

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

**Minutes from meeting held 4 July 2023
Via Teams
10.00 – 12.00**

Present:

GJ – Grace Johnston, Infection Prevention & Control Manager (Chair)
JW – Julia Wells, Chief Nurse, Adult Mental Health
AMc – Alison McGruther, Chief Nurse - Aberdeenshire CHP
MJM – Malcolm Metcalfe, Deputy Medical Director for NHSG
JL – Juliette Laing, Head of Decontamination and Linen Services
CW – Chantal Wood, Deputy General Manager, Facilities & Estates
AW – Andrew Wood, Risk Management Advisor, Corporate Health and Safety
KA – Kathryn Auchnie, Clinical Nurse Manager, Combined Child Health
WS – Wayne Strong – Head of maintenance and Technical Services

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	<p>Julie Warrender (JWa) Grace McKerron (GMcK) Fiona Robertson (FR) William Olver (WO) Vhairi Bateman (VB) Rachel Little (RL) Sarah Campbell (SC) William Moore (WM) Caroline Clark (CC)</p>	
2	Minutes of last meeting 23 May 2023	The minutes from 23 May 2023 were ratified by the Committee with no amendments	
3	Action Tracker	<p><u>Meeting 21 March 2023</u></p> <p>5.1 Sector Reports</p> <p><u>Facilities and Estates</u></p> <p>Ventilation issues in positive pressure rooms in Ward 112 Parts were sourced the system is now operational Updated Sector report for 23 May 2023 containing appropriate narrative, not yet received.</p> <p>Systems in place within NHSG A discussion took place as to the wording of the action and what resolution was reached. WS updated that there are numerous areas where risks are being managed due to systems unable to “talk” to one another. These may have been missed from the Sector Report. Need to ensure that the risks escalated to the Infrastructure Programme Board and classed as an HAI risk are included in the IPCSC Sector report also. Close action.</p> <p>Sector Report for meeting 21 March 2023 Updated Sector report for 21 March containing completed HAI risk exposure ratings not yet received.</p>	

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3	Action Tracker	<p><u>Meeting 10 January 2023</u></p> <p>5.1 Sector Reports</p> <p><u>Facilities</u></p> <p>2 i) Water Safety – Banff Health Centre – High TVCs. Flushing of outlets continues – IPCT to confirm next stage This is a work in progress; a further meeting may be required to discuss various actions.</p> <p>2 k) Water Safety – Adoption of SUP(05) Action from the Extraordinary WSG meeting was for Fiona Smith to amend the Risk Assessment (RA) with sampling details from BS8554. Could not be completed as 8554 does not detail sampling. Agreed with WS to close – no action. NHSG version of SUP05 has been signed by all parties and is due for issue (this is the Protocol for the Provision of Drinking Water). This is now live on the Water Safety Group intranet pages. Action closed.</p> <p><u>Meeting 22 November 2022</u></p> <p>Aberdeenshire CHP</p> <p>1 c) High – Aberdeenshire currently have 4 2c General Practices to manage AMc noted that there was no update to this. Was aware that Alex Pirrie was in discussion with CW in relation to various support required e.g. domestic but not just surrounding 2 c practices. Requires wider scoping to encompass all issues (2 c practices, vaccine centres etc.). CW confirmed that a meeting had been held where discussion were mainly regarding finance across Community settings and City clinics. Domestic teams have built a model where a rapid response team would attend the area where staff shortages are cover the absences, however, this would incur costs for City and Shire in the region of £250,000 approximately. In addition, it was discussed at the local HAI work plan meeting, the taking over of GP Practice. These are NHS premises. NHS staff and patients, then if the practice are using an external cleaning company NHSG has no assurances and are not budgeted to complete assurance visits / HAI audits to ensure that cleaning is to the correct standard. Perhaps a business case needs to be compiled.</p> <p>There has been a process agreed via the Asset management Group (AMG), which is being monitored at the present. Where a premises is taken on there is a dilapidation survey completed and then a condition report produced. From the condition report there is a bill of quantities produced to show what is required to do, to bring these buildings up to standard and take over the annual maintenance that is required to fulfil the Organisations criteria. WS added that often, due to the timeline, properties are being taken over by NHSG without a dilapidation survey having been done. A discussion then took place as to whether there were any funding work streams / campaigns to encourage healthcare provision in rural communities. It was decided to close this action and bring it back to this Committee at a later date if required.</p> <p>AW updated the Committee that there is an ongoing exercise to see who the 2C practices are and whether they are on the DATIX system; nothing to report at present.</p> <p>Update after meeting AS contacted FR with regard to the above action. FR reported that there were no 2C practices within Moray at present and suggested that the action could be closed.</p>	

