

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

**Minutes from meeting held 10 January 2023**  
**Via Teams**  
**10.00 – 12.00**

**Present:**

**GJ – Grace Johnston**, Infection Prevention & Control Manager (**Chair**)  
**CC – Caroline Clark**, Chief Nurse, Combined Child Health  
**CW – Chantal Wood**, Deputy General Manager of Facilities & Estates  
**GMcK – Grace McKerron**, Corporate Chief Nurse  
**LA - Laura Angus**, Quality Improvement Assurance Nurse, RCH  
**AMc – Alison McGruther**, Chief Nurse - Aberdeenshire CHP  
**FM – Fiona Mitchell**, Nurse Manager, Elderly Services  
**DS – Dawn Stroud**, Senior Infection Prevention & Control Nurse  
**VB – Vhairi Bateman**, Chair of Antimicrobial Management Team / Infection Prevention & Control Doctor  
**MJM – Malcolm Metcalfe**, Deputy Medical Director for NHSG  
**JR – Janice Rollo**, Quality Improvement & Assurance Advisor  
**CA – Claire Allinson**, Surveillance Nurse, Infection Prevention & Control  
**AW – Andrew Wood**, Risk Management Advisor  
**SC – Sarah Campbell**, Midwifery Manager, AMH  
**KM – Khalid Musa**, ST3, Medical Microbiology

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

Item	Subject	Action to be taken and Key Points raised in discussion	Action
1	<b>Introduction and Apologies</b>	June Brown (JB) Will Olver (WO) William Moore (WM) Lesley McManus (LMc)	
2	<b>Minutes of last meeting 20 November 2022</b>	The minutes from 22 November 2022 were ratified by the Committee with no amendments	
3	<b>Action Tracker</b>	<p><b><u>Meeting 22 November 2022</u></b></p> <p><b>4.2 Antimicrobial Stewardship</b>  HAI Sub Group Leads were to include self-assessment reporting for Standard 5 in their Sector Reports. This has not been completed. Will complete for next meeting.  CC suggested the Sector Reporting template be amended to remind the leads that this is a regular requirement.  AS will amend template  VB shared the Antimicrobial Pharmacists generic email address and suggested that the kind of information that was being looked for was audit evidence of antimicrobial prescribing, documentation of duration and indication of antibiotics in the Kardex, any training provided. Jodie Allan – Antimicrobial Stewardship Nurse provided a range of resources to Fiona Smith – Infection Prevention &amp; Control Nurse (IPCN). This could be shared again.  AMc raised the issue of complexities around GP prescribing within Aberdeenshire HSCP. Needs to be relevant to each area as “one size will not fit all” (Acute hospital v Community) Will speak with Elaine Neil – Lead Pharmacist.</p>	<b>AS</b>

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		<p>GJ agreed and reiterated that it should be up to the HAI Group Leads to decide what's appropriate for their specific clinical area / area of care delivery.</p> <p><b>5.1 Sector Reports</b></p> <p><b><u>Children's Services</u></b></p> <p><b>2 f) Very High – Increasing Leaks from burst pipes to radiators and heating units in ceilings</b>  CC to speak to Kathryn Auchnie and ensure IPC are included in all conversations / actions.  Not yet completed. No work being carried out at the moment; the leak was fixed but it is an issue that requires ongoing discussion.  CC also informed the Committee that Kathryn Auchnie would be attending the IPCSC meetings in the future as her role as HAI Sub Group Lead.</p> <p><b><u>Aberdeenshire CHSCP</u></b></p> <p><b>1 c) High – Aberdeenshire currently have 4 2c General Practices to manage</b>  AMc will investigate who will be managing the built environment for these practices. This has not yet been completed. A meeting has been scheduled (to include VB and GJ) to discuss this.</p> <p>Jan Short was to look into this for Moray CHSCP for clarity / information going forward.  No update has been received.</p> <p><b><u>Aberdeen City CHP</u></b></p> <p><b>1 a) High - Sexual Health Service – Health Village querying if a room with no windows can be used for face to face consultations</b>  Face to face consultations occurred in this room prior to the COVID pandemic but is now only used for telephone appointments; this is impacting on the number of patients the service is able to see face to face. FF was to investigate. FM feedback that Jennifer Matthews from the Health Village has confirmed that this is sitting with Facilities. Have requested service and commissioning reports to establish what the air changes are. Being taken forward.  VB added that she had spoken with Paul Gough regarding this. The room was always designed as a consultation room that has no windows and has ventilation. The issue seems to be the fact that it has no windows and there has been a lot of discussion around windows during COVID that has caused confusion for staff. VB will follow this up with Paul Gough.</p> <p><b><u>Meeting 20 September</u></b></p> <p><b>5.1 Sector Reports</b></p> <p><b><u>Facilities</u></b></p> <p><b>2 n) High - Inverurie Hospital Admin Block – Healthcare Environment Condition</b>  GP will take an action to determine the “mothballing” of this building and will feedback at next meeting.  This was closed with an update that stated as the building remains within the NHSG estate it would not be removed from the asset register as it remains an asset which NHSG hold and have responsibility for. However GJ felt that the update did not answer the subject and asked CW to clarify.</p>	

