

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

**Minutes from meeting held 22 March 2022**  
**Via Teams**  
**10.00 – 12.00**

**Present:**

**GJ – Grace Johnston**, Interim Infection Prevention & Control Manager (**Chair**)  
**MJM – Malcolm Metcalf**, Deputy Medical Director for NHS Grampian  
**CC – Caroline Clark**, Chief Nurse, Combined Child Health  
**GP – Gavin Payne**, General Manager of Facilities & Estates  
**VB – Vhairi Bateman**, Chair of the Antimicrobial Management Team / Infection Prevention & Control Doctor  
**WO – Will Oliver**, Infection Prevention & Control Doctor  
**AW – Andrew Wood**, Risk Management Advisor, Corporate Health and Safety  
**LMc – Lesley McManus**, Interim Nurse Manager, Older Adults Inpatient Service  
**JR – Janice Rollo**, Quality Improvement & Assurance Advisor, Quality Improvement & Assurance Team  
**LB – Leighanne Bruce**, Lead Technical Infection Prevention & Control Nurse  
**LM – Leonora Montgomery**, Public Forum Representative  
**AMc – Alison McGruther**, Chief Nurse - Aberdeenshire CHP  
**FM – Fiona Mitchell**, Nurse Manager, Elderly Services  
**AL – Allison Lister**, Operational Lead Nurse, Moray  
**GMcK – Grace McKerron**, Chief Nurse  
**DV – Diane Vass**, Nurse Manager, Medicine and Unscheduled Care, Dr Gray's  
**JL – Juliette Laing**, Head of Decontamination and Linen Services, Decontamination Lead for NHSG  
**WM – William Moore**, Consultant in Public Health Medicine, Public Health  
**LR – Lesley Roberts**, Programme Manager, Safer Workplaces

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

| Item | Subject                                    | Action to be taken and Key Points raised in discussion   | Action  |
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| 1    | Introduction and Apologies                 | Dawn Stroud ( <b>DS</b> )  |   |
| 2    | Minutes of last meeting<br>11 January 2022 | The minutes from 11 January 2022 were ratified by the Committee with no amendments   |   |
| 3    | Action Tracker                             | <p><b><u>Meeting 23 November 2021</u></b></p> <p><b>5.1 Sector Reports – Children's Services</b><br/>           CC will send an updated Sector Report containing training figures to AS<br/>           CC unsure of how to gain retrospective training figures. Will investigate.<br/>           GMcK has asked Linda McKerron to attend the ARI HAI Sub Group to assist with TURAS issues. Will share any information gained.</p> <p><b>5.1 Sector Reports – Dr Gray's</b><br/>           DV will send an updated Sector Report containing training figures to AS</p> | <p style="text-align: center;"><b>CC</b></p> <p style="text-align: center;"><b>DV</b></p> |