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4	<p data-bbox="320 81 501 105">Matters Arising</p> <p data-bbox="562 108 689 132">Item 4.1 (a)</p> <p data-bbox="562 245 689 269">Item 4.1 (b)</p> <p data-bbox="600 772 689 796">Item 4.2</p>	<p data-bbox="763 108 1928 161">Unannounced - Infection Prevention and Control Inspections of Mental Health Services Royal Cornhill Hospital & Great Western Lodge - NHS Grampian</p> <p data-bbox="763 165 1518 218">The Inspection Report was shared for information RL was not present at the meeting and this was not discussed in detail.</p> <p data-bbox="763 245 1935 298">Unannounced – Acute Hospital Safe Delivery of Care Inspection Dumfries & Galloway Royal Infirmary - NHS Dumfries & Galloway</p> <p data-bbox="763 303 1290 327">The Inspection Report was shared for information</p> <p data-bbox="763 360 1928 496">JW raised shared as a learning point that one of the problems Mental Health & learning Disabilities had during the inspection was that the inspectors were asking staff, as they met with them, for documentation. This has been feedback to Health Improvement Scotland (HIS) as it caused issues with those involved as to what documents HIS had received / not received. In addition the verbal feedback that was received was very positive, however the written report, when received, was not as complimentary which was disappointing.</p> <p data-bbox="763 528 1944 691">GJ added that there were also comments feedback to HIS from the IPC Team which were not incorporated into the final report; also disappointing. There were issues picked up that NHSG are trying to incorporate into practice moving forward and one in particular was in relation to feedback to this Committee in regard to commenting / ratifying certain documentation. It is no longer sufficient to assume that if no comments are received, that these documents are taken as ratified. Moving forward, email confirmation will be required for the ratification (or not) of all reports / policies / procedures etc.</p> <p data-bbox="763 722 1872 746">There will be a summary of the recent Mental Health / Safe Delivery of Care inspections sent out shortly.</p> <p data-bbox="763 778 1536 802">Scottish Healthcare Associated Infection (HCAI) Strategy 2023-2025</p> <p data-bbox="763 807 1928 884">This report was launched recently and it seems to be linking the wider health care and social care sector together. It does seem that the IPC Team are being encouraged to “spread ourselves a bit more thinly”, which is a concern from our point of view.</p> <p data-bbox="763 888 1865 965">In 2025 there will be a more in-depth strategy published, Year 1 of this 2023~2025 strategy is looking at existing guidance, processes and educational materials and year 2 will be concentrating on planning, implementing and embedding, these policies, processes etc.</p> <p data-bbox="763 997 1883 1050">The document has been based on the World Health Organization (WHO) core components of which there are 8</p> <ul data-bbox="815 1054 1406 1286" style="list-style-type: none"> • Infection Control programs • multimodal strategy, • IPC guidelines • monitoring / audit of IPC practice • IPC education • workload / staffing and bed occupancy • HCAI surveillance • built environment, materials and equipment for IPC. <p data-bbox="763 1318 1603 1342">and many of the strategic goals for NHSG are linked to the above components.</p> <p data-bbox="763 1374 1944 1426">GJ asked for the Committee members to read the strategy; it will be on the Agenda for the next meeting for any questions / updates that the members may wish to discuss.</p>	

