

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

**Minutes from meeting held 22 November 2022**  
**Via Teams**  
**10.00 – 12.00**

**Present:**

**GJ – Grace Johnston**, Infection Prevention & Control Manager (**Chair**)  
**CC – Caroline Clark**, Chief Nurse, Combined Child Health  
**CW – Chantal Wood**, Deputy General Manager of Facilities & Estates  
**LMc – Lesley McManus**, Interim Nurse Manager, Older Adults Inpatient Service  
**AMc – Alison McGruther**, Chief Nurse - Aberdeenshire CHP  
**FF – Fiona Forbes**, Nurse Manager, Elderly Services (**deputising for Fiona Mitchell**)  
**DS – Dawn Stroud**, Senior Infection Prevention & Control Nurse  
**VB – Vhairi Bateman**, Chair of Antimicrobial Management Team / Infection Prevention & Control Doctor  
**MJM – Malcolm Metcalfe**, Deputy Medical Director for NHSG  
**JR – Janice Rollo**, Quality Improvement & Assurance Advisor  
**WO – Will Oliver**, Infection Prevention & Control Doctor  
**AW – Andrew Wood**, Risk Management Advisor  
**AR – Alice Ritchie**, Clinical Nurse Manager  
**JS – Jan Short**, Nurse Manager

**AS - Anneke Street**, PA to Infection Prevention & Control Manager (Minute taker)

| Item | Subject                                      | Action to be taken and Key Points raised in discussion   | Action |
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| 1    | Introduction and Apologies                   | June Brown (JB) Grace McKerron (GMcK) Allison Lister (AL) Fiona Mitchell (FM)  |        |
| 2    | Minutes of last meeting<br>20 September 2022 | The minutes from 30 September 2022 were ratified by the Committee with no amendments   |        |
| 3    | Action Tracker                               | <p><b><u>Meeting 20 September</u></b></p> <p><b>5.1 Sector Reports</b></p> <p><b><u>Acute</u></b></p> <p><b>Key Issues - Use of fans – can the RCN and guidance be re-distributed as not all areas are applying guidance to the use of bladed fans.</b><br/> AS to redistribute bladed fan guidance.<br/> Guidance being checked by IPCN for accuracy and will be sent shortly.</p> <p><b><u>Facilities</u></b></p> <p><b>2 n) High - Inverurie Hospital Admin Block – Healthcare Environment Condition</b><br/> GP will take an action to determine the “mothballing” of this building and will feedback at next meeting.<br/> No update was received</p> |        |

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| 3    | Action Tracker cont. | <p><b>6.1 HAIRT – July 2022</b><br/> Low rates for compliance with the required cleanliness standards for Aberdeenshire North &amp; Moray Community in February 2022 and Aberdeenshire South &amp; Aberdeen City in March 2022. GJ to take this back to the domestic management team to get some feedback<br/> GJ contacted Gillian Poskitt. Will pick this up again for feedback.</p> <p><b><u>Meeting 5 July 2022</u></b></p> <p><b>4.1 Recent HIS Inspection for Awareness – Safe Delivery of Care Report – Forth Valley Hospital</b><br/> GMcK raised the question that although ARI main concourse is now open the reception desk is no longer manned. Has the process been updated to reflect this or is the previous process (where the Inspectors are asked to attend Aberdeen Maternity Hospital (AMH) reception) still applicable?<br/> AS contacted JR.<br/> JR shared process flowchart again and will liaise with GMcK on permanent procedure.<br/> Close</p> <p><b>5.1 Sector Reports</b></p> <p><b>HAI Education Group Roundup</b></p> <p><b>2 g) High – IPCT concern that DGH and Moray HAI Groups are not meeting frequently enough to give assurance on oversight</b><br/> DGH / Moray HAI Sub Group to formally advise IPCT of their merger and send all papers AS.<br/> No correspondence received from DV / AL<br/> GJ will contact JS</p> <p><b>Infection Prevention &amp; Control Team (IPCT) Roundup</b></p> <p><b>IPC Surveillance &amp; HAI Screening - MRSA and CPE screening compliance remains challenging</b><br/> Investigate reason for lack of compliance continues to be challenging, Suggestions were that this could be due to the Electronic Patient Record (EPR) and electronic Patient Placement Tool (PPT) or simply due to the level of pressure and workload staff are experiencing.<br/> VB will take this to the floor for discussion and any comments. Will feedback.<br/> No update available. VB will feedback at the next meeting</p> <p>GJ will look into the criteria for CPE Screening on the National Tool<br/> Improvement work is ongoing with JR and IPCNs – a task is to be completed and then a “test of change” can be undertaken.<br/> GJ contacted Jill Ferbrache to enquire as to including screening on the Care Assurance &amp; Improvement Resource Dashboard</p> <p><b><u>Meeting 23 November 2021</u></b></p> <p><b>5.1 Sector Reports – Dr Gray’s</b><br/> DV will send an updated Sector Report containing training figures to AS.<br/> No update given and no report received..</p> | <p>GJ</p> <p>VB</p> |



