

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

Minutes from meeting held 24 May 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
AR – Alice Ritchie, Clinical Nurse Manager, Acute
GP – Gavin Payne, General Manager of Facilities & Estates
VB – Vhairi Bateman, Chair of the Antimicrobial Management Team / Infection Prevention & Control Doctor
LMc – Lesley McManus, Interim Nurse Manager, Older Adults Inpatient Service
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
JL – Juliette Laing, Head of Decontamination and Linen Services, Decontamination Lead for NHSG
LR – Lesley Roberts, Programme Manager, Safer Workplaces
DS – Dawn Stroud, Senior Infection Prevention & Control Nurse
- 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	Introduction and Apologies	June Brown (JB) Janice Rollo (JR)	
2	Minutes of last meeting 22 March 2022	The minutes from 22 March 2022 were ratified by the Committee with no amendments	
3	Action Tracker	<p><u>Meeting 22 March 2022</u></p> <p>4.2 Safer Workplaces Update GJ asked LR to come back to the Committee with suggestions on ways to communicate guidance more effectively. LR will update at the next meeting.</p> <p>5.1 Sector Reports – ARI</p> <p>1 a) High – Accepting patients with unknown COVID status into the Discharge Lounge MJM requested that Facilities investigate the window situation (they are unopen able) to gauge whether these works can take place to provide natural ventilation. GP received costings and the work to replace the windows will take place. Close action.</p>	LR

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3	Action Tracker	<p>5.1 Sector Reports – HAI Education Group</p> <p>2 h) Very High – COVID19 PPE Training sessions; on-going staff training in Donning & Doffing of enhanced PPE Content of the Droplet Precautions module are consistently reviewed by the HAI Education Lead with Health & Safety reviewing the Airborne Precautions module. GJ to seek more clarity on this from DS No update available. GJ / DS will take this forward.</p> <p><u>Meeting 23 November 2021</u></p> <p>5.1 Sector Reports – Children’s Services CC feedback that retrospective mandatory training figures are not available from the TURAS system. Remove action.</p> <p>5.1 Sector Reports – Dr Gray’s DV will send an updated Sector Report containing training figures to AS No update given.</p> <p>Aberdeenshire CHSCP</p> <p>2 g) Level of input into HMP Young Offenders Institution (YOI) AMc feedback that meeting is now planned with responsible IPCN to provide the relevant training. Close action.</p> <p><u>Meeting 24 November 2020</u></p> <p>5.1 Sector Reports</p> <p>Moray CHSCP – High – Outstanding Flooring Works GP confirmed that Claire Power is still seeking funding. No further update. AL confirmed that all paperwork is in place.</p> <p><u>Meeting 23 July 2019</u></p> <p>4 HEI Inspection Report of GGC Queen Elizabeth Hospital Requirement 13 – Estates Reporting System GP reiterated that HAI risks are being prioritised and that process documents are being written / reviewed / updated. Les Duncan has been invited to the IPC and Construction Input Group.</p>	GJ
4	Matters Arising Item 4.1	<p>Recent HIS Inspection for awareness – HIS Findings Letter – Safe Delivery of Care Inspections of Acute Hospitals This has been shared for awareness.</p> <p>GJ stated that this letter advised Boards of the process moving forward through COVID (less COVID focussed now). Of the 4 inspections that have been undertaken since April serious concerns have been identified with 2 separate incidents where patients were being cared for in “locked areas”. Care Plans and Risk Assessments had not been completed and staff had failed to fully consider patients’ safety, rights or care needs. Board’s policies, systems and processes were not followed and senior management were unaware of patients’ circumstances until escalated by Inspectors.</p>	