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4	Matters Arising cont. Item 4.3 Item 4.4 Item 4.5	<p>Formal IPC Incident Management Team (IMT) Report Escalation Process This flowchart was brought to the last meeting. Comments received were around where an incident has occurred and it warrants a formal IMT report (which is not done very often) report then needs to be escalated so that the learning from the IMT can be shared appropriately to reduce the risk of recurrence and demonstrate learning from events that have taken place. The process that was followed was ineffective and has highlighted gaps in the governance. Changes to the flowchart are yet to be made; this will be carried forward to the next meeting.</p> <p>Reducing Glove Use. Services have come together to try to reduce inappropriate glove use across the organisation. The questionnaire was launched and was live for approximately 2 weeks to gather feedback and around 500 responses were received. This feedback will be scrutinised and key themes will be pulled and summarised into a report. Interventions will then be implemented and after this the survey will be launched again.</p> <p>SACCA Process – How to add actions to DATIX and view in Illuminate 2 documents on the step by step process were shared with the meeting papers for the Committee members to use as a guide.</p>	
5	Standing Items Item 5.1	<p><u>Sector Reports</u></p> <p><u>ARI</u> A report was submitted</p> <p>GMcK was unable to attend and no deputy was present; GJ spoke through the report</p> <p>Key Issues</p> <ul style="list-style-type: none"> • Dialysis Satellite Unit Reverse Osmosis Water Treatment Placement programme has been added as a new area of concern however, this has been longstanding for a significant period of time. This was removed whilst the risks were reviewed at Portfolio level and it was decided this risk should remain on the reporting given the type and level of risk. GJ will liaise with GMcK for clarity around this as not aware of any new dialysis issues <p>1 New Areas of Concern raised by Divisions</p> <p>1 g) High – Ward 209 sluice frequently breaks down sometimes on a daily basis GJ will liaise with GMcK for an update on this as it is dated May 2023.</p> <p>1 h) High – Increased infections Theatre 8 pedicle screw patients IMT GJ feedback that this was the IMT report that was referred to previously and that tested our new process of escalation; it did not raise the actions that were anticipated from a governance point of view. GJ will investigate this.</p>	

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5	Standing Items cont.	<p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 h) Medium – Areas within CSS not permitted to have windows open due to infection risk for patients with ongoing building and site works Clinical Support Services (CSS) have requested a reassessment of this and for a risk assessment (RA) to be provided. GJ commented that this has been completed and there is no change to the existing RA.</p> <p>2 I) Moderate – Increase in Staphylococcus aureus Bacteraemia (SAB) identified via Surveillance Nurse in Renal patient group These remain high and requires further work to improve the situation.</p> <p>2 m) – Very High – Wards 402 / 403 and 305 / 306: Further COVID outbreaks within these wards. In ward 402 / 403 it is noted that there is a high risk of infection transfers due to environment; ventilation and proximity of beds. The 5 Factor HAI Risk Assessment will be useful for that particular concern. There is also a lot of information regarding face masks which is now out of date.</p> <p>3 Focus on Healthcare Improvement Scotland (HIS) Standards Medical Unscheduled Care (MUSC) Self-Assessment refers to the respiratory / non respiratory pathways, a lot of COVID focused data that needs to be updated.</p> <p>4 Mandatory HAI Education Training Compliance Figures</p> <p>Medicine Safe and Clean Care Audits (SACCA) There are a few concerns highlighted in the report and GJ is seeking assurance on behalf of the IPCSC (which then feeds up to the Board) that these are being addressed.</p> <p>Hand Hygiene There are 2 particular areas, wards 305 / 306 and 404 / 405 where hygiene audits are either not being completed or have very low compliance. Seeking assurance again that this is being addressed.</p> <p>Unscheduled Care Emergency Department education compliance is very low and GJ voiced concerns. Appreciate that staff are extremely busy but education is important. Ways to improve this need to be found.</p> <p>5 Areas of Achievement / Good Practice / Shared Learning from HAI Related Reviews (Level 1,2)</p> <p>Unscheduled Care Safer Workplaces action plans in place. GJ is unsure of what these are as this is as Safer Workplaces were COVID related.</p> <p>GJ will liaise with GMcK on all of the above issues.</p> <p>Children's Services No report was submitted. Will be sent retrospectively.</p> <p>KA was unable to give an update for Children's Services due to being a new member of the Committee.</p>	<p>GJ</p> <p>KA</p>