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| 3    | Action Tracker   | <p><b>Aberdeenshire CHSCP</b></p> <p><b>2 g) Level of input into HMP Young Offenders Institution (YOI)</b><br/>AMc still has to investigate what has been put in place regarding education. Update has been given via Sector Report.</p> <p><b><u>Meeting 24 November 2020</u></b></p> <p><b>5.1 Sector Reports</b></p> <p><b>Moray CHSCP – High – Outstanding Flooring Works</b><br/>No update.</p> <p><b><u>Meeting 23 July 2019</u></b></p> <p><b>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System</b><br/>AS to ask for update from LB.</p>   |        |
| 4    | <p>Matters Arising</p> <p style="text-align: right;">Item 4.1</p> <p style="text-align: right;">Item 4.2</p> | <p><b>Recent HIS Inspection for awareness – NHS Tayside, Perth Royal Infirmary</b><br/>The Improvement Action Plan (IAP) and the Inspection Report were available for the Committee to read. The inspection took place 7 – 9 December 2021 and resulted in a number of IPC topics. Specifically on page 8 the Winter Respiratory Guidance (WRG) is referred to and GJ asked for the HAI Sub Group Leads to feedback on the implementation of this within their clinical areas and raise any concerns or requests for further assistance from the IPC Team. All Leads confirmed implementation with no major concerns but some references, still, to Red Amber Green pathways.</p> <p>GMcK suggested a communication be developed to remind of the new language being used “Respiratory” &amp; “Non Respiratory Pathways”</p> <p>JR feedback that the second report has been helpful and gives an idea moving forward on what standards have been looked at on the framework. JR will identify themes. GMcK will be completing an SBAR.</p> <p>VB raised the subject of Hand Hygiene opportunities and glove use which is noted in the report and felt that this could be an issue found within NHSG also.</p> <p><b>Safer Workplace (SWP) Update</b><br/>A report was submitted.</p> <p>LR feedback that Safer Workplaces see issues with Hand Hygiene and glove use regularly in addition to incorrect mask usage, distancing etc. – seems to be worsening in the last few weeks. 900 teams have been visited by SWP since January 2021 however with mixed messages from Scottish Government it is becoming more difficult to reinforce the guidance. Will discuss at weekly meeting as to how to move forward and communicate guidance more effectively.</p> <p>WM noted that there has been ongoing work with academic colleagues. NHSG are in a situation where we have a sustained and indeed increasingly high level of identified and reported cases of SARS COV-2 infection in the area and that's likely to continue for some time.</p> |        |

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|   | <p style="text-align: center;"><b>Item 4.3</b></p>  | <p>It is a difficult time as we are essentially removing controls and restrictions which were obviously fundamental in terms of controlling COVID previously, however, the effectiveness of the vaccine roll out has reduced the probability of severe adverse consequences in many. It is the number of transmissions that are occurring in the community that's putting the pressure on hospitals at this time. Previous National message to the population was "protect your NHS" and the NHS is in a difficult situation at the moment.</p> <p>GJ asked LR to come back to the Committee with suggestions on ways to communicate guidance more clearly / effectively at the next meeting.</p> <p><b>Sector Reporting / Engagement</b></p> <p>GJ thanked all present for their attendance and a plea that if you're unable to attend to organise for a deputy to attend in your place. It is really important that this Committee continues to meet and is effective in trying to reduce Healthcare Acquired Infection (HAI) within the Organisation. Sector reports must be submitted by each HAI Sub Group Lead for each meeting as this is part of the governance and assurance for NHSG that we are in compliance with recommendations and requirements for Infection Control. In addition there has been some discussion on minimising the content of the reports – this will be a work in progress.</p>  | <p style="text-align: center;"><b>LR</b></p> |
| <p style="text-align: center;"><b>5</b></p> | <p style="text-align: center;"><b>Standing Items</b></p> <p style="text-align: center;"><b>Item 5.1</b></p> | <p><b>Sector Reports</b></p> <p><u><b>ARI</b></u></p> <p>GMcK reported that the HAI ARI Sub Group covers Unscheduled care, Clinical Support Services (CSS) and Medicine and at the beginning of the year there was a caveat sent out around Operation Iris that written reports were did not have to be submitted at meetings attended as long as a verbal update was supplied. This worked for the January meeting, however, the February and March meetings of the Group were not quorate and only 1 written report was submitted leaving. GMcK does not feel that she has the updates required around HAI for the Acute Sector and would like to make the Committee aware of this. It has been escalated to the Senior Nursing &amp; Midwifery Group. GMcK will be reviewing the membership of the ARI HAI Sub Group and ask that a message regarding attendance at the meetings is circulated to all involved.</p> <p>Issues / risks to highlight are the Educational compliance within Unscheduled Care and</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Accepting patients with unknown COVID status to the Discharge Lounge</b><br/>Concerns are that other patients and staff are being put at risk. A single room is being used to accommodate these patients and full Personal Protective Equipment (PPE) is being used until status can be identified</p> <p><b>1 c) High – Staff absence and isolations due to COVID19</b><br/>This is impacting on the delivery of care and safe services. Workforce planning continues to manage staff absences.</p> <p>GMcK also highlighted that the Safe &amp; Clean Care Audit Tool is being trialled although no feedback has been received as yet.</p> <p>MJM suggested that the lack of report submission was inevitably due to ongoing pressures within Sectors but agreed that assurance is required and fully supports the need for compliance around this.</p> |  |

