

SCOTTISH HOSPITALS INQUIRY

**Bundle of documents for Oral hearings
commencing from 19 August 2024 in
relation to the Queen Elizabeth University
Hospital and the Royal Hospital for
Children, Glasgow**

**Bundle 13 – Additional Minutes Bundle
(AICC/BICC etc)**

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NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 3 November 2014**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Ms Y Gourlay	Lead Pharmacist, AMT
Ms P Joannidis	Nurse Consultant Infection Prevention & Control
Prof Craig Williams	Lead Infection Control Doctor
Mr T Walsh (Chair)	Infection Control Manager
Mrs J Brown	Interim Nurse Director
Ms E Love	Head of Nursing, W&C
Ms L. Riach	Clinical Risk Manager
Ms E. Burt	Head of Nursing, Rehabilitation & Assessment
Dr I Kennedy	Consultant, Public Health Medicine
Ms E. Sommerville	Acting Head of Nursing, Surgery & Anaesthetics
Ms S McNamee	ADN Infection Control
Dr S. Binning	Clinical Director, Surgery & Anaesthetics
Ms K McGuigan	Lead Nurse, Imaging, Diagnostics

In Attendance

Mr T Sim	Corporate Administration Officer
Ms M Connolly	Lead Nurse, Specialist & Advance Practice

Apologies

Dr D Stewart (chair)	Lead Director, Acute Medical Services
Mr J Stuart	Head of Nursing, Regional Services
Mrs M MacDonald	Head of Nursing, Surgery & Anaesthetics
Ms Karen Cormack	Clinical Risk Manager

Item**Action**

- 1) **Welcome and Apologies**
Apologies for absence were recorded as noted above. In the absence of Dr Stewart Mr Walsh chaired the meeting.

Vascular Access Policy

Mr Walsh welcomed Ms Connolly to the meeting and asked that she update members on the Vascular Access Policy.

Ms Connolly provided a verbal update and advised on the current position around the use of sterile gloves. Current practice is that nurses do not use sterile gloves when cleaning a line and that all staff received training to this effect. There is no evidence to suggest that it improves practice, nor any clear view in favour of sterile v non sterile gloves. Ms Connolly further advised that practice does vary across NHSGG&C sites. Dr Binning commented on the practicalities of using sterile gloves in theatre and there was some discussion around the cost implications, and educational requirements of introducing sterile gloves. Mr Walsh concluded that the consensus appeared to be that we continue with existing practice, and that members were happy with the content of the policy. Mr Walsh advised that any other comments on the policy should be forwarded to Ms Connolly who will contact individuals

directly then take for approval to the Acute Clinical Governance Committee.

2) **Minute of Previous Meeting**

The minutes of the meeting of the group held on 7 July 2014 were agreed as an accurate record subject to the following corrections.

Page 3 Item 7 (i) Ms Gourlay advised of the change at the minute should now read-
 Antimicrobial pharmacists audited the treatment of SABs from Q3 2013
 94/117 (80.3%) patients had notes available
 61/117 (52.1%) had available kardexes
 36/61 (59.0%) had an echo
 26/61 (42.6%) had at least 14 days IV therapy
 7/61 (11.5%) had a relapse of SAB within 9 months
 Of these 5/7 (71.4%) had received < 14 days IV therapy.

Prof Williams asked about the evidence for at least 14 days IV therapy. YG agreed to go back to SAPG and ask the evidence base for this."

YG

3) **Matters Arising**

a) **Datix Report**

The paper distributed by Ms Cormack was presented by Ms Riach who advised that from April 2013 to March 2014 a total of 175 infection control incidents were reported across the Board. This figure is considerably less than the figure of 327 from the previous year.

An analysis of the category 'Other' incidents revealed three common areas 1) Inadequate cleaning, 2) Failure to communicate infection status and 3) Breach of Infection control procedure.

Ms Riach asked if consideration should be given to developing new codes for these common issues to facilitate greater analysis.

Following discussion there was agreement from members to consider the introduction of sub categories for both the first two categories; inadequate cleaning and communication.

LR/K
C

For the third category, 'breach of infection control procedures' there was agreement that there was a need to ensure that breaches of infection control carried consequences for individuals, and that in particular whoever observes or uncovers breaches of infection control should report it.