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	<p style="text-align: center;">Item 4.3</p>	<p>Sharing with other Boards so that they have the opportunity to learn from these examples.</p> <p>GMcK shared that JB has emailed Chief Nurses asking the question regarding locked wards to provide assurance that policies are in place. Has not seen any update on this as yet. FM also informed the Committee that Woodend General Hospital (WGH) also has locked wards and Health & Safety have been assisting with the writing of an appropriate risk assessment which is now in place.</p> <p>Safer Workplace (SWP) Update A report was submitted.</p> <p>LR stated that, to date</p> <ul style="list-style-type: none"> • 924 assurance visits have been made • 278 Personal Protection Equipment (PPE) visits have been completed • 21 areas have had COVID outbreak support visits • 47 areas have had Kind to Remind Hand Hygiene visits <p>The SWP staff have also been assisting IPC with the Safe and Clean Care Audit Tool (SACCAT) audits and are supporting areas thereafter.</p> <p>There is a plan to work towards an exit strategy in September 2022.</p> <p>GMcK would like the issue of the SWP exit strategy to be escalated. If no exit strategy in place then the SWP work could transition onto NHSG nursing staff.</p> <p>GJ confirmed that the Audit Tool has been updated and can be found on the IPC Intranet page – current version must be used.</p>	
<p style="text-align: center;">5</p>	<p style="text-align: center;">Standing Items</p> <p style="text-align: center;">Item 5.1</p> <p style="text-align: center;">Item 5.2</p>	<p>HAI Work Programme Delivery Group Update (from meeting 29 April 2022)</p> <p>The document for 2022/23 was to come to the Committee for ratification however there have been several documents which have been changed and updated (IPC Standards, Antimicrobial Resistance and Healthcare Associated Infection (ARHAI), Delivery Plan and the Nursing, Midwifery and Allied Health Professions (NMAHP) Strategy); decision was to hold the report back until all changes could be updated. Will come to the next meeting.</p> <p>Sector Reports</p> <p><u>ARI</u> GMcK plans to refresh / streamline the report.</p> <p>Key issues overall include</p> <ul style="list-style-type: none"> • staff continue to be unable to comply fully with mandatory training / education • roof leaks across various locations (Yvonne Wright asked for this to be escalated) 	

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5	Standing Items cont.	<p>With regard to the roof leaks GJ advised the process for escalation for HAI related issues. GP asked for the relevant form to be completed and escalated to Estates.</p> <p>VB added that access to areas to complete works is still an issue. Must prioritise access to Estates to enable essential works.</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medicine - High – Respiratory / non respiratory pathways and moving to “living with COVID” Anxiety remains around increased risk to shielding patients and staff who cannot work with COVID / unknown status patients. Work has been done surrounding this with risk assessments in place.</p> <p>1 c) High - Use of surge beds / decreasing bed spacing A Short Life Working Group (SLWG) has been set up to provide assurance to NHSG on minimum bed spacing. LR has taken over chair of this group from GMcK.</p> <p>VB would be interested to hear more about the SLWG and asked if anything been considered regarding any other mitigations that could be put into place due to the suitability of these ward areas (e.g. air filtration units to supplement the environment).</p> <p>GMcK gave an overview of the SLWGs discussion to date regarding minimum bed spacing after the removal of physical distancing. Need to be aware of where NHSG are compliant / non-compliant and to formalise this. Happy for VB to be around the SLWG and happy to have discussions surrounding other issues that need to be taken into account – not just bed spacing (e.g. toilet facilities). Need more expertise around the table.</p> <p>1 d) High – Flooring within Wards 402 / 403 not fit for purpose Excess taping and cracks are not allowing for effective decontamination.</p> <p>1 h) Surgery – Medium – Eurobins remain unlocked and dirty as identified at recent HAI audit in wards 209 / 210 This has been an ongoing issue within the organisation and requires to be flagged. Remind all Teams that bins must be kept locked and cleaned regularly.</p> <p>3 Mandatory HAI Education Training Compliance Figures</p> <p>GMcK feels that, due to current issues with pulling reports from TURAS, it may be helpful to devise a template to record all training compliance across the Sector; this can be easily shared to Committees as required.</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</p> <p>Medicine</p> <ul style="list-style-type: none"> • Prompt escalation and immediate actions taken by local and wider portfolio teams following COVID outbreaks; good collaborative working <p>CSS</p> <ul style="list-style-type: none"> • Senior Management Assurance walk rounds re- commenced monthly with themes • Unit Assurance walk rounds continue 	