Item	Subject		Action
5	Standing Items cont.	<p><u>Women's Services</u> No report was submitted.</p> <p>SC did not attend the meeting and no deputy was present.</p> <p><u>Aberdeenshire H&SCP</u> A report was submitted.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 a) Very High – Aberdeenshire HSCP have had to take over the running of a private care home in Huntly No new issues identified. Work is ongoing.</p> <p>2 b) High – HSE issued an enforcement notice to Edenholme Care Home regarding the management of Legionella There is no update on this at present.</p> <p>2 c) Very High – Aberdeenshire and Community Hospitals multiple estates and compliance issues There is no update on this, however, AMc commented that the works ongoing at Rothieden are progressing well.</p> <p>2 e) High – Various concerns raised across the Shire Vaccine Clinics with regard to environment and cleaning There is still no update nationally. The Scottish Vaccination Programme were to ask Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland to compile some type of description or statement but ARHAI have declined to do this. GJ has proposed to the HAI Executive Committee (HAIEC) that a risk based approach is taken within vaccination centres as a decision on whether the area is classed as a healthcare environment is unlikely to be made. AMc added that there are also financial implications to consider with external companies being brought in to clean the centres. CW commented that NHSG domestic support can often be more expensive than contract cleaners but the concern is that the contract cleaners may not be cleaning to the standard that NHSG require. NHSG cleaning schedules were provided but there is no assurance as to the standard of work being performed. NHSG need to be assured.</p> <p>3 Focus on Healthcare Improvement Scotland (HIS) Standards The Inspection Ready Group has now been expanded for all wards, This is an engaging meeting with animated attendees and there has been positive feedback regarding the benefits of coming together to share and support. GJ commented that it is a great example of a model of working.</p> <p>4 Mandatory HAI Education Training Compliance Figures GJ asked whether there was any update on reporting of training figures. AMc replied that she was aware that Paul Gleisner was able to download a report from the system, however, it did seem to contain a large amount of data. Has not seen the report to be able to analyse the results but it is a positive step forward after many years of trying to obtain useful figures. Will investigate the data and feedback.</p>	