Ms Riach agreed to discuss with Ms Cormack around work on the first two categories and once parameters had been set around the third take this forward.

b) **Infection Control Environmental Audit**

Ms McNamee provided a verbal update and reported that the existing IPC audit did not cover all elements of SICPs and that development of a tool that would, had been suspended until the new SGH was operational. . With the recent HEI report for GRI it was felt that this development should be brought forward so that it fully complied with SICPs recognising the concerns that some colleagues had about changing this at a time of significant organisational change. Mr Walsh confirmed that after discussion with the Board medical and Nurse Directors that the development of the new audit tool is to be escalated and is to be in place as soon as possible. Some clarity

TW/S
McN

around Environmental and Facilities reports are required and he and Ms McNamee would discuss with Ms Kane.

- c) **Guidance on Prevention and Control of C-Diff in Care Settings in Scotland**
The paper provided by Professor Williams was received and noted by members. Prof Williams advised that the guidance is broadly aligned with policies already in use by NHS GG&C. He and Ms Gourlay would be assessing if current guidelines are being followed. Changes noted were the severity assessment criteria and antimicrobial prescribing.

CW/Y
G

- d) **National Infection Prevention and Control Manual- Publication of Chapter 2 Transmission based Precautions**
Ms Joannidis provided a verbal update and advised that she had met with colleagues from Mental Health and Paediatrics, and would be meeting with Surgery and Anaesthetics. Comments are being collated and Ms Joannidis will feedback at the next AICC meeting.

PJ

- e) **HAI Consultation feedback**
The paper from Ms Joannidis was received and noted by members. The final draft should be available in December 2014.

- 4) **Monthly Enhanced Surveillance of SAB Reports- June 2014 & July 2014**
Ms McNamee reported on the August and September figures and advised that there were 31 cases identified in August and 27 in September. Around 40%-50% of HAI SABs were directly attributed to a vascular access device. Ms McNamee drew member's attention to the changes to the definition of origin for specimens taken from 1 October 2014. This will result in all patients who receive regular haemodialysis as an outpatient being classified as a Hospital Acquired Infection irrespective of whether they met the national HAI prevalence definition of 48 hours.

- 5) **Quarterly Reports on the Surveillance of C Diff/SAB**
Ms McNamee provided a verbal update on this item and reported that the C-Diff rate was up this quarter. Professor Williams commented that the relapse rate was always, and there is ongoing work looking at the geographical analysis of hotspots. Ms McNamee advised that we are on track with the HEAT target for C-Diff/SABs. Ms Gourlay enquired if members would like to be provided with information on treatment for SABs similar to the information she provided for the same period last year, and that she had obtained confirmation that there is a consensus on 14 days IV treatment for SAB. There was agreement that this information would be useful and Ms McNamee agreed to send the CHI numbers to Ms Gourlay.

- 6) **Draft Policies for Noting**

Draft Decontamination Policy

The policy was noted and will be sent for further approval.

Draft Meningitis Policy

Dr Kennedy provided some comments and the policy was noted by members.

Draft Outbreak Policy

The policy was noted.

- 7) **Standing Items**
- a) **Bi Monthly HAIRT Report October 2014**
Ms McNamee provided members with an update on the October HAIRT report. The report was received and noted. Ms McNamee also updated members on Norovirus and while there were no specific issues to be dealt with at the moment there was one ward currently closed at the Royal Infirmary.
- b) **Scottish Patient Safety Programme**
It was agreed that this item would be changed to the Quarterly Improvement Programme.
- c) **HEIS**
Mrs Brown reported that there were 7 areas in ED at GRI where immediate action had taken place following audit. The main issues were blood on trolleys, waste management and dress code. Mrs Brown also advised that educational and induction training issues were being looked at by Ms McNamee and HON. The draft report will be prepared shortly and the report will be published in December 2014.
- e) **Infection Control Implementation Plan**
Ms McNamee updated members on progress and advised that the plan is being updated on an ongoing basis. Ms McNamee also touched on the resources required from the IPCT to support the Ebola preparedness and Dr Kennedy advised that he chairs the Ebola Group which has produced some educational materials, and information is available through the StaffNet portal. Dr Kennedy advised that there will be a "Live" Table Top Exercise" around Ebola taking place in December 2014 for Board members and staff.
- f) **Sector Reports/Exceptions/Updates**
The Infection Prevention and Control Sector Reports presented by Ms McNamee for August and September 2014 were received and noted by members.
- g) **Minutes of Board Infection Control Committee**
Mr Walsh advised that the Infection Control Committee meeting had only recently taken place and the minutes were not yet finalised.
- h) **CJD**
Dr Kennedy provided a verbal update and advised that the next meeting would be held on 19 November 2014. **IK**
- i) **AMT Report**
The AMT report was presented by Ms Gourlay who advised that within Primary Care use of 4C antibiotics, data for Q3 2014 is not yet available. Within Secondary Care 4C antibiotic use during Q2 2014 remains lower than pre-policy change. Co-amoxiclav decreased on previous quarter, and Quinolone, Cephalosporin and Clindamycin use remains low. Ms Gourlay drew member's attention to the new SAPG Prescribing Target for Downstream Medical Wards to September 2014 and advised that GRI RAD wards also started to collect data in September 2014. **YG**
- j) **Theatre Maintenance/Validation**
The Theatre validation spreadsheet was not available and will be circulated

when updated.

