

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

**Minutes from meeting held 20 May 2025  
Via Teams  
10.00 – 12.00**

**Present:**

**ANd** – Astrida Ndhlovu, Deputy Infection Prevention & Control Manager (Chair)  
**JWa** – Julie Warrender, Chief Nurse ACHSCP, Frailty and Rehab Lead  
**RL** – Rachael Little, Team Lead, Quality Improvement & Assurance  
**AW** – Andrew Wood, Health & Safety Specialist  
**PH** – Paula Holton, Infection Prevention & Control Nurse, IPCT  
**LA** – Laura Angus, Quality Improvement, Old Age Psychiatry (deputising for Julia Wells)  
**HC** – Helen Chisholm, Chief Nurse, Moray Acute & Moray H&SCP  
**SD** – Sean Dines, Deputy Head of Maintenance and Technical Services  
**AMcG** – Alison McGruther, Chief Nurse, Aberdeenshire HSCP  
**KA** – Kathryn Auchnie, Clinical Nurse Manger, Combined Child Health  
**GMcK** – Grace McKerron – Chief Nurse  
**HCo** – Helen Corrigan, Consultant Nurse, Health Protection Team  
**DR** – Dave Russell, Public Representative  
**FMc** – Fiona McCallum, Head of Domestic and Support Services  
**WS** – Wayne Strong, Head of Maintenance and Technical Services  
**SD** – Sean Dines, Deputy Head of Maintenance and Technical Services  
**PH** – Paula Holton, 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	Caroline Clark (CC) Vhairi Bateman (VB) Naomi Mandel (NM) Grace Johnston (GJ) June Barnard (JBa) Dawn Stroud (DS)  WS introduced Sean Dines who has taken up the post of Deputy Head of Maintenance and Technical Services. The Committee welcomed Sean to NHS Grampian.	
2	Minutes of last meeting 18 March 2025	The minutes from 18 March 2025 were ratified by the Committee with no amendments	
3	Action Tracker	<b><u>Meeting 18 March 2025</u></b>  <b>5.1 Sector Reports</b>  <b><u>Women's Services</u></b> Various red & amber scores for the 5 Factor Risk Assessment data. How are the risk assessments progressing? Is there assurance that all are in place?	

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3	Action Tracker cont.	<p>SC emailed AS detailed response to this action:</p> <p><b>Ante Natal / Post Natal</b> - bed spacing and ventilation in date</p> <p><b>Labour ward</b> - single rooms the Senior Charge Midwife (SCM) has come back with this not being applicable, but can see it showing as red on illuminate. SC will ask for a response on this.</p> <p><b>Midwives unit</b> - Single rooms, ventilation, water - risk assessments not input. Will follow this up.</p> <p><b>Neo Natal Unit</b> - bed spacing, access to facilities, single rooms and water - risk assessments not input. Will follow this up.</p> <p><b>Rubislaw Ward</b> - single rooms and ventilation in date</p> <p><b>Triage ward</b> - ventilation risk assessment in date and access to facilities unknown. Will request an update.</p> <p><b>Breast</b> - access to facilities and ventilation in date, single rooms - the SCN has specified not required. Will query this.</p> <p><b>Ward 309</b> - water and bed spacing in date, ventilation and single rooms risk assessment to be completed. Senior Charge Nurse (SCN) has left post so will liaise with the Nurse Manager.</p> <p><b>Inverurie</b> - water in date</p> <p><b>Peterhead</b> - water in date</p> <p><b><u>Aberdeenshire HSCP</u></b></p> <p><b>2 a) High – HSE issued an enforcement notice to Edenholve Care Home regarding the management of Legionella</b> Concerns raised by VB as no update received as to progress. AMcG will update on this via sector report update. Close.</p> <p><b><u>Meeting 14 January 2024</u></b></p> <p><b>4.3 Seasonal Pressures and IPC Measures</b> Staff vaccination rates / uptake has been poor this year. Suggestion that NHSG may devise a survey / audit to gauge staff feedback. Discussions ongoing to plan for Winter 2025. Has been escalated to the HAI Executive Committee (HAIEC) and the Occupational Health, Safety &amp; Wellbeing Committee (OHS&amp;W).</p> <p><b>5.1 Sector Reports</b></p> <p><b><u>ARI</u></b></p> <p><b>2 f) High – Plastics Dressings Clinic</b> Narrative to be updated as SBAR has been completed. GMcK updated that this is partially complete. Will update fully by the next meeting.</p> <p><b><u>Facilities &amp; Estates</u></b> New issue that was to have been added to the Facilities &amp; Estates Sector Report by WS surrounding Neo Natal Unit (NNU) AMH. Does not seem to be included in the report for this meeting. WS to resubmit updated report. No report received. WS will investigate</p>	