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3	Action Tracker cont.	<p>CW updated that Graham Legge's Team is to do a functional suitability condition assessment and this will go back to Asset Management Group (AMG) in March. GJ asked if there was any indication given on the asset register as to whether a building is unfit for use? CW will investigate and feedback.</p> <p><b><u>Meeting 5 July 2022</u></b></p> <p><b>5.1 Sector Reports</b></p> <p><b>HAI Education Group Roundup</b></p> <p><b>2 g) High – IPCT concern that DGH and Moray HAI Groups are not meeting frequently enough to give assurance on oversight</b> DGH / Moray HAI Sub Group to formally advise IPCT of their merger and send all papers to AS. No correspondence received from DV / AL GJ emailed Jan Short 29 December 2022; has had no reply. Will chase up. DS confirmed that the last meeting was cancelled; Group should meet monthly.</p> <p><b>Infection Prevention &amp; Control Team (IPCT) Roundup</b></p> <p><b>IPC Surveillance &amp; HAI Screening - MRSA and CPE screening compliance remains challenging</b> Investigate reason for lack of compliance continues to be challenging, Suggestions were that this could be due to the Electronic Patient Record (EPR) and electronic Patient Placement Tool (PPT) or simply due to the level of pressure and workload staff are experiencing. VB will take this to the floor for discussion and any comments. Will feedback. VB emailed nursing colleagues for their thoughts; it is suspected that it is the current climate that is making compliance challenging.</p> <p><b><u>Meeting 23 November 2021</u></b></p> <p><b>5.1 Sector Reports – Dr Gray's</b> DV will send an updated Sector Report containing training figures to AS. No update given and no report received.</p>	
4	Matters Arising  Item 4.1	<p><b>Recent HIS Inspection for awareness - Safe Delivery of Care Report – Forth Valley Royal Hospital, NHS Forth Valley</b> The Inspection Report was shared for information</p> <p>JR spoke to the report highlighting that this was the third visit to Forth Valley Royal Hospital. The first was on 7 April, then they had another revisit on the 17 - 19 April from which there were nine requirements. The third follow up visit was on the 27 - 28 September from which a further 11 requirements were made; in total 20 recommendations have been made. The communication flowchart and SBAR have been compiled and sent to the Weekly System Decision Making Group (WSDMG) for information before being distributed. The ARI HAI Sub Group will revisit the flowchart and ensure the SBAR is sent out as quickly as possible for learning.</p>	