- 8) **AOCB**
The draft meeting schedule for 2015 was noted by members.

- 10) **Date of Next Meeting**
Monday 5 January 2015 at 10.00am, Conference Room, Management Building,
Southern General Hospital

DRAFT

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 7 September 2015**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Prof Craig Williams (Chair)	Lead Infection Control Doctor
Ms E Love	Head of Nursing, W&C
Mrs A Kerr	Lead Nurse Surveillance IPC
Ms Y Gourlay	Lead Pharmacist, AMT
Ms Karen Cormack	Head of Clinical Risk
Ms S McNamee	ADN Infection Control
Mrs P Joannidis	Nurse Consultant Infection Prevention & Control
Mrs J Brown	Chief Nurse Clyde Sector
Ms E. Burt	Chief Nurse South Sector
Dr T Inkster	Consultant Microbiologist Diagnostics
Dr L Bagrade	Consultant Microbiologist ICD Clyde
Mrs C Mitchell	Lead Nurse IPC South Sector
Mrs J Higgins	Lead Nurse Clyde IPC
Ms L McCaig	Senior Charge Nurse Diagnostics
Dr I Kennedy	Consultant Public Health
Mrs L Pritchard	Lead Nurse IPC West & Partnerships
Dr C Peters	Consultant Clinical Microbiologist South Sector

In Attendance

Mr T Sim Corporate Administration Officer

Apologies

Dr D Stewart	Lead Director, Acute Medical Services
Mr T Walsh	Infection Control Manager
Mrs K Hamilton	Lead Nurse IPC North
Mrs M MacDonald	Chief Nurse, Regional

Item**Action**

- 1) **Welcome and Apologies**
Apologies for absence were recorded as noted above. Professor Williams welcomed new members to the meeting.
- 2) **Minute of Previous Meeting**
The minutes of the meeting of the group held on 6 July 2015 were agreed as an accurate record subject to the following corrections.

Page 5 Item 7(h) Dr Peters advised of the change to the wording to reflect the issues that were raised around the design of the room.
- 3) **Matters Arising**
All matters arising were covered in the agenda.

a) **Clinical Risk Update**

Mrs Cormack provided a verbal update to members and advised that there had been some coding issues with C-Diff, and that these were being addressed. Ms McNamee agreed to forward reconciliation data regarding death certificates to Ms Cormack.

b) **National Infection Prevention and Control Manual- Publication of Chapter 2 Transmission based Precautions**

Mrs Joannidis provided a verbal update on this item and advised members that there had been a meeting with Intensive Care and ED staff and that a stepwise approach would be adopted around FFP3 masks which would not be as broad as the national manual.

4) **Monthly Enhanced Surveillance of SAB Reports- June 2015 & July 2015**

Mrs Kerr reported on the June and July figures and advised that there were 34 cases identified in June and 36 in July. Between 44%-47% of reported SAB cases were Hospital Acquired Infections. Mrs Kerr further reported that approximately one third of HAI SABS were attributed to a vascular access device. There is ongoing work to ensure compliance with the HEAT target. The General Adult Central Venous Catheter Care Plan should be commenced on insertion, so this includes Emergency Departments and theatres.

Ms Burt asked about the process around the prompt for chasing up CRTs, and Mrs Kerr advised that there was an automatic prompt at 30 days Mrs Brown asked if the Chiefs of Nursing could also be included into the prompt at 30 days.

5) **Quarterly Reports on the Surveillance of C Diff/SAB**

Mrs Kerr provided a verbal update and advised that the Q2 data would be published in October 2015.

a) **Revised Healthcare Associated Infection (HAI) Standards: Healthcare Environment Inspectorate and Self Assessment**

Mrs Joannidis provided members with a verbal update and advised that there had been no feedback to date with regard to the self assessment document submitted in June 2015.