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5	Standing Items cont.	<p><u>Aberdeen City CHP</u> A report was submitted</p> <p>JWa was unable to attend the meeting and no deputy was present.</p> <p>4 Mandatory HAI Education Training Compliance Figures GJ noted that the training compliance figures for Specialist Older Adults & Rehabilitation Services (SOARS) Nursing is very low. The Committee need some assurance that there are plans in place to mitigate this.</p> <p><u>Facilities</u> A report was submitted.</p> <p>2 Progress Against Areas of Concern Previously Reported</p> <p>2 l) Major – Peterhead Hospital and Health Centre – Legionella There has been good progress made here. All mechanical works have been completed and pre flush samples have been taken from the sentinel points which have all come back clear of Legionella, however, this is not confirmation of a clean system but is indicative of progress. If the sampling remains clean then the process of removing Point of Use Filters (POUF) can commence.</p> <p>2 n) High – Purple Zone, ARI – Extensive masonry and roofing defects resulting in leaks WS feedback that there are no plans to repair this at present; the issue is on the backlog maintenance list but has not been funded for this year. Should funds become available the works will be completed.</p> <p>WS then shared the Backlog Maintenance spreadsheet explaining Capital Expenditure, Revenue Expenditure and Backlog, which sits between the two and details known maintenance issues that are high expenditure. Under revenue cost, typically, anything under £15,000 will be undertaken on the maintenance budget; any works over this amount will be funded via the Backlog. This is managed a number of ways - the Planet System keeps track of all works and an Excel spreadsheet which assists in the tracking of backlog items, this is managed on an annual basis following a 5 year plan.</p> <p>WS then explained the headings and the content of the spreadsheet to the Committee explaining that monies are split into categories e.g. internal fabric, external fabric and drawing attention to the 5 year plan column and decisions made. Prioritisation of works was also explained and the fact that clinical support is helping with this and the columns “Estates Consequence of Failure” and “Clinical Organisational / Clinical Impact or Risk” are used to balance the risk in each case. Prioritisations needs to be completed for both the Estates and Facilities as unfortunately, all works requested are considered important, and monies are not available to fund them all.</p> <p>This year major projects include Dr Gray’s Hospital (DGH) external fabric of the building, Rothieden Ward, Jubilee Hospital due to major roof leaks, DGH kitchen in relation to flooring issues, Legionella, non-compliant fire systems and lift replacements at Woodend General Hospital (WGH) and DGH.</p> <p>Monies have also been put aside this year for a joiner / handyman to work on the HAI issues.</p> <p>Most years NHSG receive 1 -1.5 million pounds for backlog maintenance which does not cover all issues that need to be addressed. Since bringing in the 5 years plan last year NHSG were given 6 million but this year the amount received has only been 4 million; 3.3 million has already been earmarked for projects leaving £700,000</p>	

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5	Standing Items cont.	<p>which has already been spent on upgrading of the NHSG estate due significant structural defects in some buildings; NHSG only hold a 1.5 million contingency.</p> <p>GJ asked how the priority rating was decided upon; WS replied that the system was 1 – Very High, 2 – High, 3 – Medium and 4 – Low but this is a work in progress. To ensure issues are recorded on the backlog maintenance list log a call with the Estates helpdesk. Work is ongoing on the Planet system with regard to priority codes (plan to use as a scheduling tool in the future).</p> <p>GJ also queries whether there were any discussions at Senior Management level in regards to increasing the allocated funding for backlog maintenance due to the fact that NHSG have to keep and maintain older buildings? WS replied that Senior Management are aware but at present there is a concerted effort on rebuilding the maintenance system to ensure accurate and consistent data is available before approaching the Board for assistance.</p> <p>Dr Gray's / Moray HSCP A report was submitted.</p> <p>FR was unable to attend the meeting and no deputy was present.</p> <p>GJ looked over the report, no Very High / High issues were noted. Mandatory Training was acceptable and a number of Good Practice items were recorded. The report was not discussed in detail</p> <p><u>Mental Health & Learning Disabilities</u> Report was submitted.</p> <p>A good month has been had with Muick and Davan wards (that were closed due to high Total Viable Counts (TVCs)) having now reopened. Fyvie ward should reopen today.</p> <p>3 Focus on Healthcare Improvement Scotland (HIS) Standards SACCAs continue on site by peer to peer auditing, however, there is some confusion regarding the SACCAs for Waste and Environment which were agreed to be completed every 6 weeks but Karen McDougall – IPC Nurse will liaise and advise on other potential auditing that can be performed.</p> <p>4 Mandatory HAI Education Training Compliance Figures Training is progressing well apart from Waste Management. JW has given staff a deadline of 14 July 2023 to complete due to this being a picked up during the recent Health Improvement Scotland (HIS) inspection and being noted as a requirement in the subsequent report.</p> <p><u>HAI Education Group Roundup</u> The roundup report was submitted.</p> <p>Mandatory Training Within Corporate induction each of the modules for the Scottish Infection Prevention and Control Education Pathway (SIPCEP) foundation layer should be completed within 12 months apart from the Hand Hygiene, Breaking the Chain of Infection and Why infection Control Matters. The HAI Education Group would like to have a bigger discussion around this to ascertain how quickly we can get staff to complete the modules, the</p>	

