)	Recent Outbreaks/Incident Reports	
		No update.	
272.		Effective Care	
	(a)	National Infection Prevention & Control Manual Updates	
		<p><u>Measles Guidance</u> Dr Kennedy advised that the WHO Europe region in 2022 had 950 confirmed measles cases, and in 2023 >30,000 confirmed cases. England has had >350 cases confirmed in the last 6 months and a lot of this is due to declining vaccine rates. Dr Kennedy noted that GGC and Scotland retain a steadily high uptake for vaccines (>95% target for MMR1). No cases have been confirmed in GGC. 12-15 possible cases have been notified to the PHPU since the start of the year and have been classed as unlikely.</p> <p>It was noted discussion is underway at national forums regarding the management of suspected measles cases. Clarification on the definition of suspected measles and treatment of contacts and non-acute settings guidance (GPs, community pharmacists) has been requested from ARHAI, however, the advice is to refer to the national manual. FFP3 masks should be used for suspected measles. All contacts from suspected measles should be treated in the same way a confirmed case would be treated.</p> <p>Dr Kennedy noted the NHS Lothian guidance has been shared with GGC and requires adopting for local board context. It has been shared with the Primary Care Clinical Directors.</p> <p>Sandra Devine advised this was raised at the ARHAI SNIF meeting last week, asking for pragmatic advice and guidance. National guidance is also awaited however a timeframe for this is not known.</p> <p>Members discussed the lack of provision of FFP3 fit-tested masks for community settings.</p> <p>It was agreed local discussions are required regarding adapting the NHS Lothian guidance for GGC and this will be then updated and taken through the appropriate governance route. The time pressure of disseminating the guidance is noted.</p> <p>It was agreed the Measles Guidance (v7) which is included in the papers will not be approved today considering discussions and shared guidance of the current situation.</p>	
		<p><u>Hand Hygiene Guidance</u> Members approve guidance.</p>	
		<u>Toy Cleaning</u>	

		Members approve guidance.	
273.	Reports from Associated Area Infection Control Governance Groups		
	(a)	Antimicrobial Management Team	
		<p>Dr Seaton advised a high rate of prescribing in Scotland has been reported. In GGC an increase has also been noted but not as significant as the East Coast. National targets are being met in Primary Care IV antibiotic prescribing. On target at 60% in secondary care.</p> <p>The UK AMR 20-year strategy – the 5-year action plan for the UK will be published at the end of March with new targets.</p> <p>Dr Seaton noted variation between the Sectors of IV antibiotic use.</p> <p>The Antimicrobial Management Team are applying for antimicrobial stewardship accreditation for chemotherapy. The team would be the first team applying for this in Scotland. Members are supportive of applying for the funding for the stewardship.</p> <p>Ysobel Gourlay advised the CDI guidelines have been updated which will be shared on the clinical guidelines page.</p>	
	(b)	Acute Infection Control Committee (AICC)	
		<p>A copy of the last meeting's minutes were issued with the papers and noted.</p> <p>No further update.</p>	
	(c)	Partnership Infection Control Support Group (PICSG)	
		<p>Laura Moore advised the last PICSG was cancelled and the next meeting is scheduled for the 9th April 2024. Significant work ongoing across HSCPs in relation to Operation KOPER to collate the information required for the P.Fiscal in relation to COVID outbreaks in care homes. A process has been agreed and the Care Home Collaborative, PMO and PH are supporting this work with HSCPs.</p> <p>A further update will be provided at the next committee.</p>	
	(d)	Update from Public Health Protection Unit	
		Dr Kennedy noted the pertussis season that is currently being reported his high levels of positive cases, similar communications for primary care will be shared for this.	
274.	AOCB		
	(a)	Briefing Note Regarding Emergence of new Clostridioides difficile Ribotype 955	
		Carried forward to the next meeting.	
	(b)	Winter IPC, Surveillance & Vaccination Letter	
		Carried forward to the next meeting.	
	(c)	HAI Strategy – Guidance for IMTs	

		<p>Sandra Devine noted the HAI communication strategy which was shared with the agenda. The guidance has been updated and communication with ward staff has been expanded. The strategy has been discussed at AICC twice. The papers will be circulated again with the BICC members for final review, and no comments received will be taken as approval.</p> <p>Members approve guidance. The paper was circulated again with the BICC members for final review, and no comments received will be taken as approval. The deadline to return comments is 23rd February 2024.</p>	
	(d)	Incident Management Process Framework SOP	
		<p>Sandra Devine noted the Incident Management Process Framework SOP which was shared with the agenda.</p> <p>Members approve SOP. The paper was circulated again with the BICC members for final review, and no comments received will be taken as approval. The deadline to return comments is 23rd February 2024.</p>	
	(e)	Patient Placement SOP	
		<p>Gillian Bowskill noted the Patient Placement SOP which was shared with the agenda. The SOP has been drafted in collaboration with Estates. Speciality ventilated rooms have also been added to the SOP as appendices.</p> <p>Sandra Devine advised the SOP will be shared widely and online with colleagues for dissemination across the teams.</p> <p>Members approve SOP. The paper was circulated again with the BICC members for final review, and no comments received will be taken as approval. The deadline to return comments is 23rd February 2024.</p>	
	(f)	IPC Annual Report 2022/23	
		Carried forward to the next meeting.	
	(g)	SBAR Regarding Air Sampling in Ward 2A, RHC	
		<p>Dr Bagraade spoke to the previously circulated SBAR regarding Air Sampling in Ward 2A for RHC. The SBAR has been in progress for a number of years. The SBAR proposes to rely on engineering controls for the unit. The unit has fully HEPA filtered areas.</p> <p>The SBAR has been discussed with Clinical colleagues at RHC.</p> <p>The recommendation is that regular air sampling for fungus is not implemented at present in 2A with assurance of air quality through the programme of PPM and ventilation validation.</p> <p>Air sampling for fungus may be reconsidered by the IPCT if required.</p> <p>The paper was circulated again with the BICC members for final review, and no comments received will be taken as approval. The deadline to return comments is 23rd February 2024. Advice will be sought from Elaine Vanhegan by Professor Wallace regarding any other relevant governance routes for the paper.</p>	AW
	(f)	Measles Hierarchy of Control	
		Discussed under Item 7.1	
275.	Minutes of Previous Meeting		

	The minutes of the previous meeting held on 24 th August 2023 were accepted.	
--	---	--

<i>Minute</i>		<i>Action</i>
276.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
277.	Date of Next Meeting	
	The date of the next meeting is scheduled for Tuesday 23 rd April 2024 at 2.00pm.	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 28th March 2024 at 3.00pm via
MS Teams Videoconference**

Present:	
Sandra Devine (Chair)	Director Infection Prevention & Control
Dr Linda Bagrade	Lead Infection Control Doctor
Mark Riddell	Assistant Director (Operational Estates)
Jayne Jones	Assistant Director, Facilities and Production
Jen Rodgers	Deputy Nurse Director
Dr Iain Kennedy	Consultant Public Health
Julie Tomlinson	Chief Nurse, East Renfrewshire HSCP
Kara Black	IPC Business Manager (minute taking)

Apologies received:	
Professor Angela Wallace	Executive Director of Nursing
Freddie Warnock	Head of Health & Safety
Natalia Hedo	Surveillance Operations Manager, Infection Prevention & Control
William Hunter	Deputy Director, Facilities and Corporate
Laura Moore	Chief Nurse, Inverclyde HSCP
Sue Clark	Public Partner
Tom Steele	Director of Estates and Facilities
Gillian Bowskill	Associate Nurse Director Infection Prevention & Control
Lynn Pritchard	Nurse Consultant, IPC
Dr Andrew Seaton	ID Consultant/Lead AMT
Dr Scott Davidson	Deputy Medical Director

Minute		Action
266.	Welcome and Apologies	
	Sandra Devine welcomed everyone to the meeting and apologies were received from the above mentioned.	
267.	Matters Arising	
	Nil to update.	
268	Emerging Issues	
	<p>Sandra Devine advised members there was a Public Health IMT for a confirmed measles case at RHC. Dr Kennedy advised PHS and ARHAI are having joint discussions and further guidance is awaited. PHS has confirmed the 20-minute fallow time for measles cases. The vaccination service are supporting catch up's with staff for MMR vaccines.</p> <p>Dr Bagrade advised there has been an increase in queries regarding staff for potential symptoms of pertussis. Dr Kennedy presented a chart of reported pertussis cases by week for GGC from 2018-2024, it was noted there has been an increase in potential cases and reported cases in the last seven days.</p>	

269.	Assurance and Improvement		
	(a)	IPC Work Plan 2023/24 Summary	
		<p>Sandra Devine spoke to the IPC work plan 2023/24 summary that was included in the papers. Any actions that have not been completed in 2023/24 will be carried forward to the 2024/25 work plan.</p> <p>The main points to note are:</p> <ul style="list-style-type: none"> • The scribe process is still under development. • A Datix review is being undertaken about SABs with significant concern. • Early warning system – this is still to be progressed nationally. GGC is progressing with the early warning system locally for the NICU. Jen Rodgers will share previous papers and work that has been undertaken to support the project being led by Dr Bagrade. • Narrated patient videos – due to the review on discretionary funding this work has been delayed to April, the scripts are ready to support making the videos. Sandra Devine will ask Lynn Pritchard to contact Neil Patel in relation to a project for virtual patient videos. <p>Members note the summary.</p>	<p>JR</p> <p>SD</p>
	(b)	IPC Annual Programme	
		<p>Sandra Devine spoke to the previously circulated IPC Annual Programme for 2024/25. The programme is updated in line with governance of the KPIs, targets and links to the IPC work plan. The programme will be tabled at the next BICC in April.</p> <p>Members note the programme.</p>	
	(c)	Board Infection Control Committee Terms of Reference	
		<p>Kara Black spoke to the updated BICC ToR which was circulated with the papers for today's meetings. Kara advised the membership for the group had been reviewed and updated, as well as the format of the ToR.</p> <p>Sandra Devine advised it would be preferable to increase the clinical membership of the group. All the Chief Officers were asked to nominate representatives to join the group and Sandra welcomed Julie Tomlinson to the group.</p> <p>It was agreed Section 2.2 will be updated to reflect the full-named membership list in Appendix 1.</p> <p>Sandra Devine will liaise with Professor Wallace regarding inviting a staff side representative to the group.</p> <p>Sandra Devine will email Elaine Paton regarding joining the group from a Public Health Pharmacy perspective.</p> <p>ICEBEC minutes will also be added to the ToR that to be provided to the BICC group.</p> <p>Members discussed the quorate for the membership and 50% attendance was suggested.</p> <p>Kara Black will update the ToR from members' comments and will circulate again for feedback. Sandra Devine will discuss the updated ToR with Professor Wallace.</p>	<p>KB</p> <p>SD</p> <p>SD</p> <p>KB/SD</p>

