

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

**Minutes from meeting held 13 July 2021  
Via Teams  
10.00 – 12.00**

**Present:**

**FR – Fiona Robertson**, Chief Nurse - Acute (**Chair**)  
**LM – Leonora Montgomery**, Public Forum Representative  
**CC – Caroline Clark**, Chief Nurse, Combined Child Health  
**FM – Fiona Mitchell**, Nurse Manager, Elderly Services  
**GP – Gavin Payne**, General Manager of Facilities & Estates  
**LR – Lesley Roberts**, Safer Workplaces Programme Manager  
**DS – Dawn Stroud**, Senior Infection Prevention & Control Nurse  
**LB – Leighanne Bruce**, Technical Lead Infection Prevention & Control Nurse  
**AW – Andrew Wood**, Risk Management Advisor, Corporate health & Safety  
**JL – Juliette Laing**, Head of Decontamination & Linen Services  
**VB – Vhairi Bateman**, Chair of the Antimicrobial Management Team / Infection Prevention & Control Doctor  
**DL – Deborah Lockhart**, Infection Prevention & Control Doctor  
**MJM – Malcolm Metcalf**, Deputy Medical Director NHSG  
**GV – Gill Valentine**, Clinical Midwifery Manager for Maternity Services

**AS - Anneke Street**, PA to Infection Prevention & Control Manager (Minute taker)  
**LMc – Lynne Mclean**, PA / Secretary, Infection Prevention & Control

| Item | Subject  | Action to be taken and Key Points raised in discussion   | Action    |
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| 1    | <b>Introduction and Apologies</b>              | Apologies were received from :<br><br>Grace Johnston ( <b>GJ</b> ) Neil Hendry ( <b>NH</b> ) Diane Vass ( <b>DV</b> ) Catherine Noble ( <b>CN</b> )  |           |
| 2    | <b>Minutes of last meeting<br/>25 May 2021</b> | The minutes from 25 May 2021 were ratified by the Committee with the following amendments<br><br>Item 6.1 Local HAI Report to the Board (HAIRT) January 2021 should read <b>April 2021</b><br><br>Item 6.2 National HAI Report to the Board (HAIRT) January 2021 should read <b>April 2021</b>   | <b>AS</b> |
| 3    | <b>Action Tracker</b>                          | <b><u>Meeting 25 May 2021</u></b><br><br><b>5.1 Sector Reports</b><br><br><b>Mandatory / Statutory Training Compliance</b><br>LR was to take her points regarding more emphasis needing to be made of the training completed by medical staff forward, externally. Will feedback on discussions.<br><br><b>Aberdeenshire H&amp;SCP</b><br>No report submitted for 25 May 2021 meeting. NH forwarded the report to the Committee. Close |           |

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| 3    | Action Tracker | <p><b>AOCB</b></p> <p><b>7.2 HAI Sub Groups – Assurance Data</b><br/>LR to provide a formal report on Safer Workplaces to the Committee. Report received. Close</p> <p><b><u>Meeting 23 March 2021</u></b></p> <p><b>5.1 Sector Reports</b></p> <p><b>Children’s Services</b></p> <p><b>1a) Ventilation System Dental Suite.</b><br/>CC to confirm this. No update.</p> <p><b>2a) AMH Theatre Ventilation</b><br/>AS will liaise with VB for an update. AS sent Teams messages. No update.</p> <p><b>Aberdeenshire CHSCP</b></p> <p><b>2 g) Level of input into HMP Young Offenders Institution (YOI)</b><br/>LB was unsure of input in question. AS to ask NH for clarity on this. No update from NH. LB feedback that as far as she was concerned the YOI receives as much IPC input as any other location. May be issue is around staffing in general. Need to explore elements of risk with NH and conclude whether there is an outstanding action. FR will liaise with NH to ascertain the original issue and what is required.<br/>DS added that there is an outstanding action from the HAI Education Group meeting for training to be held with YOI staff on Hand Hygiene / Personal Protective Equipment (PPE) Training. IPCT are contacting the relevant person to arrange.</p> <p><b><u>Meeting 24 November 2020</u></b></p> <p><b>4.1 Changes to Sector Reporting (Exception Reporting)</b><br/>Discussions have not yet taken place between GJ / LB / GM /GP.<br/>AS has arranged a meeting for 28/7/21. Close once meeting has taken place.</p> <p><b>5.1 Sector Reports</b></p> <p><b>Moray CHSCP – High – Outstanding Flooring Works</b><br/>Update received from Claire Power. Waiting for an update from Estates on when work will be carried out. Leave on tracker until a further update is available.</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/>LB and Ian Esslemont have not been able to meet due to COVID19; Ian is now retired. AS has contacted GP to find out who has taken over as Ian’s successor. Will arrange meeting.</p> <p>AS will send an updated copy of the Action plan when available</p> | <p>FR</p> <p>AS</p> <p>AS</p> |