Following discussion it was agreed that action points and common themes and areas for future focus from previous quarter's inspection reports would be identified and that this item would be included in the next agenda for the meeting in November 2015.

6) **Draft SOPs for Noting**

Mrs Joannidis advised that all draft SOPs had been approved at the previous AICC meeting and then at the BICC meeting in July 2015.

TS

7) **Standing Items**a) **Bi Monthly HAIRT Report June 2015**

The report was received and noted by members.

b) **HEI/HAI**

Ms McNamee provided a verbal update which was noted by members.

c) **Infection Control Implementation Plan**

Members received and noted the Infection Control Implementation Plan presented by Ms McNamee who reported on some of the Amber status items.

There have been ongoing IPC meetings with the Theatre Users Group to ensure that NHS GG&C is compliant with elements of the audit, and that preparations for HEI Theatre inspections are in place. No inspections have taken place in theatres to test interpretation of the standard/tool.

NCIPC working with project lead to ensure that CAAS Link Nurses have the correct training and support to fulfil their roles as IPC Link Nurses. This is still at the testing phase and methods of support may need to be adapted.

The Vale of Leven Report Action Plan is in progress. There was some discussion on clinical walk rounds and Mrs Joannidis agreed to check with the ICM network around how this is being interpreted by other Boards.

Mrs Brown commented that there were some issues with the symbiosis platform with regard to the Audit, as part of it is Facilities led. Professor Williams suggested that Mrs Kane be contacted to obtain clarity and to ensure that progress is being made against timescales.

**CW/S
McN**

d) **Sector Reports/Exceptions/Updates**

The Infection Prevention and Control Sector Reports presented by Mrs Joannidis for June and July 2015 were received and noted by members. Exceptions were reported by the Lead IPC Nurses.

Mrs Mitchell advised that there were five cases of MSSA bacteraemia in a 3 week period, three of which were the same type. An action plan was put in place.

Professor Williams advised that the issues within Neuro Theatres had been resolved and work had been carried out to rectify damage caused by a sewage leak. Professor Williams also reported that ICU ventilation issues had been resolved and that Ms Harkness had advise that the rooms had been passed.

Within Partnerships Mrs Pritchard advised that the BMT ward had been relocated from the QEUH and returned to former location of Wards B8 and B9 at the Beatson West o Scotland Cancer Centre.

Ms Burt asked if Regional could be provided as a separate sector in the report

e) **Minutes of Board Infection Control Committee May 2015**

The minutes of the Board Infection Control Committee meeting on 18 May 2015 were received and noted by members.

f) **CJD**

Dr Kennedy provided members with a verbal update.

g) **AMT Report**

The AMT report provided by Ms Gourlay was received and noted by members. Ms Gourlay began by reporting on Primary Care use of 4c antibiotics, and advised that Cephalosporin use continues to decrease, and that NHS GG&C had achieved the primary care target with more than 50% of practices achieving a decrease in antibiotic prescriptions compared with 2013. YG

Ms Gourlay reported on the new SAPG Prescribing Target Downstream Medical Wards June to July 2015 and advised members that the recording of Indication continues above the 95% target. Prescribing of antibiotics varies around the 95% target, with the recording of duration for oral antibiotic therapy improving, but still below the 95% target.

Ms Gourlay provided further information on the SAPG target for Surgical receiving wards June to July 2015 and for Plastic Surgery prophylaxis September 2014 to July 2015. In particular Ms Gourlay drew member's attention to the improvement in the use of single dose therapy within the SAPG Target for Plastic Surgery where compliance with policy has changed from 40% in September 2014 to 90% in March to May 2015.

h) **Theatre Maintenance/Validation**

Professor Williams advised that Alan Gallacher was currently reviewing the Theatre Validation spreadsheet which covered the remaining estate.

i) **Decontamination**

Professor Williams reported that the drafted new terms of reference were being updated.

8 **New Business**

- DL (2015) 19 Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Policy Requirements

Members received and noted the list of national policy requirements from Ms McNamee who advised members on each of the mandatory areas within the National HAI Surveillance Framework.

There was some discussion around CPE Screening and the potential costs in rolling it out to Intensive Care Units.

- MRSA Key Performance Indicator (KPI) Update

Members received and noted the update from Mrs Kerr who advised that overall compliance was at 86% against the target of 90%, with swabbing compliance remaining a focus for improvement. However in the period April-June 2015 compliance was at 93%.