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| 5    | Standing Items cont. | <p>In respect of the Discharge Lounge issues – how can this be managed more effectively when capacity is key? Is the patient’s COVID status determined by a PCT or LFD test? This room is key to the efficiency of the running of the hospital. Is there a need for a piece of work around this?</p> <p>VB replied that she doubted access to diagnostics is an issue. NE has worked very hard to get rapid access machines across the site where they're needed, however, if this is an issue then it can be investigated. Main issue is the lack of ventilation in the discharge lounge and very clear advice that no patients with known or suspected transmissible infections should be put into the main area of the lounge hence the single rooms being utilised. There is natural ventilation into some side rooms but in the main discharge lounge the windows are unopenable and therefore there is no ventilation. Overcrowding increases transmission risk, as well as other issues such as air quality for staff working in that area. This is an example of where the estate has been repurposed and reused. It was repurposed with the understanding it wasn't to be used clinically, however, it has now been brought back into clinical use as part of COVID response.</p> <p>LB also reminded the Committee that there other organisms are available and COVID is not the only thing we should be risk assessing in terms of where we're placing patients across the estate. However, on a positive note, MRSA &amp; CPE screening have improved for Quarter 1 from 67%-72% still below national compliance rate but heading in the right direction.</p> <p>MJM asked if Estates could investigate the window situation.<br/>GP will ask for an initial review to see what may be feasible without significant disruption. Will feedback to the Committee.<br/>GJ asked how this issue should be taken forward.<br/>GMcK suggested that the Service take this forward and the Risk Assessment be considered again.<br/>WM stressed that a safe environment for patients must be in place and assurance sought that this is being provided.</p> <p>GMcK added two more points</p> <ul style="list-style-type: none"> <li>• Discharge Lounge – it notes in the report “staff collecting patient with unknown COVID status to wear full PPE (IPC to confirm this is the correct process)” Unsure if that conversation happened with IPCT GMcK will investigate.</li> <li>• Consider removing the caveat that states that written reports are not required and just to give verbal updates. Keen to have this as an escalation from this Committee as this system is not working for the ARI HAI Sub Group.</li> </ul> <p><b><u>Children’s Services</u></b><br/>No report submitted at the time of the meeting – will be submitted retrospectively.</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Very High – Ventilation remediation work in Medical/ Surgical Ward</b><br/>Concerns are that each area, having ventilation remedial works, have to close. The Medical and Surgical wards are on the same floor and linked and this means that all beds will have to be closed at once (apart from the infection cubicles as these are on a different ventilation system). This poses significant risk as these areas house the majority of the inpatient beds. The risk is no ventilation versus the patient safety risk of not having enough beds. This is not happening until Summer but needs to be addressed now.</p> | GP     |

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| 5    | Standing Items cont. | <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) Medium – RACH IMT remains ongoing around Water Safety across the hospitals</b><br/>Need to assess the current situation around this, however, understanding is that the RACH Theatres are no longer having to be waterless and no longer having to undertake waterless practice but restrictions still remain in place.</p> <p><b>2 e) Low - Extreme heat as windows not able to be opened in clinical areas due to ongoing building works</b><br/>This will, again, become an issue moving into the Summer months.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b><br/>CC has no concerns regarding training compliance and are acceptable in the current climate.</p> <p>LB noted that there may be an increased risk of Aspergillus when building works are scheduled over the Summer months with windows having to be opened due to heat issues.<br/>VB informed the Committee that there is an ongoing process for this and provided assurance that she and Kath Sangster – Senior IPC Nurse would support the service to minimise and mitigate the risks involved.</p> <p><b><u>Women’s Services</u></b><br/>No report was submitted and there was no representation from the service.</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b><br/>A report was submitted.</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Legionella identified at Ugie Hospital Vaccine Centre</b><br/>This was found during commissioning testing and has caused a significant delay to the opening of the site. Awaiting further test results. Ongoing discussion regarding the risk assessment – a meeting is planned for 16 March 2022 for all stakeholders to discuss.</p> <p><b>1 b) Continued outbreaks within care homes and very sheltered housing</b><br/>As of today there are 35 care homes across Aberdeenshire (a mix of NHSG properties and externally provided ones) that currently have outbreaks; 13 of these care homes are outbreaks with residents and 22 are with staff outbreaks. There is ongoing monitoring of this via the AHSCP Care Home Oversight Group.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) Medium – During 2018 Inspection to HMP YOI Inspectors were told that a bespoke IPC model was to be delivered.</b><br/>The previously reported issue was that Inspectors were told that the Healthcare Team had planned to develop a bespoke IPC model to be delivered during the follow up visit in June 2018. During the follow up visit in June 2018 inspectors advised that no progress had been made since then due to competing demands for the IPC service. LB and AMc have discussed and there is still an action outstanding. AMc / LB / GJ will work together on this issue to provide the evidence required so that this action can be closed.</p> | <p>AMc / LB / GJ</p> |