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| 3    | Action Tracker cont.  | <p><b><u>Meeting 22 January 2019</u></b></p> <p><b>5.1 Sector Report – Moray CHSCP - Shower Tray – Turner Hospital (from meeting 27 March 2018)</b><br/>           Keep action open as a shared learning exercise will be performed by GP now that the works are completed. There has been no movement on this due to the pandemic.</p>   |        |
| 4    | <p><b>Matters Arising</b></p> <p style="text-align: right;"><b>Item 4.1</b></p> <p style="text-align: right;"><b>Item 4.2</b></p> <p style="text-align: right;"><b>Item 4.3</b></p> <p style="text-align: right;"><b>Item 4.4</b></p> | <p><b>4.1 HAIRT Local / National Reporting Discussion</b><br/>           DL feedback on this item explaining that this was surrounding the feedback and comments received on the new layouts of the local and National HAIRTs.<br/>           DL shared her screen and spoke to the graphs explaining to the Committee that these visual aids add more context to the figures reported and gave a longitudinal perspective. These graphs have been well received when this report was submitted to the Board.<br/>           In addition DL showed the Committee how Health Protection Scotland (HPS) have simplified the National data even further by merely showing + / - figures and asked the Committee's view on this way of reporting. Does this make for a better report or does the inclusion of the narrative detailing rise and fall of cases make the content more understandable?<br/>           MJM expressed a preference for the graphs and added the longitudinal data was more meaningful. LB and LR agreed.<br/>           The decision of the Committee was to continue with the inclusion of the graphs.</p> <p><b>Safer Workplace Update</b><br/>           A report was submitted and LR spoke to the content explaining the key actions and processes that have been developed and progressed since January 2021 and how Safer Workplaces will be supporting areas in the future. The latest update included:</p> <ul style="list-style-type: none"> <li>• appointment of a new Admin role expected to commence end of July 2021. This person will also be available to assist the IPC Admin team with new and existing work-streams.</li> <li>• Roy Browning (IPCT) is now working with the team on a part time basis</li> <li>• A new PPE Champion has joined the team</li> <li>• all Safer Workplace roles have been extended until end of March 2022</li> </ul> <p>Also included in the report was the breakdown of all 467 Facilitator visits made.<br/>           May still roll out the Kind to Remind Programme – LR will seek guidance on this.</p> <p><b>HAI Education Delivery Plan 2021/22 (for ratification)</b><br/>           Due to workload pressures this report was not available for the meeting. It will be forwarded to the Committee, electronically, for ratification, when available.</p> <p><b>National Infection Prevention &amp; Control Manual (NIPCM) Responsibilities / Utilisation</b><br/>           FR reminded the Committee that the NIPCM is available to all NHSG staff as a resource to be referred to.</p> <p>LB added that the link to the NIPCM is also available via the IPC Intranet page and as a link in most of the electronic signatures of the IPC Team.</p> |        |