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5	Standing Items cont.	<p>Unscheduled Care</p> <ul style="list-style-type: none"> • Safer Workplaces action plans in place <p>GMcK added that it feels the ARI HAI Sub Group has begun to function better with increased attendance and Reports being submitted as requested.</p> <p><u>Children's Services</u></p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Very High – Increasing leaks from burst pipes to radiators and heating units in ceilings Remedial works will be required to replaces pipework. Increased risk due to ongoing water issues. Awaiting further information from Estates on when work is planned.</p> <p>GP is aware of the situation.</p> <p>3 Mandatory HAI Education Training Compliance Figures</p> <p>CC advised that the figures remain static; happy with them. Staff will be reminded of the need to complete all mandatory training.</p> <p><u>Women's Services</u></p> <p>A report was submitted.</p> <p>1 a) Low – Awaiting the distribution of the replacement posters for Titanchlor Have requested the new posters in preparation for the Health & Safety inspection. This is in hand and action plans are in place.</p> <p>1 c) Water Safety at Inverurie Maternity Unit remains a concern Continue to work with the IPC Team and colleagues to monitor water safety. There were 2 options discussed but neither were deemed acceptable as a solution.</p> <ul style="list-style-type: none"> • fit an in line filter • mothers to labour in the birthing pool but give birth outside of it <p>VB had not received feedback so this was helpful to hear. There has been progress, have been working with the Team that manage Inverurie Health Centre. Met 23 May 2022 and there has been improvement in the water results from the last round of sampling, flushing of the water system continues. There has been a decision made to remove one of the shower filters to see if this improves the situation and the group will meet again in 2 weeks. Hopefully restrictions will then be lifted and the birthing pools brought back into use.</p> <p>May be useful to have some support from the Clinical Team in relation to the birthing pools being installed into the Baird and Anchor Hospital so that issues such as this do not present again. Could AR liaise with Margaret Meredith to open up discussions and set up a meeting to ensure the specifications on the new birthing pools are up to date and the pools are fit for purpose. AR will progress this.</p>	

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5	Standing Items cont.	<p>CC added that Jayne Forrest would be the Lead Midwife to be involved in discussions.</p> <p><u>Aberdeenshire H&SCP</u> A report was submitted.</p> <p>AMc advised the Committee that the first meeting of the refreshed Aberdeenshire CHSCP HAI sub Group had taken place 26 April 2022 and was very well attended by a diverse group, which included attendees from care homes and care at home.</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) High – Enforcement notice issued by the Health & Safety Executive to an in house care home. This identified material breaches in the management of legionella and the Council are required to produce a “written scheme” and improve control measures and record keeping. A member of the Council’s Facilities and Estates Department has been invited to attend the HAI Sub Group moving forward.</p> <p>VB and GP asked if AMc could share information on the written scheme for learning? AMc would welcome support with this and will link VB / GP in with Janine Howie – Location Manager.</p> <p>1 b) High – Donbank Ward, Inverurie Hospital – multiple Estates issues This is due to non-compliant showers and leaking roofs. Local HAI audits fail due to these issues. Continue with escalation to Estates and is present on the Aberdeenshire CHSCP Risk Register.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 c) Medium – During 2018 Inspection to HMP YOI Inspectors were told that a bespoke IPC model was to be delivered. This has been discussed under Item 3 – Action Tracker. Meeting is now planned with responsible IPCN to provide the relevant training. This should be removed from the report for the next meeting.</p> <p>1 a) High – Legionella identified at Ugie Hospital Vaccine Centre Vaccine Centre is now open with risk assessments in place. This can be removed from the report for the next meeting.</p> <p>1 b) Continued outbreaks within care homes and very sheltered housing These have now reduced. Support is ongoing for all care homes with blended support.</p> <p>3 Mandatory HAI Education Training Compliance Figures AMc stated that this is an almost impossible task to complete for the whole of Aberdeenshire CHSCP. Have spoken to Linda McKerron, however, cannot provide evidence to the HEI Inspectors should this be asked for.</p> <p>GJ feedback that the “proxy” function in TURAS reporting is awaited from NHS Education for Scotland (NES); Linda McKerron is chasing this up.</p>	AMc