		The revised version will be added to the AICC and BICC meetings in April.	
	(d)	IPC 3-5 Year Strategy	
		<p>Sandra Devine provided an update on the development of a first draft of the IPC 3-5 Year Strategy which is with the IPCT for consultation.</p> <p>An OD day will be arranged for the IPCT in the Summer to agree on implementation plans for the Strategy.</p> <p>Dr Bagraade highlighted that IPC is across all services and directorates in GGC. Members discussed the importance of having a robust wider engagement exercise to support buy-in from all stakeholders.</p> <p>Sandra Devine will link with the PEPI team regarding inviting patient reps/lived experience volunteers to collaborate on the strategy.</p>	SD
270.	AOCB		
	(a)	Briefing Note Regarding Emergence of new Clostridioides difficile Ribotype 955	
		<p>Dr Bagraade spoke to the briefing note which was previously carried over from the February BICC meeting.</p> <p>Members note the paper.</p>	
	(b)	Winter IPC, Surveillance & Vaccination Letter	
		<p>Dr Bagraade spoke to the previously circulated letter.</p> <p>Key points to note:</p> <ul style="list-style-type: none"> - Highlights responsibilities for the Board for opening Winter Wards. - Outlines built environment factors that require to be considered when opening Winter Wards. - Managing Winter pressures from an IPC perspective. <p>Dr Bagraade advised the letter has been noted and discussed at the AICC and Estates and Facilities meetings.</p> <p>Members note the paper.</p>	
	(c)	IPC Annual Report 2022/23	
		<p>Dr Bagraade spoke to the IPC Annual Report for 2022/23 which was circulated with the papers for today's meeting.</p> <p>Jennifer Rodgers commended the IPCT on the report and noted the visually effective format and content of the report.</p>	
	(d)	UKHSA Health Protection Briefing Note: Ralstonia pickettii cluster linked to outbreak in Australia associated with sodium chloride irrigation/inhalation solution products	
		<p>Dr Bagraade spoke to the previously circulated paper.</p> <p>The information has been passed on to Microbiology who will monitor the isolates and an alert has been added to the ICNET system. A questionnaire is to be completed which has been provided by ARHAI to support the management of cases identified.</p> <p>Members note the paper.</p>	

271.	AOCB	
	Dr Kennedy advised that updated guidance has been shared in relation to the Health Protection in Child and Young People settings, including education by PHS.	
272.	Date of Next Meeting	
	The date of the next meeting is scheduled for Tuesday 23 rd April 2024 at 2.00pm.	

Board Infection Control Committee 09/05/24
Minutes 266 – 286

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 9th May 2024 at 9.00am via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Dr Iain Kennedy	Consultant Public Health
Gillian Bowskill	Associate Nurse Director Infection Prevention & Control
Lynn Pritchard	Nurse Consultant, IPC
Freddie Warnock	Head of Health & Safety
Chris Haddow	Assistant Head of Operational Estates
Jen Rodgers	Deputy Nurse Director
Jayne Jones	Assistant Director, Facilities and Production
John Sommerville	Head of Occupational Health
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Sue Clark	Public Partner
Dr Linda Bagrade	Lead Infection Control Doctor
Julie Tomlinson	Chief Nurse, East Renfrewshire HSCP
Kara Black	IPC Business Manager (minute taking)

Apologies received:	
Dr Andrew Seaton	ID Consultant/Lead AMT
Dr Scott Davidson	Deputy Medical Director
Mark Riddell	Assistant Director (Operational Estates)
Morag Gardner	Deputy Nurse Director – Acute
Gordon Wilson	Staff Partnership Representative

Minute		Action
266.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
267.	Matters Arising	
	Nil to update.	
268	Emerging Issues	
	<p>Sandra Devine advised three safe delivery of care HIS inspections took place over the 8th and 9th of April. A full inspection of RAH, A&E for QEUH and A&E for the GRI. All visits were unannounced.</p> <p>It was noted that Acute colleagues are working through improvement actions for the GRI, and positive feedback was received for the RAH and QEUH. Further communication is awaited from HIS in terms of a report and further visits.</p> <p>Professor Wallace noted A&E at the RAH was also included in the inspection. Work is ongoing to support the teams in light of the unannounced visits and members acknowledged the impact this had on service pressures.</p>	

	A further update will be provided at the next committee meeting.		
269.	Assurance and Improvement		
	(a)	IPC Work Plan	
		<p>A copy of the updated Work Plan 2023/24 was issued with the agenda. Gillian Bowskill provided a summary on the following points:</p> <ul style="list-style-type: none"> - The HAI Scribe nurse has retired and Lynn Pritchard and Linda Bagrade are picking this work up in the meantime. - ECB - Work commenced by IPCNC & LIPCN. Tool Box Talk has been updated and is available on IPC Web page. The E. Coli bacteraemia in Adults Tool Box Talk will be reviewed and updated. In progress is information leaflets for staff, Patient Information Leaflets (including narrated video) and IPC education sessions using the display boards to refresh staff on this topic. Work ongoing to review HAI ECB cases and identify any areas of improvement. - Early warning system with ARHAI – a meeting took place last month and discussions are ongoing to ensure the dashboard is user friendly. - IPC Strategy – work is ongoing to publish the strategy in Autumn with an IPC team OD event to develop annual action plans. - Test of a new flash report for hand hygiene data ongoing. A second flash report issued to IRH site with a call for local hand hygiene champions, LHBC/IPC will meet with champions monthly from Jan 2024 onwards. 3 sessions have now taken place. - Two staff in the HSCP team have completed their qualification in IPC. - The 2024/25 IPC Workplan will be tabled at the next committee and an SBAR will be provided on actions that are being carried over from the 2023/24 workplan. <p>Suzanne Clark commended the team for recruiting to all vacancies and all vacancies are now filled.</p> <p>The committee noted this paper.</p>	
	(b)	Draft HAI Reporting Template (HAIRT)	
		A copy of the draft HAIRT report was tabled for assurance, comment and approval and has already been approved at AICC.	
		<p>Sandra Devine stated that this demonstrates performance during January and February period and she provided the following update from the report:</p> <ul style="list-style-type: none"> - The AOP targets for SAB, ECB and CDI are within control limits. The most recent ARHAI data for Q4 supports this and is included in the paper. - Clinical Risk Assessment (CRA) compliance was 84% for CPE and 76% for MRSA in the last validated reporting quarter (Q4 -2023). The standard is 90%. In Q4 NHS Scotland reported compliance of 76% and 74% respectively. Unvalidated compliance results for (Q1 – 2024) indicate that GGC compliance is 90% for CPE and 87% for MRSA. GGC will continue to work towards achieving 90% for both. 	

		<ul style="list-style-type: none"> - 97% and 98% hand hygiene score for January and February respectively. - GRI had multiple outbreaks in January for Gastroenteritis and Norovirus. The HIIAT was scored as RED. Effective collaboration between ward and hospital management teams, IPCT, virology labs, communication and IPC Data team resulted in the successful management of this situation and the incident was closed on 29/01/24. - RAH had two cases of HMPV in Care of the Elderly, and the HIIAT was assessed as AMBER. Control measures were implemented and the incident was closed on the 6th February. - RHC had three cases of Astrovirus. A PAG was held and the HIIAT was assessed as AMBER. No further cases were reported. The situation continued to be monitored by the IPCT and control measures remained in place until the incident was closed on 8th March 2024. <p>Jen Rodgers noted the improvement in the IVAD SABs and the ECB HAI rates and discussed the ongoing work for education and improvement in relation to these rates. Sandra noted that Enrique Hernandez has approval from the Caldecott Guardian to do data analysis on ECBs in Care Homes.</p> <p>Freddie Warnock will liaise with Sandra Devine regarding the audits that the Health and Safety team also carry out to prevent any duplication of efforts.</p> <p>Professor Wallace noted the January and February summary HAIRT has already been to the Board due to this meeting being rescheduled, and no questions were received from the Board.</p> <p>The committee approved the report.</p>	
	(c)	Monthly Activity Report for Acute Clinical Governance Committee	
		<p>Dr Bagrade provided an update on the Monthly Activity Report for February and Dr Bagrade updated on the following:</p> <ul style="list-style-type: none"> - There were 22 acute ward closures in GGC hospitals in March 2024, 10 due to Covid-19, 8 due to Norovirus, 2 due to suspected gastroenteritis, 1 due to Covid-19 and Norovirus and 1 due to Influenza. - The wards were closed for a total of 230 days and 216 patients were affected. - A total of 1551 Learn-Pro modules were completed this month for topics related to Infection Prevention & Control and 58% were undertaken by nursing & midwifery staff. - 19 (66%) Healthcare associated SABs were reported in March 2024, 4 (33%) of Hospital Acquired SABs were related to an IV access device. - 59 (63%) Healthcare associated ECBs were reported in March 2024. - 15 (71%) Healthcare associated CDI were reported in March 2024. - An update on all incidents is included. <p>Dr Bagrade thanked colleagues' efforts and support in relation to the outbreaks that took place in January and February.</p>	

		<p>Professor Wallace noted the action with the Internal Audit to improve compliance of the IPC Learn Pro Module/Stat Man training. Sandra Devine noted compliance with the IPC Learn Pro Module is good and this will be included in the monthly Sector/Directorate going forward, as well as the HAIRT. Lynn Pritchard confirmed the high completion rate and highlighted that staff moving between Boards, affects the compliance rate and records. Lynn Pritchard also confirmed a quarterly report is received from L&E and this informs compliance work with the Sectors. Jen Rodgers and Julie Tomlinson confirmed this is also a priority for community teams.</p> <p>The committee noted the update.</p>	
	(d)	Update on Public Inquiries	
		<p>Professor Wallace noted the PI sub-groups and Executive working group continue to meet on a weekly basis. Providing evidence to the PI will begin at the end of Summer/beginning of Autumn.</p> <p>Sandra Devine highlighted the hearings will start on the 19th August for 8 weeks and closing submission for core participants is June 2024. Sandra Devine noted the significant impact on the teams to providing information and evidence to the PI and Police Inquiry.</p> <p>Professor Wallace noted the legal case regarding the build of the QEUH is still ongoing.</p>	
	(e)	Update from Estates & Facilities	
		<p><u>Estates Update</u></p> <p>No update.</p>	
		<p><u>Facilities Update</u></p> <p>Jayne Jones provided an update on the FM update which was circulated with the agenda. The main points to note are:</p> <ul style="list-style-type: none"> - Infection control manual guidelines continue to be followed across all sectors. - Winter wards all opened as planned on 3rd January: Brownlee and 5C in Gartnavel, Ward 3 in Victoria and L South at IRH, all staffed appropriately – there continues to be high levels of activity across all acute sites. Preparations are underway for stepping down winter ward provision, Brownlee and 5c have closed. - Additional winter pressure staff are either being moved into available permanent roles or contracts have come to an end in line with agreed processes and procedures. - The OPAT service opened at GRI on 5th February and continues to operate as expected from a domestic services compliance point of view. - P Coyne is providing some site support around preparedness for HIS inspections, in RAH which is realigning staff resource via staff placing sheets and costed rotas. - Continued auditing is in place across all sites, with FM management reviewing compliance and governance from a housekeeping perspective. Improvements to ensure the effectiveness of the internal domestic monitoring tool are underway. 	