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| 4    | <b>Matters Arising</b><br><br><div style="text-align: right;"> <b>Item 4.3</b><br/><br/> <b>Item 4.4</b><br/><br/> <b>Item 4.5</b> </div> | <p><b>Updated on Whole System Decision Making Group (WSDMG) on Improving Statutory and Mandatory Training Project</b><br/>Linda McKerron's report was submitted.</p> <p><b>Hand Hygiene Audits</b><br/>GJ informed the Committee that there have been concerning results during 4 hand hygiene audits that have taken place recently. The IPC team are working with teams on reasons for non-compliance. 1 area has been re-audited and achieved 100% - this must be now be sustained.<br/>CW queried whether Facilities &amp; Estates would be made aware if any of their staff were non-compliant during an audit and would the staff member receive any feedback.<br/>DS replied that if the IPCN completing the audit were to notice a Facilities / Estates staff member showing non-compliance they would be speak to them directly when able. Should the audit result become a Preliminary Assessment Group (PAG) meeting and a non-compliant staff member was included in the audit result then the service would be invited to the PAG.</p> <p>The perception seems to be that hand hygiene was important during the COVID pandemic and that it is less important now. GJ asked that HAI Sub Group Chairs reinforce the importance of hand hygiene within their areas.</p> <p><b>Scottish Government Interim HCAI Strategy</b><br/>The intention of this is to bring various discussion points to the Interim HCAI Strategy Oversight Board to incorporate insights into the draft strategy.</p> <p>Key points include</p> <ul style="list-style-type: none"> <li>• the use of triangulated data and presentation of same via Dashboard Reports which should be utilised beyond IPC groups, for sharing of HAI data with governance committees and clinical leads of boards</li> <li>• greater linkage required between NHS Assure-ARHAI, and Public Health</li> <li>• interim HCAI strategy- What would success look like in 2 years? The Strategy needs to be realistic with clear aims and objectives</li> <li>• Built Environment - improved intelligence needed from testing, sampling, reporting and sharing where possible</li> </ul> |        |
| 5    | <b>Standing Items</b><br><br><div style="text-align: right;"> <b>Item 5.1</b> </div>  | <p><b>Sector Reports</b></p> <p><u><b>ARI</b></u><br/>No report was submitted and GMcK was unable to attend the meeting</p> <p><u><b>Children's Services</b></u></p> <p><b>1 New Areas of Concern raised by Divisions</b></p>  |        |
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| 5    | Standing Items cont. | <p><b>1 a) Very High – Hand Hygiene audit result of 60% in Surgical Ward Royal Aberdeen Children’s Hospital (RACH)</b><br/> A PAG was held. The issue was the hand gelling technique of a new member of staff which was acted on quickly. Technique to be discussed at CME event as a reminder. A dispute was encountered with a member of the medical staff however this was dealt with by their superior.</p> <p><b>1 b) High – New cleaning products with no posters to guide correct use (Chlorasan &amp; Titanchor Plus)</b><br/> DS feedback that Diversey are to be holding training sessions with NHSG staff commencing 2<sup>nd</sup> week of December – posters have been developed and will be distributed. Pauline Matthews will be sending a training timetable out in due course.<br/> GJ asked for this information to be taken back to clinical areas.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High - High activity in Aberdeen Maternity Hospital (AMH) Theatres has made access difficult for Domestic Teams</b><br/> This has since improved due to a change in cleaning schedules and reduced activity within the area.</p> <p><b>2 e) Very High – Ventilation remedial work in Medical / Surgical wards</b><br/> This is a linked ventilation system on this floor; it presents a high patient safety risk to close and a high infection risk if left open during works. This is to be completed soon.<br/> VB commented that a walk round had been completed in the Paediatric Assessment Unit (PAU) and this was agreed to be a high risk due to no ventilation. Should this be escalated to the Ventilation Safety Group?<br/> CC will investigate and feedback at the next meeting</p> <p><b>2 f) Very High – Increasing leaks from burst pipes to radiators and heating units in ceilings</b><br/> VB queried whether there had been any PAGs surrounding this issue. Are these leaks in an area which puts patients at risk? Are any repair works being undertaken?<br/> CC will speak with Kathryn Auchnie and ensure IPC are included in all conversations regarding this.</p> <p><b><u>Women’s Services</u></b><br/> No report was submitted and AR had to leave the meeting early.</p> <p>AR will forward the Sector Report as soon as possible.</p> <p><b><u>Aberdeenshire H&amp;SCP</u></b><br/> A report was submitted.</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High – Facilities Monitoring System (FMT) identifying user issues</b><br/> FMT which measures cleanliness and estates has identified user issues as FMT does not speak to the Estates system creating a gap and heavy reliance on good communication. This was discussed at the November HAI Sub Group meeting and all areas to contact Lisa Leslie for access to the system where appropriate and ensure close communication is had with Estates. All teams now have access to the Symbiotix system and Lisa Leslie also gave a presentation at the meeting. Health Facilities Scotland (HFS) have been approached regarding training sessions to be provided for the clinical teams.</p> | <p>CC</p> <p>AR</p> |
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| Item | Subject              |   | Action              |