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4	Matters Arising cont.	<p>CC added that Integrated Family Portfolio have discussed the fact that many of their areas have not had an inspections for a number of years; areas need to be prepared and the request from the Clinical Governance Group was around high level themes from various different documents. Have begun compiling themes from all the reports received this year, however have now realised that this may be duplicating work. Does such a document exist already? Happy to share what is submitted to the Clinical Governance Group. JR replied that one of their Team is looking into this but a cross check can be done with both reports. It is essential that everyone understands how the Inspectors have come up with the requirements and the narrative that is involved; to ensure this it is important to access the full report for reading.</p> <p>GMcK shared the SBAR that went to the WSDMG in the chat and added that some of the key points that have come out of this inspection are very relevant to all and that's around overcrowding in areas where we are using corridor care surge beds, non-standard bed areas etc. and the risk assessments and Standard Operating Procedures (SOPs) that we have in place. The ask is around the mitigations that we have got in those risk assessments; can we be really clear that we are putting those in place and can we talk to them and understand them? If risk assessments are not in place please let GMcK know. Other high level findings were around Medicines Management, IV fluid bags hanging unattended to, drug covers unlocked and patients not getting the basic standard of care.</p> <p>VB raised the issue of risk assessments for corridor care and asked what the most up to date version was as the one she had been sent referred to pathways that had been in place at one time for COVID; routine asymptomatic testing, mask use, maintaining physical distancing etc. a lot of which is now lifted and is not in place. GMcK replied that the most recent version that was reviewed was 4 October 2022 and will share a link to it in the chat. The risk assessment is a generic one with the expectation that wards will adapt it to suit their specific area. That was the intent and so it was very high level.</p> <p>GJ mentioned that the IPC team had received a copy of a report – “summary report of external inspections to NHS Scotland boards” (which was not shared as there was no author detailed). Has anyone been receiving this monthly? CC confirmed she has been receiving a copy of it.</p> <p><b>Item 4.2</b></p> <p><b>Winter 2022</b></p> <p>GJ informed the Committee that queries were raised in December and the IPC Team would like to ask those who are here representing clinical teams to ensure that their teams are comfortable with and have the knowledge required for the implementation of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) and the use of the D&amp;V Outbreak Tool. Are all HAI Sub Group Leads assured that the level of knowledge is appropriate as required for delivery of safe care? IPCNs have devised a table (based on the National Infection Prevention &amp; Control Manual (NIPCM)) for the Acute sector detailing isolation of patients etc. GJ shared this on her screen, if it would be helpful for other areas, we could consider assisting others. Please get in touch with your nominated IPC nurse should you require this document adapted for your service.</p> <p><b>Item 4.3</b></p> <p><b>Assurance of Ventilation Cleaning across NHSG</b></p> <p>This follows on from the Queen Elizabeth University Hospitals inspection in 2019 and the many recommendations that came from that visit one being the cleaning of ventilation. It was thought to have been embedded within NHSG, however, at recent Preliminary Assessment Group (PAG) and Incident Management Team (IMT) meetings it seems that we are not so assured that this is being completed across NHSG. We are working with our Facilities &amp; Estates colleagues to ensure that there is a process in place and that everyone is clear of their roles and responsibilities. Ventilation is included in the 5 Factor Risk Assessment that is being worked on at present, hopefully to be implemented at some point soon.</p>	

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4	Matters Arising cont.	<p><b>Item 4.4</b></p> <p><b>Carbapenemase-producing Enterobacteriales (CPE) / Methicillin-resistant Staphylococcus aureus (MRSA) Screening Compliance update</b></p> <p>Compliance with CPE / MRSA screening has been low for NHSG for some time and is also below the National Standards. Work has been done surrounding this to attempt to bring compliance figures up. CA – Surveillance Nurse attended the meeting to talk to this subject.</p> <p>The most recent figures we have are for Quarter 4 October – December 2022. The CPE and MRSA Clinical Risk Assessments (CRAs) are included in the NHSG Patient Placement Tool (PPT) which should be completed on admission or within 24 hours. These are all adult inpatient admissions and so Paediatrics, Mental Health and Maternity are excluded from these figures and we do not report these to Antimicrobial Resistance and Healthcare Associated Infection (ARHAI).</p> <p>In Quarter 3 the national average for MRSA CRA is 78% and NHSG are sitting at 57% (this has since dropped again to 48%). To be compliant the screening must be completed within 24 hours of admission; this is not happening across NHSG. The whole point of completing the screening t is so that patients can be identified and managed appropriately whilst awaiting swab results.</p> <p>In Quarter 4 the CPE CRA has dropped to 62% from 67% but it has been a gradual decline over 2021.</p> <p>Various quality improvement work has been attempted. IPC nurses have visited areas and enquired to the barriers they are experiencing in completing the form. It came to light that a lack of knowledge was the main issue and so the IPC Team, Quality Improvement and Practice Education have been working with areas on this.</p> <p>An article on the completion of the PPT was published in the October Quality Improvement newsletter. Tweaks have been made to the Electronic Patient Record (EPR) however even wards who are well established in using electronic records have seen a decrease in PPT compliance.</p> <p>GJ asked that the Leads speak with their Teams regarding screening and bring any assurances / issues to the next meeting. GMcK confirmed that MDRO screening has been discussed at the ARI HAI Group and there was discussion on the production of an action plan. Would be beneficial if the Sub Group chairs could have sight of this. CA will produce an action plan and share with the Sub Groups before the next Committee meeting.</p> <p><b>Item 4.5</b></p> <p><b>Vaccination Centre Update</b></p> <p>The Scottish Vaccination Immunization Program sought feedback from IPC, Health Protection Teams and Vaccination Program Teams across Scotland on advice drafted to standardise the environment and practices within vaccination centres. NHSG IPC &amp; HPT have commented along with Paul Gough. ARHAI are being commissioned to produce some national guidance which should be available shortly.</p> <p>CW enquired as to whether there had been a decision made regarding vaccination centres being classed as hospital premises. GJ advised that a third category – “low risk healthcare premises” had been devised however this needs further discussion.</p>	<p>HAI Sub Group Leads</p> <p>CA</p>
5	Standing Items	<p><b>Item 5.1</b></p> <p><u>Sector Reports</u></p> <p><u>ARI</u></p> <p>A report was submitted</p>	

