

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

Minutes from meeting held 21 July 2020
Conference Room, MacGillivray Centre, Aberdeen Maternity Hospital
10.00 – 12.00

Present:

GJ – Grace Johnston, Interim Infection Prevention & Control Manager (**Chair**)
SS – Shona Sinkins, Lead Nurse, Division B, Mental Health & Learning Disabilities
LM – Leonora Montgomery, Public Forum Representative
AW – Andrew Wood, Health and Safety Specialist / Risk Management
JWa – Julie Warrender, Nursing Services Manager, Aberdeen City CHP
GPO – Gillian Poskitt, Head of Domestic & Support Services
LB – Leighanne Bruce, Acting Technical Lead Infection Prevention & Control Nurse
LO – Linda Oldroyd, Interim Chief
JL – Juliette Laing, Head of Decontamination and Linen Services, Decontamination Lead
DS – Dawn Stroud, Senior Infection Prevention & Control Nurse
LD – Louise Dingwall, Infection Prevention & Control Nurse
LB – Leighanne Bruce, Acting Technical Lead Infection Prevention and Control Nurse
RW – Becky Wilson, Infection Prevention & Control Doctor
MJM – Malcolm Metcalfe, Deputy Medical Director
ASm – Alison Smart, Service Manager
JR – Janice Rollo, Quality Improvement & Assurance Advisor
NH – Neil Hendry, Operational Lead Nurse

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

LMc – Lynne McLean, Secretary

Item	Subject	Action to be taken and Key Points raised in discussion	Action
1	Introduction and Apologies	Apologies were received from : Deborah Lockhart (DL) Fiona Robertson (FR) Gavin Payne (GP) William Olver (WO)	
2	Minutes of last meeting 26 November 2019	The minutes from 21 January 2020 were ratified by the Committee with 1 amendment: 1 b) (TBC) – Water Issue – The Oaks, Elgin Water sampling has shown a high level of Total Viable Counts (TVCs). A PAG meeting took place on 8 January 2020 (page 6)	
3	Action Tracker	<u>Meeting 21 January 2020</u> 4.2 HEI Inspection Plan Update JWa and NH will forward ToR for the NHSG IPCSC to view. Close risk	

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3	Action Tracker cont.	<p>5.1 Sector Reports – Moray CHSCP</p> <p>2 b) Low - High level dust a problem in older Community Hospitals. ASm confirmed inspections have been completed there is no issue. Close risk</p> <p>2 e) Medium – Non compliant Hand Hygiene Sinks This is ongoing. Risk assessment in place for each sink and they will be replaced when funds allow. Water coolers are in place however drinking water is available to staff in the kitchens. Close</p> <p><u>Meeting 26 November 2019</u></p> <p>4.1 Decontamination Services Compliance in Grampian JL confirmed that this action forms part of the National meetings which are ongoing; the issue is also on the Risk Register. Close</p> <p><u>Meeting 24 September 2019</u></p> <p>5.1 Acute – Water Systems Renal Units LO confirmed there are still ongoing discussions regarding this. No progress as yet.</p> <p><u>Meeting 23 July 2019</u></p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 3 – Flushing of Water –Roles and Responsibilities FS and Michael Black still updating flushing records and Toolbox Talks. Alternative flushing regimes are being trialled in various areas.</p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System LB and Ian Esslemont have not been able to meet due to COVID19. This will be revisited shortly.</p> <p>7 AOCB – HAI Risk Matrix It was suggested that the HAI Risk Matrix (not the Core risk matrix) was used to align HAI risks. SBAR required with pros and cons. LB will deal and forward SBAR to MJM for comment. Close and open new action</p> <p><u>Meeting 28 May 2019</u></p> <p>3 Action Tracker - HEI Inspection Report of GGC Queen Elizabeth Hospital The final report v10 has be submitted to the HAI Executive Committee (HAIEC) and approved. Actions still outstanding will be transitioned to the HAI Work Programme with appropriate timescales. Close</p>	LB