KPI capture has now been decentralised and is being carried out by Infection Control Nurses across the five sectors. It is anticipated that local management of these audits will improve compliance with application of Clinical Risk Assessment (CRA) and swabbing. Individual Directorate compliance is now being reported quarterly through the Infection Control Monthly Reports.

9) **AOCB**

Dr Kennedy provided an update to members on recent issues with a positive air sample within cardiac surgery. The machine which recorded the sample requires an 8 week wait before it can be returned to the manufacturer, and a further 6 weeks with the manufacturer prior to being returned.

10) **Date of Next Meeting**

Monday 2 November 2015 at 10.00am, Conference Room, Management Building, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 2 November 2015**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Prof Craig Williams
 Ms L Murray
 Mrs A Kerr
 Dr D Stewart (Chair)
 Ms Karen Cormack
 Ms S McNamee
 Mrs P Joannidis
 Mrs J Brown
 Ms E. Burt
 Mrs M MacDonald
 Dr L Bagnade
 Mrs C Mitchell
 Mrs J Higgins
 Mrs K Hamilton
 Dr I Kennedy
 Mr J Stuart
 Ms K McGuigan

Lead Infection Control Doctor
 Corporate Facilities Manager
 Lead Nurse Surveillance IPC
 Lead Director, Acute Medical Services
 Head of Clinical Risk
 ADN Infection Control
 Nurse Consultant Infection Prevention & Control
 Chief Nurse Clyde Sector
 Chief Nurse South Sector
 Chief Nurse, Regional
 Consultant Microbiologist ICD Clyde
 Lead Nurse IPC South Sector
 Lead Nurse Clyde IPC
 Lead Nurse IPC North
 Consultant Public Health
 Chief Nurse North Sector
 Lead Nurse, Imaging, Diagnostics

In Attendance

Mr T Sim

Corporate Administration Officer

Apologies

Mr T Walsh
 Dr S Binning
 Dr T Inkster
 Dr C Peters
 Ms Y Gourlay

Infection Control Manager
 Clinical Director Critical Care
 Consultant Microbiologist Diagnostics
 Consultant Clinical Microbiologist South Sector
 Lead Pharmacist, AMT

Item**Action**1) **Welcome and Apologies**

Apologies for absence were recorded as noted above.

2) **Minute of Previous Meeting**

The minutes of the meeting of the group held on 7 September 2015 were agreed as an accurate record subject to the following corrections.

Page 3 Item 6(c) Mrs Brown advised that the symbiotic platform should replace symbiosis platform.

Dr Kennedy advised that Item 9 AOCB should reflect that the machine described was the property of another NHS Board.

3) **Matters Arising**

All matters arising were covered in the agenda apart from progress around the Environmental Audit. Ms Murray agreed to contact Mrs Kane and provide an update at the next meeting.

LM

a) **Clinical Risk Update**

Mrs Cormack provided a verbal update to members and advised that between April and October 2015 there have been 107 Acute Infection Control incidents. These incidents were mainly C-Diff (34) with Failure to communicate infection status (18), Other (18) SAB (10) and Decontamination (10).

Mrs Cormack also reported that since April 2015 there have been 2 SCI related to Infection Control.

- 09.06.15- GGH - Reuse of laryngoscope blade before sterilisation -low risk. Awareness raised, systems improved to be more robust (next patient not allowed to enter until previous patient equipment cleared away).

- 15.06.15- QEUH- In the renal dialysis unit a Haemo dialysis machine which was isolated for a patient with HEP C was put in the wrong bed bay. A patient who was self caring with Haemodialysis treatment went to this bed bay and assumed the machine was for them and commenced their own treatment.

b) **National Infection Prevention and Control Manual- Publication of Chapter 2 Transmission based Precautions**

Professor Williams provided a paper and advised on the changes made from previous versions of the SOP. Mrs Joannidis advised that any comments from members should be sent to her. Mr Stuart asked that some clarity be provided from Health and Safety around the policy for fit testing for RPE such as FFP3 masks/respirators. Dr Stewart agreed to contact Kenneth Fleming to obtain clarity on this matter.

DS

4) **Monthly Enhanced Surveillance of SAB Reports- August 2015 & September 2015**

Mrs Kerr reported on the August and September figures and advised that in August there were 41 SAB cases were identified, with 6 cases Meticillin Resistant (MRSA). NHSGG&C has identified 116 SAB cases for the last reporting quarter (April-June2015). This is a 14% increase on the previous quarter and above the local target. For September Mrs Kerr advised that there were 39 SAB cases in September with 4 cases Meticillin Resistant (MRSA). NHSGG&C has identified 116 SAB cases for the latest reporting quarter (July- September 2015 Q3) This is the same figure as the previous Quarter, and is above the HEAT Target.