		<ul style="list-style-type: none"> - Three unannounced HIS Inspections have been undertaken this quarter, with one day inspections taking place at QEUH and GRI, and a three-day inspection at RAH. At GRI, several actions were identified for clinical colleagues and Facilities Management. A series of Governance and Assurance meetings have been arranged on a weekly basis, with attendees from clinical, facilities management and from estates. - Quality Assurance audits remain in place, with recurring trends being identified and rectified. - Performance for January and February audits are outlined in tables within the report across GGC. <p>The committee noted the report.</p> <p><u>Decontamination Update</u></p> <p>Jayne Jones provided an update on Decontamination, the main points to note are:</p> <ul style="list-style-type: none"> - As there has been a change in staffing involved in Microbiology for Decontamination, Infection Control and Service Management and as a period of 5 years has passed the Consultant Microbiologist (Decontamination), Prof Andrew Smith has requested that this be reviewed. <p>The proposed amendments to the protocol moving forward are:</p> <ul style="list-style-type: none"> - The Consultant Microbiologist (Decontamination) only be forwarded Environmental Monitoring results if they exceed action limits. - Action limits be reviewed and relaxed to reflect differing levels of criticality. This refers to the gowning room for the clean room. - Plates where mould is identified are no longer sent to the GRI for further culture and identification. - The proposed amendments are being considered via the IPC Senior Management Team. - The upgrade to the Air Handling Unit at the CDU in Greenock was approved at CMT last week and this will be progressed. Dr Bagnade advised the upgrade is returning back to the previous standards of monitoring. Jayne Jones will update the report to reflect this. - The recruitment time frame has been streamlined through the quality team and this has supported recruiting domestic vacancies. Work is ongoing to develop a facilities staff bank. <p>The committee noted the report.</p>	JJ
		<p>Copies of the minutes of the Board Water Safety Group and the Board Ventilation Safety group were issued and noted.</p> <p>Suzanne Clark noted the number of apologies at the last Board Water Safety Group. Chris Haddow explained the acronyms within the minutes.</p> <p>Chris Haddow advised an SLWG has been established between Estates and Facilities and IPCT. The SOP regarding POU filter changes is being updated and discussed. Dr Bagnade advised work is ongoing to understand what steps require to be taken and what the criteria is for adding filters. Professor</p>	

		Wallace noted Tom Steele and the Chief Executive are aware of the work ongoing. A further update will be provided at the next committee meeting.	
270.	Person Centred Care		
	(a)	Update from Improvement Collaborative	
		<p>The Infection Prevention Control Quality Improvement Network (IPCQIN) highlight report was issued with the agenda.</p> <p>Kara Black provided the following update:</p> <ul style="list-style-type: none"> - The IPCQIN continues to meet bi-monthly, the last meeting was on the 7th March 2024. - The work plan is being finalised and will be a standing agenda item going forward to support monitoring and assurance of workstream actions and progress. - The CAUTI bundle is now live on the IPC website and will be included in the next IPC newsletter. - The 6th IPCQIN Newsletter was published in March 2024, and the next Newsletter will be published in May. Newsletters will be published every two months going forward. - The e-learning module for Vascular Access Device education is under development to be added to Learn Pro, and a communication strategy will be drafted to promote this work. <p>Jen Rodgers commended colleagues on the improvement work that is ongoing and suggested featuring the What Matters to Me work in the next newsletter.</p> <p>The next meeting for the IPCQIN is scheduled for the 14th May 2024.</p> <p>The committee noted the report.</p>	
271.	Safe Care		
	(a)	Healthcare Improvement Scotland (HIS) Update	
		No further update, update provided under Emerging Issues.	
	(b)	Risk Register	
		<p>A copy of the updated Risk Register for IPC was issued with the agenda. The Senior IPCT continue to review the Risk Register bi-monthly.</p> <p>Kara Black provided an update on key points:</p> <ul style="list-style-type: none"> - Risk 1: Failure to provide IPC Service in the context of increasing demands of the Public Enquires <u>Update</u>: <ul style="list-style-type: none"> o <i>Current Controls – IPC Public Enquires tracker has been developed to monitor information requests to the IPCT.</i> o <i>Mitigation Actions – Reviewing priorities continually and adjusting IPC workplan accordingly.</i> o <i>Current Score upgraded from 6 to 9.</i> - Risk 2: Failure to identify outbreaks and incidents effectively. 	

		<p><u>Update:</u></p> <ul style="list-style-type: none"> ○ <i>Mitigation Actions - Agreed to develop an early warning system for NICU.</i> <p>- Risk 3: Failure of the IPCT Information Management System (ICNET)</p> <p><u>Update:</u></p> <ul style="list-style-type: none"> ○ <i>The Business Continuity Plan will be updated by June 2024.</i> <p>- Risk 4: Failure to provide appropriate infection control advice and support in the assessment and reduction of risk associated with new builds and renovation projects.</p> <p>- <u>Update:</u></p> <ul style="list-style-type: none"> ○ <i>Current Controls - Infection Control in the Built Environment Sharepoint is being developed to support monitoring of project activity and resource requirements for IPCT. This will be presented to the IPC committees routinely. Consideration of development of an IPC request form for projects requiring IPC input.</i> <p>- Risk 5: Impact of loss of key members of IPC Nursing staff.</p> <p>- <u>Update:</u></p> <ul style="list-style-type: none"> ○ <i>Mitigation Actions – Flexible working solutions are now in place for IPCT staff to enhance the workplace experience.</i> <p>Sandra Devine provided an update on the outstanding action for the Internal Audit that took place in October 2023. The action was outstanding due to a report being awaited from L&E, the plan going forward is to include this data in the monthly Lead ICN reports to the Sectors/Directorates and the HAIRT. Sandra Devine noted the format of the data does not support the IPCT doing a deep drive and Learn Pro is set up for local management and intervention. The IPCT will continue to liaise with the Sector Teams and this information has been provided to the Internal Auditors. Sandra Devine advised 6 standards were green, and 3 small actions from the 1 amber standard. It was noted that the Internal Audit was really positive.</p> <p>Sandra Devine advised in relation to Risk 4 – there is a focus within the IPCT to capture the resource requirements and input for built environment projects and this will be updated to the committee going forward. The IPC risks associated with the projects will also be reflected. Dr Bagrade advised the tracker will support demonstrating the IPC resource requirements for projects and how this affects current service demands. Dr Bagrade noted the size and scale of GGC's estate and how this is reflected nationally.</p> <p>The committee noted the report.</p>	
	(c)	Recent Outbreaks/Incident Reports	
		<p>Gillian Bowskill provided an update:</p> <ul style="list-style-type: none"> - There continues to be COVID and Norovirus ward closures. - Ward 63 INS, 4 cases of VRE were reported and an IMT was scheduled. The incident was closed on the 26th April. The HIIAT was scored as GREEN. The microbial review is awaited. - A pertussis incident in RHC with one positive case was reported. No further cases have been identified and collaborative working took 	

		place with IPCT, OH and acute colleagues. This incident has now been closed. The committee noted the update.	
272.	Effective Care		
	(a)	National Infection Prevention & Control Manual Updates	
		Lynn Pritchard provided the following update: - No SOP updates to report at this meeting, work is ongoing to update the SOPs and potentially 6 SOPs will be tabled at the next committee meeting.	
273.	Reports from Associated Area Infection Control Governance Groups		
	(a)	Antimicrobial Management Team	
		Ysobel Gourlay advised the lack of availability of the chlorhexidine 2% which was raised at the AICC is still under discussion. A national meeting has been scheduled for tomorrow to consider another supplier. The national ARHAI targets for antimicrobial use have been published, the IV antimicrobial use should be no higher than 2024, than it was in 2018. For GGC, a 16.3% reduction in IV antibiotics is noted and this is considered to be due to all the improvement work that has been ongoing. For the rest of Scotland, there has been an increase since 2018. Further information will be shared with colleagues to continue to support this improvement.	
274.	(b)	Acute Infection Control Committee (AICC)	
		Sandra Devine provided an update on the last AICC meeting. The main points to note are: - The ToR have been refreshed and will be discussed at the next meeting. - COVID 19 testing going forward is being discussed. - There was discussion regarding the pause to HAI scribe work however Dr Bagrade and Lynn Pritchard will take this forward. - The Risk Register was also tabled at the meeting. Members note the verbal update.	
275.	(c)	Partnership Infection Control Support Group (PICSG)	
		No update.	
276.	(d)	Update from Public Health Protection Unit	
		Dr Kennedy noted the UKHSA briefing note in relation to Group W meningococcal disease linked to travel to Saudi Arabia. In particular there is a change to recommendation of choice of prophylaxis for close contacts, due to concerns regard increasing ciprofloxacin resistance in the Middle East. Dr Kennedy advised the communication tool kit has been published by PHS. Pertussis cases are exceeding the 2012 epidemic and work is ongoing with OH, IPC team and PH and communications are being shared with primary care. 145 pertussis cases were reported 2 weeks ago in the GGC area. Last	

		<p>week circa 100 cases. John Sommerville advised work is ongoing regarding the pertussis vaccination for priority groups, and this will be provided through the sites to improve uptake.</p> <p>The adult immunisation programmes are ongoing (COVID Spring Booster). The uptake is not high but in line with the four nations and discussions are ongoing. The Shingles vaccine programme has commenced and 50-60% uptake has been recorded across the HSCPs.</p> <p>Dr Kennedy noted the increase in Cryptosporidium cases which are considered to be linked to the lambing season.</p> <p>PHPU are providing support regarding a TB case in West Lothian regarding workplace exposure. >100 people are getting screened and >400 people will receive the warn and inform letter. Lothian is responsible for screening in the workplace and GGC is providing mutual aid.</p>	
277.	AOCB		
	(a)	IPC Annual Report 2022/23	
		<p>Professor Wallace advised the IPC Annual Report will be tabled at the NHS Board meeting in June. The report will also be tabled at the next Clinical and Care Governance Committee.</p> <p>Sandra Devine noted the positive report and the opportunity to showcase all the work undertaken by the IPC team and the full team being represented. Performance rates were noted to be positive for 2022/23 and this is reflected in the highlight report section. 23,000 IPC Learn Pro modules were undertaken in 2022/23. 40,000 referrals were received to the IPC team and ICDs for consideration.</p> <p>Members commended the report in terms of the performance, work undertaken and the format that has been used to reflect this. Sandra Devine advised there is an engagement plan to ensure all stakeholders are being captured and included, and this will be applied to annual reports going forward.</p> <p>Dr Bagrade advised there are plans to widen the scope of research projects the IPC team are involved in and this will be reflected going forward.</p> <p>Sandra Devine advised work is ongoing to draft the IPC strategy and engagement with stakeholders. The plan is to bring a draft to the August committee and the OD event will be organised for the IPC team in Autumn to develop the annual action plans.</p>	
278.	(b)	Clinical Portal Default Service drop down addition SBAR	
		<p>Gillian Bowskill spoke to the previously circulated SBAR in relation to the Clinical Portal Default Service. The recommendation is:</p> <ul style="list-style-type: none"> - Request to have Infection Prevention & Control Team added as a Default Service drop down option on Clinical Portal to allow the IPCT to add scanned copies of patient/GP letters to patient notes. <p>Members approve the SBAR and the SBAR will now be submitted to the eHealth programme Board for progressing.</p>	

279.	(c)	Board Infection Control Committee Terms of Reference	
		<p>Kara Black spoke to the updated ToR for the committee, which was briefly discussed at the BICC in March. The main points to note are:</p> <ul style="list-style-type: none"> - The format of the ToR now match the Standing Committees ToR. - The membership list has been updated, and a staff representative has now been added to the membership. - The quorate for the committee has been set at 50%. <p>The committee approved the terms of reference.</p>	
280.	(d)	HAI Communications Strategy	
		<p>Sandra Devine advised the strategy was developed by the Communication Team to aid the management of communications in relation to HAI. The strategy has been discussed through the AICC.</p> <p>The committee approved the strategy.</p>	
281.	(e)	Pseudomonas Aeruginosa SOP	
		To be carried forward to the next committee.	
282.	(f)	CNO Letter – IPC Team Roles and Responsibilities	
		<p>Dr Kennedy advised the CNO letter regarding IPC team responsibilities and roles has been received.</p> <p>Sandra Devine advised there was a focus on the networks and defining the interconnectivity of teams. Lynn Pritchard noted the focus was to be a team approach rather than role specific, to show how each team links with one another.</p> <p>Professor Wallace advised IPC colleagues have been providing feedback in relation to role descriptors and ongoing discussions. The letter will be added to the agenda for the next committee and will be circulated with members.</p>	
283.	(g)	AOCB	
		Professor Wallace advised the committee that this is Jen Rodgers last meeting as she has secured a position as Director of Children's Hospices. Professor Wallace thanked Jen for all her support and contributions to the various workstreams. Members congratulated Jen on her new appointment.	
284.	Minutes of Previous Meeting		
	The minutes of the previous meeting held on 21 st February and 28 th March were accepted.		