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3	Action Tracker cont.	<p><u>Meeting 26 March 2019</u></p> <p>4.1 HEI Inspection Report of Greater Glasgow & Clyde Queen Elizabeth Hospital - Are all completed audits being uploaded to DATIX? ASm confirmed that Moray CHSCP are uploading completed audits to DATIX. Close</p> <p>5.1 Sector Reports - HAI Education Group – Training for Domestic Support Services This was discussed at the HAI Education Group and closed off. This is a work in progress. Close</p> <p><u>Meeting 22 January 2019</u></p> <p>5.1 Sector Report – Moray CHSCP - Shower Tray – Turner Hospital (from meeting 27 March 2018) Keep action open as a shared learning exercise will be performed by GP now that the works are completed.</p> <p><u>Meeting 27 November 2018</u></p> <p>5.1 Sector Report – Facilities - Water Safety in Non NHSG Premises The Water Safety Group is dealing with this.</p> <p><u>Meeting 23 January 2018</u></p> <p>5.1 Sector Reports – Facilities – Forres Health Centre Water Safety Issue LB reported that the disinfection of the plant continues. TVC levels still elevated although improvement has been seen. This will take time to improve after which time the Incident Management Team will reconvene and close the action.</p>	
4	Matters Arising Item 4.1	<p>HEI Inspection Improvement Action Plan – Update This was returned to Health Improvement Scotland (HIS) on 16 January 2020</p> <p>JR confirmed that all areas have been asked for updates and the final report is nearing completion. JR attended the Liaison Co-ordinators Group meeting recently and as reported health Improvement Scotland (HIS) are recommencing inspections; these will be joint inspections (previously trialled) incorporating Healthcare Acquired infection (HAI) / Older Person in Acute Hospitals (OPAH) standards (concentrating on nutrition, pressure ulcer care and falls). HIS have also confirmed that all inspections in the immediate future will be unannounced</p> <p>NH confirmed that the Aberdeenshire CHP HAI Group meetings have reconvened and have systems in place and audits completed however the requirement is to establish systems around OPAH standards. A workshop will also take place. SCNs have, however, expressed concerns regarding HIS inspectors arriving and expecting to inspect the hospital during this time when, potentially, COVID patients could be in situ. JR replied that HIS are working on processes for purpose and escalation charts are being updated within NHSG.</p> <p>JWa confirmed that City CHP have a separate OPAH meeting in addition to their HAI ONE but is unsure where this work stream feeds into NHSG at strategic level. LO suggested that this may come under the Excellence in Care umbrella and Jill Ferbrache LO will pick this topic up with the members at the Acute Chief Nurse meeting.</p> <p>GJ shared with the Committee that Fife had recently undergone an unannounced inspection. Her colleague had</p>	

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		<p>reported that the on the HAI side of the inspection that had concentrated on <i>Staphylococcus aureus</i> Bacteraemia (SAB) outbreaks and the Health Board's Education Strategy. JR stated that Ian Smith had mentioned that there would be a focus on data (intelligence led) and that no face to face meetings would take place instead these would be held via Skype, Teams etc.</p>	
	Item 4.2	<p>Bare Necessities – IPC Awareness Poster (update) GJ confirmed that this had taken a back seat during COVID but will be promoted before Winter 2020</p>	
	Item 4.3	<p>HAI Risk Matrix It was suggested that the HAI Risk Matrix (not the Core risk matrix) was used to align HAI risks. SBAR required with pros and cons. LB will deal and forward SBAR to MJM for comment.</p>	
	Item 4.4	<p>Guidance on the Appropriate Engagement of the IPCT in New Projects across NHSG The IPCT capacity for advice on design and build projects including incorporation of HAI Scribe process is limited. The built environment and its components, e.g. water and ventilation provision and maintenance, is crucial in determining the adequacy of future HAI prevention strategies and prevention of any significant consequences.</p> <p>LB advised that a quarterly meeting is held between IPC / Estates; works from this are fed into the Work Programme. The Team's capacity to assist with HAI Scribe work has been added to the Corporate Risk Register.</p>	
	Item 4.5	<p>NHSG Compliance Target for <i>Escherichia coli</i> bacteraemia (ECB) SBAR This SBAR was compiled due to an increase in E-coli bacteraemias in Quarter 3. Work has been progressed surrounding this and NHSG are suspected to be within or below the National average moving forward. Short Life Working Groups (SLWG) will be recommencing post COVID.</p>	
	Item 4.6	<p>Decontamination of Probes JL reported that Steve Mcallum has been dealing and the trial of the UV decontamination unit has been positive; there has been no damage to probes however there has been some discolouration. FS will move forward with this and other decontamination methods (Tristel wipes etc.) with the Divisional General Managers (DGMs). This was also discussed at the HAI Executive Committee (HAIEC) where the trial was reported as favourable; however not all areas will use the UV method as different areas will find different methods more compatible.</p>	
	Item 4.7	<p>Water Safety Feedback GPo feedback that, at present, vacated areas still posed flushing issues. A risk review is ongoing. Additional testing in high risk areas may be needed.</p> <p>LO raised the issue of ward 217 in the Pink Zone only having one outlet for drinking water. Precautions have been put in place.</p> <p>LB expanded on this explaining that the TVC counts within this area had been discussed earlier in the year and that there had been an improvement in results.</p>	

