
Ā-Tinana / Present: Anne Hutley, Arthur Morris, Claire Doyle, Greg Simmons (Chair), Janine Ryland, Jocelyn Peach, Jo Stodart, Josh Freeman, Lynne Downing, Martin Thomas, Sally Roberts, Ngāpei Ngatai.

Ā-Tinana /
In attendance: Amanda Wood, Jeanette Bell, Marie Talbot (minute taker), Nikki Grae, Ruth Barratt

Ngā whakapāha /
Apologies: Andi Shirtcliffe, Max Bloomfield, Sue Wood

1. Ngāpei Ngatai opened the meeting at 10am with a Karakia. Apologies were given.

2. Ngā āmiki o mua / Minutes of the previous meeting - held 31 August 2022

- Sally Roberts requested that the reference to the Australian Commission on Safety and Quality in Health Care, agenda item 12, be updated to the correct title.
- The minutes were then accepted as a true and correct record.

2.1 Ngā take korero / Matters arising:

- 2. SIPCAG ToR and membership – on meeting agenda for discussion.
- 5. Ethics approval – Sally Roberts updated the group on progress of this item.

Comments:

- Discussion about seeking clarification from the editor of the New Zealand Medical Journal (NZMJ) regarding their non acceptance of notification from Ethics NZ that ethics approval is not always required for a quality improvement project article
- Accident Compensation Corporation (ACC) has an ethics committee, Waitaha District has a relationship with the University of Otago for ethics approval.

Actions:

- Check that the ACC Ethics Committee is listed on the associated bodies for NZMJ
- Go back to Frank Frizzell, editor for NZMJ, about ethics requirements - Sally Roberts.

- 6. Following discussion at the previous meeting about the usefulness of Health Roundtable data – Nikki Grae updated the group on progress of this item.

Comments:

- Using Health Roundtable data as a validation of other data sets that the infection prevention and control team collects could be useful.

Action:

- Compare the national quarterly rate data to see if there are any relative comparisons and bring this back to the next meeting – Nikki Grae.

- 9. HH review – on meeting agenda for discussion.

2.2 Ngā tino korero / Papers for noting:

- District Directors report December 2022
- [Grae et al 2022 The prevalence of HAI in NZ. JHI](#)

3. Clinical Lead update

- A written update was circulated with the papers for the meeting.

4. Surgical Site Infection Improvement Programme (SSIIP) update

Arthur Morris and Amanda Wood gave an update on the January to March 2022 summary of findings for Cardiac and Orthopaedic surgery.

Comments/questions:

- Discussion about the impact of the programme on the burden of infection and whether we need to look at additional measures? There has been a small decrease in the burden of infection, but we need to reengage with stakeholder groups to find other interventions.

5. Hand Hygiene New Zealand (HHNZ) Programme

Sally Roberts gave an update on the national compliance rate for July to October 2022 and compliance with the minimum number of moments from March 2020 to October 2022.

6. Healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) source data collection

Ruth Barratt gave an overview of the results for July to September 2022.

Comments and questions:

- It was suggested that some of the evidence informed interventions are included when this data is reported back to districts with references to best practice.

Action:

- Add commentary to the next SAB source report regarding evidence informed interventions and referencing best practice.

7. Point Prevalence Survey (PPS) update

Arthur Morris gave an update of the PPS, covering prevalence, incidence, and prevention. Further costings information will be shared with the group at the next SIPCAG meeting.

Comments and questions:

- Suggested that team identify if there are any promising interventions in place, where an impact can be made
- Ensure that site specific reporting is robust, that cases are reported effectively and transparently
- How does the PPS data correlate with ACC data? Answer – claims with SAC 1 and 2 ratings are notified to HQSC
- There is sector feedback that IPC related SAC 1 and 2's are sometimes downgraded at a local level. A guide, with scenarios, has been added to the SAC categories for use in IPC related cases.

Actions:

- Share a copy of the slides for this item with Lynne Downing

- Share further costings information at next SIPCAG meeting – Arthur Morris
- Investigate if the reporting of SAC related ACC claims can be widened to all claims. At present claims with a risk of harm perspective are screened – Janine Ryland.

8. Group representative updates

- **The Australasian Society of Infectious Diseases (ASID)** – Max Bloomfield provided a written update for the group. ASID members remain active across a range of IPC matters, including COVID and Te Whatu Ora related activities. The Annual Scientific Meeting was held in Christchurch in November, this was the first in-person meeting for a couple of years.
- **National IPC Leadership Group (NIPCLG)** – Nikki Grae reported that the draft IPC strategy and action plan has been accepted. The group is now on hold until the IPC review has been completed and IPC governance at a national level is defined.
- **The Infection Prevention and Control Nurses College (IPCNC)**– Jo Stodart reported that their membership is increasing, staff turnover is still high, and the IPCNC Conference was held in November.
- **Accident Compensation Corporation (ACC)** – Janine Ryland reported that the HAI Guiding Principles will be published shortly, and the Aseptic Technique (AT) report will be published by the end of 2022. The NZAT Programme pilot is continuing which includes development of implementation guidance for other organisations, planning for this to be published at the end of the current financial year. ACC will internally review the Know Your IV Lines programme next year to capture learnings and inform future directions. For the Sepsis Ready Programme they are awaiting the Taranaki Report and are planning to look at the burden of sepsis for ACC, aligning with the IPC strategy.
- **New Zealand Microbiology Network (NZMN) Meeting** – Josh Freeman reported that this group has provided feedback on the MoH's COVID-19 testing plan. Also planning for Ebola, Hepatitis A, measles and Mpox, management of cases and testing has been discussed.
- **Ministry of Health (MoH)** – Anne Stewart provided a written update, the Clinical Chiefs at Te Manatū Hauoro are working with the Clinical Leads at Te Whatu Ora and Te Aka Whai Ora to progress the approval of the Infection Prevention and Control Strategy developed by NIPCLG. This is being looked at in the context of wider strands of work and activities in Infection Services across the motū. Discussions are underway as how best to bring this together in the New Year.
- **Consumer Representatives** – Claire Doyle commented that awareness of standards is hugely important, particularly with the current high turnover of staff and thanked the IPC team for their work this year. Ngāpehi Ngatai commented on the great process the IPC team have made to date and that training and mentoring are essential to ensure the long-term effects on patients are positive.