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3	Action Tracker cont.	<p><b><u>Meeting 19 November 2024</u></b></p> <p><b>5.1 Sector Reports</b></p> <p><b><u>ARI</u></b></p> <p><b>Items for Escalation - Staff removing clips from showers to enable fuller patient care. Increased risk of water borne infections.</b>  Assurance required that poster campaign will take place and concerns have been taken to / addressed at WSG.  WS has liaised with Colin Cruickshank and will provide an update.  ANd noted that as discussed at the Water Safety Group (WSG) there was a suggestion to look into the possibility of replacing shower hoses with shorter ones to ensure that if they are removed from the clips that they would not touch the floor.  WS updated that this suggestion had become problematic and so the suggestion as made to display posters and ensure staff understand why it is important to ensure clips remain in place and shower head is returned to holder. Other discussions have taken place since then. Will update at the next meeting regarding decisions made and whether the poster campaign has taken place.</p> <p><b><u>7 AOCB</u></b></p> <p><b>7.1 Terms of Reference- Remove all titles from membership list and only include Chief Nurse (or nominated deputy) for all IJBs</b>  GJ still to complete.</p> <p><b>Portfolio name - Infrastructure and Sustainability to be amended to Infrastructure, Sustainability and Support Services</b>  AS still to amend.</p> <p><b>7.3 Cleaning Wipes within NHS Grampian - growing evidence suggests dry surfaces can harbour a biofilm and Boards are being encouraged to start using disinfectant wipes instead of detergent.</b>  SBAR almost complete. Will bring to the July meeting and speak to the document.</p> <p><b><u>Meeting 10 September 2024</u></b></p> <p><b>5.1 Sector Reports</b></p> <p><b><u>Dr Gray's / Moray HSCP</u></b></p> <p><b>1 c) Low – COVID Outbreak on Ward 7 – July 2024</b>  HC updated that this has not yet been taken to the Non Standard Patient Area (NSPA) Group meeting. Will take to the meeting 21/5/25.</p> <p><b>2 e) Low - Poor attendance at decontamination training in November</b>  HC updated that there was further decontamination training in March and there are plans to hold refreshers and additional training for other staff. Will continue to update within sector report. Close</p>	

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3	Action Tracker cont.	<p><b><u>Facilities &amp; Estates</u></b></p> <p><b>2 aa) High - Decontamination Services – CDU, Mile End – Clean Room</b> WS stated this had already been sent but will resend today.</p> <p><b><u>Meeting 2 July 2024</u></b></p> <p><b>5.1 Sector Reports</b></p> <p><b><u>ARI</u></b></p> <p><b>4 Mandatory HAI Education Training Compliance Figures – Surgical Self-Assessment document dates.</b> Document completed and embedded within Action Tracker. Close.</p>	
4	Matters Arising	<p><b>Item 4.1 a)</b> <b>Acute Hospital Safe Delivery of Care Inspection Dr Gray’s Hospital NHS Grampian Follow up visit (22 – 24 July 2024)</b> RL attended and gave an update on progress.</p> <p>In July 2024, Doctor Gray’s Hospital received a follow up inspection following the Safe Delivery of Care Inspection methodology. This follow up inspection resulted in 5 areas of good practice, 2 recommendations and 12 requirements (some of the 12 requirements were amended requirements from the previous inspection). The 18 week Improvement Action Plan (IAP) was submitted and has now been uploaded to the Healthcare Improvement Scotland (HIS) website. Meetings continue to look at the progress of the actions highlighted within the IAP and any shared learning will be highlighted and disseminated.</p> <p><b>Item 4.1 b)</b> <b>Summary Report of External Inspections to NHS Scotland Boards (1 March – 31 March 2025)</b> A report was submitted.</p> <p>The report contains details of 1 Safe Delivery of Care inspection and 2 Ionising Radiation (Medical Exposure) Regulations IR(ME)R inspections. There were also 11 local visits published by the Mental Welfare Commission. As previously discussed at this meeting the Quality Improvement and Assurance Team develop reports aligned to the Safe Delivery of Care Inspections which highlight key themes and trends (specifically any that are infection prevention and control specific) that are identified and any shared learning for NHSG.</p> <p><b>Item 4.1 c)</b> <b>Summary Report of External Inspections to NHS Scotland Boards (1 April – 30 April 2025)</b> A report was submitted.</p> <p>This report highlights a similar summary of inspections undertaken with 1 being a Safe Delivery of Care and 10 local visits by the Mental Welfare Commission</p> <p><b>Item 4.2</b> <b>DL(2025) 05 HCAI Standards</b> ANd spoke to this paper.</p> <p>This directive is the agreed standards on Healthcare Associated Infections (HAIs) which confirms that there should be no</p>	