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4	<p data-bbox="286 73 533 97">Matters Arising cont.</p> <p data-bbox="568 264 667 288">Item 4.8</p> <p data-bbox="568 376 667 400">Item 4.9</p>	<p data-bbox="734 97 1877 153">Point of use outlets had been installed and 3 or 4 taps have been changed. It was also decided that shower heads were to be changed out monthly instead of quarterly.</p> <p data-bbox="734 181 1189 205">GPO will take the issue of taps back to GP.</p> <p data-bbox="734 264 1057 288">Ventilation Safety Feedback</p> <p data-bbox="734 293 1854 317">The Ventilation Safety Group has now been established and an authorising Engineer has been appointed</p> <p data-bbox="734 376 1312 400">Standards on HAI and Indicators on Antibiotic Use</p> <p data-bbox="734 405 1935 541">This correspondence was received October 2019 from the CNO – Fiona McQueen and noted the new standards and indicators put in place for all Health Boards. Discussions were around how NHSG would tackle these moving forward. This has been incorporated into the HAI Work Programme for 2020/21 and the Infection Prevention & Control Doctors (IPCDs) created work streams to take forward, however, this was put on hold during COVID and will be picked up again shortly.</p> <p data-bbox="734 569 1886 732">LO enquired as to whether there was a programme for quality improvement work surrounding this. LB replied that there had been various actions taken including the attached SBAR, data reporting and the Statistical Process Charts (SPC) that are produced monthly by the IPC Surveillance Team. The targets (originally set nationally) will now be set locally and although the data seems high the goal is achievable. It will be difficult to reduce the <i>Clostridioides difficile</i> infections (CDI) however all Scottish Boards seem to be in the same boat.</p>	
5	<p data-bbox="286 770 465 794">Standing Items</p> <p data-bbox="568 794 667 818">Item 5.1</p>	<p data-bbox="734 794 920 818">Sector Reports</p> <p data-bbox="734 847 815 871"><u>Acute</u></p> <p data-bbox="734 900 1245 924">1 New Areas of Concern raised by Divisions</p> <p data-bbox="734 959 1715 983">1 c) Low – Low level of air exchanges in procedure rooms within Woman’s Day Clinic</p> <p data-bbox="734 987 1935 1123">Colposcopy treatments require to be treated as Aerosol Generating Procedures (AGPs) with staff to wear FFP3 masks. Since the report has been submitted this issue has been escalated due to issues within the Eye Outpatients Department ventilation system. The area requires to be evacuated to facilitate repairs on the ducting however the presence of asbestos will also cause further issues. It will be 2 or 3 weeks before suitable accommodation can be found to enable the areas to be vacated.</p> <p data-bbox="734 1152 1928 1235">LB commented that the suggestion was to replace the ventilation system in the whole stack however with the pending new Emergency Care Centre (ECC) build close by this may cause ongoing issues with dust for the Eye Outpatient Department (EOPD). Investigations are ongoing.</p> <p data-bbox="734 1264 1877 1319">1 f) High - Aerosol Generating Procedures on Negative pressure pathway since beginning of COVID pandemic</p> <p data-bbox="734 1324 1944 1399">LO reported that AGPs in Theatres needs to be followed up. The 15 – 20 minute time interval between patients is having a negative impact on the number of procedures that can be undertaken and it is suggested that this time interval be reduced to 5 minutes. A risk assessment has been completed and this is ongoing.</p>	