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| 5    | Standing Items<br><p style="text-align: right;">Item 5.1</p> | <p><b>Sector Reports</b></p> <p><b><u>Acute</u></b></p> <p>FR spoke to the report asking that the name be changed, on the Agenda, from Acute to ARI and highlighting the key issues</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – A rise in staff absences</b><br/>           This is due to being identified as close contacts mainly related to schools. Actions include monitoring absences, identifying staffing gaps and utilising staff to work across the Division as needed and daily reporting has commenced and being sent to the ARI Control Room.</p> <p><b>1 b) Medium – Increase in number of COVID patients</b><br/>           Being reviewed and monitored</p> <p><b>1 c) High – Patients for planned surgeries refusing to have a COVID test pre op</b><br/>           These are patients being admitted via the Green pathway who have been to isolate. This has been taken to the Ethics Committee by the Surgical Team. Awaiting update.</p> <p>LB commented that patients refusing testing should not be admitted on the Green pathway; various Committee members agreed.</p> <p><b>1 d) Medium – Different cleaning products</b><br/>           This has been raised in various discussions. LB updated the Committee that NHSG are now considering the move to utilise Titanchlor however the supporting / educational materials are not yet available and there may be a delay in procuring this as a stock item from the National Distribution Centre (NDC). No alternative products will be available for use and the alternative ones already in use, will not be renewed once stocks are depleted.</p> <p>FR also feedback</p> <ul style="list-style-type: none"> <li>• Learning &amp; Development (L&amp;D) will be attending the ARI HAI meeting 15/7/21 to support teams with TURAS reporting and education compliance</li> <li>• ventilation issues in the Pink Zone are still a concern and is ongoing work</li> <li>• discussions were had with DL, over the weekend, regarding the wearing of visors (with specific patients) and the appropriate PPE needed for staff. There is still confusion over Risk Assessments (RAs) etc.</li> </ul> <p><b><u>Children's Services</u></b></p> <p>No report submitted. CC will forward to AS after the meeting for onward sharing</p> <p>CC feedback on the ongoing IMT surrounding Royal Aberdeen Children's Hospital (RACH).<br/>           Next main IMT will be held on 14 July 2021 with the Operational Sub Group meeting being held on 15 July 2021 to discuss and action any decisions made. The waterless practices put in place for Theatres and for "at risk patients" coming through the hospital are working well.</p> <p>VB interjected and advised that the main IMT has been rescheduled to be held 15 July 2021. Asked for it to be noted that there will be a number of actions to come from the main RACH IMT which will have implications for</p> |        |

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| 5    | Standing Items cont.<br><br>Item 5.1 | <p>the entire Organisation and a number of practices that need to be reflected upon rolled out. RACH have adapted well to the changes made and therefore the IMT are keen that learning is shared across NHSG. There will be a formal report sent to the Board as this was a major incident, The IMT will conclude before all remedial work has been undertaken and there are practices that the IMT would like to see adopted across the Organisation.</p> <p>FR asked for confirmation of how the learning will be cascaded and fed up through the Governance process.</p> <p>VB confirmed that the formal report would be escalated in the following way:<br/>           Water Safety Group (WSG) → NHSG IPCSC → NHSG HAI Executive Committee (HAIEC) → Clinical Governance Committee (CGC) → Board.<br/>           The education and policy changes will be fed through the WSG to enact.<br/>           VB is also looking at a process as to how NHSG communicate with patients / families involved in an incident so that they are able to hear the outcome of the investigation before the report is finalised.</p> <p>LB added that a decision has been made to go with the theme of Water Safety for the annual Infection Control Week this year. Key learning from the DGH Legionella and RACH incidents will be used and any relevant posters / educational materials will be made available across NHSG. When the Safe and Clean Care Audit is completed there will be a chance to refocus on water safety and should assist knowledge into practice.</p> <p><b><u>Women's Services</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Low – An identified area in Ward 3, DGH has been used for Medical patients due to Legionella outbreak</b><br/>           No IPCT issues identified for Maternity services. Area currently vacant awaiting direction from Management Team on further utilisation. RA completed by Surgical / Medical and Midwifery manager and shared with the IPC Team.</p> <p><b>1 b) Moderate – Increase in non-compliance with sharps procedures</b><br/>           Overfilling of sharps bins has the potential to increase sharps injuries. A quarterly report of sharps injuries was shared at the AMH HAI Sub Group and Health &amp; Safety meetings. Each areas has been asked to prioritise this issue and highlight with staff. To be reviewed in December</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Excessive heat within labour rooms at Aberdeen Maternity Hospital (AMH)</b><br/>           Unable to open windows due to ongoing ground works. Deflective screens have been fitted to the windows in the last 2 weeks and an assessment will completed to gauge whether this has helped with the issue. Staff have reported at local meetings that the rooms can reach temperatures of 27/28 degrees which is challenging whilst working in PPE.</p> <p>AW asked the Committee if they had seen the Risk Control notice, surrounding heat, which had been circulated recently. Most of the Committee agreed they had and GV fedback that Maternity Services have asked for a representative to join the new "Heat Group" that has been established.</p> <p>VB advised GV that when building work stopped areas were advised that they could revert to "business as usual". When the works recommenced VB / LB re risk assessed the Foresterhill site on the new risk of COVID inside (detriment to ventilation) and the risk of building work, being less than demolition, on the outside. It was</p> |        |