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| 5    | Standing Items cont. | <p>GJ suggested that AMc contact the department so that evidence can be found and the action can be closed.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b><br/>Report run however figures are meaningless in the format that was produced; require help.</p> <p><b>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</b></p> <ul style="list-style-type: none"> <li>• Outbreaks have occurred at both Summers Ward, Peterhead Community Hospital and Donbank Ward</li> <li>• Inverurie Hospital. Incident Management Team (IMT) meetings were very positive with good learning engagement. Feedback was that Teams felt fully supported.</li> <li>• The Aberdeenshire HAI Sub Group has been refreshed and the first meeting is planned for 26 April 2022. A review of the Terms of Reference (ToR) will take place and will aim to make it an integrated group focusing on the new IPC Standards for Health and Social Care Settings</li> </ul> <p><b><u>Aberdeen City CHP</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Portering Services have not managed to organise a bin cleaning schedule</b><br/>Facing high sick absences / retirement. Have interviewed and appointed staff recently and have been assured that a plan will be in place by the next HAI Sub Group meeting.</p> <p><b>1 b) High – 6 Monthly HAI Audits have not been completed due to staffing pressures</b><br/>These are planned for May 2022 and the Nurse Manager will support. Restarting HAI walk rounds with all representatives. Dates are being scheduled</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p>As others have commented social distancing and correct mask usage are still an issue so whilst on walk rounds staff are reminded of the importance of not touching masks etc.</p> <p><b>2 g) High – Rosewell House had a number of concerns raised in a recent SWP inspection</b><br/>Rosewell house are still reporting issues with storage due to the layout of the building. JWa has been looking into get sort of crates put in place and extra shelving to ensure goods are stored off the floor so that the floors can be effectively cleaned. Ongoing.</p> <p><b>2 h) High – Difficulties in obtaining representation at HAI Sub Group meetings</b><br/>This issue had improved but has slipped slightly. The ToR will be reviewed at the next meeting and attendees are being reminded that if they cannot attend a deputy should be arranged.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b></p> <ul style="list-style-type: none"> <li>• Sexual Health Service has provided assurance around mandatory training this sits at between 70 – 100%</li> <li>• Domestic Services and Portering Services have provided assurance also after assisting staff to ensure all training is current.</li> </ul> |        |