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5	Standing Items cont.	<p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</p> <ul style="list-style-type: none"> • New refreshed Aberdeenshire CHSCP HAI Sub Group meeting has taken place 26 April 2022 and was very well attended by a diverse group • Mandatory education – unable to provide assurance as unable to generate reports. • Outbreaks in wards – positive IMTs held – highlighting support for local teams. • Bed spacing – concern re environments – high risk as we work through bed derogations. • Facilities and Estates concerns were highlighted and looking for assurance around how to follow through <p><u>Aberdeen City CHP</u> A report was submitted</p> <p>1 New Areas of Concern raised by Divisions</p> <p>1 a) Medium – Woodside Health Centre concerns regarding flooring / décor during a walk round This was highlighted by Community Nursing Teams. FM will source feedback and bring to the next meeting.</p> <p>1 b) High – COVID Cluster within Links Unit at Woodend General Hospital This had to be Reporting of Injuries, Disease and Dangerous Occurrence Regulations (RIDDOR) reported due to the Incident Management Team (IMT) conclusion that this was likely to have been transmitted staff to patient and staff to staff. Has been reported on DATIX and an Action Plan was put in place (almost complete). Donning and Doffing training taking place this week.</p> <p>1 c) High – HAI Audits not currently taking place in Community Teams Looking to restart these. Will link in with the IPC Team on which Audit Tool to utilise.</p> <p>1 d) High - Areas asked to include on their reporting template assurance that they are meeting the recent recommendations from the HIS inspection of NHS Lanarkshire This has not been submitted. Will escalate at the next local meeting for assurance.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 c) High – TURAS reporting inaccuracies A “cleanse” has been undertaken and each Team now have the correct staff aligned to them. Charge Nurses are now able to pull accurate reports, however, figures obtained from the system are still “numbers” and not percentages - having to be calculated manually.</p> <p>2 e) High – Difficulties in obtaining representation at HAI Sub Group meetings Improvement has been seen but need to ensure Care Homes are feeding into the Group.</p> <p>2 f) High – Porters have not yet managed to install a cleaning schedule This has not yet been established; has been escalated.</p> <p>2 g) High – 6 Monthly Inpatient HAI Audits have not been completed due to staffing pressures These are now planned to commence May 2022.</p>	

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5	Standing Items cont.	<p>3 Mandatory HAI Education Training Compliance Figures There is a need to pick up the issue of low compliance percentages in the Specialist Older Adults & Rehabilitation Services (SOARS) Nursing Team and discussions have been had as to how staff can be released to complete mandatory training required – plan in place.</p> <p>GJ was keen to hear how staff were released as this seems to be an NHSG wide issue. FM stated that the SCN's are allowing staff time to complete the required training when wards are less busy and the Practice Educators are also assisting as needed, It's a work in progress but seems to be a positive step.</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</p> <ul style="list-style-type: none"> • Care Home Assurance Team celebrated World Hand Hygiene Day – positive engagement with staff and residents • SOARS wards – HEI walk rounds have recommenced with the first one held at Morningfield House. Issues were identified and a joint action plan is in place; follow up walk round to be completed shortly <p>AMc would be keen to link in with FM regarding Community Nursing element and perhaps engage in some joint working? – pick up through the Community Nursing Forum?</p> <p><u>Facilities</u> A report was submitted</p> <p>No New Areas of Concern were identified</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 c) Water Safety – Royal Cornhill Hospital (RCH) This was surrounding water temperature issues; a specialist engineering firm has investigated the water system. Remedial works identified and now need to evaluate which of these can be progressed in the most expedient way to deal with the issue.</p> <p>2 h) Low – Water Safety – Yellow Zone, ARI Ongoing now for some time. Control measures in place and clinical restrictions on how the block is used. Work is ongoing to develop cost options for remedial works. Becoming a significant piece of work due to cost of works having escalated significantly. Escalated and Senior Responsible Officer will be put in place. Works to be included at the same time are drainage, ventilation, water and electrical works.</p> <p>2 o) RACH IMT Atypical Infections Controls remain in place. Engineering works have now been defined and some are now being tested including a water supply which bypasses the tank (a direct gravity fed water supply) – this looks promising. The Technical Sub Group that was set up proved a useful way of approaching this issue.</p> <p>2 p) Ward 7 - Dr Gray's Hospital There has been improvement in water testing results. Controls still in place and area not yet fully open. There is a plan to set up a Technical Group to develop and determine solutions for the ongoing issue.</p>	