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5	Standing Items cont.	<p>opinion being that Infection Control education should be completed before staff commence in the ward environment. This will be raised at the Grampian Area partnership Forum (GAPF) Development Subgroup.</p> <p>The HAI Education Lead was asked to put forward that the Hand Hygiene module should be completed on an annual basis. DS is taking this forward.</p> <p>An IPC induction sheet for new starts on the wards has been drafted comments have been requested by 30 June 2023; positive feedback received so far. DS will action the rollout of this across NHSG.</p> <p>Escalations Reports being run do not accurately reflect the compliance with the IPC Annual Statutory / Mandatory Training and are showing inaccurate information. The reports are providing data on the 3 modules required to be taken by new members of staff but do not in fact include what should be completed on an annual basis (the clinical and non-clinical annual refreshers) which include the Personal Protective Equipment modules 1 and 2 and every 2 years for clinical staff, the Clostridioides difficile module and assessment. DS and Nikki Young will discuss with the appropriate people to remedy the situation.</p> <p>Policies and Procedures NHSG Healthcare Associated Infection (HAI) / Antimicrobial Resistance (AMR) Education Framework for Staff is now complete and has come to the Committee for information only.</p> <p>Areas of Achievement / Good Practice There is now a shortcut to the National Infection Prevention and Control Manual (NIPCM) on all NHSG PC's and laptops.</p> <p>GJ noted the issue of inaccurate reporting is worrying and asked for the HAI Sub Group Leads to make their areas aware of the problem.</p> <p><u>Infection Prevention & Control Team (IPCT) Roundup</u> The roundup report was submitted</p> <p>IPC Surveillance & HAI Screening</p> <p>NHSG Figures Quarter 2</p> <p>MRSA CRA 65% MRSA swabbing 46% CPE CRA 72% CPE swabbing N/A as no patients with positive CRA</p> <p>National Figures Quarter 1</p> <p>MRSA CRA 78% CPE CRA 77% Swabbing figures not reported</p>	

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5	Standing Items cont.	<p>Incidents and Outbreaks</p> <p>4 Preliminary Assessment Group (PAG) meetings</p> <ul style="list-style-type: none"> • 4 Hand Hygiene • 1 Hand Hygiene PAG led by the Service but supported by the IPC Team <p>3 Incident Management Team (IMT) meetings</p> <ul style="list-style-type: none"> • 1 Atypical Fungi (now closed and being taken forward by the Service) • 2 Legionella <p>1 Technical meeting</p> <ul style="list-style-type: none"> • Legionella <p>1 Pre-meeting (for the re-opening of an IMT)</p> <ul style="list-style-type: none"> • Atypical Fungi <p>Audit and Assurance</p> <p>SACCAs can now be viewed on Illuminate – report will show if the area / department is compliant within the 6 month timeframe (blue box) or non-compliant (black box). Percentages also available as a simple RAG status – 100% = green, 90 – 99% = amber and below 90% will show as red.</p> <p>Also available in Illuminate is a second report that shows the progress on the actions uploaded to DATIX. DS asked that during action planning that all Senior Charge Nurses (SCNs) and department leads assign all actions to themselves and then follow up with the relevant department.</p> <p>Built Environment</p> <p>There is much demand on the IPC Team for assistance with built environment works / projects and water results so this has been added to the report for information.</p> <p>IPCT Workforce</p> <p>Lead Nurse post remains vacant, however, a different workforce model is being investigated. There is also a vacant post for an IPC nurse due to resignation.</p> <p>Escalations and Risk Register</p> <p>No new additions have been added to the Risk Register and existing ones have been updated and discussions are ongoing.</p> <p>Discussions are ongoing regarding the IPC Team escalations to Project Director and SRO for the Baird and Anchor Project.</p> <p>A vacancy remains open for an Antimicrobial Stewardship Nurse Specialist; this is to be added to the Risk Register due to the impact of non-compliance with national recommendations.</p> <p>Areas of Achievement / Good Practice</p> <ul style="list-style-type: none"> • Development of dashboards for E-coli bacteraemia (ECB), Clostridioides difficile (Cdiff), Staphylococcus aureus bacteraemia (SABs) and Multi Drug Resistant Organism (MRDO) compliance are almost complete which will help provide feedback to staff on performance. SBARs will be used to advise clinicians of preventable SABs enhanced by planned use of DATIX reporting for these occurrences. 	