- **Private Surgical Hospitals** - Lynne Downing reported there was nothing official from this group but that she has suggested benchmarking of current infections would be useful.
- **Directors of Nursing** – Jocelyn Peach reported that this group is working on how specialist teams can be supported. Experienced nurses are retiring, and new staff need intensive training to ensure standards are met.
- **Quality and Risk Managers** – Sue Barnes asked that this group continues to be involved in developments at an early stage.
- **District management** – Greg Simmons reported that the rate and magnitude of change will increase during the first 6 months of 2023 and that roles are being confirmed.

9. SIPCAG ToR

Jeanette Bell gave an overview of changes to the SIPCAG ToR that have been implemented and key changes proposed:

- Include Te reo translations of the headings
- Wording changes to reflect change from DHBs to districts
- Co-chair arrangement
- Consumer representation changed from 2 to 2-3
- New member Māori representative (clinical)

Comments and questions:

- It was suggested that the group consider inclusion of a director of allied health and representation from pharmacy, medical laboratory scientist or physiotherapy/occupational therapist, anaesthetic technicians, sterile supply technicians and radiographers. This would link to the IPC standards because not all relevant allied health staff sit under directors of Allied Health
- A balance of representation and variety of experience from members who are willing to contribute is important
- There have been ongoing difficulties with recruiting a Māori representative so how will this be resolved? Answer – Te Aka Whai Ora will be approached for assistance with this
- It's important that Quality and Risk Manager members have IPC experience/responsibility.

Agreed: The current proposed changes be endorsed and investigation into an allied health representative would be considered for future changes.

Action:

- Finalise and distribute revised ToR and seek a co-chair and Māori representative.

10. Hand hygiene (HH) review

Amanda Wood gave an overview of the outcomes of the hand hygiene review, including the following points:

- The review included an external literature review of recent international evidence and best practice for HH programmes, a national survey on the structure and sustainability of the HHNZ programme in all districts and PSHs and a horizon scan with HH Australia (HHA) and the Australian Committee on Safety and Quality in Healthcare (ACSQHC).
- The programme review recommendations are:
 - Promote senior leadership engagement
 - A working group to look further into the delivery of gold auditor training
 - Reinstate national and regional networks
 - Develop and refresh HHNZ resources
 - Develop an active partnership with quality and risk with a refocus on patient safety
 - Inclusion of HH in the national patient experience survey
 - Improved education, networking, and recognition of gold auditors
 - Hold further discussion with HHA and ACSQHC
 - Engage with medical leadership regarding low rates of compliance
 - Review current online training modules
 - Review current auditing processes – acknowledging impact of the Hawthorne effect
 - Review auditing requirements for the programme

Comments and questions:

- Agreement with the finding and recommendations but that there is a need to prioritise. Senior leadership involvement, supplementary ways of monitoring and improved, consistent gold auditor training are the main focus areas
- Promotion with clinical leaders with clear and directive guidelines from a patient safety perspective is needed
- Senior leaders need to lead by example and demonstrate correct practices. This should be part of staff competencies
- The current situation with the sector being overwhelmed could be difficult to overcome
- Patients need to be considered first and this cornerstone programme needs to be resourced and funded.
- Need to ensure that senior leadership doesn't just put more pressure on front line staff.

11. General Business

- Nikki Grae and Greg Simmons acknowledged the contribution of Josh Freeman, Sue Wood and Ngāpei Ngatai, whose terms as members have now ended. Their contribution to the group has been recognised and highly valued.

The meeting was closed at 12.30pm with a Karakia.

Action list following SIPCAG meeting 14 December 2022

Action No.	Meeting date	Topic	Action required	By whom	Status
1.	31 Aug	ASID	A copy of the summary of infectious diseases in NZ to be circulated to the group when finalised	Max Bloomfield	Closed
2.	14 Dec	Ethics	Go back to Frank Frizzell (NZMJ editor) about ethics requirements	Sally Roberts	Completed
3.	14 Dec	Health Roundtable	Contact Elizabeth Norman from Health Roundtable and ask for quarterly rates for SSI and SAB to compare with national surveillance data	Nikki Grae	In progress
4.	14 Dec	HA-SAB reports	Add commentary to the next HA-SAB source report re evidence informed interventions and best practice	Ruth Barratt	In progress
5.	14 Dec	PPS	Share a copy of the slides for this item with Lynne Downing	IPC Team	Completed
6.	14 Dec	PPS	Investigate if the reporting of SAC related ACC claims can be widened to all claims. Action: Janine confirmed via email 5 May that all claims are scanned for SAC events	Janine Ryland	Completed
7.	14 Dec	PPS	Share costings information at next meeting	Arthur Morris Sally Roberts	
8.	14 Dec	SIPCAG ToR and membership	Finalise and distribute revised ToR and seek a co-chair and Māori representative	Jeanette Bell	Completed
9.	14 Dec	SIPCAG ToR and membership	Seek Te Aka Whai representative for SIPCAG	Nikki Grae Jeanette Bell	Completed