

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

**Minutes from meeting held 21 September 2021  
Via Teams  
10.00 – 12.00**

**Present:**

**GJ – Grace Johnston**, Interim Infection Prevention & Control Manager (**Chair**)  
**CC – Caroline Clark**, Chief Nurse, Combined Child Health  
**FM – Fiona Mitchell**, Nurse Manager, Elderly Services  
**GP – Gavin Payne**, General Manager of Facilities & Estates  
**SD – Sonya Duncan**, Safer Workplaces Co-ordinator  
**DS – Dawn Stroud**, Senior Infection Prevention & Control Nurse  
**FS – Fiona Smith**, Senior Infection Prevention & Control Nurse  
**VB – Vhairi Bateman**, Chair of the Antimicrobial Management Team / Infection Prevention & Control Doctor  
**DL – Deborah Lockhart**, Infection Prevention & Control Doctor  
**FD – Fiona Davidson**, 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	Apologies were received from :  Diane Vass ( <b>DV</b> ) June Brown ( <b>JB</b> ) Grace McKerron ( <b>GMCK</b> ) Diana Webster ( <b>DW</b> ) Malcolm Metcalf ( <b>MJM</b> )  Andrew Wood ( <b>AW</b> ) Leighanne Bruce ( <b>LB</b> )	
2	Minutes of last meeting 13 July 2021	The minutes from 13 July 2021 25 May 2021 were ratified by the Committee with the following amendments  The minute date should have read 13 July 2021 and not 25 May 2021. AS amended.	
3	Action Tracker	<b><u>Meeting 13 July 2021</u></b>  <b>5.2 HAI Work Programme Delivery Group</b>  <b>HAI Work Programme 2021/22 (for ratification)</b> Comments were received and wording amended after discussion with GJ / FS / JL / PA & Steve McCallum. Meeting held 20 September 2021. HAI Work Programme is a work in progress and will be updated throughout the year. Close.  <b>Item 6.1 Local HAIRT – July 2021</b> This is not yet completed and will be forwarded to the Committee as soon as possible.	

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3	Action Tracker	<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> CC to confirm this. No update.</p> <p><b>2a) AMH Theatre Ventilation</b> 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> FR attempted to liaise with NH to ascertain the original issue and what is required. No replies received.</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> No update received from Claire Power. AS will contact for an update to the Action Tracker</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> AS arranged meeting for 10/9/21 however this did not take place. AS will rearrange</p> <p>AS will send an updated copy of the Action plan when available</p> <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> 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	Matters Arising Item 4.1	<p><b>CNO / HSE Action Plan</b> GJ explained that this has document has come out of the Health &amp; Safety Executive (HSE) COVID19 spot check inspections and aligns to the CNO letter ? for assurance sought. NHSG have completed the self-assessment with a view to reducing the risk of COVID19 transmission within healthcare settings. Recognition should be given to the amount of work that has been completed, so far to ensure requirements have been met and issues addressed.</p> <p><b>Review the provision of lockers and welfare facilities to ensure they can accommodate the number of staff on shift in a COVID secure manner</b> A Short Life Working Group (SLWG) has been set up to deal with these issues and is being led by Pauline Matthews.</p>	