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| 5    | Standing Items cont. | <ul style="list-style-type: none"> <li>• Rosewell House has reported 100% compliance with Hand Hygiene / Donning and Doffing training on TURAS</li> <li>• Inpatient Nursing training compliance<br/>Donning and Doffing 26%<br/>Hand Hygiene 79%<br/>Healthcare Waste 63%<br/>C.Diff 41%</li> </ul> <p><b>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</b></p> <ul style="list-style-type: none"> <li>• During a recent COVID outbreak in Roswell House the team reported that they found the focused time they spent with IPC to be very helpful completing Donning and Doffing Training – Sharon Falconer feedback that during a recent visit she had noted improvements and actions had been followed through.<br/>A Level 2 is currently being undertaken. Learning from this will be shared at the next meeting.</li> </ul> <p>LB confirmed that the IPC Team have identified that there have been improvements at Roswell House and sustained improvement with things such as hand hygiene and PPE; this has been due to the hard work and resilience so of all Teams involved in that process</p> <p><b><u>Facilities</u></b></p> <p>No New Areas of Concern were identified</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) Water Safety – Fraserburgh</b><br/>The last samples that were taken have had no Legionella detected. Hopefully moving to close this issue soon.</p> <p><b>2 c) Water Safety – Royal Cornhill Hospital (RCH)</b><br/>Have had a specialist engineering firm in to look at the water system to see what might be the cause of the raised TVC's and what the solutions might be. The report is anticipating by the end of this week and the findings will be reviewed with a moving forward</p> <p><b>2 h) Low – Water Safety – Yellow Zone, ARI</b><br/>This is part of a wider issue being taken forward to replace the ventilation plant serving Phase1 (Yellow Zone). Infrastructure dates from 1960's. There has been a great deal of work done around upgrading the ventilation system there that is a significant cost and disruptive and that's brought into play a wider discussion about what we might do in that block and what we might use it for going forward. If works are to be done on the ventilation system then this could include other works also such as cabling and plumbing. Trying to find the best solution</p> <p><b>2 j) Water Safety – Forres Health Centre</b><br/>Next IMT is scheduled for 13 April 2022 to discuss the next phase.</p> <p><b>2 n) High – Inverurie Hospital Admin Block Healthcare Environment Condition</b><br/>Options have been discussed however the costs for making this area fit for purpose are high. The area remains empty and discussions will continue. The major impact of this closure is that the catering service is no longer being provided on site and food has been delivered from another site; this means a more limited service.</p> |        |

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| 5    | Standing Items cont. | <p><b>2 p) Ward 7 - Dr Gray's Hospital</b><br/>Works have been completed and samples were taken early last week; awaiting results / reports</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b><br/>The training recorded in this report is training completed; doesn't indicate a level of compliance, however, aware that Domestic Services are in the 90% of compliance range; continued effort despite pressures. GP will enter the slides for Domestic Services compliance into the meeting chat.</p> <p>A discussion then took place regarding the challenges faced by Facilities and Estates regarding NHSG infrastructure and planned works over a 5 to 10 year period.</p> <p><b><u>Moray (CHSCP)</u></b><br/>No report was received.</p> <p><b><u>Dr Gray's</u></b><br/>No report was received however DV gave an update.</p> <p>Moray CHSCP and Dr Gray's have amalgamated their HAI Sub Group meetings with the first one held at the end of February. ToR are being revamped. Attendance has been an issue at meetings.</p> <p>Ward 7 is still closed after works that have been completed and suggestions have been made after a walk round happened. No further IMT date set as yet.</p> <p>Trying to reduce beds in wards.</p> <p>LIAT machines have run out of cartridges.</p> <p>Patient Placement Tool (PPT) was discussed and it transpires that this has not been being used within the Emergency Department; Senior Charge Nurse (SCN) will ensure this is commenced. Medical Teams do not have a good understanding of the Tool; will liaise with LB and DS out with the meeting.</p> <p>Discussed walk-rounds and correspondence put out regarding recommencing. Hand Hygiene Audits had also stalled recently but seem to show improvement now.</p> <p>SWP was also discussed – have been instrumental in getting this accomplished and have provided positive feedback; will try to incorporate this into walk-rounds.</p> <p>Face Fit Testing dates are being set up soon.</p> <p>Since the meeting was held there has been the Norovirus outbreak within Dr Gray's; this is improving. There is no discharge Lounge within the hospital however if occupancy allows there has been an "awaiting discharge" area for patients going home however this is not a regular occurrence.</p> <p>Hand Hygiene Audit performed this week, unfortunately this was only 50%. Learning to come out of this audit particularly around glove use.</p> <p>Community Hospitals - audits are up to date and the flooring at Seafield Hospital is progressing,</p> |        |