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5	Standing Items cont.	<p>GMcK highlighted the key issues on page 1 of the report</p> <ul style="list-style-type: none"> <li>• Several sector reports noted that staff are unable to comply fully with mandatory training and education</li> <li>• Lack of compliance/ awareness of new waste management training</li> <li>• Attendance at the ARI HAI Sub Group has been low over the past 3 months. December's meeting was not quorate and was cancelled; January's was not quorate but went ahead. An email has been circulated to all group members / Portfolio Leads for support and a doodle poll has been sent to gauge availability for moving the meeting to a more suitable day / time.</li> <li>• IPC HAI Standards self-assessment – nothing received from Women &amp; Children's however Medical Unscheduled Care (MUSC) is ongoing and Clinical Support Services (CSS) have 2 running in tandem</li> <li>• Non-compliance with wearing Fluid Resistant Surgical Masks (FRSMs) across ARI and stock availability is variable Discussion included – how can we manage compliance more effectively without more communications being sent out. No masks were available at the East End entrance recently. GMcK has escalated. CW added that when Domestic Services are short staffed staff are removed from non-clinical areas and clinical areas are prioritised. This is the reason for the lack of masks. Gillian Poskitt has a process for this.</li> </ul> <p><b><u>Children's Services</u></b> A report was submitted.</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Face masks in Healthcare settings</b> Mask usage within Maternity services was discussed at the Women and Children's Clinical Governance Group. Increased number of patients are unwilling to wear masks. Clarity was requested as to the use within healthcare settings. GJ confirmed that there are no plans to change the guidance at present and staff are to continue to encourage patients and visitor to comply. This is an issue across NHSG and has also been raised at the Acute Sector Clinical Governance Committee; GJ is meeting with Lyn Pirie and others to discuss a different approach and communication to hopefully help increase compliance.</p> <p><b>1 c) Medium – High numbers parents attending Royal Aberdeen Children's Hospital (RACH) Emergency Department with concerns regarding Streptococcus (Strep) A</b> This has been improving lately with less cases presenting.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Very High – Hand Hygiene audit result of 60% in Surgical Ward Royal Aberdeen Children's Hospital (RACH)</b> The area has been re-audited and the score is now 100%</p> <p><b>2 b) High - High activity in Aberdeen Maternity Hospital (AMH) Theatres has made access difficult for Domestic Teams</b> A working group is dealing with this, changes have been made and improvement has been seen.</p>	