| 5    | Standing Items cont. | <p><b>1 b) Very High - Increased concern regarding Hand Hygiene compliance across areas</b><br/>This has been discussed and staff are to be encouraged to complete training. Reiterated the importance of compliance. Shire will monitor Illuminate data. IPCN has offered support and training sessions.</p> <p><b>1 c) High – Aberdeenshire currently have 4 2c General Practices to manage</b><br/>Gaps have been identified. All new staff to have the same level of training as existing staff and ensure that Hand Hygiene and HEI audits are in place.</p> <p>VB raised the issue of contractual understanding as to who is managing the built environment for these practices should there be water issues etc.; who would this sit with – NHSG / Aberdeenshire Council?<br/>AMc will investigate.<br/>GJ reiterated that the IPC Team cannot support with built environment surrounding these practices at present. CW replied that should issues arise the first point of contact would be Paul Gough.</p> <p>GJ suggested that this be added to the local risk register and escalate concerns.<br/>MJM suggested escalating for awareness at Senior Executive level through the Clinical Risk Meeting (CRM).<br/>AW added that a 2c practice has been noted on a previous risk register for Moray CHSCP and was closed in 2019. Jan Short (JS) to look into this for Moray CHSCP for clarity / information going forward.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 b) High – Multiple Estates issues regarding leaking roofs and support required</b><br/>AMc advised that Jubilee Hospital, Huntly currently has 10 beds closed due to leaks from the roof in Scolty ward. Mitigations are in place.</p> <p><b>2 d) High – Concerns raised across the Shire vaccine centres with regard to environment and learning</b><br/>Ongoing discussions regarding the description of a Vaccine Centre and whether it should be classed as a healthcare setting as this is causing issues regarding the cleaning standards required. Fiona Robertson – Chief Nurse is dealing.</p> <p>GJ added that she attended a National meeting and raised this query where it was discussed but unfortunately no decision was made.</p> <p><b><u>Aberdeen City CHP</u></b><br/>A report was submitted</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) High - Sexual Health Service – Health Village querying if a room with no windows can be used for face to face consultations</b><br/>Face to face consultations occurred in this room prior to the COVID pandemic but is now only used for telephone appointments; this is impacting on the number of patients the service is able to see face to face.</p> <p>VB suggested that this room should have mechanical ventilation. This needs to be discussed with Paul Gough for confirmation before being escalated to the Ventilation Safety Group if required.<br/>FF will investigate.</p> | <p>AMc</p> <p>JS</p> <p>FF</p> |
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| 5    | Standing Items cont. | <p><b>1 b) High – Poor mandatory training compliance in majority of areas (particularly inpatient)</b><br/>One of the areas trialled a “themed month” on Breaking the Chain of Infection during November and compliance is increasing. Will discuss with other Senior Charge Nurses (SCN) with a view to implementing in other areas.</p> <p><b>1 c) Medium - Portering have advised that black and orange waste bags are being left on top of bins or at the side</b><br/>This will be highlighted daily on the Huddle sheet which is shared site wide and with Rosewell House and ward 102, ARI.</p> <p><b>1 d) High – HAI Inspection carried out at Horizons</b><br/>This resulted in 69 actions being identified. Action Plan is being worked through and discussions have taken place between Aberdeen City Council Domestic colleagues and Deputy Service Manager.</p> <p><b>1 e) Medium – Community staff experiencing confusion over mask wearing guidance</b><br/>Updated and clear guidance now issued. This can be removed.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) Medium – Woodside Health Centre – concerns regarding flooring and decor</b><br/>Waiting for quotes for work. No commencement date yet.</p> <p><b>2 b) High – TURAS reporting inaccuracies</b><br/>Manually calculating percentages at present. Awaiting response from Learning &amp; Development.</p> <p><b>2 c) High – Porters have still not arranged a bin cleaning schedule</b><br/>Cleaning schedule now in place. Remove</p> <p><b>2 d) High – HAI Audits not currently taking place in Community Teams</b><br/>Deputy Lead Nurse has advised that this piece of work has not yet progressed. High priority to follow up.</p> <p><b>2 e) High – Tristel cleaning products not approved by Huntleigh for cleaning of Doppler probes</b><br/>This has been added to the Risk Register and instructions surrounding cleaning with products deemed safe by the manufacturer will be shared shortly.</p> <p><b>2 g) High – Staffing shortages within the Domestic Team has led to reduced cover in the evenings</b><br/>This is now affecting clinical areas and has been escalated to the head of Service. Domestic Teams are completing DATIX reports.</p> <p><b>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</b></p> <ul style="list-style-type: none"> <li>• Sexual Health – Recent benchmarking exercise carried out against renewed HIS infection prevention and control standards.</li> <li>• SOARS Nursing – Latest outbreak of covid-19 in Rosewell House was managed differently this time as they were still able to admit patients following a certain criteria.</li> <li>• HAI walk rounds have continued to take place and review walk rounds have evidenced improvements</li> <li>• Portering – Black bin cleaning schedule has been started on a rota basis. Bins not getting cleaned as often as department would like due to staffing levels but work is ongoing to increase schedules.</li> </ul> |        |