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4	<p>Matters Arising cont.</p> <p style="text-align: right;">Item 4.3</p>	<p>increase in the incidence (number of cases) of Clostridioides difficile infection (CDI), Escherichia coli bacteraemia (ECB), and Staphylococcus aureus bacteraemia (SAB) by March 2026 from the 2023/24 baseline. The total NHSG cases of ECBs was 169 and for SABs 102 and these are the figures that must not be exceeded in 2025/26. This will be challenging and will require scrutiny of all IPC precautions, elements of management of these cases and focus on the patient safety element.</p> <p><b>CDI Exception Report</b> Report was attached and ANd gave an update.</p> <p>Since the report was submitted, no feedback has been received from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland (ARHAI). The IPC Team were advised In March 2025 that there was a CDI exceedance for NHSG and so an action plan was formed and the team began working with colleagues in pharmacy and scrutinising the processes of managing CDI cases. This completed action plan was then submitted to ARHAI.</p> <p>DR queried whether the report was specifically aligned to Aberdeen Royal Infirmary (ARI) as on reading the report its states NHS Grampian but was unsure of the location of some of the areas noted. ANd advised that the featured wards are mainly within ARI, however, when reporting total cases, figures are combined even if the cases have occurred over multiple hospitals.</p> <p>HC also noted that the use of the word “facility” within the report was slightly confusing and was not clear whether the cases were widespread or mainly within ARI.</p>	
5	<p>Standing Items</p> <p style="text-align: right;">Item 5.1</p>	<p><b><u>Sector Reports</u></b></p> <p>ANd reminded the Committee members that reports should be submitted timeously so that they can be perused by all prior to the meeting.</p> <p><b><u>ARI</u></b> A report was submitted which GMcK spoke to</p> <p><b>For escalation</b> Excessive heat in the Pink Zone, unsure whether this sits wholly with this group but flagging up for attention; risk control notice has been disseminated again. WS replied that Estates are aware of the issue and the heating in the building has been switched off. Hoping to undertake a test of change in this area if funding is approved the building has no windows, no chilled air and the ventilation system is heavily restricted; unsure if this is due to blockages in the ventilation system or whether there is a problem with the air handling unit. These units are exceptionally big and it have been identified that the old fan can be removed, replaced by new newer ones and a chiller unit installed on the existing footprint. Work is ongoing to ascertain why there is no air getting to the rooms, tests in ward 211 show only 1 air change per hour. So far investigations have not provided a solution, there are no blockages etc.</p> <p>Historical Issues are listed and GMcK has made notes in red regarding risk assessments not in place.</p> <p>Still no report being received from Clinical Support Services (CSS) but have met with the new nurse manager and moving forward these will be submitted.</p>	

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5	Standing Items cont.	<p><b>1 New Areas of Concern</b></p> <p><b>1 a) High – Mattress Audits</b> Concerns are that mattresses are moving all over the hospital and when audits are completed and damage found the ward who has the mattress is responsible for funding the replacement. GMcK and JBA to complete a piece of work around funding for this.</p> <p><b>1 b) High - 20 pieces of equipment are not being audited each month</b> Nurse manager and SCN will carry out spot checks to support with staff compliance.</p> <p><b>1 e) Ward 216 shower issue</b> 3 showers now out of use while work is undertaken on mould and ventilation issues. Ward 216 Preliminary Assessment Group) PAG and Incident Management Team (IMT) meetings have taken place regarding the situation and Pseudomonas link. Still on the Facilities and Estates report but WS is waiting for confirmation that this has been resolved before removing.</p> <p><b>1 f) High - Temperature in Pink Zone</b> Although this has been discussed the issue also impacts on drug stability.</p> <p><b>1 j) High - Ward 111 have had a 3<sup>rd</sup> non-compliant hand hygiene audit</b> Another meeting to be arranged to discuss further actions.</p> <p><b>1 k) High - Ward 110 closed due to D&amp;V</b> No source of infection was found therefore ward was reopened.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 e) High - Clinic E - various heating and roof leaks, reported throughout the clinic</b> Design consultants (CCDP) have presented revised costs for potential solutions; this is with the Estates Team.</p> <p><b>2 f) High - Orange Zone, Clinical Pharmacology Multiple roof leaks reported and impacting on service delivery</b> Works progressing. Due for completion on 11/7/25.</p> <p><b>2 n) High - Safe Transfer of care. Initial implementation required patients to be housed within non-standard bed spaces</b> The ability to clean the environment, limited hand washing facilities and patient placement is affected. Cleanliness is being monitored by the SCN, by the SACCA and the domestic monitoring tool.</p> <p>ANd asked how this risk is being mitigated and managed? Are issues DATIX'd and escalated to FMc and the Facilities Team? GMcK replied that all issues are being escalated to the SCN but no DATIXs are being completed. Need to encourage this to be done.</p> <p><b>2 o) High - Ward areas struggling to keep up with cleaning standards due to increased number of patients and no additional staff available</b> Will continue to be monitored by the senior charge nurse.</p> <p><b>2 p) High - Staff find it challenging to shower patients when using the clips on the shower hose</b> E-mail sent from the nurse director stating that this practice must stop and that the shower clips must remain in place. SCNs are auditing to establish compliance; aware of associated water risks.</p>	