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5	Standing Items cont.	<ul style="list-style-type: none"> • Opportunistic teaching of the NHSG Patient Placement Tool (PPT) has been well received by ward staff – this is to ensure that swabbing requirements are understood by all • Work ongoing with Quality Improvement Assurance Team (QIAT) and Practice Education to enhance learning / develop education pathways • Appropriate glove use campaign progressing as a collaborative work stream with several services across NHSG. Recent questionnaire resulted in over 500 responses. <p>Item 5.2</p> <p>HAI Work Programme Delivery Group HAI Work Programme 2023~24 for ratification was submitted again, however, at the time this was discussed the meeting was not quorate. AS to send out again for the Committee to ratify.</p> <p>Item 5.3</p> <p>Risk Register (July 2023)</p> <p>ID 3243 - Transmission of Multi Drug Resistant Organisms (MDROs) in the Healthcare Environment As previously discussed, there is a lot of work ongoing with this specifically on feedback to staff as we are unsure as to whether staff are aware that they should be completing screening. There has been an increase in this last round of results, but as we sample from different areas each quarter, it may be that the area sampled is better at completing; cannot confirm yet if this is sustained improvement.</p> <p>ID 3246 - Lack of confirmation / response from Scottish vaccination and Immunisation (SVIP) regarding environmental standards This was discussed earlier. For vaccination centres only (not including Community Treatment and Care (CTAC) centres), a risk based approach is needed. GJ will take this to the HAI Executive Committee and if in agreement the action will close.</p> <p>ID 2654 - IPC Team's inability to provide through HAI Scribe too all built environment projects across NHS Grampian This remains a challenge with many requests for the IPC Team's assistance / involvement.</p> <p>ID 3096 – Lack of Governance process for IMT Reports GJ continues to work on flowchart to document process. Ongoing</p> <p>ID 3054 – Sustainability of IT platform supporting Operational response to IPC ICNet contract ends December 2023. There is National collaboration ongoing to try and extend the contract. Scottish Government approach is to have “one system for all” but this has not yet been implemented.</p> <p>ID 3292 – NHSG non-compliance with National Guidance re Venous Access Devices National guidance has changed surrounding cleaning and time device can be left in situ. NHSG has not adopted national guidance and continues to follow local policy. Risk Assessment has been completed and Justine Collie / Robert Cockburn are updated the NHSG policy at present. It is out of date as were awaiting Royal College of Nursing (RCN) standards for infusion therapy to be published but these have never been received.</p> <p>ID 3119 – Technical Lead IPC Nurse post vacant Was discussed earlier under the IPCT Roundup</p>	AS

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7	<p>AOCB cont.</p> <p style="text-align: right;">Item 7.2</p>	<p>NHS Grampian HAI Education Delivery Plan 2023/24 (for ratification) The meeting was not quorate and the document could not be ratified. AS will send out to the Committee electronically</p> <p>GJ referred to point 7 in the report regarding the 2023 leaflet from NHS Education for Scotland (NES), advertising HAI related education resources. This been uploaded to the IPC intranet page and GJ suggest that staff are signposted to the document.</p> <p>GJ also referred to point 9 regarding the lack of medical representation at the HAI Education Group meetings</p>	<p style="text-align: center;">AS</p>
8	<p>Date of Next Meeting</p>	<p style="color: red;">19 September 2023 10.00 – 12.00 via Teams (with a 10 minute comfort break)</p>	