Item	Subject		Action
5	Standing Items cont.	<p><b><u>Women's Services</u></b> A report was submitted.</p> <p>SC advised that the risk that CC had raised regarding reduced mask compliance had not been added to this Report, staff at Aberdeen Maternity Hospital (AMH) do try to encourage patients and visitors to be compliant, however, this is a challenge.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p>2 a) High –Roof in Summerfield ward leaking despite frequent repairs by Estates This is a significant leak which closed the ward in November 2022. The majority of the ward has reopened however 3 single rooms remain closed; this is a significant risk due to the need for these rooms when isolation of patients is required. This is being chased up.</p> <p>2 d) Water safety at Inverurie Community Maternity Unit (ICMU) This remains a concern. Has been added to the Risk Register and is now being taken forward by Katie Coleville.</p> <p>CW advised that the building is managed by Robertsons Facilities Management (RFM).</p> <p>GJ stressed that this requires to be flagged again as unresolved. IPC understood that this was closed and advice was being given to those finalising works</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b> A report was submitted.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High - HSE issued and enforcement notice in house care home Edenholve - breaches in management of Legionella</b> Update from Emma Plunkett – Facilities Manager for Aberdeenshire Council - looking to roll out the Legionella Written Scheme over all sites in the next 12 – 18 months. Written Scheme tailored to each site and ties in with the Risk Assessment. Plan was to create the Written Scheme based on the latest version of the Risk Assessment when it available. Have started working through higher risk properties such as Care Homes and other lived in accommodation. AMc plans to speak with Pam Milliken</p> <p>GJ asked VB for some clarity surrounding who would deal with the water issues within non NHSG premises. VB spoke regarding the L8 Health and Safety Executive (HSE) document about the safe management of water and occupied premises and that that has changed the responsibility through the landlord of the building who is not NHSG, however, there are responsibilities for the user, but the landlord still has to work with the user to inform them of what the responsibilities are – becomes complicated when it is a health care setting. William Moore has set up a meeting to look more broadly at water risks across NHSG so that may assist with taking this forward for discussion with Public Health colleagues and perhaps an outline plan could be presented to the responsible officers for NHSG and Aberdeenshire Council to see if they can agree and endorse it. VB has been invited to the meeting and can feedback to the Committee if required.</p>	

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5	Standing Items cont.	<p><b>2 d) High – Concerns raised across the Shire vaccine centres with regard to environment and learning</b> Ongoing discussions regarding the description of a Vaccine Centre and whether it should be classed as a healthcare setting as this is causing issues regarding the cleaning standards required. Awaiting decision.</p> <p><b>4 Areas of Achievement</b> Positive group has been set up in advance of the HEI Inspectors visiting mental health facilities to inspect. Good working and sharing.</p> <p><b><u>Aberdeen City CHP</u></b> A report was submitted</p> <p>FM advised that the Aberdeen City HAI Sub Group have not met recently due to Christmas and New Year and so meetings are out of sync and most items on the report are awaiting update.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 e) High – Tristel cleaning products not approved by Huntleigh for cleaning of Doppler probes</b> Helen Chisholm requested this be raised again at the Committee. She has written a draft Standard Operating procedure (SOP) and has sked for this to be shared with the IPC Team for comment and advice.</p> <p>GJ added that FS was involved in the conversations around the Tristel ultrasound UV equipment and Steve McCallum was involved in compiling a business case for purchase of unit for NHSG. Perhaps a conversation with them may prove helpful.</p> <p><b>2 g) High – Staffing shortages within the Domestic Team has led to reduced cover in the evenings</b> Asking clinical areas to ensure they are highlighting to management if there is evidence of this. Currently one area is closed and it has been reported that they have not been receiving enhanced cleaning and touch surfaces have not been getting done. This has been raised with the domestic team. This is being monitored.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b> These will be updated for the next report.</p> <p><b><u>Facilities</u></b> A report was submitted</p> <p>CW reported that there were no New Areas of Concern and 1 a) Water Safety – Forres Health Centre should have been included under Section 2 In addition some issues do not include a level of risk. This will be amended for the next report.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) Water Safety – Royal Cornhill Hospital Incident Management Team (IMT)</b> These wards are still unoccupied but a significant amount of work has taken place e.g. plate heat exchanger and new systems going into regulate the hot water temperature, however, TVCs remain high and this is being investigated. Hopefully there will be an update for the next meeting.</p> <p><b>2 m) High – Inverurie Hospital Admin Block Healthcare Environment Condition</b> This building is unoccupied therefore the level of this risk is incorrect. Will be amended.</p>	