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5	Standing Items cont.	<p><b>2 r) High - Mandatory training compliance is low across the Portfolio</b> Mandatory training compliance is low which is reflected in the reports and Fire Safety 53% for Medical and Unscheduled Care (MUSC). There are a number of compliance issues that need to be addressed.</p> <p><b>2 s) High - Ventilation concerns in Ward 303</b> No solution has been found at present. Cannot house patients requiring droplet or airborne Transmission Based Precautions (TBPs).</p> <p><b>5 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1. 2)</b> MUSC - 80 members of the Emergency Department nursing team are now trained in decontamination; the highest levels ever achieved.</p> <p><b><u>Children's Services</u></b> A report was submitted which KA spoke to.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 d) High - Atypical infections Neo Natal Unit (NNU) - IMT's</b> Remedial works have been undertaken and all planned works are now complete but water light practice remains in place. Noted as high on the report but this can now be downgraded to medium.</p> <p><b>4 Mandatory HAI Education Training Compliance Figures</b> Have submitted 2 sets of figures as an Integrated Family Portfolio (IFP) report is now received but unable to analyse data at depth. KA is assured by the inpatient training figures. 8 out of 11 SACCAs are complete and the 3 areas outstanding are aware that these need to be completed.</p> <p><b><u>Women's Services</u></b> A report was submitted but no one from the Service was available to speak to it.</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b> A report was submitted and AMcG spoke to it.</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) High – Lack of Domestic Cover in Community Hospitals</b> Due to the remote / more rural nature of the community hospitals there is often no domestic cover e.g. in an afternoon, to deep clean an area in advance of an admission. Have noted that Lisa Charles has now joined the Group which is positive and AMcG and FMc have had discussions. Need to ensure the right people are around this should issues arise. Aware that there is a lack of workforce and increased activity increases financial requirement.</p> <p>FMc updated that there are issues with recruitment, however, over the last couple of weeks or so, FMc and Lisa Charles have been visiting some Community sites and this will continue. Hearing and recognising some consistent themes being fed back by supervisors in these areas and this ties in with some of the strategic work being undertaken around community hospitals looking at rotas and ensuring that the right staff are there at the right time when domestic services are needed; not convinced, at present, that the issue is lack of staff. A wider review of domestic staffing in community hospitals is now taking place and keen to continue working with colleagues around Support Service's approach.</p>	

ANd asked if this is being captured formally as a risk?  
AMcG unsure if this is classed as a risk, a lack of domestic service is not the sole factor that would prevent an admission there are multiple factors that have to be considered. Not noted on the risk register at this time.  
ANd asked for an update on how this issue is progressing at the next meeting.

**1 b) High – Lack of Face Fit Testers**

Aware that there is Grampian wide work ongoing around Face Fit Testing (FFT). Gain, due to the rural nature of the community hospitals there is a need to utilise what staff there are and where they are. Need to ensure the best use of the equipment to avoid expiration and if a session is being run attempt to invite the key staff who should attend e.g. Domestics. Senior Charge Nurses (SCNs) and their teams are reporting that these sessions are a substantial amount of work when staff are already busy running wards. Will be added to the risk register and taken to the governance group for discussion; aware of the impact not having staff face fit tested should the need arise to use this equipment.

AW asked whether a conversation has been had with Doreen May and the Face Fit Team on how best they can support with this.

AMcG replied that these conversations have been had and the issues remain.

**1 c) High – Non working sluice at Glen O’Dee Hospital, Banchory**

This has been an ongoing issue for some time and sluice was due to be repaired; this has not happened. Sharon Falconer – Senior IPC Nurse was at the recent meeting and was keen that we put this onto the risk register. Will work with the local team to push this forward as the sluice needs to be replaced.

**2 Progress Against Areas of Concern Previously Reported**

**2 a) High – HSE issued an enforcement notice to Edenholve Care Home regarding the management of Legionella**

Aberdeenshire HSCP along with Aberdeenshire Council facilitate 7 or 8 care homes within the community and there has been an issue around the management of Legionella, picked up through a health and safety visit. Edenholve was the first care home and they were issued with an enforcement notice by the Health & Safety Executive (HSE).

VB expressed concerns at the last Committee meeting relating to this and asked what help is being given in terms of governance around this from those with nominated responsibility for water.

AMcG updated that the property inspectors are starting to visit the properties with the written schemes (agreements of what needs to be undertaken to be compliant in terms of Legionella water monitoring e.g. flushing etc.). They will be going through these with the managers the week beginning the 28 April 2025.

AW asked whether Iain Cowe – Head of Health and Safety had been made aware of this issue. There is a Gap Analysis Group which incorporates NHSG and the 3 Councils and participation in the action notices would be useful for wider learning / good practice.

AMcG will ensure the information is passed on.

ANd also advised that due to concerns raised by VB at the last meeting this issue was escalated to the HAIEC who have instructed it be taken back to the WSG and for them to produce a Standard Operating Procedure (SOP) to address how to escalate issues in 3rd party owned properties and to make clear the governance around how that escalation process should work.

