Appendix 1

NHS Grampian Reponse to the Scottish Parliament Health and Sport Committee (February 2019)

Introduction

In February 2019 the Scottish Parliament Health and Sport Committee launched a Short Inquiry on Health Hazards in the Healthcare Environment in Scotland. The inquiry was initiated following events at the Queen Elizabeth University Hospital in Glasgow.

The inquiry called for written responses to the following three questions:

1. What is the scale of health problems acquired from the healthcare environment in Scotland?

2. What/where are the main risks?

3. Are the current systems and processes in Scotland adequate for monitoring, reporting, eliminating or controlling these hazards?

Comments:

1. Scale:

In discussing with a wide range of colleagues the request for evidence it was apparent that many different interpretations of the questions were made. Respondents did helpfully suggest that the definition could usefully be extended beyond 'Infectious Diseases' in health care settings to include physical environments which may contribute to falls, environments which do not promote health - contributing to unhealthy lifestyles, poor health literacy and fail to adopt best practice for therapeutic interventions e.g. colour scheme for dementia patients. In addition, health care settings could include independent practitioners such as GPs, dentists, community pharmacies, opticians and nursing homes.

2. Main Risks:

Healthcare Environment: The healthcare environment has to comply with water standards, building regulations and other standards to ensure it is safe.

Subject to improvements in the last couple of years we generally have effective control procedures around water safety and key responsibilities allocated to formally appointed officers with clear reporting lines.

Infection Prevention & Control: The burden and the risk of the Infection Prevention & Control (IPC) team's top 5 infections are reviewed weekly by a multidisciplinary team involving all relevant professionals and stakeholders.

These infections include:

- *Clostridioides* (formerly *Clostridium) difficil*e infection (CDI) rates
- *Staphylococcus aureus* bacteraemias (SABs)
- *E.coli* bacteraemias
- Caesarean Section Surgical Site Infection
- Hip Arthroplasty Surgical Site Infection

Systems & processes for monitoring, reporting, eliminating or controlling these infections

- Mandatory surveillance undertaken for all pathogens listed above
- Weekly surveillance reviewing each case in detail, specifically CDI and SAB.
- Each confirmed case – decision is shared with clinical team, Datix requested and shared learning requested.
- Online e-modules for all staff specific to IPC including the mandatory C.diff module.
- Outbreaks and incidents are escalated to Health Protection Scotland (HPS) via the HIIAT/HIIORT reporting templates.
- Support is requested/offered from HPS to help manage outbreaks/incidents.

Governance structures exist within IPC to highlight, record, manage and escalate matters relating HAI issues as required.

CDI	Clostridium difficile infection/ Clostridioides difficile infection
HAI	Healthcare Associated Infection
HIIAT	Healthcare Infection Incident Assessment Tool
HIIORT	Healthcare Infection, Incident and Outbreak Reporting Template
HPS	Health Protection Scotland
IPC	Infection Prevention and Control
SAB	Staphylococcus aureus bacteraemia