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| 5    | Standing Items cont. | <p>DV will contact the IPC Team for help and advice regarding a number of issues</p> <p>LR offered to act as a conduit for DV and the IPC Team and is happy to assist with any IPC / SWP issues that require investigation. Will liaise with DV / AL out with the meeting.</p> <p>LB expanded on the integration of the IPC Team &amp; SWP and explained that the intricacies of who is going to cover what is still being discussed.</p> <p><b><u>Mental Health &amp; Learning Disabilities</u></b><br/>Report submitted by LMc had to leave the meeting to attend another and the report was not discussed.</p> <p><b><u>HAI Education Group</u></b><br/>Report was submitted but DS was unable to attend so GJ went through the report.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High – Staff have highlighted inability to undertake mandatory training</b><br/>HAI Education Lead to contact Learning and Development in the first instance to find out if these devices are / have been return for educational use and where these hubs are / will be.</p> <p>GMcK mentioned that this was a high risk reduced to a medium. Wonders if this reflects a position in the organisation.<br/>GJ suggested that, perhaps, there is an acceptance of a lower level of compliance whether that's correct or not. LB commented that the organisation may that position when hands on physical care is the priority, however, there is a fine line there between people being competent or not to undertake their roles.<br/>The Committee discussed the risk rating and made the decision it should still be high.</p> <p><b>2 b) Medium – Education around lack of compliance with swabbing for Carbapenemase-producing Enterobacteriaceae (CPE) following a positive Clinical Risk Assessment (CRA).</b><br/>Compliance with CPE swabbing is low. The flowchart is still in development and the status of this will be followed up by HAI Education Lead for a proposed release date. Once released data effect on compliance rates will be followed up.</p> <p>LB added that is in relation to a flow chart for how we apply HAI screening not just CPE screening. It is HAI screening for patients, admitted mainly through acute, as that is where we do the Key Performance indicators (KPIs) and data collections. The gaps was that the National version didn't align with the wording within the PPT. Looked at updating our version to align with the wording that NHSG staff are more familiar with.</p> <p><b>2 d) Medium - Inability to provide Aseptic Non-Touch Technique (ANTT) training to staff across the organisation</b><br/>No change. NES learning resources are not currently available on TURAS. Group have agreed to wait for the release for the SBAR until they are re-released, unless the time period is too great. HAI Education Lead to follow up with NES.</p> <p><b>2 h) Very High - COVID-19 PPE training sessions On-going staff training in donning and doffing of enhanced PPE</b><br/>Content of the Droplet Precautions module are consistently reviewed by HAI Education Lead with Health and</p> |        |

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| 5    | Standing Items cont. | <p>Safety reviewing the Airborne Precautions module.</p> <p>GJ will liaise with DS on this to gain more clarity.</p> <p><b>2 i) High - HAI Education Group to consider ways to support staff groups which have been recognised as repeatedly being non-compliant in hand hygiene audits,</b><br/>The Group agreed that the best time to feedback to students was at the end of the audit and that UoA / RGU were only required to be informed if there was grave cause for concern. Medical students will be in black scrubs making identification of medical students easier when audits are undertaken.</p> <p><b>2 j) High – Tissue Viability</b><br/>It has been noted that there are 8 modules in total for Tissue Viability (TV), which is very time consuming. The TV Team would like to do their own more user-friendly module. Plans in progress to have a SLWG to take this work forward.</p> <p><b><u>Infection Prevention &amp; Control Team (IPCT)</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Awareness – Norovirus Outbreak at Dr Gray’s</b><br/>IPC team will continue to support until outbreak is concluded</p> <p><b>1 b) Awareness - Winter Respiratory Guidance (WRG) has been implemented across all services</b><br/>Almost fully implemented. Important for all to realise that pathways are not fixed and will change depending on the area and the patients that are cared for within that service.</p> <p><b>1 c) High - Healthcare Water Associated Infection (HWAI) risks are identified at sites selected for new immunisation centres within Aberdeenshire</b><br/>These areas are Ravenscraig Ward - Ugie Hospital, Garden Villa – Jubilee Hospital and Macduff Health Centre.<br/>SBARs generated by IPC team and recommendations escalated to property development manager. Fully engaged with asset management and partnership colleagues but have numerous concerns about the use of some of these properties that will require multifaceted long term control measures to balance risks where no refurbishment can be undertaken at the present time. The IPCT recommends the Asset Management Team enable an updated Legionella risk assessment be undertaken prior to any planned re-occupation of empty sites.</p> <p><b>1 d) Awareness – IPCT provision of advice to non NHSG sites</b><br/>Governance is being explored by IPCM for clarification. All private facilities who provide services for NHSG are vetted through the NSS outsourcing framework and included on a National list</p> <p><b>1 e) Awareness – Due to competing pressures a number of incidents have not been reported by IPCT in written format to the Committee since September 2021</b><br/>Reports can be exceptionally lengthy. The IPC team are not an HAI Sub Group / Sector but we are providing what appears to be a Sector Report some of the content of which is being covered by other sectors of the Organisation. If the Committee is in agreement the IPC Team could deliver some sort of verbal update rather than a more formal sector report.</p> | GJ     |