**Aberdeen City CHP**

A report was submitted which JWa spoke to.

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5	Standing Items cont.	<p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Medium – High proportion of agency RN and Healthcare Support worker staff at Rosewell House</b> Surge beds remain an issue as does staffing. Levels of sickness are high, this is being addressed internally and there is a targeted effort around absence.</p> <p><b>2 c) High - Poor mandatory training compliance in majority of areas but particularly inpatient areas</b> This is an issue predominantly within Frailty. Practice Education Facilitators (PEFs) are supporting with this.</p> <p><b>5 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1. 2)</b> Have received feedback from Woodend regarding Campbell McLeod – Estates Officer who has been instrumental in working with the Team and solving some of the facilities and estates issues that were present. The Team felt that his communication and responsiveness was excellent.</p> <p>ANd commented that on looking at the mandatory training figures the hand hygiene assessments and refresher for clinical staff figures are low. If the IPC team can be of any help please contact us. PH added that she is aware that the service have been in touch with colleague Julie Ingram and have requested some support for hand hygiene audits. Karen McDougall and Julie Ingram will be taking this forward and Julie has also supported several SACCA's within Rosewell.</p> <p><b>Facilities</b> A report was submitted which WS spoke to.</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Endoscopy Decontamination Unit requires support around endoscopy washers being used by an Agency on the weekend</b> HAI descriptor currently being assessed. Questions have been asked around training and competency of agency staff using washers. Looking into how big a risk this is and ensure the correct operating procedures are in place.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p>There are no high risks that have not been downgraded.</p> <p>There have been issues that have been closed including the Old Medical Block, Pink Zone balconies and Dr Gray's WRVS and these will be removed from the report.</p> <p><b>4 Mandatory HAI Education Training Compliance Figures</b> Compliance generally good apart from Hand Hygiene and the IPC refresher which will be addressed. NHSG NCSS Facilities Management Tool Q4 results are also good; in the 90% and are green showing compliance.</p> <p>ANd commented that on looking at the mandatory training figures the hand hygiene assessments and refresher for staff figures are low. During WHO International Hand Hygiene week in May the IPC Team designed and shared a survey for all staff to complete; this was for the Team to understand, from staff, where the challenges are in terms of hand hygiene. The survey closes today at midnight so please cascade the link and / or the QR code for staff to complete it. There are only 4 questions and it takes 2 minutes to complete. Thank you.</p>	

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5	Standing Items cont.	<p>ANd asked for an update on <b>2 i) Low - Peterhead Health Centre &amp; Hospital IMT – Legionella Counts.</b>  WS informed the Committee that the water system is clear but this is still a risk as the water system cannot be cleaned and managed properly in the health centre. Water management is less than satisfactory within the health centre with the water turnover not adequate; expect that at some point bacteria will return to the system which will affect the hospital as the 2 systems are connected. The plan is to disconnect the health centre from the hospital and allow the health centre to manage their own water; key focus is to remove the risk to the hospital. The original plan was to disconnect the system which would have resulted in waterless practice and only have water for the toilets and for 1 or 2 procedure rooms. The plan now is to install a boiler within the health centre, however, WS stressed that even when this work is completed, and the health centre has its own hot water system the property is still at a risk as the turnover of water is not sufficient.</p> <p><b><u>Dr Gray's / Moray HSCP</u></b>  A report was submitted which HC spoke to.</p> <p><b>1 New Areas of Concern</b></p> <p><b>1 a) Medium – Ward 6 Side Room door fixture requires stabilisation</b>  Awaiting parts for Estates to fit. Currently unable to have patients in isolation.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 i) High - PVC bundle compliance</b>  Still 2 areas non-compliant with bundles, ongoing support from Quality HCSW and updated simplified audit tool now available which includes all Venous Access Devices (VADs). More work needed around this,</p> <p>HC also fed back that Dr Gray's has had issues with overnight domestic services specifically within the Emergency Department.</p> <p><b>4 Mandatory HAI Education Training Compliance Figures</b>  Sill having issues with compliance on completing the IPC Refresher for clinical / non clinical staff; is this across the board? Do other areas have the same issue? Donning and Doffing also quite low; unsure whether this is due to staff not recognising the importance of this training. Will continue to work at raising awareness for completion.</p> <p>The sector report has become quite lengthy with many updates; will attempt to streamline the report for the next meeting.</p> <p>HC asked ANd where the link to the Hand Hygiene Survey could be found.  AS advised this could be found on the IPC Intranet page under the "Events" tab.</p> <p>KA raised the issue of reporting on the IPC Clinical / Non Clinical Refresher again and reported that the data is still skewed due to the system adding all staff to the training regardless of whether they have been in post a year; this is showing staff as non-compliant when this is incorrect.  ANd agreed that this was an ongoing issue as TURAS is a national system not just an NHSG one. Unsure if there is a resolution to this.</p>	