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5	Standing Items cont.	<p><b>2 o) Dr Gray's – Ward 7 – High Total Viable Counts (TVCs)</b> Flushing and cleaning has been investigated and in the coming week the final cycle of testing will take place</p> <p><b>2 q) Water Safety – Sensor Tap Cleaning</b> A meeting was to take place 12 December 2022 with Lisa Leslie and the Domestic Team but this was postponed and rescheduled for 23 January 2022. Representative from Armitage Shanks has attended to view and advise on what can be done with regard to cleaning taps effectively.</p> <p>GJ feedback that she thought NHSG were not progressing with the installation of sensor taps (recommendation from a National perspective) due to issues with cleaning. VB confirmed that these taps were advised against when consultation took place and that this was for any future installations not removing existing fittings. The Baird &amp; Anchor will have these taps installed (e.g. in public bathrooms) but not in clinical areas. CW confirmed that the taps in question were in place at RCH and were installed during ligature reduction works – important to mention at this meeting that any further installations at RCH are likely be the same taps again.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b> CW commented that these figures have historically been quarterly compliance, however this does not give meaningful data so moving forward the figures will show total staff compliance numbers as at the date the report was run.</p> <p>GJ asked DS to comment on <b>2 f) Low – Water Safety – The Oaks, Elgin – High TVCs. No confirmation if the unit is empty of patients.</b> DS confirmed there are no patients and GMed is being run out of this location. People do attend the unit for face to face meetings but not operating as they were pre COVID which would have been having patients coming in and attending a day hospital.</p> <p>GJ asked VB to comment on <b>2 i) Water Safety – Banff Health Centre – High TVCs. Flushing of outlets continues – IPCT to confirm next stage</b> VB reported that this is a long standing issue and unfortunately there has been several changes of practice manager. Have tried to embed flushing programs but when new managers come into post they are unaware of what has been agreed / put in place. Need to revisit this. GJ will follow this up and advise CW of progress.</p> <p>GJ asked CW for confirmation that <b>2 j) Medium – Cardiac Suite ARI – Sinks and taps in clinical areas Costs with James Tyrell. Department have no available funding however management happy that the risks are being mitigated accordingly</b> has been discussed / consulted with IPCT. CW unsure but will investigate and feedback.</p> <p>GJ also referred to <b>2 k) Water Safety – Adoption of SUP(05). Protocol had been submitted to last IPCSC but was removed from the Agenda at the last moment</b> This is on the Agenda under AOCB, however, GJ explained that it was removed from the last IPCSC due to formatting issues (no approval date, no review date, no approver name etc.). AS has spoken with Debbie Johnston who has sent various emails to GP / Wayne Strong in an attempt to complete the document. CW will pick this up after the meeting</p> <p>GJ asked CW for an update on <b>2 n) RACH IMT Atypical Infections. Meetings to be arranged with Projects for the proposed works as per Arch Henderson. IMT action trackers have been collated by Vikki for the purposes of getting the IMT back together and progressed / closed out.</b></p>	<p>GJ</p> <p>CW</p> <p>CW</p>

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		<p>CW has not received an update from Wayne Strong. Will investigate and feedback, however, VB confirmed that the IMT referred to was the Technical Sub Group chaired by GP who are awaiting the report from Arch Henderson not the main IMT.</p> <p><b><u>Dr Gray's / Moray (CHSCP)</u></b> No report was received. No attendance at meeting.</p> <p><b><u>Mental Health &amp; Learning Disabilities</u></b> No report was submitted – will be sent after the meeting</p> <p><b>Medium – Ongoing issues with the cleaning of yellow Eurobins across the site</b> Issues are ongoing with the bins not being removed for cleaning. This has been escalated to service level</p> <p><b>Medium – Dirty rain water ingress into Senior Charge Nurse office space and patient dormitory</b> This was discussed at a meeting on 9 January 2023 and has now been added to the risk register.</p> <p><b><u>HAI Education Group Roundup</u></b> No report was submitted as the HAI Education Group meeting has not taken place.</p> <p>DS did report that the NHS Grampian Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Framework did go out for consultation and a suggestion was received. DS and Gill McKenzie Murray are still to make the relevant changes before it is sent back to the relevant Groups</p> <p><b><u>Infection Prevention &amp; Control Team (IPCT) Roundup</u></b> The roundup report was submitted</p> <p><b>IPC Surveillance &amp; HAI Screening</b> CA has already given an update as minuted above and spoken to the improvement work that is ongoing</p> <p><b>MRSA and CPE</b></p> <ul style="list-style-type: none"> <li>• Q4 MRSA CRA 48%, swabbing 50%. CPE CRA 62%, swabbing N/A - NHSG figures</li> <li>• Q3 MRSA CRA National 78% (NHSG was 57%), CPE National 78% (NHSG 67%), no national swabbing figures reported</li> </ul> <p><b><u>Staphylococcus aureus bacteraemia (SAB) Surveillance.</u></b> Have looked into the escalation process, An SBAR is being prepared regarding key themes that have been identified in relation to preventable SABs which will be sent to Acute Sector Clinical Governance Group and will also be highlighted at the CRM. Preventable SABs are reflective of system pressures. Also looking at the best way of communicating information to clinical teams and primary care – this is ongoing.</p> <p><b>Incidents and Outbreaks</b> We continue to hold PAGs and IMTs where needed and there have been a total of 7 held (for varying reasons) since the last IPCSC in November. 4 of the PAGs progressed to IMTs.</p>	