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| 5    | Standing Items cont.<br><br>Item 5.1 | <p>agreed that communication would only be with those areas that needed to close their windows; it was assumed that the site had been advised they could open their windows, previously, therefore there wasn't a need to recommunicate changes to all. Advice was given verbally to areas that needed to close their windows and letters have since been sent to the Baird &amp; Anchor Project for them to disseminate. It was felt that the Neo Natal Unit (NNU) was a high risk area and should therefore continue with the window closure, however, the rest of AMH should be unaffected unless there is an immunocompromised patient within an area, at which time a local RA should be performed.</p> <p>GV thanked VB and confirmed that this was not widely known within AMH; GV will share this with colleagues.</p> <p><b>2 b) Water quality at Inverurie Midwives Unit</b><br/>Blenders have been fitted to the taps and this has had a positive impact on water quality. Staff continue gel after hand washing; the drinking water has not been affected.</p> <p><b>2 c) Compliance with cleaning of beds in the Inverurie Midwives Unit</b><br/>Risk assessment has been reviewed. IPC Team have visited and assessed. This issue has now been addressed.</p> <p>Staffing is an issue due to COVID as with all other areas; high numbers of staff isolating.</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b><br/>NH was unable to attend the meeting to speak to the report and deputy Catherine Noble sent apologies. FR alluded to the following issues.</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – New hand hygiene sink installed in Donbank Ward, Inverurie Hospital recently is non-compliant</b><br/>This was noted during an HAI Environmental Audit. Junior Charge Nurse (JCN) to contact Estates to highlight the issue.</p> <p><b>1 b) Medium – All carpeted areas within Glen O Dee Hospital are being replaced leading to all inpatient activity has temporarily relocated to Aboyne Hospital</b><br/>This involves Morven ward. Planned works to be completed and ward to return to Glen O Dee. Clinical environment to be recommissioned before patients can return.</p> <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 – PPE compliance issues during Woodend site walk rounds.</b><br/>There seems to be complacency amongst staff with regard to PPE (mostly masks) which was noted during a recent walk round. Issues included touching of masks, masks around necks, failure to doff PPE appropriately. This has been discussed with Support Manager and plans are being discussed with regard to training staff to become PPE Champions within their area and ensure Donning &amp; Doffing training is current. Recently, one area was affected by shortages due to the need for staff to isolate as visors were not worn whilst caring for a patient who was coughing. Discussions are being had on how to reinforce the message of correct PPE usage.</p> |        |

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| 5    | Standing Items cont.<br>Item 5.1 | <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) High – TURAS reporting and the inaccuracies of staff on the report</b><br/>The reports pulled seem to be more accurate however there are still changes being made to line management structures due to organisational change within the service. This is a work in progress.</p> <p><b>2 d) Medium – 6 Monthly HAI Audits being re-established</b><br/>These are on track (peer to peer audits) however there are a substantial number of new band 6 and 7 staff being employed and FM is not assured that these staff are confident in using the tool from the results that have come back. FM has spoken with ASi to request support, if workload allows and Nurse Managers within Woodend will also assist to ensure accuracy of the audits performed.</p> <p>FR queried whether these new staff also had access to DATIX to report. FM confirmed they did and again Nurse Managers are supporting the process.</p> <p><b>2 i) High – Issues in obtaining representation from all areas of the Sector at the local HAI Sub Group</b><br/>Struggling to get good engagement. Very few templates being returned for reporting purposes and this has led to a lack of assurance and risk that concerns are not being escalated as required. FM asked the Committee if they had any advice to on what could be done to improve reporting. The next meeting is yet to be held and FM will feedback on engagement at the next Committee meeting.</p> <p>FM suggested escalating lack of engagement and reporting to Senior Management to ensure assurance is provided.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b><br/>Figures have been provided however on the day of pulling the reports TURAS was not working. Now have updated figures that will send through, not vastly different from those shown.</p> <p><b>Facilities</b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) TBC – An IMT has been formed to consider a cluster of atypical infections with potential environmental source at RACH</b><br/>This group has been named the Technical Sub Group. Actions have been agreed from this group, are ongoing, and will likely go beyond the IMT closure date. Shared learning will be feedback via the WSG.</p> <p><b>1 b) TBC – IMT convened to consider water sample results taken in advance of project works in Ward 7 DGH</b><br/>Results indicated levels of Legionella contamination in specific outlets and the IMT decided the areas affected should be vacated. Works have been ongoing since May. Point of use (POU) filters have been fitted within areas that are still occupied. Sampling is ongoing.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 q) High – Inverurie Hospital Admin Block</b><br/>Building is empty with the exception of the staff dining room and kitchen and the condition of this building is not fit for purpose. Limited power supply, not all areas have a hot water supply and only some areas have heating.</p> |        |