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5	Standing Items cont.	<p>Not noted on report:</p> <p>An incident occurred recently where a patient was admitted to Ward 204 via the Green pathway from the Emergency Department (ED); this patient should have followed the Amber pathway. 4 members of staff were required to self-isolate due to Personal Protection Equipment (PPE) failure. Questions have been raised surrounding the screening tool used to vet patients on admission to ED. The question reads “does the patient have a cough AND a temperature”. Could these questions be asked separately?</p> <p>LB agreed that the question could, potentially, be altered and updated on the Patient Placement Tool (PPT)</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 q) Medium – HAI Mandatory Training – Lack of TURAS facility to pull reports Issues pulling compliance data surrounding HAI mandatory training is ongoing and has been escalated. All other HAI Sub Group Leads agreed. It was suggested that this be escalated to the HAIEC for their input and assistance. AS will add to the Agenda for the next meeting. LB also suggested that the topic of HAI Education be included within HAI Sub Group Terms of Reference (ToR) documents to provide assurance that this is being taken forward through the relevant Groups / structure.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • IMTs held and chaired by the IPCT. Positive feedback obtained from the Teams involved who felt supported through the process and who felt that actions taken had led to positive outcomes • The reintroduction of assurance work as we move into the remobilisation phase of the pandemic response <p><u>Aberdeenshire H&SCP</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Issues in relation to flooring requiring repair NH reported that the flooring within Aberdeenshire HSCP Community hospital continues to be taped rather than repaired. This has been reported via DATIX and logged with Estates and is followed up regularly however it is highlighted in all HAI Audits completed.</p> <p>1 b) Medium – Gaps in data on Tableau system When running Hand Hygiene reports on Tableau gaps in data have been found where no figures have been uploaded. Senior Charge Nurses (SCN) have been reminded to upload hand Hygiene audit results to SNAP in a timely manner. Will be a standing item on the Aberdeenshire HAI Group agenda for future meetings</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – TURAS reporting remains an issue for Lead Nurses Lead Nurses remain unable to pull a report on staff’s HAI mandatory training compliance for the whole of Aberdeenshire HSCP. All SCNs and Team Leads have been asked to run and print a copy of their individual</p>	AS

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5	Standing Items cont.	<p>training report and make available to Lead Nurses to view. In addition a report must be run and made available to HIS Inspectors when an inspection is taking place.</p> <p>2 c) High – New car park constructed at Fraserburgh Hospital Work has been completed and NH asked the Committee if they would agree to remove the risk. The Committee agreed the removal.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Donning and Doffing training has been rolled out to all areas in Aberdeenshire and was well received • There have been 4 Hand Hygiene assurance audits completed in the last 12 months due to outbreaks and these audits reported 100% compliance • The Aberdeenshire HAI Sub Group has been reconvened and is going to undertake a development activity to refocus the Group post COVID <p><u>Aberdeen City CHP</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – issues with incorrect usage of masks</p> <p>Due to social distancing concerns staff are wearing masks when not in the clinical area however there seems to be an increase in the touching of these masks, them being put in pockets when not in use and incidents of them hanging around staff member's necks when not in the clinical area. There are daily reminders to staff in relation to Hand Hygiene and disposal of PPE.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – TURAS reporting JWa echoed the other Lead's issues with reporting via TURAS and inaccuracies with the data due to regular staff changes; in addition bank staff are included twice on reports. This was reported during the TURAS trial but no feedback received.</p> <p>2 c) High – No clear person identified within the Aberdeen Health Village to have oversight of auditing Discussions to be had with the Manager of the Health Village regarding the auditing taking place. JWa will visit shortly to gain a better understanding. This has been removed from the report.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Several IMT's have been held in relation to COVID outbreaks at Woodend General Hospital (WGH) and there is evidence of good interaction across all disciplines and cross sector interaction • The PPE Champions were a helpful resource and well received when on the wards 	