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5	Standing Items cont.	<p>3 Mandatory HAI Education Training Compliance Figures Training figures are included in the report however GP noted that facilities and Estates also have issues with obtaining training figures and this is partly due to training being held face to face in a classroom setting rather than being completed online; there can be issues uploading these “bulk” training figures to TURAS.</p> <p>GJ asked whether there was any help / support that could be given by IPC to staff to complete training. Such as Glitterbug training? GP will take this back to Management for consideration.</p> <p><u>Dr Gray’s / Moray (CHSCP)</u> No report was received and no attendance at meeting</p> <p><u>Mental Health & Learning Disabilities</u> A report was submitted</p> <p>No New Areas of Concern were identified</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – COVID19 There is a current outbreak at present. IMT held 20 May; agreed actions to be completed but risk assessed as low. Meeting with IPC team on a daily basis to provide reassurance to teams.</p> <p>2 d) Medium – Raised levels of TVCs detected in hot water supply in 2 wards currently closed for refurbishment This issue continues and is preventing the opening of these wards after ligature reduction works have been completed. This has been escalated.</p> <p>2 e) Medium – Safer Workplaces have identified ventilation issues in wards that have windows permanently locked Kerry Ross – Business Manager has been investigating and Russell Arthur (who had recently retired but has returned) will be leading on this. LMc will obtain feedback.</p> <p>LMc also feedback that, similar to others, Royal Cornhill Hospital (RCH) has issues with the Eurobins. Tis has been escalated to Portering Services / Estates. Will obtain feedback as to whether this has been resolved or required to be added to the sector report.</p> <p>3 Mandatory HAI Education Training Compliance Figures The service are also experiencing issues with the running of TURAS reports. LMc has spoken with Linda McKerron who will support with reporting meantime. Collette Cowie will assist with Nursing reports for training. Hand Hygiene & Waste Management will be concentrated on.</p> <p>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</p> <ul style="list-style-type: none"> • Consultant from the Psychotherapy Department was keen to advise that the service have been consistent in providing a face to face service throughout the pandemic with no known transmission 	

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5	Standing Items cont.	<p>VB touched on the issue of the stained toilets. LMc advised that the HAI Sub Group attendance has been slightly reduced and that no one was present from Estates at the last meeting so no update was available. There has also been an issue with sinks and the manufacturer has been contacted; they suggested that the cleaning products used may be at fault, however, Estates do not think this is the case. VB asked whether this was being dealt with through the Ligature Reduction Group due to the sanitary ware being thought to be incompatible with the current recommended cleaning specifications for healthcare premises. If the coating is compromised then issues could occur. Follow up HAI SCRIBE should be completed after 1 year. LMc will liaise with Russell Arthur for an update.</p> <p><u>HAI Education Group</u> Report was submitted in a shortened form.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) High – Staff have highlighted inability to undertake mandatory training Linda McKerron was investigating with the Endowments Group as to whether the devices, previously used for Corporate Induction, could be transferred elsewhere to assist staff in the completion of training. This is now moving forward.</p> <p>2 c) High – SIPCEP Modules DS asked for Sub Group Leads to contact Linda McKerron for support regarding issues with producing TURAS reports (proxy), this is a National issue. If experiencing difficulties with training please contact the IPC team to see how the IPCN's could assist. Sub Group Leads are welcome to join the HAI Education Group meeting to discuss any issues they may have. There are 3 new videos incorporated into the Hand Hygiene module</p> <ul style="list-style-type: none"> • hygiene with liquid soap and water • application of hand gel • what is stopping you from carrying out hand hygiene. <p>2 d) Medium - Inability to provide Aseptic Non-Touch Technique (ANTT) training to staff across the organisation Modules have now been updated and pocket resources are available. DS will be working with Gill McKenzie-Murray to ensure rollout across NHSG.</p> <p>2 f) Medium – Concern that all staff are not aware of mandatory IPC education requirements Although a flowchart exists assurance is still required that staff understand the IPC education requirements. Ways of ensuring this are being discussed including banners or use of the daily Brief to communicate requirements on a regular basis.</p> <p>MJM did voice concerns around the number of modules that staff have to complete and asked whether they could be condensed. Many staff do not have the hours to complete all training; must be made more practical.</p> <p>GJ this has been discussed at the HAI Education Group meeting and specifically around Tissue Viability which is being looked at and an attempt made to shorten it.</p>	