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| 5    | Standing Items cont. | <p><b><u>Facilities</u></b><br/>A report was submitted</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – Forres Health Centre</b><br/>Point of Use (POU) filters now fitted across the site and extended flushing has been put in place. Sampling is in progress.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 c) Water Safety – Royal Cornhill Hospital (RCH) IMT</b><br/>Work is progressing and it is hoped that Muick and Davan wards will be handed back to the service in December 2022. Wayne Strong is leading the Technical Group.</p> <p><b>2 m) High – Inverurie Hospital Admin Block Healthcare Environment Condition</b><br/>This topic was discussed at AMG and the hospital management have been asked to prepare a forward plan for Inverurie (March 23?)Graham Legge has arranged a survey and functional suitability review; GP has been asked to facilitate an overall integrated evaluation after this has happened.</p> <p>CW advised that Facilities and Estates are recruiting to portering vacancies and also recruiting a number of bank porters which will help in the management of waste on sites. In addition a forthcoming National campaign on clinical waste streams was also referred to.</p> <p><b><u>Dr Gray's / Moray (CHSCP)</u></b><br/>No report was received. No attendance at meeting.</p> <p><b><u>Mental Health &amp; Learning Disabilities</u></b><br/>A report was submitted</p> <p><b>1 New Areas of Concern raised by Divisions</b></p> <p><b>1 a) Medium – Dirty rain water ingress into Senior Charge Nurse office space and patient dormitory</b><br/>This has been escalated on numerous occasions via DATIX and Estates due to bed space having to be decommissioned. LMc will escalate again</p> <p><b>1 b) Winter Planning for Front Door Services at Royal Cornhill Hospital</b><br/>This session has been scheduled for 22 November 2022 at 12.30 and will help to ensure the service can mitigate / support staff, patients, visitors and members of the public during the winter period. Written guidance will be made available.</p> <p><b>2 Progress Against Areas of Concern Previously Reported</b></p> <p><b>2 a) High – COVID19</b><br/>LMc commended the IPC Team for input / help during various COVID outbreaks</p> |        |
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| 5           | Standing Items cont. | <p><b>2 c) Medium – Inappropriate and unsafe waste disposal practices identified specifically with Eurobins across the site</b><br/> In addition to inappropriate use of the bins there is also an issue with them not being removed for cleaning. This was discussed at the HAI Sub Group 28 October 2022 and Kerry Ross will be taking this forward.</p> <p><b>2 d) Medium – Raised levels of Total Viable Counts (TVCs) detected in hot water supply for 2 wards</b><br/> This can hopefully be removed from the report shortly as Muick and Davan wards are rescheduled for occupancy December 2022</p> <p><b>2 e ) Medium – Ventilation issues in wards</b> where windows are permanently locked<br/> This can hopefully be removed from the report shortly due to 2 new wards due to open in December 2022 (these have ligature reduction compliant windows)</p> <p><b>2 h) Medium – Showers in Strathbeg, Loirston &amp; Skene Wards – reduction in flow / pressure</b><br/> Further works have taken place and there is ongoing monitoring and assessment of the shower head functionality. Letters have been sent to families explaining the issues and the reparative works being undertaken.</p> <p>LMc also reported that the upcoming Health Improvement Scotland (HIS) HEI Inspection has not been included in this report but will be present on reports moving forward.</p> <p><b>4 Areas of Achievement / Good Practice / Shared Learning from HAI related Reviews (Level 1, 2)</b></p> <ul style="list-style-type: none"> <li>Partnership working with the IPC Team is very helpful when dealing with and effectively managing COVID outbreaks on site</li> </ul> <p><b><u>HAI Education Group Roundup</u></b><br/> The roundup report was submitted</p> <p><b>Audit &amp; Assurance</b><br/> Dr Gray’s Hospital (DGH) / Moray CHSCP HAI Sub Group now have admin support and minutes from meetings held can now be taken / distributed evidencing oversight and governance of education.</p> <p><b>Education Reporting</b></p> <p><b>General</b><br/> The HAI Education Group felt that data pulled from TURAS is not meaningful in the way it is required. Linda McKerron can support areas in obtaining reports if contacted.</p> <p><b><u>Infection Prevention &amp; Control Team (IPCT) Roundup</u></b><br/> The roundup report was submitted</p> <p><b>IPC Surveillance &amp; HAI Screening</b><br/> MRSA and CPE</p> <ul style="list-style-type: none"> <li>Target for MRSA CRA is 90%</li> <li>NHSG Q3 MRSA CRA 57%, CPE CRA 67%</li> <li>Awaiting national figures, due end of November</li> </ul> |               |
| <b>Item</b> | <b>Subject</b>       | <b>Action to be taken and Key Points raised in discussion</b>   | <b>Action</b> |