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5	Standing Items cont.	<p><u>Facilities</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High (TBC) – Lessons learned from being under waste contingency measures 1) NHS Scotland has been wrongly segregating clinical waste for many years. SEPA will be now be auditing NHSS via the wastes coming into Tradebe's plant in Glasgow. Guidelines set by SEPA must be adhered to and streaming practices within NHSG will need to be updated.</p> <p>GPo feedback that the waste contingency remains in place and audits are on hold at present due to COVID.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 d) TBA – Cardiac Suite ARI, existing ventilation capacity The system is not currently providing the required air changes per hour</p> <p>GJ questioned whether device insertions were still being performed in the Cardiac Cath Lab. LB replied that a PAG had been held and due to findings the Clinical Service is to risk assess. It has not yet been confirmed whether the service is to move.</p> <p>GPo also reported that the PPE Champions and the IPC Team have received very favourable feedback during the pandemic.</p> <p><u>Moray (CHSCP)</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium / High – Flooring in Community Hospitals Non-compliant flooring was picked up during the preparations for the announced HEI Inspections. Areas were remedially repaired with plans to upgrade. This is still outstanding has been reported and is being monitored.</p> <p>ASm also reported issues with TURAS reporting which means that compliance with mandatory training cannot be monitored</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Medium – Sinks and Taps in Clinical Areas Previous HEI inspections have highlighted the need for risk assessments surrounding non-compliant sinks and taps. Risk assessments in place, notices in place and issues have been escalated to Estates and place on the Moray Risk Register</p> <p>GPo will take note of these issues and feedback to GP</p> <p><u>Dr Grays</u> No report received.</p> <p>ASm will take the issue of no reports being submitted to Samantha Thomas – Chief Nurse, Moray</p>	ASm

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5	Standing Items cont.	<p><u>Mental Health</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Availability of FFP3 Masks Business Support Manager is liaising with procurement to ensure a stock FFP3 masks is available at Royal Cornhill Hospital (RCH). There is low usage of this mask within Mental Health however items must be in date.</p> <p>SS stated that mask compliance is good however there are still mixed messages being received in relation to Facilities and Estates staff. The problem lies with the term “face coverings”. Specific masks must be worn in public areas but due to changes in PPE guidance this has been hard to filter down to all staff and inconsistency and confusion still remains. GPO will feedback to GP.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 b) Medium – No FFP3 Face Fit Testers on site There is a programme being put in place this week.</p> <p>3 Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Although there have been some COVID patients within the hospital these have been at a minimum with no transmission. Close working across all disciplines has achieved the positive COVID position that RCH holds. Staff surveillance testing commenced on site 8 July 2020. • The Mental Health & Learning Disabilities Team would like to acknowledge the continued support that it receives from the IPC Team during this time to allow the notice of contraventions work to be able to continue. This really is very much appreciated. The Donning and Doffing training has been invaluable. • The PPE Champion experience is also a positive one and has been well received. • The next HAI Sub Group meeting has been scheduled for 31 July 2020 <p>SS also informed the Committee that she would soon be retiring and that her predecessor will also be attending the next NHSG IPCSC meeting for learning.</p> <p><u>HAI Education Group</u></p> <p>1 New Areas of Concern</p> <p>1 a) Very High – COVID19 PPE Training Sessions Observations by PPE Training Team and IPCNs during the COVID pandemic lead them to believe that PPE training should become mandatory on an annual basis therefore it was decided to introduce 2 modules developed in conjunction with Health and Safety. These are being used by Student Nurse and Doctors. The IPC Team feel that these should become mandatory with all staff completing within 6 months and then annually thereafter.</p> <p>1 b) High – HAI Education Group to consider ways to support staff groups who have been repeatedly non-compliant in Hand Hygiene audits Hand hygiene should become a focus in NHSG so that it becomes part of the culture – IPCT and Education to work together to achieve this - promoting at staff appraisals, following up with suggestions at non-compliant audits, by global email etc.</p>	