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5	Standing Items cont.	<p>Health & Safety are also concerned regarding staff unable to be released from the clinical area to complete associated training.</p> <p>MJM suggested that modules should be no longer than 20 – 30 minutes in length.</p> <p>LR suggested that she had heard that someone had been tasked to reduce the number of statutory / mandatory training requirements. Will liaise with Linda McKerron and feedback to the Committee.</p> <p>Reply from Linda McKerron A paper is going to Staff Governance Committee tomorrow and CET regarding this complex area with a view to how we plan to improve our compliance rates.</p> <p>The volume, range and length of the current local and national learning resources related to statutory /mandatory training is but one part of the equation and is one part of the plan being suggested but there are others, links to National Programme Board on this for Appraisal and Incremental Pay Progression, access to kit, protected time for learning and cultural matters to consider as well</p> <p><u>Infection Prevention & Control Team (IPCT) Roundup</u> Report format has been changed.</p> <p>DS asked the Committee for feedback on the revised report.</p> <p>IPC Surveillance & HAI Screening</p> <ul style="list-style-type: none"> • Surgical Site Infections (SSI) Surveillance recommencing in October 2022 • Aberdeen Maternity Hospital (AMH) SSI group up and running and planning a colorectal SSI group <p>IPC Surveillance & HAI Screening Details the number of PAGS / IMTs held since the last NHSG IPCSC meeting and for what reason e.g. COVID, Water safety etc.</p> <p>Audit & Assurance</p> <ul style="list-style-type: none"> • Safe and Clean Care Audit Tool (SACCAT) was launched on 5 May 2022 (World hand Hygiene Day) Appointments are being sent out to Wards and Departments. IPCN's and Safer Workplaces will assist in the supported audits • Infection Prevention and Control (IPC) Standards for health and adult social care settings published 16 May 2022 – NHSG has 3 months to implement <p>Built Environment</p> <ul style="list-style-type: none"> • On-going work across large parts of the NHSG estate with further requests for the Team to support new projects <p>IPCT Workforce</p> <ul style="list-style-type: none"> • Temporary Band 6 IPCN has successfully become a full-time permanent member of the Team. Two further Band 6 IPCNs employed subject to checks. • Vacancies for both a Lead Nurse IPCT (Band 8) & Senior IPCN (Band 7) 	LR

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5	Standing Items cont.	<p>Areas of Achievement</p> <ul style="list-style-type: none"> • Safe and Clean Care Audit Tool (SACCAT) was launched on 5 May 2022 <p>GMcK praised the report – easy to read and includes all key information required. Perhaps could be noted under Audit and Assurance that surrounding the Short Life Working Group (SLWG) regarding bed spacing IPC are assured that work streams are progressing?</p> <p>CC also stated that she liked the layout of the report and found the reporting of the number of IMTs / PAGs held to be helpful.</p> <p>The decision was made the revised template would be continued with, moving forward, and all relevant information updated for each meeting.</p> <p>Item 5.3</p> <p>Risk Register (May 2022)</p> <p>ID 2654 - IPC Team's inability to provide through HAI Scribe too all built environment projects across NHS Grampian Lack of IPCN's / IPCDs with the relevant experience / knowledge to support all demands of built environment workload are an issue at present. Staff are being developed to support.</p> <p>Risk ID 2839 – New PPE for High Consequence Infectious Diseases (HCID) This is on hold nationally at present. There are implications in resource for training staff and a wider group of staff will require to be trained.</p> <p>ID 3054 – Sustainability of IT platform supporting Operational response to IPC This is ongoing regarding support</p> <p>ID 3096 – Lack of Governance process for IMT Reports Now following the Management of Public Health Incidents – Roles and Responsibilities of NHS Led Incident Management Teams guidance. Discussed at the HAI Executive Committee (HAIEC) in April and it was decided to test that reports are escalated to the Clinical Quality & Safety Committee and onwards to the Clinical Governance Committee (CGC).</p> <p>ID 3119 – Technical Lead IPC Nurse post vacant Unsuccessful recruitment process so far</p> <p>LR / GMcK have been finalising the exit strategy for Safer Workplaces. Could this be included on the IPC Risk Register? GJ will add</p> <p>Item 5.4</p> <p>HAI Executive Committee Update (from meeting held 19 April 2022) The IMT report process was discussed and GJ has various actions to take forward in relation to this. No other specific items were raised that need to be brought back to this Committee.</p>	GJ