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| 5           | Standing Items cont. | <p><b>Incidents and Outbreaks</b><br/>There have been:</p> <p>5 Preliminary Assessment Group (PAG meetings) since the last IPCSC which have included:</p> <ul style="list-style-type: none"> <li>• 3 for Hand Hygiene</li> <li>• 1 for recurrent leaks within an area</li> <li>• 1 for water safety / Legionella</li> </ul> <p>1 Incident Management Group (IMT) meeting:</p> <ul style="list-style-type: none"> <li>• for Endophthalmitis</li> </ul> <p>2 Technical Sub Group meetings:</p> <ul style="list-style-type: none"> <li>• 1 for Legionella</li> <li>• 1 for water safety</li> </ul> <p><b>Audit &amp; Assurance</b><br/>The Winter Virus Aide Memoire has been completed by the Infection Prevention &amp; Control Doctors (IPCDs) and meetings with specific "front door" areas have been arranged to support Teams. IPCDs / IPCNs will lead these meetings</p> <p><b>Built Environment</b><br/>The demand on the IPC Team to support built environment work continues to exceed capacity. We continue to work with other departments to develop a process for environmental projects</p> <p><b>Policies &amp; Procedures</b><br/>The NHS Grampian Staff Protocol for the Infection Prevention and Control Management of Clostridioides difficile Infection (CDI) within NHS Healthcare Settings was sent to this Committee for ratification at this meeting.</p> <p>The NHS Grampian Healthcare Associated Infection (HAI) / Antimicrobial Resistance (AMR) Education Framework for Staff has been tabled at the HAI Education Group. Any comments to be submitted by 2 December 2022. If no comments raised the document will be taken as ratified.</p> <p><b>Areas of Achievement / Good Practice</b><br/>International Infection Prevention Week took place 16 – 22 October 2022. The theme "Back to Basics" was features with the IPC team members displaying a different background for their Teams screen each day. Information was included in the Daily Brief and 2 competitions were run - a quiz for healthcare professionals and a colouring competition for the children in RACH and DGH Paediatric Ward and Outpatients.</p> <p><b>HAI Work Programme Delivery Group Update (from meeting 11 November 2022)</b><br/>The HAI Work Programme is in place and has been agreed. Updates continue to be made.</p> |               |
| <b>Item</b> | <b>Subject</b>       | <b>Action to be taken and Key Points raised in discussion</b>   | <b>Action</b> |