Minute		Action
285.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and noted at the meeting.	
286.	Date of Next Meeting	
	The date of the next meeting is scheduled for Monday 17 th June at 2.00pm.	

Board Infection Control Committee 17/06/24
Minutes 266 – 282

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 17th June 2024 at 2:00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Dr Iain Kennedy	Consultant Public Health
Gillian Bowskill	Associate Nurse Director Infection Prevention & Control
Mark Riddell	Assistant Director (Operational Estates)
Jen Rodgers	Deputy Nurse Director
Morag Walsh	Head of FM Operation, Clyde
Laura Moore	Chief Nurse, Inverclyde HSCP
Dr Scott Davidson	Deputy Medical Director
Dr Andrew Seaton	ID Consultant/Lead AMT
Morag Gardner	Deputy Nurse Director – Acute
David Mains	Health and Safety Manager
Kara Black	IPC Business Manager (minute taking)
Sue Clark	Public Partner

Apologies received:	
Julie Tomlinson	Chief Nurse, East Renfrewshire HSCP
Gordon Wilson	Staff Partnership Representative
Freddie Warnock	Head of Health & Safety
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Lynn Pritchard	Nurse Consultant, IPC
Billy Hunter	Deputy Director, Facilities and Corporate
Gayle Brown	Head of FM Services, North
Jayne Jones	Assistant Director, Facilities and Production
Dr Linda Bagrade	Lead Infection Control Doctor
John Somerville	Head of Occupational Health
Dr Alistair Leonard	Chief of Medicine, Diagnostics
Dr Conor Doherty	Consultant, Infectious Diseases

Minute		Action
266.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
267.	Matters Arising	
	Nil to update.	

268	Emerging Issues		
	<p>Sandra Devine updated the committee on the increasing COVID cases. It was noted there is a peak for sickness absence in the Board and this is being monitored closely. Dr Kennedy advised community prevalence has increased, however noted the increases are still less than previous peaks. There are 10 wards closed with COVID.</p> <p>1 patient has Norwegian Scabies in IRH and there are challenges to access drugs for the patient, a PAG is arranged this afternoon regarding this case.</p>		
269.	Assurance and Improvement		
	(a)	IPC Work Plan	
		<p>A copy of the updated Work Plan 2024/25 was issued with the agenda. Gillian Bowskill provided a summary on the following points:</p> <ul style="list-style-type: none"> - The HCAI standards on MRSA and MSSA in Scotland is under review by Clinical Governance which is being supported by IPCT. However this is currently paused as the HIS national standardisation process work might help address this, there is a revised date of October. - Work is ongoing to develop sustainable information for patients, narrated videos. In light of the end of the financial freeze, a revised date for August has been set for this work. - Thematic analysis of hot debriefs is being considered to support shared learning across GGC. - Work continues on the IPC Strategy with the Year 1 action plan being presented at the IPC OD event in Autumn. - Outstanding actions from last year's workplan have been carried forward into this year. - HSCP workplan – IPCT are working on an IPC tool to do self-audits in community treatment rooms. - Older people and care homes – LIPCN will support care homes to implement changes in the NIPCM. The aim is to have this complete by August. <p>Dr Kennedy highlighted that the CJD is not included in the work plan. Gillian Bowskill will review this.</p> <p>Gillian Bowskill will review the timescales within the document to ensure the actions reflect the correct timescales and progress updates.</p> <p>The committee noted this paper.</p>	<p>GB</p> <p>GB</p>
	(b)	Draft HAI Reporting Template (HAIRT)	
		A copy of the draft HAIRT report was tabled for assurance, comment and approval and has already been approved at AICC.	
		<p>Sandra Devine stated that this demonstrates performance during the March and April period and she provided the following update from the report:</p> <ul style="list-style-type: none"> - The SGHAI demonstrated NHSGGC was within the control limits for HCAI SAB, although slightly above the national rate. Both HCAI ECB and CDI are below the national rates. 	

		<ul style="list-style-type: none"> - ARHAI validated data is from Q4 of last year however an updated report is expected soon. Local monitoring continues to provide an updated position. - Clinical Risk Assessment (CRA) compliance was 84% for CPE and 76% for MRSA in the last validated reporting quarter (Q4 -2023). The standard is 90%. In Q4 NHS Scotland reported compliance of 76% and 74% respectively. Unvalidated compliance results for (Q1 – 2024) indicate that GGC compliance is 90% for CPE and 87% for MRSA. GGC will continue to work towards achieving 90% for both. - 1 Amber incident was reported on the 26th March due to multiple ward closures at QEUH and GGH for Norovirus and COVID. The HIIAT was assessed as Green on the 11th April and the incident was closed. <p>The committee approved the report.</p> <p>Sandra Devine advised a meeting took place with SG colleagues on Friday 14th June and the Board regarding the SG 2 Year IPC Strategy. The intention is to expand this to a 5-year strategy. An update was requested regarding NHSGGC's workforce plan and SSI.</p> <p>It was noted that the NHSGGC workforce plan is complete and demonstrated diversification of the workforce for IPC.</p> <p>It was acknowledged that the ICD roles and responsibilities have been expanded recently from the publication and work is ongoing to support the ICDs through this process.</p> <p>It was noted that SSI in Scotland is currently paused. There is work ongoing to consider a Once for Scotland digital solution for this and the timescale for this is 2027. ARHAI are looking at an interim data solution.</p> <p>AMR – the joint working between IPC and Antimicrobial pharmacists was also discussed. The multi-disciplinary work across the teams was discussed.</p> <p>The committee will be updated on any further meetings and correspondence received.</p>	
	(c)	Monthly Activity Report for Acute Clinical Governance Committee	
		Apologies were received from Dr Linda Bagnade and the committee noted the report.	
	(d)	Update on Public Inquiries	
		<p>Professor Wallace advised preparation is underway for the hearings in August. There is a list of staff members who will be called, and multiple reports are being reviewed in relation to the Board's response to the Public Inquiry. Members acknowledged the multiple information requests that are being responded to.</p> <p>Sandra Devine noted the COVID Inquiry and significant work is underway to support the information requests.</p>	
	(e)	Update from Estates & Facilities	
		<p><u>Estates Update</u></p> <p>Mark Riddell advised there are no exceptions for water or ventilation.</p>	

		<p>The following key points were noted:</p> <ul style="list-style-type: none"> - An SBAR regarding the removal of water fungal testing was presented by Dr Aleks Marek at the ICBEC meeting which took place last week. The ICBEC are in support of the removal of the water fungal testing. It was noted the plan is to share the SBAR with the Board Water Safety group this week to ask for comments and approval. Members discussed the importance of ensuring the correct governance route supports the SBAR. - The SLWG for POU filter removal - an SOP has been drafted and shared with stakeholders for discussion. - Water testing at the QEUH will be reviewed by the Board Water Safety Group. It was noted the testing system is in excellent condition and this will be reviewed going forward. A presentation is being drafted and will be presented to the relevant committees in August. <p>Mark Riddell will share the SBARs with the BICC for comments.</p>	MR
		<p><u>Facilities Update</u></p> <p>Morag Walsh provided an update on the FM update which was circulated with the agenda. The main points to note are:</p> <ul style="list-style-type: none"> - Infection control manual guidelines continue to be followed across all sectors. - Continued auditing is in place across all sites, with FM management reviewing compliance and governance from a housekeeping perspective. See Tables 1 and 2 below for current Facilities Monitoring Tool (FMT) performance for May 2024. - Quality Assurance audits remain in place, with recurring trends being identified and rectified. The full monthly feedback report for May 2024 is attached to this report, as Appendix 1. - As part of Facilities Management's HIS preparedness, a number of peer audits are undertaken. The programme of peer reviews has been refreshed, and the recording documentation including how any actions arising are recorded has been reviewed. A highlight report detailing the process review and peer audits conducted in May is attached as Appendix 2. - RAH continues to realign its staff resource via staff placing sheets and costed rotas and active recruiting is underway. <p>Morag Walsh confirmed there is work underway regarding the cleaning schedule for Langlands and Sharon Johnstone is leading on this.</p> <p>The committee noted the report.</p> <p><u>Decontamination Update</u></p> <p>Morag Walsh provided an update on Decontamination, the main points to note are:</p> <ul style="list-style-type: none"> - IRH EDU continue to provide contingency decontamination services to the VoL EDU. This has now been running successfully for nearly two years without impact on service delivery. Regular communication continues to be effective. 	