Following discussion it was agreed that there should be a concerted effort to re-energise and focus on areas where improvements can be achieved, in particular in a sustainable way. Professor Williams agreed to re-visit patient

pathways and Infection Control Audit data. An update will be brought to the January meeting. CW

5) **Quarterly Reports on the Surveillance of C Diff/SAB**

Mrs Kerr provided an update on the Q2 Report April- June 2015 and reported that during Q2 there were 107 CDI cases in patients aged 15 years and over reported to Health Protection Scotland. In the previous quarter there were 87 cases. This corresponds to a combined incidence rate of 30.2 cases per 100,000 total occupied bed days. No increasing or decreasing yearly trends in patients aged 15-64 and in those aged 65 & over were observed comparing year ending June 2014 with year ending June 2015.

a) **Revised Healthcare Associated Infection (HAI) Standards: Healthcare Environment Inspectorate and Self Assessment**

Mrs Joannidis provided members with a verbal update and advised that there had been an unannounced inspection at Stobhill Hospital in October 2015. There were a number of issues highlighted, and the opportunity to comment until 25 November 2015. Mrs Joannidis and Mr Stuart advised that the inspection was generally positive.

6) **MRSA Key Performance Indicator (KPI) Update**

Mrs Kerr reported on the KPIs for October 2015 and advised that overall compliance with the appropriate Clinical Risk Assessment is currently 82% for the current Quarter, which is a slight decrease since monitoring began, further work is required within the Acute sectors to ensure that the 90% national target is achieved consistently. Compliance with swabbing is currently only 70%% and still remains a focus for improvement.

7) **Draft Policies for Noting**

- Food Hygiene Policy
- Priority for Isolation Policy
- Outbreak Policy

Dr Stewart commented on the Priority for Isolation Policy and advised that the use of lobbied isolation rooms in adult critical care on Page 3 Section 5 of the policy only applied to the Queen Elizabeth University Hospital site.

8) **Standing Items**

a) **Bi Monthly HAIRT Report August 2015**

The report was received and noted by members. Professor Williams advised that the report is the latest of the regular two monthly reports to NHS Boards as required by the National HAI Task Force Action Plan. The report presents data on the

performance of NHS GG&C on a range of Key HAI indicators at National and individual site level. Professor Williams drew member's attention to page 9, Surgical Site Infections and the requirements outlined in the report. Following discussion there was an agreement that some work around the patient pathway should be undertaken

CW/E
B

b) **HEI/HAI**

Ms McNamee provided a verbal update that covered item 5a and which was noted by members.

c) **Infection Control Implementation Plan**

Members received and noted the Infection Control Implementation Plan presented by Ms McNamee who reported on some of the Amber status items.

There have been ongoing IPC meetings with the Theatre Users Group to ensure that NHS GG&C is compliant with elements of the audit, and if not this is flagged to the senior management team. No inspections have taken place in theatres to test interpretation of the standard/tool.

NCIPC working with project lead to ensure that CAAS Link Nurses have the correct training and support to fulfil their roles as IPC Link Nurses. This is still at the testing phase and methods of support may need to be adapted.

The Vale of Leven Report Action Plan is in progress and has been updated as requested by SGHD

d) **Sector Reports/Exceptions/Updates**

The Infection Prevention and Control Sector Reports presented by Mrs Joannidis for June and July 2015 were received and noted by members. Exceptions were reported by the Lead IPC Nurses.

South Sector- The leak in Neuro Theatres has been completed with sections of ceiling removed and replaced. Further air monitoring showed that the results were satisfactory.

North Sector- No exceptions

Regional- No exceptions

Women & Children's- One exception report

Ebola- Dr Kennedy provided members with a verbal update on the recent Ebola case. Dr Kennedy advised that there is a robust policy in place within Emergency Departments and that national de-brief data would be made available to staff.

e) **Minutes of Board Infection Control Committee May 2015**

The minutes of the Board Infection Control Committee meeting on 27 July 2015 were received and noted by members.

f) **CJD**

Dr Kennedy provided members with a verbal update and advised that there had been one notification. The patient was from the Highland region and therefore we have limited follow up.

g) **AMT Report**

Ms Gourlay to provide a report at the next meeting.