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| 5    | <p>Standing Items cont.</p> <p style="text-align: right;">Item 5.1</p> | <p>Is unable to be cleaned and disinfected which may result in potential food safety risks. This building will not be able to be used, as is, during the colder months. This was escalated to hospital management and now have engagement; discussions are being had as to whether supplying extra equipment will be sufficient or whether the Catering Team needs to be relocated.</p> <p>LB queried item <b>2 a) Ward 204 project works</b> and the IPC Team assisting the ward with HAI SCRIBE to ensure the project progresses. LB was under the impression that these works had been paused to coincide with decanting for any ventilation / ceiling repairs that were needed. GP will investigate and speak with LB out with the meeting.</p> <p>FR also raised the topic of areas closing and reopening and the movements of wards. Areas need to be mindful to keep Estates informed of any potential moves.<br/>GP agreed and suggested promoting the “good flushing” practice to all areas.</p> <p><b><u>Moray (CHSCP)</u></b><br/>No report was received and there was no representation at the meeting</p> <p><b><u>Dr Gray’s</u></b><br/>No representation was available to speak to the report.</p> <p>Main topic of the report was the Legionella found in outlets within Ward 7 DGH. Any questions can be put to DV out with the meeting.</p> <p>LB commented that this issue has been multifaceted in nature, in terms of balancing risk, DGH and RACH have had a lot of similarities identified and it can be exceptionally difficult to make decisions that don’t cause other risks; always have to accept some form of risk in order to manage these incidents. In terms of longevity they may take some time and have further implications for other parts of the site / systems within NHSG.</p> <p><b><u>Mental Health</u></b><br/>No representation was available to speak to the report.</p> <p>FR reminded the Committee that deputies must be in attendance is Committee members cannot be present (as was stated in the email sent to all HAI Sub Group Leads)</p> <p>The new issue on the report (marked as high risk) was surrounding Face Fit Testing and the fact that there are not enough staff trained in some of the wards; this has been due to staff having to work in other areas of the hospital. Night shift is particularly challenging due to lower staffing levels.</p> <p><b><u>HAI Education Group</u></b></p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) High – SIPCEP Modules</b><br/>There are ongoing discussions regarding improving reporting with NES Digital. Guidance was sent to all named managers within NHSG in December 2020. Higher level manager reporting was being piloted on TURAS</p> |        |