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5	<p data-bbox="320 76 562 105">Standing Items cont.</p> <p data-bbox="600 105 696 134">Item 5.2</p> <p data-bbox="600 244 696 272">Item 5.3</p> <p data-bbox="600 1297 696 1326">Item 5.4</p>	<p data-bbox="763 105 1570 134"><b>HAI Work Programme Delivery Group Update (no recent meeting held)</b></p> <p data-bbox="763 134 1722 188">The HAI Work Programme is in place and has been agreed. Updates continue to be made. The next meeting is scheduled for 20 January 2023.</p> <p data-bbox="763 244 1095 272"><b>Risk Register (January 2023)</b></p> <p data-bbox="763 300 1917 354"><b>ID 2654 - IPC Team's inability to provide through HAI Scribe too all built environment projects across NHS Grampian</b></p> <p data-bbox="763 354 1939 437">More ventilation support requests have come in from GP and Dental practices which we are unlikely to be able to support due to the demands for built environment assistance on our workforce at the moment; this is recorded on the risk register.</p> <p data-bbox="763 464 1615 493"><b>Risk ID 2839 – New PPE for High Consequence Infectious Diseases (HCID)</b></p> <p data-bbox="763 493 1906 547">NHSG have now quantified the staff that are likely to need training due to the slight variation and PPE that's been recommended pre COVID. There is no update Nationally. Ongoing.</p> <p data-bbox="763 574 1655 603"><b>ID 3054 – Sustainability of IT platform supporting Operational response to IPC</b></p> <p data-bbox="763 603 1883 657">We are still seeking support to get some IT specialist input. There is a risk to the Organisation that we are unable to resolve without that specialist help.</p> <p data-bbox="763 684 1391 713"><b>ID 3096 – Lack of Governance process for IMT Reports</b></p> <p data-bbox="763 713 1718 742">Plan is in place for report escalation, being tested with RACH IMT report when completed.</p> <p data-bbox="763 769 1314 798"><b>ID 3119 – Technical Lead IPC Nurse post vacant</b></p> <p data-bbox="763 798 1933 880">This post is still vacant. Consideration is being given to an alternative staffing model which involves job description creation which takes some time. In the meantime there is a gap in terms of skills and knowledge in the Team.</p> <p data-bbox="763 908 1395 936"><b>ID 3197 - IPC Support to Baird and Anchor Project Risk</b></p> <p data-bbox="763 936 1912 1021">Request for funding has been made from the Baird and Anchor Project to support back fill of IPC Doctor and Nurse so that we can support as best as possible. This request has gone to the Project Board who meet towards the end of January; awaiting outcome. In the interim we have an agreement for resource funding.</p> <p data-bbox="763 1048 1895 1077"><b>ID 3243 - Transmission of Multi Drug Resistant Organisms (MDROs) in the Healthcare Environment</b></p> <p data-bbox="763 1077 1944 1131">As previously discussed, there is a lot of work ongoing with various parts of the system to try and improve upon this.</p> <p data-bbox="763 1158 1910 1241">MJM reminded the Committee that Mike Sevenoaks will be leaving NHSG during January. He has been involved so much in terms of risk / promotion of risk and trying to simplify the process it will be a big miss for NHSG when he leaves. Hopefully a replacement can be found.</p> <p data-bbox="763 1297 1375 1326"><b>HAI Executive Committee Update (no recent meeting)</b></p> <p data-bbox="763 1326 1695 1355">No update as there has been no meeting. Next meeting scheduled for 8 February 2023.</p>	