YG

h) **Theatre Maintenance/Validation**

Professor Williams advised that Alan Gallacher was currently reviewing the Theatre Validation spreadsheet which covered the remaining estate. Professor Williams agreed to contact Mr Gallacher to provide a spreadsheet for the next meeting.

CW

i) **Decontamination**

Professor Williams reported that the drafted new terms of reference were now drawn up and would be brought to the next meeting for agreement.

CW

8 **New Business**

- ECB- Mrs Kerr and Ms McNamee provided a paper on Enhanced National Light Surveillance (ECB) of e-coli Bacteraemia and advised members on the data outlined in the paper which was collected in September 2015. In summary, the conclusion reached from the data produced was that there was very little impact on outcomes for patients in NHS GG&C as any interventions that might have an impact are already in place.
- CPE- SOP- Dr Stewart advised members that as there were some ongoing discussions taking place around the SOP that the paper would be brought back to a later meeting.

9) **AOCB**

Mrs Brown advised members that the wording used in her original Risk Awareness Notification was acceptable to Infection Control.

The dates for the AICC meetings in 2016 have been circulated to members.

10) **Date of Next Meeting**

Monday 11 January 2015 at 10.00am, in the Boardroom, JB Russell House.

DRAFT

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 11 January 2016**, at 10.00 am, in the Boardroom JB Russell House, Gartnavel Royal Hospital, Glasgow.

Present

Mrs M Machell
 Mrs A Kerr
 Dr D Stewart (Chair)
 Ms Karen Cormack
 Ms S McNamee
 Ms Y Gourlay
 Mrs P Joannidis
 Mrs J Brown
 Ms E. Burt
 Mrs M MacDonald
 Dr L Bagrade
 Ms Lynn Pritchard
 Mrs J Higgins
 Ms J Rodgers
 Dr H Changez
 Ms K Ferguson
 Mrs K Hamilton
 Dr I Kennedy
 Mr J Stuart
 Ms K McGuigan
 Dr C Peters

Facilities Project Manager
 Lead Nurse Surveillance IPC
 Lead Director, Acute Medical Services
 Head of Clinical Risk
 ADN Infection Control
 Lead Pharmacist, AMT
 Nurse Consultant Infection Prevention & Control
 Chief Nurse Clyde Sector
 Chief Nurse South Sector
 Chief Nurse, Regional
 Consultant Microbiologist ICD Clyde
 Lead Nurse IPC South
 Lead Nurse Clyde IPC
 Chief Nurse HPN
 Consultant Microbiologist ICD North
 Lead Nurse IPC Partnerships
 Lead Nurse IPC North
 Consultant Public Health
 Chief Nurse North Sector
 Lead Nurse, Imaging, Diagnostics
 Consultant Clinical Microbiologist South Sector

In Attendance

Mr T Sim

Corporate Administration Officer

Apologies

Mr T Walsh
 Dr S Binning
 Dr T Inkster
 Prof C Williams

Infection Control Manager
 Clinical Director Critical Care
 Consultant Microbiologist Diagnostics
 Lead Infection Control Doctor

Item**Action**

- 1) **Welcome and Apologies**
 Apologies for absence were recorded as noted above.
- 2) **Minute of Previous Meeting**
 The minutes of the meeting of the group held on 2 November 2015 were agreed as an accurate record with one exception. Ms Prichard attended the meeting not Mrs Mitchell.
- 3) **Matters Arising**

All matters arising were covered in the agenda apart from Item 3b FFP3 mask respirators. Dr Stewart advised that he had contacted Kenneth Fleming and is liaising with Public and Occupational Health. Draft guidance is being worked on and will be circulated in January 2016. Item 3 Environmental Audit. Mrs Machell advised that a report will be produced for the next AICC meeting. Item 8 CPE-SPOP. Dr Stewart reported that further discussions were taking place and a paper would be brought to a later AICC meeting in 2016.

a) **Review of Clostridium Difficile Incidents reported on Datix June- Dec 15**

Members received and noted the paper provided by Mrs Cormack who advised that in May 2015 extra fields were added to Datix which appear when the infection control category of Severe Clostridium Difficile is selected. This was implemented to improve the data gathered for these incidents and to save the attachment of an additional form which was in practice often not attached. Mrs Cormack drew member attention to the results which indicated that of the 33 incidents reported during the above period 12 were incomplete and advised that details were contained in the appendices. Of the 21 cases which had the CDI review questions completed Mrs Cormack advised members of the details. The conclusion highlighted that there remains some problems ensuring that all severe CDI incidents are reviewed, and that there could be further analysis of the data to interpret current practice.