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5	Standing Items cont.	<p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 b) High – Staff’s inability to undertake mandatory training The new initiative around procurement of 200 devices for staff to access changed during COVID. The devices were redistributed to help with the COVID-19 response. This will have a knock-on effect for those who made use of the device. Some areas are receiving new equipment but this is not widespread at present.</p> <p>2 d) Medium – Inability to provide Aseptic Non Touch Technique (ANTT) to staff across the Organisation The SLWG for this was suspended due to COVID. NHS Education for Scotland (NES) has been contacted and the modules (written by an outside source) will be reviewed soon. The SLW will reconvene once this has been completed by NES.</p> <p>DS also feedback that not all staff attending the PPE Donning & Doffing training can be added to TURAS due to missing information such as email addresses or a lack of a TURAS account.</p> <p><u>Infection Prevention & Control Team (IPCT)</u></p> <p>1 New Areas of Concern</p> <p>1 a) High – National and local IPC and Organisational work streams have paused / altered This has been due to the COVID19 pandemic and may impact on 2020/21 HAI Work programme and completion of actions aligned to this report, the Committee and the HAIEC.</p> <p>The IPC Team’s core priorities which continued throughout the pandemic were</p> <ul style="list-style-type: none"> • Advisory / IPC support to the Organisation • Outbreak management • Surveillance and IPCT action of all organisms and conditions identified as mandatory alerts within the National Infection Prevention & Control Manual (NIPCM) <p>Updates are awaited from Scottish Government (SGHD) regarding the recommencement of National Surveillance which was paused by the CNO in March 2020</p> <p>New work streams now requiring IPC input include</p> <ul style="list-style-type: none"> • Safe workplace strategies • Risk assessments of various work places and control measures for returning staff • Advising services how to function in the “Living with COVID” period <p>1 b) High – Safety and cleanliness inspections have been recommenced by HIS HAI Sub Groups provide Sector updates as part of their business continuity response and recovery plans</p> <p>1 c) Very High – Increased incidence of Endophthalmitis within the Eye Outpatients Department. 4 cases were identified leading to the first IMT being established June 2020; this is currently ongoing. HIIAT status is red at present and a HIIORT has been escalated / updated to Healthy Protection Scotland (HPS); SGHD has also been briefed by HPS. Business continuity for at least a partial service relocation is being considered. A previous IMT report has been escalated to the HAIEC to take to the Board to consider various recommendations with regards to issues found pertaining to the build environment, design specifications and commissioning phases of a previous refurbishment project that relocated the EOPD service.</p>	

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	Standing Items cont. Item 5.3	HAI Executive Group Update – meeting 15 July 2020 GJ reported that the following issues had been raised and discussed <ul style="list-style-type: none"> • HCID Equipment • Forres Water Incident The IMT has been recalled • HAI Reporting Template (HAIRT) How to make the report more user friendly for non-executive Board members • Nosocomial Work Letter received • Eye Outpatient Department discussions (as previously noted above). 	
6	HAI Report to Clinical Governance Committee / Board Item 6.1 Item 6.2	HAI Report to the Board (HAI-RT) The February 2020 report was submitted electronically to the Clinical Governance Committee. No major issues or cause for concern were noted. HAI Report to the HAI Executive Committee (HAIEC) Issues to be escalated: <ul style="list-style-type: none"> • Women’s Day Clinic – Ventilation Stack • TURAS – issues with reporting and being able to provide assurance to HIS during inspections • Masks – mixed messages being received by all staff groups due to ever changing National & local guidance 	
7	AOCB cont. Item 7.1 Item 7.2	QEuH Review (for information) This document is on the Queen Elizabeth Hospital website. Some issues to be extracted and used for NHSG to be able to provide assurances. HAI Education Delivery Plan 2020/21 (for ratification) GJ asked the Committee to submit comments within a week and by the deadline of 28 July 2020. SS suggested that clarification on data reporting was required for the next meeting. GJ agreed and will speak to Linda McKerron NH confirmed that reporting is a national problem	GJ
8	Date of Next Meeting	22 September 2020, 10.00 – 12.00 via Teams	