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6	<p data-bbox="322 70 689 150"><b>HAI Report to Clinical Governance Committee / Board cont.</b></p> <p data-bbox="600 156 689 177"><b>Item 6.1</b></p> <p data-bbox="600 293 689 314"><b>Item 6.2</b></p>	<p data-bbox="763 156 1312 177"><b>HAI Report to the Board (HAIRT) – January 2023</b> No National data has been received. The report will be sent to the Committee members electronically when complete.</p> <p data-bbox="763 293 1563 314"><b>HAI Report to the HAI Executive Committee (HAIEC) (new escalations)</b> The Committee members asked for the following points to be escalated:</p> <ul data-bbox="815 379 1189 400" style="list-style-type: none"> <li>• Mandatory / Statutory Training</li> </ul> <p data-bbox="763 435 1944 485">MJM reiterated that due to the sheer volume of training staff are fatigued and learning needs to be shortened to enable compliance. CW feedback that this was part of the remit of the Short Life Working Group (SLWG) tasked to review mandatory / statutory training e.g. staff being able to complete the assessment part of regular mandatory training rather than having to read through the material beforehand.</p> <ul data-bbox="815 603 1189 655" style="list-style-type: none"> <li>• MDRO Screening</li> <li>• Attendance at HAI Sub Groups</li> </ul> <p data-bbox="763 691 1944 986">GJ asked the Sub Group Leads to clarify if there were issues with attendance at their meetings. AMc, LA both feedback that their meetings are well attended at present. SC also reported good attendance at Women's Services meetings but did question how the meetings were utilised and whether all issues are being reported. AR and SC working with the teams to ensure they are aware of what is required regarding reporting. Admin support is also being given so this should help refine the process. DS voiced concerns regarding the Moray HAI sub group suggesting that the majority of attendees are nursing staff – more diverse attendance is required to include e.g. Domestic Services, Pharmacy and Estates. GJ agreed that this was a valid point and that perhaps the Sub Group Leads could ensure a more varied attendance moving forward? HAI Sub Group meetings are a mandatory part of the governance process and it would certainly be looked into and recorded in any forthcoming inspection reports.</p> <ul data-bbox="815 1023 1771 1043" style="list-style-type: none"> <li>• Mixed use buildings – Roles and Responsibilities regarding Council / NHSG Premises</li> </ul>	AS
7	<p data-bbox="322 1102 398 1123"><b>AOCB</b></p> <p data-bbox="600 1129 689 1150"><b>Item 7.1</b></p>	<p data-bbox="763 1129 1592 1150"><b>NHS Grampian Protocol for the Provision of Drinking Water Including Ice</b> CW spoke to the protocol and explaining it outlines the safe approach to drinking water and ice machines in hospitals and the risk assessment processes that is required should one be in place. There is also a sustainability angle to this – last year at ARI alone we had a quarter of a million single use plastic bottles, which is unsustainable especially when the water in the hospital is safe to drink,</p> <p data-bbox="763 1294 1944 1453">VB reminded the Committee that this protocol has been born from the infamous SUP05 Health Facilities Scotland (HFS) document (which has always existed but only in draft format) and has been largely written by Fiona Smith (IPC Nurse) on behalf of the Operational Water Safety Group. At the moment there are a number of these water coolers installed across NHSG premises with no record of maintenance ever being performed on them and in addition agreement must be reached to a cleaning schedule for them (which must be approved by the domestic team. They are in fact more complex to maintain than people realise and there are certain water</p>	

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7	AOCB cont.	<p>systems which we would not recommend the installation of in clinical areas because they present a back contamination risk into the water system.</p> <p>CW added that Domestic Services are already understaffed and are not necessarily going to have the capacity to clean these machines; departments will need to consider that aspect. There will be a communication sent out once the protocol has been finalised and has been to the Grampian Area Partnership Forum (GAPF). Emma Pettis has the wording already and this will be sent out globally along with the protocol</p>	
8	Date of Next Meeting	21 March 2023 10.00 – 12.00 via Teams (with a 10 minute comfort break)	