		<p>A decision has yet to be made on future provision of endoscopy services at VoL however the success of this contingency service would suggest that it could transition to an established service without risk to service delivery or patient outcome.</p> <ul style="list-style-type: none"> - Funding for the works to replace the Air Handling Unit (AHU) and associated ductwork in the Greenock CDU has been secured with an approved supplier identified through the procurement process. We are currently in the 10 day standstill period. This will be an extensive project that will have some impact on the Greenock CDU's ability to provide service as there will be a period of closure. More information to follow on conclusion of the 10 day standstill once approximate timescales are known and project plans are being developed. - Environmental monitoring frequency has been reduced within Cowlares CDU after robust interrogation in collaboration with IPC and Microbiology colleagues. This heightened monitoring was as a result of the 2018 closure of Cowlares however after review of results over an agreed period it was agreed that monitoring could return to the same frequency as the other CDU's within the GG&C (dental and Greenock). <p>The committee noted the report.</p>	
		Copies of the minutes of the Board Ventilation Safety group were issued and noted.	
270.	Person Centred Care		
	(a)	Update from Improvement Collaborative	
		<p>The Infection Prevention Control Quality Improvement Network (IPCQIN) highlight report was issued with the agenda.</p> <p>Kara Black provided the following update:</p> <ul style="list-style-type: none"> - The IPCQIN continues to meet bi-monthly, the last meeting was on the 14th May 2024. - The work plan has been agreed upon and is a standing agenda item going forward to support monitoring and assurance of workstream actions and progress. Workstreams will take a turn of having a 'spotlight' section on the agenda going forward to update the workplan. - The 7th IPCQIN Newsletter was published in May 2024, and the next Newsletter will be published in July. The workstreams will take turns having a spotlight on the newsletters to promote ongoing improvement work and share good practices. Newsletters will be published every two months. - Vascular Access Device education is now a standing agenda item for the IPCQIN to support the ongoing education work and e-learning module. - Measurement Plan for CVC PVC process Data – colleagues are collaborating and considering options for a plan to capture CVC PVC process data from teams in a standardised approach. - Quality Improvement Training – Scottish Improvement Leader Programme recruitment in July 2024. <p>The next meeting for the IPCQIN is scheduled for the 9th July 2024.</p>	

		<p>Morag Gardner advised the membership has been reviewed and this has been strengthened to ensure all stakeholders are represented.</p> <p>The committee noted the report.</p>	
271.	Safe Care		
	(a) Healthcare Improvement Scotland (HIS) Update		
		No further update, update provided under AICC.	
	(b) Risk Register		
		<p>A copy of the updated Risk Register for IPC was issued with the agenda. The Senior IPCT continue to review the Risk Register bi-monthly.</p> <p>Kara Black provided an update on key points:</p> <ul style="list-style-type: none"> ❖ Risk 3: Failure of the IPCT Information Management System (ICNET) <u>Update:</u> <ul style="list-style-type: none"> ➤ <i>The Business Continuity Plan will be published June 2024.</i> ❖ Risk 4: Failure to provide appropriate infection control advice and support in the assessment and reduction of risk associated with new builds and renovation projects. <u>Update:</u> <ul style="list-style-type: none"> ➤ <i>Mitigating Actions - IPCT will attempt to scope the impact of the new NHS Assure KSAR process by completing the IPCT built environments tracker, tabling an exception/highlight report to the IPC committees.</i> ❖ Risk 8: Failure for the Infection Prevention and Control team to be able to support fully the requirements of NHS Assure and the Board regarding New Builds and Renovations. <u>Update:</u> <ul style="list-style-type: none"> ➤ <i>Mitigation actions – IPC Business Manager developing a system to capture the resources required and identify risks for delivery. Updates on the BE and its impacts on the IPCT will be tabled at each IPC Governance Group meeting for awareness.</i> <p>Sandra Devine provided a further update in relation to the NHS Assure governance requirement to provide an update/escalate work to the Executive Lead. A full highlight report with the embedded tracker will be provided at the next committee. Professor Wallace advised NHS Assure projects will be added to the agenda as a standing item.</p> <p>The committee noted the report.</p>	
	(c) Recent Outbreaks/Incident Reports		
		<p>Gillian Bowskill provided an update:</p> <ul style="list-style-type: none"> - Increased incidence of MRSA in Ward 8A at the QEUH. 5 cases in total, 4 in 8A and 1 linked case in Ward 10D. All cases had the same antibiogram and have been sent for genome sequencing. Control measures are being implemented and will be in place for 4 weeks. 	

		<p>IMTs have been taking place and another is scheduled for tomorrow where staff screening will be considered. The HIIAT is green.</p> <ul style="list-style-type: none"> - VRE in the Beatson – There was a PAG at the beginning of the month and the HIIAT was amber, now green. No further meetings are planned, and the situation continues to be monitored. <p>The committee noted the update.</p>	
272.	Effective Care		
	(a)	National Infection Prevention & Control Manual Updates	
		<p>Gillian Bowskill provided the following update:</p> <ul style="list-style-type: none"> - New Care Home IPC Resource Tool kit is now available. 	
273.	Reports from Associated Area Infection Control Governance Groups		
	(a)	Antimicrobial Management Team	
		<p>Dr Andrew Seaton provided a verbal update, the main points to note are:</p> <ul style="list-style-type: none"> - National prescribing indicators compared to 2015 baseline; a significant reduction has been reported. Work is ongoing. - 16.3% reduction in antibiotic use, this compares with a slight increase across NHS Scotland. - Use of WHO access antibiotics – 60.1% was achieved which was the target in 2023. - A national action plan was launched in May. Two prescribing indicators within this. One target is for 5% reduction in overall antibiotic use which is against a 2015 baseline. This is to be achieved by 2029. - Access antibiotics to be more than 70% of antibiotics used. This includes primary care and dental. - GAMSAS – The IPCT have provided the required documentation for the evidence gathering document. Dr Seaton thanked Sandra Devine and the IPCT for their collaboration on information gathering. <p>Members note the verbal update.</p>	
274.	(b)	Acute Infection Control Committee (AICC)	
		<p>Dr Davidson provided an update on the last AICC meeting (11th June). The main points to note are:</p> <ul style="list-style-type: none"> - There were 3 unannounced visits from HIS to North, South and Clyde within the same week in April. A follow-up visit at GRI took place last week which demonstrated significant improvement and implementation of actions from the first visit. Work is ongoing with HIS colleagues. Near Patient Equipment is an action that will be progressed through the IPCQIN to support colleagues and a new workstream will be established. Sandra Devine confirmed the IPCT will continue to support the clinical teams in terms of the action plans received from HIS. Mark Riddell highlighted the challenge regarding carrying out upgrades for the fabric of sites due to the funding and limited resources. - The AICC minutes will be shared with the committee when they are drafted. - Chlorhexidine 2% - alternative procurement options are being considered by a SLWG chaired by Dr Wesley Stuart. IPCT and 	SD

		<p>Pharmacy are included in the membership. Dr Davidson advised lollipop products are being considered however noted this has a significant financial cost. Further updates will be provided to the committee.</p> <ul style="list-style-type: none"> - Ongoing pressures for the Dental Hospital were noted and the South Sector sites. A group is reviewing this, and work is ongoing. Improvement work is ongoing regarding SABs in the South which has shown positive outcomes. <p>Members note the verbal update.</p>	
275.	(c)	Partnership Infection Control Support Group (PICSG)	
		<p>Laura Moore provided a verbal update, the main points to note are:</p> <ul style="list-style-type: none"> - A meeting took place on the 4th June 2024. - There was representation from every HSCP at the group. - Lynne Robertson provided an update on the modules and videos for VAD education. Lynne previously provided an update to the IPCQIN. - 66 information responses have been submitted to Operation KOPER. No feedback has been received from any of the responses as yet. - Interaction education kits have been trialled in West and East Dunbartonshire by the IPCT, work is ongoing to roll this out to all other areas. <p>Jennifer Rodgers advised a specific session will be arranged to look at external agency scrutiny for Mental Health.</p> <p>Members note the verbal update.</p>	
276.	(d)	Update from Public Health Protection Unit	
		<p>Dr Kennedy provided a verbal update, the main points to note are:</p> <ul style="list-style-type: none"> - UK wide national outbreak of E-coli. 12 cases in GGC and over 200 UK wide. This has been tracked back to a single supplier for pre-packed sandwiches with salad. There have been recalls from multiple brands. This has also been covered by the media. - Pre-packed sandwiches – an incidence of listeria traced back to pre-packed sandwiches supplied to hospitals has been reported. At this point in time, it is noted the sandwiches have not been distributed to Scotland however this continues to be monitored. - Pertussis/Whooping Cough – the highest number of cases in 20 years have been reported. Comms have been included in today's Core Brief regarding vaccinations for staff working with vulnerable groups. Comms are also being shared with pregnant women to support the uptake of vaccination. 845 cases have been reported in the last week in NHSGGC. - Vaccination access – the Vaccine Programme Board met last week and approved the reintroduction of peer immunisers and peer immunisation champions across all sites and HSCPs. - There will be a 'getting to know you' visit from PHS in relation to the vaccination programme and this will take place in the Boardroom on the 28th June. - The Emerging Pathogens Group is reviewing the Board's pandemic response plan. The frequency of this group will increase. Fit testing will also be considered under this. Dr Kennedy confirmed the group will have Health and Safety, ID and IPCT representatives. 	

		<ul style="list-style-type: none"> - PPE training development – a new singular approach to PPE has been approved nationally and will be in consultation with ARHAI to review how this can be applied to Scotland. <p>Members note the verbal update.</p>	
277.	AOCB		
	(a)	CNO Letter – IPC Team Roles and Responsibilities	
		<p>Sandra Devine spoke to the previously circulated DL 2024 (11) regarding the IPC Team roles and responsibilities. It is part of the 2 Year Strategy from SG.</p> <p>Feedback was provided to the SG to consider wider roles and responsibilities across the Board, rather than specifically IPC. It was noted it is a guidance document and not mandatory.</p> <p>Professor Wallace thanked Sandra and the IPCT for all their work and contribution to the feedback regarding the roles and responsibilities.</p> <p>The roles and responsibilities between the NHS Boards and ARHAI has also been requested and this is awaited.</p> <p>Members note the document and update.</p>	
278.	(b)	UK Antimicrobial Resistance National Action Plan 2024-2029	
		<p>Sandra Devine spoke to the previously circulated communication regarding the UK Antimicrobial Resistance Action Plan. The action plan is broken down into four objectives:</p> <ol style="list-style-type: none"> 1. Reducing the need for, and unintentional exposure, to antimicrobials. 2. Optimising the use of antimicrobials. 3. Investing in innovation, supply and access. 4. Being a good global partner. <p>Dr Seaton noted the targets within the action plan.</p> <p>Members note the update.</p>	
279.	(c)	SBAR Hot Debrief Review	
		<p>Sandra Devine spoke to the previously circulated SBAR regarding the recommendation of the hot debrief review. It was noted that hot debriefs are shared at the PICS and AICC.</p> <p>A three-year look back was carried out on hot debriefs and the key themes that were highlighted were:</p> <ul style="list-style-type: none"> - Cleaning of patient equipment. - Assessment of patients on admission from an infection control point of view. <p>The Committee is asked to support the process for ensuring lessons learned from incidents and outbreaks where possible are embedded into established IPC processes in order to ensure that these are part of normal practice across the board and to provide oversight and assurance that these are in place over time.</p>	

		<p>Members discussed the effectiveness of the hot debrief process that is established and noted sharing what went well as well as lessons learned would be welcome. Dr Kennedy highlighted that the Board's Incident Management Plan outlines that lessons learned should be shared through the Clinical Governance Forum. It was noted there was positive feedback from AICC regarding the SBAR.</p> <p>Members approve the SBAR and proposal.</p>	
279.	(d)	AOCB	
		<p>Professor Wallace advised the committee that this is Jen Rodgers last meeting as she has secured a position as Director of Children's Hospices. Professor Wallace thanked Jen for all her support and contributions to the various workstreams. Members congratulated Jen on her new appointment.</p>	
280.	Minutes of Previous Meeting		
		The minutes of the previous meeting held on 9 th May 2024 were accepted.	
281.	Rolling Action List		
		The Rolling Action List was distributed with the agenda and noted at the meeting.	
282.	Date of Next Meeting		
		The date of the next meeting is scheduled for Tuesday 20 th August 2024, 2:00pm.	