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| 5    | Standing Items cont. | <p><b>1 f) Awareness – IMT established October 2021 regarding elevated TVCs in the Outpatients Department – Fraserburgh Hospital.</b><br/>The IMT concluded January 2022 and outstanding actions have migrated to the Maintenance Team and shared with the water Safety Group (WSG) for oversight.</p> <p><b>1 g) Medium – Lack of demonstrable thermal control within the hot water system at Royal Cornhill Hospital (RCH)</b><br/>IMT ongoing. Departments who have previously / recently completed ligature reduction works cannot use the point of use (POU) filters as mitigating controls</p> <p><b>1 h) Awareness - SWP Team integrating with IPC Team</b><br/>Discussions minuted above. Business case outcome awaited.</p> <p><b>1 i) Very High – Vacancies Pending – Lead Nurse and Senior IPC Nurse posts</b><br/>Recruitment processes and advertisements pending for a permanent Band 6, Band 7 and Band 8.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) Medium – COVID19 Clusters and outbreaks</b><br/>Currently dealing with between 12 – 16 COVID and 2 active Norovirus outbreaks</p> <p><b>2 e) Low – Increased Endophthalmitis within Eye Outpatients Department (EOPD)</b><br/>No further cases. Outstanding works to Phase 1 block sit with Estates. This can be removed from the report.</p> <p><b>2 f) Medium - Cardiac Catheterisation Suite current ventilation capacity</b><br/>Concluded. Can be removed from the next report</p> <p><b>2 g) High - High Consequence Infectious Disease (HCID) unified PPE ensemble is changing</b><br/>Is likely to be parked nationally for a number more months during the Pandemic response. Sits on the IPC Team Risk Register. Remove from the report.</p> <p><b>2 h) High - The built environment and its components, e.g. water and ventilation provision and maintenance</b><br/>New working process has been established. Construction Input Group now meets weekly to discuss pending to better allocate resource to Projects. A revised project form is available on the Facilities and Estates intranet page.</p> <p><b>2 j) High – Dr Gray’s / Moray HAI Sub Groups</b><br/>Groups have merged as per DV’s update above. Can be removed from the report.</p> <p><b>2 k) High – Recent ceiling survey has identified variable issues with the current ventilation</b><br/>This is ongoing however due to a plan in place to undertake the works this can be removed from the report</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b><br/>Safe and Clean Care Audit remains a priority to implement during 2022 with the assistance of the SWP Team Guidance documents still need to be completed.</p> |        |