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4	Matters Arising	<p>GP added that there is a comprehensive survey of facilities to be completed over the next few months and data will be collated regarding the issues faced and the options available across NHSG.</p> <p>SD also added that it was agreed, during recent meetings surrounding changing rooms that the SLWG would be given a higher level of importance to ensure these investigations / works are completed as quickly as possible.</p> <p><b>Outdoor Spaces work being led by the Safer Workplaces Team</b> This has been considered helpful to ensure staff are able to use outdoor spaces to minimise COVID transmission and to increase the number of “rest areas”. Areas were asked to consider what would be helpful to them. SD replied that this is expected to be delivered September / October – rollout has commenced however there are issues surrounding procurement.</p> <p><b>Extended use of face masks and / or coverings by patients, visitors and staff</b> It has been a challenge to engage patients on the use of face masks and compliance was poor to begin with however, compliance has been proven via Sprint Audits completed by the IPC Team. Audit 3 showed 96% compliance which has only dropped slightly to 94% during the 4<sup>th</sup> Audit process. Credit should be given to staff on the work they have undertaken regarding compliance with patients and mask use.</p> <p><b>Item 4.2 Safer Workplace Update</b> A report was submitted and SD spoke to the content explaining that the Safer Workplace (SWP) visits are going well however challenging conversations are being had with staff surrounding the wearing of Fluid Resistant Surgical masks (FRSMs); support has been offered to facilitate and assist with compliance. GJ asked the members of the Committee if anyone was aware of FRSM compliance issues within their own areas. CC replied that she was not aware of any issues but did seek assurance that conversations were being held with line management directly should any issues arise. SD confirmed that feedback is given when situations present and that many conversations are being held due to requests from management for SWP support. Should any support be required the generic email address is <a href="mailto:gram.saferworkplaces@nhs.scot">gram.saferworkplaces@nhs.scot</a>. GJ advised the Committee that SWP and the IPC Team are working closely together to share workloads and that advised that the IPC Clinical Advice Line and generic email address (<a href="mailto:gram.infectioncontrol@nhs.scot">gram.infectioncontrol@nhs.scot</a>) can both be contacted for help and advice.</p> <p><b>Item 4.3 Changes to National Guidance</b> GJ had nothing specific to discuss / impart however asked the Committee if they felt they had any recurring issues within their areas they would like to raise / discuss at this point ? Information is always available within the COVID brief. GJ asked AS if the national Physical Distancing Guidance and associated table relating to different clinical / healthcare environments recently shared, had been uploaded to the IPC Intranet page. AS will investigate and upload if required.</p> <p><b>Item 4.4 International Infection Prevention Week 2021 (runs 17 – 23 October)</b> The IPC Team are trying to raise the profile of this week and have decided to concentrate on Water Safety for patients, specifically explaining the need for flushing of outlets / the use of sinks for hand hygiene purposes only and the use of alcohol gel before contact with mucous membranes and broken skin to ensure patients are safe from the transmission of Healthcare Associated Infections (HAIs).</p>	AS

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		<p>Work is ongoing on a short PowerPoint presentation with a voice over that can be accessed and listened to when convenient – this can also will assist teams in situations where water safety is in question and control measures require to be put in place. Quizzes will also be available in addition to the posters that were developed with Royal Aberdeen Children’s Hospital during the recent incident surrounding Atypical Infections with Potential Environmental Source. FS added that it is hoped that we will raise awareness of the importance of safe practice around hand hygiene sinks, specifically, to reduce to risk of waterborne infection to vulnerable / immunocompromised patients.</p> <p>VB asked CC if there had been any feedback on the water safety posters introduced within Royal Aberdeen Children’s Hospital (RACH). CC was not aware of any comments but will make a point of asking, prior to them being shared during International Infection Prevention week, and feedback any observations to FS directly.</p> <p>SD asked if non clinical buildings be included. It is something SWP sometimes come across more in non-clinical spaces - non water flushing or unawareness of it.</p> <p>VB replied that this was a good point. At present we are more focused on the patient risk however there is a risk to staff within non clinical areas also and here Legionella flushing regimes should be being undertaken. These areas tend to be harder to manage due to not being aware of which service is utilising the space or when it becomes empty. Point to make is that all water systems are connected and an issue in a non-clinical area could potentially become an issue in an adjoining clinical area.</p> <p>FS replied that CDC have a good diagram, we will promote all documents we have - Legionella, infrequently used outlets flushing, Risk Control Notices, Toolbox Talks etc. Presentation regarding hand hygiene sinks only refers to clinical areas at present as don’t want to send out mixed messages regarding differences in control measures between clinical and non-clinical areas.</p>	
5	<p><b>Standing Items</b></p> <p style="text-align: right;"><b>Item 5.1</b></p>	<p><b>Sector Reports</b></p> <p><u><b>Acute</b></u> Grace McKerron (GMcK) will be taking over from Fiona Robertson in the short term and will be submitting Sector Reports and attending the Committee.</p> <p><b>Key issues – COVID</b></p> <ul style="list-style-type: none"> <li>• Available staff break out areas a concern in all areas</li> <li>• Safer workplace Inspections / support continues</li> <li>• Reviewing in red pathway beds due to increased COVID in patient numbers and planned increase in COVID presentations</li> <li>• Movement of services to accommodate increased COVID positive ICU capacity</li> <li>• Red pathway for specialty patients to be considered where specialist care is required rather than accommodating in ward 111 / 110 (SBAR has been shared)</li> <li>• Review of surge capacity in prep for winter</li> <li>• Increase in staff absences due to increase in staff positive PCRs</li> </ul> <p><b>1 New Areas of Concern raised by Divisions</b> There are a number of Very High areas of concern noted within the report and GJ will follow these up with GMcK.</p>	