Board Infection Control Committee 20/08/24
Minutes 266 – 282

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Tuesday 20th August 2024 at 2.00pm via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Dr Iain Kennedy	Consultant Public Health
Gillian Bowskill	Associate Nurse Director Infection Prevention & Control
Dr Linda Bagnade	Lead Infection Control Doctor
Chris Haddow	Assistant Head of Operational Estates, North
Laura Moore	Chief Nurse, Inverclyde HSCP
Ashleigh Irons	Interim Associate Chief Nurse
Sue Clark	Public Partner
Natalia Hedo	Surveillance Operations Manager
Allan Hughes	Deputy Health & Safety Manager
John Somerville	Head of Occupational Health
Gayle Brown	Head of FM Services, North

Apologies received:	
Dr Scott Davidson	Deputy Medical Director
Jayne Jones	Assistant Director, Facilities and Production
Dr Conor Doherty	Consultant, Infectious Diseases
Tom Steele	Director of Estates & Facilities
Mark Riddell	Assistant Director (Operational Estates)
Lynn Pritchard	Nurse Consultant, IPC
Dr Andrew Seaton	ID Consultant/Lead AMT
Billy Hunter	Deputy Director, Facilities and Corporate
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Gordon Wilson	Staff Partnership Representative
Julie Tomlinson	Chief Nurse, East Renfrewshire HSCP
Freddie Warnock	Head of Health & Safety
Morag Gardner	Deputy Nurse Director – Acute

Minute		Action
266.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned.	
267.	Matters Arising	
	Nil to update.	
268	Emerging Issues	
	Nil to update.	

269.	Assurance and Improvement	Action
	(a) IPC Work Plan	
	<p>The IPC Work Plan was issued with the agenda.</p> <p>Gillian Bowskill provided the following update:-</p> <ul style="list-style-type: none"> - IPC have carried out a thematic analysis regarding all the Hot Debriefs that have been issued to see if there were any common themes. From this two work streams were identified and these include – Cleaning of Near Patient Equipment and Assessment of Patients on Admission for Infection Risk. These will be supported by the IPC QI Network Group for them to take this forward. - The CJD Group will be reinstated and is chaired by Public Health. These meetings will take place bi-annually. Dr Kennedy said he is concerned that the CJD group have not met for over 2 years as this is a sub group of BICC. Although he did point out that the NICE guidelines were updated and due to this the frequency of meetings were reduced. Sandra Devine stated that as this is on the IPC Work Plan this will be taken forward and will be added to the rolling action list. - With regards to HAI Scribes the date has been revised to December 2024 on the Work Plan. Dr Bagrade and Lynn Pritchard met with Estates to discuss scribes. There was a plan for several ICNs to do a course in Bristol but the course is not available at the moment. Professor Wallace asked if any other courses were available and Dr Bagrade replied that there is a course in Leeds but that is more for engineers and not IPC. <p>As some of the actions have the date as ongoing Professor Wallace stated that dates should be entered to credit the work that is taking place.</p> <p>The committee noted this paper.</p>	GB
	(b) Draft HAI Reporting Template (HAIRT)	
	<p>A copy of the draft HAIRT report for May and June was tabled for assurance, comment and approval and has already been approved at AICC. The HAIRT and its contents were approved by BICC.</p> <p>Sandra Devine reported that GGC is below the national average for all 3 indicators for CDI, SAB and ECBs. Ysobel Gourlay informed that it is anticipated that there will be an indicator for prophylaxis in surgery.</p> <p>As national surveillance has been paused nationally GGC continued with light surveillance but the career pathways for the Surveillance Nurses is now extremely limited so the process will now change. Scottish Government are looking at an E-Health solution but this will not be available before 2027.</p> <p>Clinical Risk Assessment (CRA) compliance was 90% for CPE and 87% for MRSA in the last validated reporting quarter (Q1-2024). The standard is 90%. In Q1, NHS Scotland reported compliance of 78% and 79% respectively.</p> <p>The ECB cases associated with urinary catheters continue to remain within the control limits. CAUTI work will be part of the IPC QI Network's group.</p>	

	(b)	Draft HAI Reporting Template (HAIRT) (contd)	Action
		<p>CDI was above the mean for the last 3 months but this might be due to a change in prescribing practices with 4C antibiotics.</p> <p>In relation to incidents there were 7 cases of VRE in the Beatson. An action plan is in place and the HIIAT was assessed as AMBER on 6th June and then assessed as GREEN on 10th June 2024.</p> <p>One patient was confirmed with Scabies in IRH. All patients and staff were treated and there were no further cases. Dr Bagraade reported that a significant amount of work was done with Occupational Health and the Pharmacy team to treat approximately 100 staff who had been exposed. John Somerville confirmed that 150 staff required treatment. The HIIAT was assessed as AMBER on 19th June 2024 but this was due to the extensive work that had to be carried out. Dr Bagraade wished to thank all staff involved with this and thanked Occupational Health and Dr Haldane.</p>	
	(c)	Monthly Activity Report for Acute Clinical Governance Committee	
		<p>Copies of the above reports for May and June were issued for information. Dr Bagraade provided the following update:-</p> <ul style="list-style-type: none"> - 9 wards were closed in May. - 21 wards were closed in June. - Leanpro uptake was good with the IPC associated modules. <p>GRI had a recent inspection and the report will be published tomorrow. The draft report highlighted environment and cleaning in GRI and RAH</p>	
	(d)	Update on Public Inquiries	
		<p>Professor Wallace advised that the Scottish Hospital Inquiry started yesterday and will run until November. After this it will be paused and will restart again in the New Year. Estates and Facilities staff will be interviewed over the next couple of weeks and support is available for any colleagues who have to give evidence. A significant amount of evidence has been provided from Estates & Facilities, IPC and Management. Professor Wallace stated that the procedural hearing was a couple of weeks ago and GGC asked Lord Brodie to consider additional evidence but this was denied by the Public Inquiry. Dr Kennedy noted that the review has been applied for in relation to the decision regarding additional evidence.</p>	
	(e)	NHS Assure Projects	
		<p>Sandra Devine reported this item links to Item 9.2 on the agenda.</p> <p>This is the first cycle of a highlight report for communication regarding the Built Environments IPCT Project Tracker. This is to try and capture the scale of projects being worked on and the associated resources required. This also ensures visibility and governance with regards to these projects.</p> <p>Currently there are 67 projects that are ongoing that the ICNs and ICDs are involved in by supporting or inputting to. Four of these projects in HSCP have a RAG status of At Risk and they include NE/Parkhead Hub, HMP Glasgow, ACH flooring replacement and ACH fire door replacement.</p>	

	(e)	NHS Assure Projects	Action
		<p>Dr Bagnade commented that the ICDs are not full time as only part of their job is dedicated to IPC. She said they are trying to absorb the workload and being realistic with the time they have available.</p> <p>Professor Wallace stated that she supports this but we maybe need to look at the work that needs to be done by the service with the resources available.</p> <p>In relation to the new water guidance she suggested to have a meeting with Tom Steele and Sandra Devine to write a paper to Informal Directors and CMT to give them prior notification regarding the introduction of Chapter 4. IPC and the Built Environment Group have agreed to do an impact evaluation of IPC. Gillian Bowskill will be looking at IPC and Kerr Clarkson will be looking at water testing as the cost for the testing will be significant. Dr Bagnade stated that this will involve Microbiology lab staff as they will be supporting the water testing or this might need to go out to an external company to carry this out.</p> <p>Sandra Devine confirmed that the Built Environment Tracker will be a regular item on the agenda.</p>	AW/TS/ SD
	(f)	Update from Estates & Facilities	
		<p><u>Facilities Update</u></p> <p>Gayle Brown provided an update on the FM document which was circulated with the agenda. The main points to note are:</p> <ul style="list-style-type: none"> - Facilities management continue to audit across all sites and review compliance and governance on an ongoing basis. - The NHS Assure Facilities Monitoring Report for Q1 was published on 25th July. GGC's Domestic Result scored 94.6%, which is just under the Scottish average across all NHS Boards, which is 95.2%. - Quality assurance audits have recurring trends identified and rectified with monthly feedback included. - RAH continues to realign domestic resources. - Domestic Services provision within Langlands Building has been raised as a concern by clinical colleagues. Assessment of current provision and additional auditing has been undertaken, with QEUH Facilities Management and PFI Liaison undertaking a review of provision and participating in weekly ward inspections. Improvement actions have been implemented and are being monitored. - The Laundry Service has highlighted an area of concern around some clinical teams not following the correct process for linen, and posters have been developed to assist with reducing the volume of linen lost through incorrect disposal. - Public consultation of a planning note for CDU's in Scotland commenced on 31st May and closed on 30th August. - Greenock CDU had to close week commencing 8th July due to a broken drive shaft within the air handling system but there was no impact to patients. <p>In one of the reports Sandra Devine said it states that GRI is an outlier due to the fabric of the building and requires infrastructure and support and it was noted that some funding is available to rectify this.</p>	

	(f)	Update from Estates & Facilities (contd)	Action
		<p><u>Estates Update</u></p> <p>Chris Haddow advised that there were discussions at the Board Clinical Governance meeting and there is now a SBAR for fungal testing at QEUH. Dr Bagnard confirmed that IPC have approved the reduction in testing and this has been approved at ICBEG/Water Safety Group. Sandra Devine confirmed that in terms of governance Tom Steele advised that technical experts were at the water group meeting and he was content regarding the decision made there.</p> <p>QEUH are moving away from the current PAL filters to another manufacturer which will be a cost saving.</p> <p>HIS inspected GRI and GGC have managed to secure funding to rectify areas at GRI. The first of the wards completed was Ward 5 and this has been handed back to the ward. Ward 3 will be the next ward to be upgraded and further areas will be subject to funding approval.</p> <p>Copies of the minutes of the Board Ventilation Safety group were issued and noted.</p>	
270.		Person Centred Care	
	(a)	Update from Improvement Collaborative	
		<p>Work is ongoing and good work continues with all local groups. Sandra Devine reported that they continue to do SAB and vascular device associated strategies.</p> <p>Lynn Pritchard is working on the Person Centred Care workstreams and is gathering patient stories to enhance patient safety.</p> <p>A sub group which is led by Practice Development are looking at the vascular access device education and an Antimicrobial Pharmacist is part of this group. Laura Moore is also part of the group and is looking at how this can be rolled out to community and Care Homes. Two new workstreams are being processed which are Cleaning of Near Patient Equipment and Assessment on Admission.</p> <p>The last Newsletter was issued in July and this links to the IPC Strategy.</p> <p>The committee noted the report.</p>	
271.		Safe Care	
	(a)	Healthcare Improvement Scotland (HIS) Update	
		<p>The HIS report for GRI will be published tomorrow and an Action Plan has been developed.</p> <p>This was the third site to be inspected in succession which had quite an impact for GGC. Gillian Bowskill stated that the amount of requirements and recommendations from the report was large.</p>	