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5	Standing Items cont.	<p><b><u>Mental Health &amp; Learning Disabilities</u></b> Report was submitted which LA spoke to.</p> <p>There are no very high or high risks on the report and all issues are ongoing.</p> <p>MH&amp;LD have a programme for all SACCAs to be completed which is March and September and all but 1 (due to a ward move) have been completed. Outstanding audit will be completed within a month.</p> <p>Have had issues with Illuminate recently with anomalies showing within the reports and stating that wards had not completed the Invasive devices training. This has since rectified and assurance is gained that all wards are compliant.</p> <p><b><u>Education Group Roundup</u></b> The roundup report was submitted but DS was not available to attend.</p> <p><b><u>Infection Prevention &amp; Control Team (IPCT) Roundup</u></b> The roundup report was submitted and PH spoke to it.</p> <p><b><u>IPC Surveillance &amp; HAI Screening</u></b> Wards looked at were 206, 216, 303, 305, 6 Dr Gray's Hospital (DGH) and 9 Woodend General Hospital (WGH)</p> <p>MDRO screening compliance Quarter 1 January - March 2025 NHSG MRSA CRA <b>75%</b> - this is an increase from 65% on Quarter 4 October – December 2024 National MRSA CRA – this is currently unavailable</p> <p>National CPE CRA 85% - this is an increase from 64% on Quarter 4 October – December 2024 and above Scotland data for Quarter 4 which was 83.3% NHSG CPE CRA 63% - currently unavailable. National figures expected end May 2025</p> <p>NHSG MRSA swabbing <b>63%</b> (19/30 patients swabbed as per policy)</p> <p>There is a new system of capturing all Clostridioides difficile (CDI) cases and reporting them locally. This is being developed to highlight the true burden of CDiff rather than just reporting the nationally reportable cases.</p> <p><b><u>Incidents and Outbreaks</u></b> There has been 1 Preliminary Assessment Group (PAG) meeting led by the IPCT since the last IPCSC:</p> <ul style="list-style-type: none"> <li>• Retained tissue in a scope</li> </ul> <p>There have been no Incident Management Team (IMT) meetings led by the IPCT since the last IPCSC:</p> <p>The IPCT has attended three service-led meetings to provide advice and support:</p> <ul style="list-style-type: none"> <li>• Decontamination of equipment x2</li> <li>• Clean Steam x1</li> </ul>	

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5	Standing Items cont.	<p>There have been clusters of infections awaiting typing in ARI:</p> <ul style="list-style-type: none"> <li>• 2 possible cross transmission of Pseudomonas Aeruginosa.</li> <li>• 3 possible cases of Stenotrophomonas maltophilia linked in time and place.</li> <li>• 2 patients in adjacent beds with Serratia</li> </ul> <p><b>Audit and Assurance</b></p> <p><b>Antimicrobial Stewardship</b></p> <ul style="list-style-type: none"> <li>• The <a href="#">Hospital Antimicrobial Documentation Guidance</a> has been updated and includes how to record antimicrobial duration on HEPMA.</li> <li>• Indications for antimicrobials <b>must</b> be documented in the medical notes by the prescriber along with a planned treatment duration every time a new antimicrobial is prescribed. This contributes to good care of patients with infections and helps to achieve national antimicrobial stewardship targets on reducing antimicrobial consumption.</li> <li>• If anyone would like to audit compliance with this guidance in their ward area, please get in touch with gram.antibioticpharmacists@nhs.scot who can provide suitable data collection tools.</li> </ul> <p><b>Readmission of patients who have had a previous multi-drug-resistant organism (MDRO)</b></p> <p>The IPC Team now have this new system up and running on the ICNet platform. This is to look at readmissions for patients with Multi Drug Resistant Organisms (MDROs) and to ensure the Patient Placement Tool (PPT) has been completed; calls are then made to the ward to offer advice. This has been progressing well and is well received by the wards. Reports will be generated monthly and the first report is underway.</p> <p><b>Built Environment</b></p> <ul style="list-style-type: none"> <li>• IPCNs &amp; IPCDs are looking at ways of working to enhance current practice</li> <li>• The Healthcare Built Environment SOP requires to be embedded within NHSG to reduce delays and risk to patients and staff.</li> <li>• Concerns regarding the increase of works happening within NHSG requiring IPCN input, complexity of areas &amp; also non healthcare NHSG settings such as GP practices requiring assistance.</li> </ul> <p><b>Baird &amp; Anchor update</b></p> <p>Decisions have recently been made against IPC advice. Concerns regarding ventilation (imminently ANCHOR treatment space) water / mould, continuous silo working continues. The IPC team also have concerns regarding the lack of Project ventilation and water groups. Fortnightly visits to both sites are conducted by the IPC Team.</p> <p><b>Policies and Procedures</b></p> <ul style="list-style-type: none"> <li>• Clostridioides difficile protocol – under review</li> <li>• MDRO protocol under review</li> <li>• Compliance with the PPT remains poor across NHSG</li> </ul>	