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5	Standing Items cont.  Item 5.1	<p><b><u>Children's Services</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – Drainage gutters not receiving adequate / regular inspections leading to flooding within the hospital</b> This has been escalated to Estates however gutters have not yet been cleared.</p> <p><b>1 b) Low – Extreme heat being experienced due to windows being unable to be opened</b> Nurse Managers have feedback that mitigating the infection control risk from the building works has transferred this risk now to staff. Complaints have also been received from parents regarding the inability to keep cool and this has been reported on social media.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) Low – Aberdeen Maternity Hospital (AMH) Theatre 2 Ventilation</b> VB confirmed that there has been a delay in gaining access, however plates will be placed within Theatres this week.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b> Why IPC matters - 77% Healthcare Waste – 86% Hand Hygiene – 91% Breaking the chain of infection – 84%</p> <p>CC highlighted the positive training compliance figures.</p> <p><b><u>Women's Services</u></b> No report was received and no representation available.</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b> No report was received and no representation available.</p> <p><b><u>Aberdeen City CHP</u></b> FM informed the Committee that a number of the actions within the report can now be closed.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Medium – Chipped paintwork on bed rails and toilet rails</b> There has been some bed / mattress movement around Woodend recently and parts that have required replacement have been dealt with. Next round of audits will commence in November 2021 and providing the scores are consistent, this issue can be removed from the report for the next meeting.</p> <p><b>2 b) Medium – Social distancing remains a concern due to lack of space and width of corridors. Increase in PPE / distancing non compliance</b> Recently the Neuro Rehab Unit (NRU) and Stroke Rehab Unit (SRU) have amalgamated due to staffing which</p>	

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5	Standing Items cont.	<p>meant an increase in beds. There is no issue with patient placement however this does mean an increase in staff numbers. NRU is being utilised for staff to distance whilst report writing etc. and therefore making the best of the space available.</p> <p><b>2 c) High – TURAS reporting and staff inaccuracies on the report</b> This is ongoing and FM admitted that she was not confident of the figures pulled from the system due to the alignment of staff to the correct managers and movement of staff due to organisational change. Nursing admin assistant will support with a data cleanse.</p> <p><b>2 d) Medium - Six Monthly HAI Audits re established</b> Last round of audits were uploaded onto DATIX along with action plans. Next set of audits due November 2021.</p> <p><b>2 e) High - There is no clear person identified within the Health Village that has oversight of auditing</b> Nurse manager and Amy Sim (ASi) – Senior IPC Nurse were due to undertake a walk round to check various issues (inc. flushing) on 8 September 2021, however, due to staffing issues, this was postponed; will be rescheduled to obtain assurances. VB asked to “catch up” with FM and ASi prior to the next walk round to gauge some insight into roles and responsibilities around flushing etc. May prove difficult due to building’s management – complicated environment.</p> <p><b>2 h) High – Rosewell House – concerns raised in recent SWP inspection</b> This is ongoing and works are underway with Support Manager and SWPs to implement improvements in spacing, signage etc. Ongoing</p> <p><b>2 i) High - Struggle with obtaining representation at local Infection prevention and Control Group</b> This issue continues. The meetings planned for 28 June 2021 and 6 September 2021 were not quorate and therefore could not take place. It has been decided to review the Terms of Reference (ToR) to lower the number of attendees (to 6) required for quorate meetings in the hope that this will ensure meetings can take place and provide assurance required.</p> <p><b>2 j) High - Woodend site walk rounds to ensure PPE compliance</b> FM and Lead Nurse have been completing and are addressing staff if non-compliance is witnessed. This had led to improvements seen overall.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b> Issues continue with alignment of staff to the correct managers and movement of staff due to organisational change (as noted above) and figures are unverified.</p> <p><b>4 Areas of Achievement / Good Practice / Shared Learning from HAI related reviews</b> There is a Level 2 review ongoing in relation to a PPE breach. Happy to share the completed report with the Committee when available.</p> <p>There are 4 people identified to undergo PPE Champion training to support the wards at Woodend. Management are promoting this within wards and asking for persons to be identified for training. Gill from SWP will be attending to assist in the training of staff.</p> <p>GJ also suggested that the learning from the level 2 review be shared with SWP.</p>	