	(a)	Healthcare Improvement Scotland (HIS) Update (contd)	Action
		<p>Morag Gardner has formed a new short life working group and will look at the last 10 inspections to see if there are common themes across the boards. The first meeting of the group took place last week. Multi-disciplinary audit reviews will be carried out.</p> <p>Chris Haddow advised with regards to capital projects Scottish Government are realigning this for the next couple of years. Some refurb works could be delayed and he hoped this would not compromise the patient environment.</p>	
	(b)	Risk Register	
		<p>A copy of the updated Risk Register for IPC was issued with the agenda.</p> <p>Natalia Hedo reported that the Risk Register has recently been reviewed. The only Risk to update on is:-</p> <p>❖ Risk 3: Failure of the IPCT Information Management System (ICNET) Update: <i>The Business Continuity Plan will be published June 2024.</i></p> <p>The committee noted the report.</p>	
	(c)	Recent Outbreaks/Incident Reports	
		<p>Gillian Bowskill provided an update:</p> <ul style="list-style-type: none"> - Increased incidence of MRSA in Ward 8A at the QEUH. 11 cases in total since March and 7 are confirmed as the same spa type. HPV clean has been carried out and weekly enhanced supervision will take place for the next 4 weeks. Staff screening was also carried out and led by Occupational Health. There have been no further IMTs as the last case was on 17th July. HIIAT was Green. - Increase in CDI cases in the North during July. The upper control limit is 9.5 and there are now 8 cases. This will remain under constant review. - CDI trigger in Ward 15/28. Controls are in place and there was an antibiotic review as medics were using gentamicin instead of vancomycin. All CDI cases have been typed and are different. <p>The committee noted the update.</p>	
272.		Effective Care	
	(a)	National Infection Prevention & Control Manual Updates <ul style="list-style-type: none"> • NIPCM Chapter 4 – New Water Guidance 	
		<p>ARHAI have launched the new water section (Chapter 4) in relation to the National Infection Prevention and Control Manual. A DL regarding this was issued on 1st August to be implemented by 1st January 2025. This will be resource and financially intensive. Dr Kennedy asked what aspects of Chapter 4 will be problematic and Sandra Devine replied that IPC will need to go into every care area and risk assess all outlets in terms of water. This will also mean an increase in frequency and types of testing with little guidance available on how to implement this. There has been no national implementation plan or economic assessment to accompany this update.</p> <p>It was agreed to keep this item on the agenda.</p>	

273.	Reports from Associated Area Infection Control Governance Groups	Action
	(a) Antimicrobial Management Team	
	<p>Dr Bagnade updated that NHS Greater Glasgow and Clyde has applied for GAMSAS (Global Antimicrobial Stewardship Accreditation Scheme) accreditation. This has been led by Professor Andrew Seaton, Consultant in Infectious Diseases and General Medicine and Chair of the Scottish Antimicrobial Prescribing Group in Healthcare Improvement Scotland. A lot of evidence has already been submitted as part of the review. The inspectors will visit GGC for two days as part of this accreditation.</p> <p>Members noted the verbal update.</p>	
274.	(b) Acute Infection Control Committee (AICC)	
	The AICC minutes for June 2024 were issued with the agenda and noted.	
275.	(c) Partnership Infection Control Support Group (PICSG)	
	<p>Laura Moore provided a verbal update.</p> <p>The group last met on 30th July 2024 and at this meeting Stefan Morton provided a talk regarding a community nursing hand hygiene survey that was issued. In total 125 responses were returned and the aims of the survey was designed to compile staff views on hand hygiene in community nursing, products utilised and associated barriers. 84% of staff utilise NHSGGC supplied hand gel but some staff do not have access to all packs to take out with them and use their own hand gel. The next stage is to provide a flash report with QR codes to access the hand hygiene toolbox talk and links to education resources for staff. Staff will also be provided with order details for the supply of 100ml alcohol hand based rub.</p> <p>Interactive education kits are being promoted in Care Homes based on 4 of the 10 elements of SICPs. HIS have said this could be replicated in other NHS boards.</p> <p>Professor Wallace asked for the previous minutes to be included with the agenda.</p> <p>Members note the verbal update.</p>	
276.	(d) Update from Public Health Protection Unit	
	<p>Dr Kennedy provided a verbal update, the main points to note are:</p> <ul style="list-style-type: none"> - Number of pertussis cases are down. - Alert on Mpox was issued due to the increase in transmission and morbidity. Pathways have not changed. - Review of the Board Pandemic Plan and there is a meeting scheduled for next Tuesday to discuss this. - Autumn/Winter Vaccination Campaign has started. The flu vaccination will start on week commencing 23rd September with two clinics running a day for 12 hours at each site. These will be drop in sessions for staff and managers have been asked to let staff attend these clinics. - Reintroducing peer immunisation and there will be peer champions. 	

276.	(d)	Update from Public Health Protection Unit (contd)	Action
		<ul style="list-style-type: none"> - The Joint Committee for Vaccines and Immunisation have chosen not to include health and social care staff for the COVID-19 vaccine. Scottish Government have said that only frontline staff are eligible for the vaccine. Board have asked to include the flu vaccine with the COVID-19 vaccine but staff may need to attend community clinics to get COVID-19 vaccine. <p>Dr Kennedy advised that there will be no government flu seasonal campaign this year.</p> <p>Members noted the verbal update.</p>	
277.	AOCB		
	(a)	IPC Strategy	
		Sandra Devine informed that work has been completed with staff and public engagement. The data was analysed and included in the IPC Strategy and has been sent to IPC for comments. The final draft will be available in the Autumn and Professor Wallace asked for the journey to be mapped to governance groups.	SD
	(b)	Built Environments IPCT Project Tracker Highlight Report	
		As discussed earlier under NHS Assure Projects on the agenda.	
280.	Minutes of Previous Meeting		
		The minutes of the previous meeting held on 4 th June 2024 were accepted as an accurate record.	
281.	Rolling Action List		
		<p>The Rolling Action List was distributed with the agenda and noted at the meeting.</p> <p>As some of the dates on the Action Plan are historic Professor Wallace asked for these to be updated and Sandra Devine agreed to look at these.</p>	SD
282.	Date of Next Meeting		
		The date of the next meeting is scheduled for Tuesday 22 nd October 2024 at 2.00pm.	

Board Infection Control Committee 31/10/24
Minutes 283 – 298

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Thursday 31st October 2024 at 11.00am via
MS Teams Videoconference**

Present:	
Professor Angela Wallace (Chair)	Executive Director of Nursing
Sandra Devine	Director Infection Prevention & Control
Dr Iain Kennedy	Consultant Public Health
Gillian Bowskill	Associate Nurse Director Infection Prevention & Control
Dr Linda Bagnade	Lead Infection Control Doctor
Chris Haddow	Assistant Head of Operational Estates, North
Laura Moore	Chief Nurse, Inverclyde HSCP
Suzanne Clark	Public Partner
John Somerville	Head of Occupational Health
Sharon Johnstone	Head of FM Operations
Lynn Pritchard	Nurse Consultant, IPC
Gordon Wilson	Staff Partnership Representative
Morag Gardner	Deputy Nurse Director – Acute
Kevin Mcauley	Interim Chief Nurse
Ysobel Gourlay	Lead Antimicrobial Pharmacist
David Mains	Health & Safety Manager
Ann Lang (minutes)	PA, IPC

Apologies received:	
Jayne Jones	Assistant Director, Facilities and Production
Natalia Hedo	Surveillance Operations Manager
Tom Steele	Director of Estates & Facilities
Mark Riddell	Assistant Director (Operational Estates)
Dr Andrew Seaton	ID Consultant/Lead AMT
Freddie Warnock	Head of Health & Safety

Minute		Action
283.	Welcome and Apologies	
	Professor Wallace welcomed everyone to the meeting and apologies were received from the above mentioned. She also welcomed Gordon Wilson to his first meeting of the Board Infection Control Committee.	
284.	Matters Arising	
	Nil to update.	
285.	Emerging Issues	
	Sandra Devine reported that an alert had been issued regarding a single case of the Mpox virus variant Clade 1b that was detected in London.	

		Action
	The person involved had been on holiday in Africa and Dr Kennedy reported that this resulted in household contacts. He also mentioned that the Clade 1b variant appears to have a lower fatality rate than previously thought.	
286.	Assurance and Improvement	
	(a) IPC Work Plan	
	<p>The IPC Work Plan was issued with the agenda.</p> <p>Gillian Bowskill provided the following update:-</p> <ul style="list-style-type: none"> - There has been a delay with the narrated videos that will be produced by the IPCNs narrating the IPC patient information leaflets (PILs). The revised date for this is November 2024 and Medical illustrations are reviewing the PILs and a date will be set for filming. Professor Wallace asked what outcomes would IPC want from this. Gillian Bowskill replied that wards will have their own I-Pads and QR codes will be available for patients to access the PILs which would result in less paper copies. Lynn Pritchard stated that when IPC carried out "What Matters to Me" exercise most of the patients said they did not want paper copies and would prefer information on the I-Pads or their phones. Dr Kennedy commented that QR codes are not appropriate for certain groups of people as they may not have a smartphone. Lynn Pritchard advised that they looked at this and paper copies will still be available and are also available in other languages. - With regards to IPC audit activity it was previously reported that IPC were working with Business Intelligence to understand the most effective way to extract information from CAIR to help us make improvement and for education. Information was received from Business Intelligence to inform IPCT that this work will not be undertaken until the next financial year. Meanwhile, IPC Nurse Consultant has agreed to review the audits undertaken by IPCT over a 6 month period. This may include the last 10 audits from each sector and review common themes and average scores and this can be used to focus education and improvement work. - A short life working group has been created to look at the HIS inspections and to support compliance with HIS Standards. A paper has been produced looking at key themes and visits will be carried out, firstly starting in Maternity. - The IPCT Annual Report has been drafted and contributions for the report have been provided by members of IPC. <p>Professor Wallace commented that with regards to the Scottish Hospital Inquiry GGC have gained a lot of learning and new knowledge and suggested a presentation could be done with the themes from this and what learning there has been. Dr Bagraade replied that it is difficult to identify these and wondered if there was help available from CLO and if they maybe have a summary of the themes identified. Professor Wallace stated that there has been updated actions from previous reviews. She asked for this to be put as an action on how to take this forward and to share our thoughts and comments.</p> <p>The committee noted this paper.</p>	All

			Action
	(b)	Draft HAI Reporting Template (HAIRT)	
		<p>A copy of the draft HAIRT report for July and August was tabled for assurance, comment and approval. The HAIRT has previously been reviewed by AICC and PICSG. The HAIRT and its contents were approved by BICC.</p> <p>In terms of SABs for Q1 GGC were below the national average but for Q2 GGC are above the national rate of 17.3.</p> <p>The CDI rate for Q2 is 18.4 which is within the control limits but above the national rate of 17. There has been an increase in CDI cases in the last 6 months, especially at GRI. All the CDI isolates for July and September have been typed and work is ongoing to look at this. An antibiotic review is being carried out to determine if there has been a change in prescribing. Morag Gardner stated that they are aware of the increase in CDI cases and are working with Infection Prevention & Control colleagues. Ysobel Gourlay pointed out that there has been an increase in the use of co-amoxiclav in Primary Care. She said the levels of 4C antibiotics for Q3 in 2024 is not as high as it was in 2007 and this will be discussed at the AUC meeting next week. Sandra Devine asked Ysobel Gourlay for this data for possible inclusion in the next HAIRT.</p> <p>It has been indicated that GGC have been accredited with GAMSAS (Global Antimicrobial Stewardship Accreditation Scheme) although this has not been made official as yet.</p>	YG
	(c)	Monthly Activity Report for Acute Clinical Governance Committee	
		A copy of the above report was noted by the committee.	
	(d)	Update on Public Inquiries	
		<p>Professor Wallace advised that the Scottish Hospital Inquiry is ongoing and will conclude in 4 weeks. It will then be paused with the next hearings due to take place in the spring and the next stage will look at the construction of the hospital.</p> <p>The COVID-19 inquiry is ongoing and GGC continue to provide information on request.</p>	
	(e)	NHS Assure Projects / Built Environments IPCT Project Tracker Highlight Report	
		A highlight report for communication regarding the Built Environments IPCT Project Tracker will be added to the agenda and provided at each meeting. Sandra Devine said that this lists the building projects that are ongoing and have Infection Prevention & Control Team's (IPCT) involvement. Dr Bagnade reported that the Tracker was started due to the significant request for members of the IPCT to be involved in built environment issues and the expectation that this would be absorbed within IPCTs workload. She said this will provide evidence of how much time and involvement is required with the resources available and the Infection Control Doctors wanted this to be highlighted. Professor Wallace said she is happy to support this.	