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5	Standing Items cont.	<p><b>IPCT Workforce</b></p> <ul style="list-style-type: none"> <li>• Upcoming vacancy –IPCN leaving at the end of May 2025</li> <li>• 4 staff currently on long term sickness absence</li> <li>• 2 staff on band 7 secondment within the team</li> </ul> <p><b>Areas of Achievement / Good Practice</b>  World Hand Hygiene Day was 5 May 2025 and since this fell on a Public Holiday the IPC Team carried out activities throughout the week and also in the preceding week. Activities included</p> <ul style="list-style-type: none"> <li>• Visiting the wards talking about hand hygiene and the correct usage of gloves</li> <li>• Fun activities included dusting facts with Glitterbug dust (to simulate bugs) and passing these between staff to highlight how easy it is to pass on micro-organisms</li> <li>• Colouring sheets relating to hand hygiene given to children’s wards in Royal Aberdeen Children’s Hospital (RACH) and DGH and these were sent for display on the communication screens around the hospitals</li> <li>• Recordings were made to highlight hand hygiene day supported by Senior Leadership Team: Adam Coldwells, Hugh Bishop, Lynne Morrison and June Brown.</li> <li>• A hand hygiene survey was conducted to understand staff challenges and barriers in hand hygiene so that the IPC Team can support accordingly.</li> </ul> <p><b>Poster and Oral Presentation – Gloves Off Campaign initiative</b></p> <ul style="list-style-type: none"> <li>• IPC Team have been accepted for a poster and oral presentation at the Celebration in Excellence in Care (EiC) NMHAP event on 19th June 2025.</li> </ul> <p>GMcK made some comments including</p> <ul style="list-style-type: none"> <li>• MDRO compliance – would it be beneficial to arrange for some communication to be shared in the Team Brief to remind everyone of the importance of compliance?</li> <li>• The Baird and Anchor update seems a little negative. Would have expected to see some mitigations around the concerns noted. Positive that the IPC Team are raising concerns but what is the outcome? Would be helpful to know what the escalations are.</li> <li>• With regard to the long term sickness; for a small Team that is a notable number of staff out of the office and unavailable for work. How is this impacting on the Team what support can be given organisationally and from us a committee?</li> </ul> <p>ANd replied that there has been some improvement seen with regard to MDRO compliance. Can look at utilising the Daily Brief and will contact the Communications Team.  Regarding the Baird &amp; Anchor, unfortunately, this is the reality. Issues have been escalated to the HAI Executive Lead and these concerns will be escalated further. In addition, the IPC Manager has been advised to make these issue known to the Chief Nursing Officer (CNO).  The IPC Team meet every morning for a daily huddle to look at ways of working, discuss any support required and where to focus the team’s efforts. These absences are an impact on the department and a small team but workload is being managed at the moment. ANd thanked GMcK for her concern.</p>	

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5	<p data-bbox="237 121 515 145"><b>Standing Items cont.</b></p> <p data-bbox="421 172 515 196"><b>Item 5.2</b></p> <p data-bbox="421 312 515 336"><b>Item 5.3</b></p> <p data-bbox="421 1034 515 1058"><b>Item 5.4</b></p>	<p data-bbox="589 172 1245 256"><b>HAI Work Programme 2025/2g (for ratification)</b> GMcK asked for a further week to review the document. ANd asked for all comments to be submitted by 27 May 2025.</p> <p data-bbox="589 312 1373 368"><b>Risk Register – April 2025</b> ANd noted that this report contains a number of high risks and specifically</p> <p data-bbox="589 395 1868 480"><b>ID 3770 Very High - Apparent lack of appropriate Organisational governance of ventilation systems in NHSG.</b> Risk assessments for their function and safe operation are not in place. This being followed up and IPC have been given assurance that a strategic group is being formed and which IPC will be a part of.</p> <p data-bbox="589 507 1895 592"><b>ID 3706 High - Healthcare Associated Infection (HAI) resulting from the Healthcare Built Environment (HBE)</b> Have seen some improvement around HAI SCRIBES and how these are being completed but there still remains work to be done in terms of how all parties work together to complete these and mitigate risks collectively.</p> <p data-bbox="589 619 1926 783"><b>ID 3498 High - Healthcare Associated Infection (HAI) as a Consequence of Use of Non-standard Patient Areas (NSPA)</b> There is a SOP to mitigate HAI risks and the work the IPC Team are doing around previous MDRO alerts is providing relevant data on how many patients are being placed in non-standard patient areas with an MDRO. This is being escalated to the NSPA Group. Some good news is that the most recent data analysed has shown a slight improvement. Previous data showed 7 out of 23 patients were placed in a non-standard patient area whereas the most recent data shows this number has reduced to 2 out of 23 patients.</p> <p data-bbox="589 810 1778 866"><b>ID 3566 High - Information to support IPC advice and decision-making regarding HAI risk is not available</b> Organisation will require to decide on options to deal with this.</p> <p data-bbox="589 893 1921 978"><b>ID 3054 – Sustainability of IT platform supporting Operational response to IPC</b> ICNet came to the end of the contract, which was then extended, but this that extension does not guarantee the linkage to the new LIMS system within Labs meaning IPC may be unable to access information in the current way.</p> <p data-bbox="589 1034 1926 1422"><b>HAI Executive Committee Meeting Update</b> ANd fed back the discussions held at the rescheduled meeting 14 May 2025</p> <ul data-bbox="640 1118 1921 1422" style="list-style-type: none"> <li>• CDI Reporting - previously what NHSG report locally on Illuminate was the data that was submitted to Antimicrobial Resistance &amp; Healthcare Associated Infection (ARHAI) and this was just the surveillance data, however, now the CDI figures that will be reported locally will be collective positive lab data so that the true burden of the disease is. This means that the number of cases being shown will rise and to counteract the alarm that this may cause there will be communication and narrative shared across the organisation. This work is currently in progress.</li> <li>• The Antibiotic Pharmacists brought an SBAR to the meeting as a <b>Request for support in audit of antimicrobial documentation and guidance compliance.</b> This was as a result of the CDI Action Plan that the IPC Team submitted to ARHAI. The Antimicrobial Stewardship Team have been looking at ways of monitoring antibiotic usage, however, due to limited resources they are not able to complete the audits which will provide this data. The HAIEC have asked the Pharmacists to explore various other methodologies that could be adopted to facilitate this work.</li> </ul>	