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5	Standing Items cont.	<p>VB added that at a recent PAG held for Rosewell House (on potential staff transmission of COVID) issues were encountered with line management of staff and who to contact / inform. It was challenging to ascertain the responsible persons; this involved Bank and Partnership staff. FM took note of this.</p> <p><b><u>Facilities</u></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 Water Safety in 2 outlets tested</b>  The Problem Assessment Group (PAG) meeting in Ward 201 evolved into an Incident Management Team (IMT) meeting, Risk control measures are in place with a walk round to take place to review the issues. Re-testing to completed and hopefully close this issue if results have stabilised.  VB replied that the area is a complex environment as an Aerosol Generating Procedure (AGP) hotspot; decided to obtain an overall view of all water risks within the area and then decide on the scope of work necessary – this has not yet happened.</p> <p><b>1 b) For information only – CREW – Centre of expertise for waters conducting a National Study</b>  This is looking at the incidences of COVID19 in water drainage systems. This is underway and regular sampling is being conducted by an external company as shared with SEPA as part of the study.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 p) High – Inverurie Hospital Admin Block</b>  GP advised that all catering was being removed from this location (October 2021) due to the building not being fit for purpose. Catering services will be provided from another location. The anticipation was that the building would be refurbished to be used as a vaccination centre however funding for that project has not yet been agreed.</p> <p>GP also advised that the following areas of concern would be removed from the report for the next meeting</p> <p><b>2 b) Low – High Total Viable Counts (TVCs) in Wards 305 and 306</b></p> <p><b>2 k) Water Safety at Aberdeen Health Village</b></p> <p>GJ queried the issues with no HAI risk rating.  GP confirmed that he had ceased to rate some of the issues and required IPC input as differing opinions on level of risk.</p> <p>GJ also commented that there was substantial duplication between the Facilities &amp; Estates and IPC Team reports and asked for input into how this could be reduced. This tends to be issues surrounding water.  FS suggested 1 report be produced as is done with the Water Report.  GP suggested the Water Report be appended to this meeting and all water related issues be removed from Sector Reports.</p> <p>GJ requested a higher level of Mandatory HAI Education Training compliance.  GP promised this for the next meeting – is having issues with TURAS at present</p>	