			Action
	(f)	Update from Estates & Facilities	
		<p><u>Facilities Update</u></p> <p>Sharon Johnstone provided an update on the FM document which was circulated with the agenda.</p> <p>The main points to note are:</p> <ul style="list-style-type: none"> - Clinical colleagues have been asked to disseminate posters to help reduce the loss of linen through incorrect processes being followed. - Facilities management continue to audit across all sites and review compliance and governance on an ongoing basis. - RAH continues to realign domestic resources. - Domestic services have from 2nd September reintroduced winter chlorine cleaning. - Domestic Services provision within Langlands Building had been raised as a concern by clinical colleagues. Additional auditing has been undertaken and improvement actions have been implemented and are being monitored. - Work has been undertaken at the QEUH to repair the bird proof netting at QEUH/RHC which had deteriorated over time. This work concluded in September 2024. - The draft revision of SHTM 01-03 is out for public consultation. This SHTM provides guidance for staff involved with, or responsible for, the transportation of used Reusable Medical Devices to CDUs, EDUs and LDUs. The draft has been shared and any comments will be returned prior to the closing date of 31st October. - The project to replace the air handling unit (AHU) within the Greenock CDU started on 19th August 2024. It is anticipated that there will be a total shut down of the unit for approximately 6 weeks commencing March 2025 to allow replacement of associated ductwork, pipework and connection of the new unit. As of 1st October 2024 the programme is on plan. - Following the steps taken to address the vermin concern at Cowlairs CDU there have been no further events relating to vermin entering the CDU from the vacant adjoining building. - Cowlairs quality team continue to work closely with the Clinical Sustainability Group locally and Green Theatre team nationally. The reintroduction of reusable instruments where they are currently single use is a key aspect of this work. Some concern has been raised in relation to flexible tubing, cleaning efficacy testing will be undertaken. Reusable barrier wrap to be investigated <p>Sandra Devine commented that in relation to the executive summary this should include any key points to note from the contents of the report. Sharon Johnstone agreed to feed this back to Jayne Jones.</p> <p>With regards to the linen Professor Wallace asked how the issues are being addressed. Sharon Johnstone replied that they continue to share the poster on a regular basis to remind staff of this. Lynn Pritchard said that there will be a section on laundry/linen in the next IPC Bulletin which may help. In the North, Kevin Mcauley stated that these posters are reinforced to staff when attending the winter outbreak sessions. He asked if there were certain areas that can be identified but Sharon Johnstone said that it is difficult to identify these as some of the waste is incinerated.</p>	SJ

			Action
		<p><u>Estates Update</u></p> <p>Chris Haddow advised on the following:-</p> <ul style="list-style-type: none"> - Water system remains stable in Wards 36/37 at RAH. - Possible water ingress in Theatres 5 and 6 at IRH. - Replacement filtration plant at GRI has been discussed at the Board Water Safety Group, AICC and governance groups to support this. To apply for funding at the Acute Clinical Governance meeting on 4th November. - There has been further refusal on access to theatres for their theatre validation in some Partnership areas this is being addressed local with clinical teams and Estates. <p>Professor Wallace agreed with Sandra Devine and would like a front sheet to include what information is important and what BICC needs to pay particular attention to.</p>	
287.	Person Centred Care		
	(a)	Update from Improvement Collaborative	
		<p>Work is ongoing and Sandra Devine reported that the CAUTI group has been created. Laura Moore confirmed that the first meeting of the group has taken place and work is ongoing across HSCP. A sharepoint has been created with information and draft Terms of Reference are available. The next meeting is scheduled for the end of November.</p> <p>The SAB groups continue to meet and the next meeting of the group is next week.</p>	
288.	Safe Care		
	(a)	Healthcare Improvement Scotland (HIS) Update	
		There have been no HIS inspections since the last BICC meeting.	
	(b)	Risk Register	
		<p>A copy of the updated Risk Register for IPC was issued with the agenda.</p> <p>Sandra Devine reported that mitigations have been included in the Risk Register and are reviewed by senior IPC staff.</p> <p>With regards to the implementation of Chapter 4 Gillian Bowskill is working on a Gap Analysis. NHS Lothian have already carried this out and their document is 47 pages long. Sandra Devine reported that the network are to do a collective response regarding this. This will be included in the Risk Register</p> <p>The committee noted the report.</p>	

			Action
	(c)	Recent Outbreaks/Incident Reports	
		<p>Gillian Bowskill provided the following update:</p> <ul style="list-style-type: none"> - B7 at Beatson had 7 VRE cases and 5 of these are the same spa type. Education will be carried out as well as hand hygiene and SICPs audits. - They are hoping this will provide baseline information on any colonisations/infection present on admission. Education will be carried out as well as hand hygiene and SICPs audits. - CDI trigger reported for Ward 15/28, GRI. All CDI cases have been typed and are different. - No Red or Amber HIIATs to report. - In September, Gartnavel General Hospital were above their upper control limit for CDI as they had 2 CDI triggers. Ward 8C had 2 HAI CDI attributed to them within a 4 day period. Ward 3C had 3 HAI cases of CDI within a 12 day period. Typing for 2 patients are different and awaiting result for one case. - MRSA incident in Ward 8A at QEUH has been closed. There were 11 cases in total since March and 7 are confirmed as the same spa type. Staff screening was also carried out and led by Occupational Health. <p>The committee noted the update.</p>	
289.		Effective Care	
	(a)	National Infection Prevention & Control Manual Updates <ul style="list-style-type: none"> • NIPCM Chapter 4 – New Water Guidance 	
		<p>Professor Wallace reported she has a meeting arranged with Sandra Devine and Tom Steele to discuss the new water guidance.</p> <p>On looking at the Gap Analysis that NHS Lothian prepared Gillian Bowskill reported that we will need to do a risk assessment of some of our areas. Dr Bagrade said that information needs to be shared with the Director of Diagnostics as there will be a significant impact for the Environmental Lab. She said there is the assumption that Glasgow Environmental Lab will pick up the work that is generated by other health boards and if this is the case would require an increase in resources. Professor Wallace recommended to have a strategic operational discussion regarding the impact of this and chart the risk and governance of this via ICBEC. She also said this should be put to Informal Directors and SEG for their awareness so that the organisation can plan for this.</p> <p>An update will be provided at IPC committees and will be kept on the Risk Register.</p>	
290.		Reports from Associated Area Infection Control Governance Groups	
	(a)	Antimicrobial Management Team	
		<p>Ysobel Gourlay commented on the increase in CDI cases noting there are more CDI triggers but did say that we have very ill patients in our health board.</p> <p>Chlorhexidine 2% solution is now available and is being used in some theatres in GGC.</p>	

			Action
		<p>At the AUC meeting in August they discussed appropriate blood culture sampling. Dr Mairi MacLeod is doing some work regarding this.</p> <p>There has been an increase in IV co-amoxiclav use for the treatment of sepsis where the source is unknown.</p> <p>In GGC gentamicin has much more activity than co-amoxiclav against Gram negative bacteria and they are trying to promote the use of gentamicin instead of co-amoxiclav.</p> <p>Members noted the update.</p>	
291.	(b)	Acute Infection Control Committee (AICC)	
		<p>The AICC minutes for August 2024 were issued with the agenda and noted.</p> <p>At the meeting Dr Bagrade said they discussed the Glasflow model being introduced for any patients who were infectious or had suspicion of having an infection. She said Dr Erica Peters asked for this to be raised at BICC as Infectious Diseases are concerned that patients are waiting in wards too long and want to identify patients appropriately while waiting for beds in wards. This has already been discussed at the Clinical Governance group meetings.</p> <p>The committee noted this and Professor Wallace asked how BICC could help and Dr Bagrade stated that the majority of the work is for governance groups. Kevin McAuley agreed to take this to acute colleagues.</p>	KMcA
292.	(c)	Partnership Infection Control Support Group (PICSG)	
		<p>A copy of the minutes for the meeting in July were issued with the agenda.</p> <p>Laura Moore updated that the group last met on 1st October 2024 and winter packs have been put together for Care Homes. A webinar has also been launched regarding this.</p> <p>Members noted the update.</p>	
293.	(d)	Update from Public Health Protection Unit	
		<p>Dr Kennedy provided a verbal update, the main points to note are:</p> <ul style="list-style-type: none"> - Mpox cases in Democratic Republic of the Congo (DRC) are deteriorating but there has been no expansion to other regions. - Higher rate of Hep A cases with 6 cases reported for this month, which is higher than expected. There has been a national increase and NHS Lanarkshire have had a couple of outbreaks. - Staff flu vaccination is ongoing. The flu week was successful in terms of uptake as over an 8 day period a third of the total number of staff had been vaccinated compared to the previous year. Staff can still get the flu vaccination at their community Pharmacy. <p>Members noted the verbal update.</p>	

			<i>Action</i>
295.	AOCB		
	(a)	SBAR PVC Care Plan	
		The PVC Care Plan is in place and has been rolled out in all inpatient areas. Suzanne Clark congratulated the staff on the good work to have this in place.	
	(b)	CNO Letter – ARHAI Healthcare Associated Infection Related Incidents, Outbreaks and Data Exceedance Reporting & Communication Requirements	
		This letter was disseminated to the committee for information.	
	(c)	SBAR – Redesign of IPC Surveillance	
		A copy of the above SBAR was issued for information. Sandra Devine reported that the redesign is now in place and IPC were supported by HR colleagues to go through this process.	
296.	Minutes of Previous Meeting		
		The minutes of the previous meeting held on 20 th August 2024 were accepted as an accurate record.	
297.	Rolling Action List		
		The Rolling Action List was distributed with the agenda and noted at the meeting.	
298.	Date of Next Meeting		
		The date of the next meeting is scheduled for Wednesday 11 th December 2024 at 2.30pm.	



SCOTTISH HOSPITALS INQUIRY

Bundle of documents for Oral hearings commencing from 13 May 2025 in relation to the Queen
Elizabeth University Hospital and the Royal Hospital for Children, Glasgow
Bundle 35 – Supplementary Minutes of the Acute Infection Control Committee (AICC) and the Board
Infection Control Committee (BICC)