Item	Subject	Action to be taken and Key Points raised in discussion	Action
6	<p data-bbox="600 156 689 180">Item 6.1</p> <p data-bbox="600 707 689 730">Item 6.2</p>	<p data-bbox="763 156 1458 180">HAI Report to the Board (HAIRT) – January 2022 & April 2022</p> <p data-bbox="763 185 1413 209">Both reports were submitted for ratification by the Committee</p> <p data-bbox="763 240 1928 296">GJ informed the Committee that the HAIRT was reviewed and it was decided to merge the Local and National reports into one and changed timeframe.</p> <p data-bbox="763 320 1917 408">GMcK, as the chair of the ARI HAI Sub Group, raised concerns regarding the narrative / percentage surrounding Methicillin-Resistant Staphylococcus Aureus (MRSA) Clinical Risk Assessment (CRA) screening compliance in April's report. Not satisfied or assured that there is a clear plan for how this can be supported</p> <p data-bbox="763 432 1917 520">GJ agreed. It needs to be identified why this is not happening and raised with teams across the Acute Sector. Any ideas from the Committee members? Perhaps the Surveillance Nurses could assist with any support or training required.</p> <p data-bbox="763 544 1939 600">VB suggested could there be a correlation in the switch over to the Electronic Patient Records (EPR) system and the embedding of Patient Placement Tool (PPT) within the EPR? GJ agreed that this could be investigated.</p> <p data-bbox="763 624 1570 647">Both HAIRTs ratified and will be escalated through the governance structure</p> <p data-bbox="763 707 1559 730">HAI Report to the HAI Executive Committee (HAIEC) (new escalations)</p> <ul data-bbox="808 767 1514 823" style="list-style-type: none"> • Exit Strategy for Safer Workplaces ended in September 2022 • Mandatory / Statutory education non compliance 	
7	<p data-bbox="320 855 398 879">AOCB</p> <p data-bbox="600 879 689 903">Item 7.1</p> <p data-bbox="600 1238 689 1262">Item 7.2</p>	<p data-bbox="763 879 1245 903">Safe and Clean Care Audit Tool (SACCAT)</p> <p data-bbox="763 908 1335 932">GJ asked if the Committee have any feedback on this.</p> <p data-bbox="763 963 1917 1019">AR noted that the SACCAT impacts the Sprint Audits and links. Old audits need to be discarded and new link used.</p> <p data-bbox="763 1043 1939 1099">FM when the new tool is used do the results upload to Illuminate and in which section? All Charge Nurses need to have appropriate access. DS confirmed that the results would upload, in time.</p> <p data-bbox="763 1123 1928 1179">AR queried whether there would a resource to supply teams with IT equipment to enable them to complete the SACCATs. GJ replied that there may be access to some via Linda McKerron. Will investigate and feedback</p> <p data-bbox="763 1238 1435 1262">CNO Letter – DL(2022) 14 Publication of HIS IPC Standards</p> <p data-bbox="763 1267 1827 1355">GJ advised that the HEI and Care Inspectorate will be using these to base their inspections on. The main changes are the new section on Built Environment and section 9 Acquisition & Provision of Equipment.</p>	<p data-bbox="2040 1155 2074 1179">GJ</p>
8	<p data-bbox="320 1385 562 1409">Date of Next Meeting</p>	<p data-bbox="763 1409 1514 1433">5 July 2022 10.00 – 12.00 via Teams (with a 10 minute comfort break)</p>	