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5	Standing Items cont. Item 5.1	<p><b><u>Moray (CHSCP)</u></b> No report was received and there was no representation at the meeting</p> <p><b><u>Dr Gray's</u></b> No report was received and there was no representation at the meeting</p> <p><b><u>Mental Health</u></b></p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – Safer Workplaces have identified ventilation issues</b> These are present in in the wards where the windows are permanently locked as part of the ligature reduction work being undertaken. Heat stress has been identified amongst staff and patients and has been DATIX'd. Areas are providing cool bottled water and ice lollies for both staff and patients and advice on how to keep cool and hydrated in poorly ventilated areas. Issues have, however, come to the forefront surrounding management of violence and aggression and the need for level 3 PPE to be donned during specific patient procedures; staff are feeling extreme heat. This has been raised at the HAI Sub Group and ASp has also been made aware of mobile air conditioning units being used elsewhere within NHSG. Could this be a solution? VB explained the reasoning for NHSG's reservations of the use of AC units which include maintenance, cleaning and the fact they recirculate contaminants within the air. This may have to be formally raised as project request for consideration for the installation of split air cooling units; at this point IPC would be involved in the risk assessment of the patient group, however these units could also be deemed a ligature risk. GP replied that for non-clinical areas Estates are in the process of a project surrounding the split air cooling units and admitted that it was an invasive piece of work and agreed it would not be suited to an area with ligature risk patients. ASp will feed advice this back to the HAI Sub Group.</p> <p><b>1 b) Medium – Varying compliance with patient's use of face masks</b> This also relates to more staff having to be reminded regarding mask compliance (these tend to be out of hours staff) within the workplace; confusion is present and is thought to be around conflicting guidelines set by the Government. Staff to continue to encourage patient compliance and the local HAI Sub Group are keen to hold a socially distanced corridor event to promote education; this is being investigated.</p> <p>ASp also commented that she was interested in the training of staff to become PPE Champions within Woodend General Hospital (WGH) as FM was discussing earlier. Could be beneficial within Royal Cornhill Hospital (RCH) specifically out of hours.</p> <p>Not on the report (but will be added) was the issue of mould and staining to the showers within an area due to poor ventilation. Domestic Services have attempted to rectify the issue however this has not been possible. A DATIX has been raised for this. VB added that IPC have been in dialogue with Estates regarding the works required; may be that new fitments are required and therefore this will be a project request. Advice required from Estates – GP will investigate.</p> <p><b>3 Mandatory HAI Education Training Compliance Figures</b> Have not been able to source these figures via Learning &amp; Development, however, ASp did feedback that she would expect Hand Hygiene and Donning &amp; Doffing training to have improved as there is a focus on these at present.</p>	<p style="text-align: right;"><b>GP</b></p>

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5	Standing items cont. Item 5.1	<p><b>4 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2)</b>            HAI Audits continue to be completed with no major issues. DATIX reporting and Action Plans to be focused on at the next HAI Sub Group meeting. The electronic Audit Tool has been trialled and feedback was positive.</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 d) Medium – Inability to provide Aseptic Non-Touch technique (ANTT) training to staff across the Organisation</b>            The Technique modules have been updated and are currently with NHS Education for Scotland (NES) Digital for testing. This can hopefully be rolled out soon.</p> <p>DS also raised that there was continuing dialogue with Linda McKerron regarding Manager's issues with the pulling of TURAS reports. Linda has stated that Managers have had access to this reporting tool since December 2020 and a Guide has been sent on multiple occasions to support staff.            GJ will liaise with Linda regarding ongoing issues</p> <p><b><u>Infection Prevention &amp; Control Team (IPCT)</u></b>            FS spoke to the report in the absence of LB</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – Infection risk identified in Ward 201, ARI water system</b>            Water testing resulted in the confirmation of Pseudomonas within the system. An Incident Management Team (IMT) meeting was held in 1 September 2021 and is currently ongoing. Risk control measures are in place and the Healthcare Infection Incident Assessment Tool (HIIAT) status is currently Green.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) Medium – The HAI Sub Groups had not been able to meet regularly</b>            The Sub Group meetings have now been reinstated and reporting has recommenced therefore it is suggested that this issue is removed from the next report. The issue of reporting mandatory training, however, still remains and Learning &amp; Development (L&amp;D) are to be contacted to support / resolve</p> <p><b>2 d) Medium – Senior IPC Nurse cover reduction</b>            New colleagues have been welcomed and the department continues to work through the Business Case to secure further nursing staff to the Team.</p> <p><b>2 h) High – Built Environment and it's components</b>            IPCT Workforce Plan complete and pending IPC Doctor review. IPC Team Risk Assessment (RA) for prioritisation of work streams almost complete. Risk has been added to the Risk Register.</p> <p><b>2 i) High – Local Screening</b>            Methicillin-resistant Staphylococcus aureus (MRSA) Screening compliance remains low; this is being discussed at the ARI HAI Sub Group and the Acute Clinical Governance Committee.</p>	GJ