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| 5    | Standing Items cont. | <p><b>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</b></p> <ul style="list-style-type: none"> <li>• Donbank Ward – prevented a Norovirus outbreak through prompt recognition of the infection risk and implementation of control measures.</li> <li>• The NHSG Patient Placement Tool is to be added to the NIPCM useful tools and resources section. It has been recognised as a useful / workable process which other boards may choose to use or adapt.</li> <li>• IPCT Surveillance Team have established an SSI group at AMH and will undertake supportive educational sessions via Teams shortly.</li> </ul> <p>The Committee were happy for the removal of specific issues from the report and supported the proposal to reformat the way IPC report at the meeting. Will be discussed further out with the meeting.</p> <p>LB stressed that certain elements of the report that was delivered today would still need to be taken by the IPC Team, as a service, to the Committee; continue to identify where we are not compliant with guidance. Also suggested that the Agenda for this meeting be reviewed and consideration be given to discussing the HAI Work Programme Delivery Group as a priority; Sector Reports could perhaps be discussed closer to the end of the meeting?</p> <p><b>Item 5.2</b></p> <p><b>Risk Register (March 2022)</b></p> <p><b>ID 2654 - ID 2654 - IPC Team's inability to provide through HAI Scribe too all built environment projects across NHS Grampian</b><br/>This is ongoing and continues to be a risk.</p> <p><b>Risk ID 2839 – New PPE for High Consequence Infectious Diseases (HCID)</b><br/>This is still “parked” at National level.</p> <p><b>ID 3054 – Sustainability of IT platform supporting Operational response to IPC</b><br/>This is ongoing. Has been escalated to the HAI Executive Committee (HAIEC).</p> <p><b>ID 3096 – Lack of Governance process for IMT Reports</b><br/>This has been discussed at the HAI Executive Committee. A test of change is required. The report should go to the Clinical Quality &amp; Safety Committee and then onwards to the Clinical Governance Committee (CGC).</p> <p>GJ will be completing an organogram for the HAIEC meeting 19 April 2022 to show process and escalation.</p> <p><b>Item 5.3</b></p> <p><b>HAI Work Programme Delivery Group update</b><br/>Meeting was held 28 January 2022. We accept that things have stalled over the COVID period. This report will be sent out to this Committee for ratification electronically and will be escalated through the appropriate Committees to the Board.</p> <p><b>Item 5.4</b></p> <p><b>HAI Executive Committee Update</b><br/>The IMT process was discussed and GJ has various actions to take forward in relation to this.</p> |        |

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| 6    | <b>HAI Report to Clinical Governance Committee / Board cont.</b><br><br><b>Item 6.1</b><br><br><br><br><br><br><br><br><br><br><b>Item 6.2</b><br><br><br><br><br><br><br><br><br><br><b>Item 6.3</b> | <p><b>Local HAI Report to the Board (HAIRT)</b><br/>January 2022 report will be forwarded electronically when available</p> <p>GJ informed the Committee that the HAIRT was being reviewed and in particular the Scorecard Data which was by hospital and we weren't sure why that was included (there is nothing documented that stated it must be by hospital) and so the format has been updated slightly but happy to discuss what we've changed and format can be updated again if required.</p> <p><b>National HAI Report to the Board (HAI-RT)</b><br/>January 2022 report will be forwarded electronically when available.</p> <p><b>HAI Report to the HAI Executive Committee (HAIEC) (new escalations)</b></p> <ul style="list-style-type: none"> <li>• Lack of engagement / attendance / written reports to the ARI HAI Sub Group</li> <li>• Healthcare Water Associated Infection (HWA) risks are identified at sites selected for new immunisation centres within Aberdeenshire</li> <li>• Mandatory / Statutory education non-compliance due to staff absence / inability to be released etc.</li> <li>• Infection Prevention &amp; Control Workforce Concerns</li> </ul> |           |
| 7    | <b>AOCB</b><br><br><br><br><br><br><br><br><br><br><b>Item 7.1</b>  | <p><b>NHSG HAI Education Delivery Plan 2022/23 (for ratification)</b><br/>GMcK asked for more time to be able to review this document prior to ratification.</p> <p>AS will resend the document with comments to be received by 29 March 2022</p> <p>GJ reminded the Committee that this was the last meeting that LB would be present at. She thanked LB for her never ending commitment and knowledge that she has shared and all contributions she has made across the Organisation.</p>   | <b>AS</b> |
| 8    | <b>Date of Next Meeting</b>   | <b>24 May 2022 10.00 – 11.50 via Teams (with a 10 minute comfort break)</b>   |           |