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| 5    | <p data-bbox="297 70 539 97">Standing items cont.</p> <p data-bbox="577 97 676 124">Item 5.1</p> <p data-bbox="577 927 676 954">Item 5.2</p> <p data-bbox="577 1262 676 1289">Item 5.3</p> | <p data-bbox="745 97 1429 124">in June 2021 (that information was supplied by Linda McKerron).</p> <p data-bbox="745 153 1868 204"><b>2 d) Medium – Inability to provide Aseptic Non-Touch technique (ANTT) training to staff across the Organisation</b></p> <p data-bbox="745 209 1888 288">The HAI Education Group have decided that they would like to wait until the NES modules are fully updated before rolling out across the Organisation; this was to save confusion and in case any educational materials were updated.</p> <p data-bbox="745 320 1924 371"><b>2 f) Medium – Concerns that all staff are not aware of the mandatory IPC education requirements in line with the SIPCEP modules</b></p> <p data-bbox="745 376 1944 568">It has been found that NES have a renewal period of 480 days (16 months) for the Refresher module for non-clinical and 24 months for clinical staff, however, NHSG asks staff to complete this training annually. In addition to this it has been noted in reports for the Clostridioides difficile (Cdiff) modules that more staff complete the assessment rather than the module itself. On checking TURAS there seems to be no renewal date for the module but one for the assessment (every 2 years). DS contacted Dr Sabine Nolte at NES and asked for the renewal dates to be changed to 365 days. This was agreed and completed 8/7/21. Was thought this may need to go to the Grampian Area Partnership Forum GAPF, however this has been clarified as not required.</p> <p data-bbox="745 600 1926 679">DS and GJ will be meeting with higher education establishments to see how we can support them and the Medical, Nursing and Allied Health Professionals (AHP) students if there are any issues with non-compliance in hand hygiene.</p> <p data-bbox="745 735 1240 762"><b><u>Infection Prevention &amp; Control Team (IPCT)</u></b></p> <p data-bbox="745 767 1473 794">LB had to leave the meeting, therefore the report was not discussed.</p> <p data-bbox="745 823 1883 874">DL informed the Committee that it had been noticed that there was an error within the report. This would be rectified and AS will reissued the report when updated.</p> <p data-bbox="745 930 1173 957"><b>HAI Work Programme Delivery Group</b></p> <p data-bbox="745 986 1283 1013"><b><u>HAI Work Programme 2019/20 (for information)</u></b></p> <p data-bbox="745 1018 1323 1045">This report was tabled for the Committees information.</p> <p data-bbox="745 1074 1274 1101"><b><u>HAI Work Programme 2021/22 (for ratification)</u></b></p> <p data-bbox="745 1106 1547 1133">FR asked if we could give the Committee a little longer to peruse the report.</p> <p data-bbox="745 1161 1939 1212">AS to send reminder email to the members that comments are required by close of play 20/7/21. If no comments are received, it will be assumed the report has been ratified by the Committee.</p> <p data-bbox="745 1268 1128 1295"><b>HAI Executive Committee Update</b></p> <p data-bbox="745 1300 1603 1327">No update due to no meeting having been held – meeting scheduled for 29/7/21)</p> | <p data-bbox="2033 847 2074 874">AS</p> <p data-bbox="2033 1182 2074 1209">AS</p> |

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| 6    | <p><b>HAI Report to Clinical Governance Committee / Board cont.</b></p> <p style="text-align: right;"><b>Item 6.1</b></p> <p style="text-align: right;"><b>Item 6.2</b></p> <p style="text-align: right;"><b>Item 6.3</b></p> | <p><b>Local HAI Report to the Board (HAI-RT) – July 2021</b><br/>This report was not available for the meeting.</p> <p>AS will send this out electronically when available</p> <p><b>National HAI Report to the Board (HAI-RT) – July 2021</b><br/>This report was not available for the meeting.</p> <p>AS will send this out electronically when available</p> <p><b>HAI Report to the HAI Executive Committee (HAIEC)</b><br/>FR reminded the Committee of the issues to be escalated from May 2021 meeting</p> <ul style="list-style-type: none"> <li>• RACH Theatre issues</li> <li>• PPE Health &amp; Safety issues / Ligature Project - Mental Health &amp; Learning Disabilities Sector Report</li> <li>• Training - multi-disciplinary approach (Medical Staff)</li> <li>• Ventilation issues– Pink Zone</li> </ul> <p>Issues to be escalated from this meeting are:</p> <ul style="list-style-type: none"> <li>• Fragility of NHSG Built Environment</li> </ul> <p>This is an ongoing risk and issues are now presenting as major incidents.</p> <p>FR asked GP whether this item is included on the Risk register.</p> <p>GP replied that major risks are on the register however the risks that can be controlled (such as water) are not. At present there is an Infrastructure Risk Register Programme being built which is an 18 month piece of work; this will include risks to all systems across NHSG and will be looked at on a quarterly basis; attempting to look at outstanding issues and works required in a different way.</p> <p>VB suggested that during a Project a local RA for the whole area may be needed.</p> <p>GP suggested that perhaps the Committee would like an overview of the Infrastructure Risk Register Programme and would be happy to explain / discuss this item at a future meeting.</p> | <p style="text-align: center;"><b>AS</b></p> <p style="text-align: center;"><b>AS</b></p> |
| 7    | <p><b>AOCB</b></p> <p style="text-align: right;"><b>Item 7.1</b></p>  | <p><b>NHS Scotland Guidance</b></p> <p>LR informed the Committee that she had received an email from NHS Scotland regarding decreasing the physical distancing requirements and has forwarded it to LB for her comments. Just wanted to confirm that there is no decrease planned within NHSG.</p> <p>FR confirmed this fact; NHSG will continue to physically distance at 2 meters and nothing has been received at the ARI Control Room to the contrary.</p>  |   |

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| 8    | Date of Next Meeting | 21 September 2021 10.00 – 12.00 via Teams              |        |