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5	<p>Standing Items cont.</p> <p style="text-align: right;">Item 5.4</p>	<p>Amended / streamlined to ensure actions are allocated to the correct Delivery Areas and it is thought that some of the actions have been completed but not removed; therefore work is ongoing. Next meeting will be in 3 months (December 2021).</p> <p><b>HAI Executive Committee Update (meeting held 29 July 2021)</b> There was no specific feedback from the HAIEC to the NHSG IPCSC.</p>	
6	<p>HAI Report to Clinical Governance Committee / Board cont.</p> <p style="text-align: right;">Item 6.1</p> <p style="text-align: right;">Item 6.2</p> <p style="text-align: right;">Item 6.3</p>	<p><b>Local HAI Report to the Board (HAI-RT) – no report due</b></p> <p><b>National HAI Report to the Board (HAI-RT) – no report due</b></p> <p><b>HAI Report to the HAI Executive Committee (HAIEC) (new escalations)</b></p> <ul style="list-style-type: none"> <li>• <b>Rapid Staff Testing</b> CC asked whether the Committee for their opinion on escalating the topic of Rapid COVID Testing for NHSG staff. An SBAR has been produced after CC contacted LB / VB / Becky Wilson for their input. CC stated she is aware of issues with Labs accessing the results but is unsure of the complexities around this, however, there is a workforce risk here and Women and Children’s Services are proposing that this be available to frontline clinical staff only. GJ advised CC that there had been a meeting held 20 September 2021 to try and address these concerns. VB feedback that there was another proposal also escalated through the Control Room and herself and BW met with the Staff Testing Leads and Linda Duthie and Wendy Innocent and it seems the current system works well with a turnaround time of 24 hours; the problems occur when Lighthouse (airport testing) is used and therefore NHSG have no control over the length of time results take to come back. The main question is “how are staff using testing”? During the meeting yesterday it was decided that a few efficiencies could be made in terms of changing process and one of the most difficult issues is being looked at – once the result is generated placing it onto the system that the Staff Testing Team can view – there seems to be issues surrounding this. Best to try and augment the system available. Meeting again 28 September 2021 (CC was invited) to discuss further and perhaps formalise the “in extremis” method to have a consistent approach. Have to be clear on when testing staff with symptoms and asymptomatic staff – symptomatic staff testing not to change, build in time to see how symptoms progress. <p>GJ agreed that this should be escalated to the HAIEC for information of what has been discussed at this meeting.</p> </li> <li>• VB suggested that we were to complete some red pathway works surrounding the DL(2021) 23 Ventilation in Healthcare Premises document that was received in March and was unsure as to whether these works had been fully completed. GP has been dealing with scoping, compliance and audits but would NHSG as an Organisation be able to provide a response to that letter at present? Issues of ventilation and heat stress are being raised at this committee and are fundamentally down to the fact that NHSG are not providing climate controlled air through the ventilation system in most areas.</li> </ul>	

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		<p>Needs to be highlighted that ventilation is not compliant with current guidance. Worried that some of the red pathway work gives the Organisation false assurances regarding COVID patients in specific areas and the number of air changes completed – stipulates 6 per hour in the National guidance. VB then went on to describe the RA factors regarding the red pathway and ventilation.</p> <ul style="list-style-type: none"> <li>FS suggested Water Safety is a common theme running through the Sector Reports – monitoring and maintenance is dealt with by the Estates Team however clinical staff awareness of water safety risks (especially hand hygiene sinks) is an issue the IPCT are working to address and often control measures being put in place during IMTs are reminders of practice that need to be “business as usual”.</li> </ul>	
7	AOCB	No further business was raised	
8	Date of Next Meeting	23 November 2021 10.00 – 11.50 via Teams (with a 10 minute comfort break)	