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5	Standing Items cont.	<ul style="list-style-type: none"> <li>• As already discussed earlier in this meeting there was discussion around water safety and the risks 3rd party owned buildings and the Water Safety Group (WSG) have been asked to develop an SOP to clarify governance surrounding water safety in these buildings and about the process of escalation of water issues.</li> <li>• The low uptake of staff vaccinations was discussed and will be escalated to the Occupational Health Safety and Wellbeing (OHS&amp;W) Committee to address any barriers that staff may face.</li> </ul> <p>HCo informed the Committee that an audit of care home staff was undertaken around attitudes and acceptance of the seasonal vaccine. The results were worrying showing that staff who had previously been vaccinated had declined vaccination this year for some radical beliefs. The report was shared with JB who was looking at producing something similar within the Acute service understand the barriers here. The information was also passed to Claire Louise Walker and Pauline Merchant at the Vaccine Team. HC did not think that this was just an NHSG issue but across the population.</p>	
6	<b>HAI Report to Clinical Governance Committee / Board</b>  <b>Item 6.1</b>  <b>Item 6.2</b>	<p><b>HAI Report to the Board (HAIRT) – April 2025</b> The report was not included in the papers as it was not completed. Will be sent electronically or brought to the next meeting for ratification by the Committee.</p> <p><b>HAI Report to the HAI Executive Committee (HAIEC) (new escalations)</b></p> <ul style="list-style-type: none"> <li>• GMcK asked for the HAIEC to be made aware of the test of change happening in the Pink Zone. Not an escalation but as a point of interest. WS agreed that this was acceptable but requested that this was only a plan at present and funding will still have to be approved before any works are organised and commenced.</li> <li>• GMcK also suggested that Statutory / Mandatory Training also be included. ANd stated that this was an ongoing issue and work is ongoing around Protected Learning Time under Agenda for Change (AfC). GMcK replied that there is a national group working on this. There are 9 modules that have been identified as mandatory and discussions are ongoing to agree these across all organisations. The concern is that NHSG are not compliant with the mandatory IPC modules currently being undertaken.</li> </ul>	
7	<b>AOCB</b>  <b>Item 7.1</b>	<p><b>NHSG Cleaning Standards Group</b> ANd updated on this at the last meeting and since then there has been an agreement to form a cleaning standards group to look at issues of cleaning around NHSG for all aspects of cleaning both domestic and clinical. Have received good support from senior leadership teams and names have been provided for membership of the Group. ANd and FMc met 1 May 2025 to look at what needs to be gained from this group, to form an agenda and Terms of Reference (ToR), discuss who needs to be involved and what the governance process is to be. Hoping that this group will feed into the NHSG IPCSC with issues being escalated to the HAIEC. The plan is to have a meeting prior to the next NHSG IPCSC and provide an update at that meeting. FMc added that the Cleaning Standards Group could be a useful forum, especially for some of the issues that have been raised at this meeting today. Keen for anybody who would like to be involved to make contact.</p>	

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7	<b>AOCB cont.</b> <p style="text-align: right;">7.2</p>	<b>IMT Escalation Flowchart</b> This flowchart has already been established but bringing to the forefront again to remind all committee members that the escalation process for IMT reports need to be taken into consideration when governance structures change i.e. when the Chair of the IMT shares the report who is it shared with, who requires to be informed and who carries out the actions agreed. AS will send a copy of the document to the Committee members.	<b>AS</b>
8	<b>Date of Next Meeting</b>	1 July 2025 10.00 – 12.00 via Teams (with a 10 minute comfort break)	