Item 5.2



| Item | Subject   | Action to be taken and Key Points raised in discussion  | Action |
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| 6    | HAI Report to Clinical Governance Committee / Board cont. | <p>(CRA) screening compliance which has dropped from 75% to 67%, a decrease compared to the previous quarter.</p> <p>Surveillance results show that NHSG is not an outlier.</p> <p>GJ asked CW to investigate the April &amp; June figures for Estates for Aberdeenshire North &amp; Moray Community and also for April for Aberdeenshire South &amp; Aberdeen City.</p> <p>CW to provide narrative as to the lower than usual compliance figures aligned to cleanliness standards.</p> | CW     |
|      | Item 6.2  | <p><b>HAI Report to the HAI Executive Committee (HAIEC) (new escalations)</b></p> <p>The Committee had no new topics to escalate.</p>   |        |
| 7    | AOCB  | <p><b>Item 7.1</b></p> <p><b>NHS Grampian Staff Protocol for the Infection Prevention and Control Management of Clostridioides difficile Infection (CDI) within NHS Healthcare Settings</b></p> <p>GJ asked for ratification of this protocol by close of play 28 November 2022. It will then be sent to HAIEC for approval.</p>  |        |
|      | Item 7.2  | <p><b>Resignation of Leonora Montgomery – PFPI member</b></p> <p>AS advised the Committee that Leonora had sadly resigned from the Committee due to a house move. If contact can be made, a card will be sent to thank her for her lengthy service to the Committee.</p> <p>AS to discuss allocation of another Public Forum representative with the relevant people.</p>   | AS     |
| 8    | Date of Next Meeting                                      | 10 January 2023 10.00 – 12.00 via Teams (with a 10 minute comfort break)  |        |