Following discussion it was agreed that it would be useful to identify the responsibility of those concerned with completing the incidents. It would also be helpful to be able to identify potential themes of learning from the report. Ms McNamee agreed to produce a draft for circulation to teams

SMcN

b) **National Infection Prevention and Control Manual- Publication of Chapter 2 Transmission based Precautions**

Mrs Joannidis provided a verbal update and advised members that the draft SOP had gone to the AICC and BICC meetings, and would be revised before final approval.

4) **Monthly Enhanced Surveillance of SAB Reports- October 2015 & November 2015**

Mrs Kerr reported on the October and November 2015 figures and advised that in October there were 48 SAB cases were identified, with 1 case Meticillin Resistant (MRSA). 44% of cases were identified as Community Infections. Mrs Kerr also reported that only 4 completed Clinical Review Tools (CRTs) had been returned at the time of the report collection, and that there is an ongoing requirement for the return of the CRTs. NHSGG&C has identified 116 SAB cases for the last reporting quarter (July-Sept 2015). This is the same number of cases as the previous quarter and will be above the HEAT target. Mrs Kerr again drew member's attention to the amount of PVC and CVC related SABs and on the poor compliance (29%- 85%) with PVC/CVC care plans.

For November Mrs Kerr advised that there were 40 SAB cases with 1 case Meticillin Resistant (MRSA). For the first two months of this quarter Mrs Kerr advise that NHS GG&C will be reporting 88 cases and will remain above the HEAT target.

There was some discussion around the data and the need to tackle the challenges around improving performance. The agreed proposal of a more targeted approach and the provision of feedback to clinical teams and junior doctors was agreed.

Dr Stewart thanked Mrs Kerr for her report and advised members that concerns around performance had been raised at Board level and that a meeting had been arranged by Dr Armstrong on 13 January 2016 to discuss this issue in more detail. Dr Stewart agreed to feedback comments and proposals raised by AICC members at the meeting.

5) **Quarterly Reports on the Surveillance of C Diff/SAB**

Members received and noted the update on the Q2 Report April- June 2015 provided by Mrs Kerr who advised that there were no changes to the Q2 figures. Mrs Kerr advised that the Q3 data would be embargoed until 12 January 2016.

a) **Revised Healthcare Associated Infection (HAI) Standards: Healthcare Environment Inspectorate and Self Assessment**

Mrs Joannidis advised that there were no updates on self assessment.

6) **MRSA Key Performance Indicator (KPI) Update**

Mrs Kerr reported on the KPIs for December 2015 and advised that overall compliance with the appropriate application of the CRA is currently 84% and that further work is required to ensure that the 90% national target is achieved consistently. Mrs Kerr further advised that KPI capture has now been centralised and is being carried out by Infection Control Nurses across the sectors/directorates. It is anticipated that the local management of these audits will improve performance with the application of CRA and swabbing through one to one feedback at the time of audit and further education of nursing staff.

7) **SAB Draft Action Plan**

Members received and noted the SAB draft action plan presented by Mrs Kerr.

8) **Standing Items**

a) **Bi Monthly HAIRT Report December 2015**

The report was received and noted by members. Ms McNamee advised members that the data in the report had been covered earlier in the agenda.

b) **HEI/HAI**

The last inspection took place 3 & 4 November in Gartnavel General Hospital and included West of Scotland Cancer Centre. On this occasion the inspection included theatre areas for the first time. The report will be published in January. The action plan returned included 4 requirements and no recommendations. Requirements included cleaning of trolleys, management of waste, contamination of pressure aids and the cleaning of theatre clogs.

c) **Infection Control Implementation Plan 2015/16**

Members received and noted the Infection Control Implementation Plan presented by Ms McNamee who advised that the plan was currently undergoing an update. Ms McNamee provided update on progress, highlighted the green and advised on some of the Amber status items.

In terms of the Vale of Leven Inquiry Report the Action Plan has been updated and there is some clarity awaited on 24/7 IPCT cover.

NCIPC working with project lead to ensure that CAAS Link Nurses have the correct training and support to fulfil their roles as IPC Link Nurses. This is still at the testing phase and methods of support may need to be adapted.

d) **Sector Reports/Exceptions/Updates**

The Infection Prevention and Control Sector Reports presented by Mrs Joannidis for October and November 2015 were received and noted by members. Exceptions were reported by the Lead IPC Nurses.

South Sector Adults- Mrs Pritchard advised that there had been a CDI Trigger with 2 patients in 14 days HAI CDI. IPCT and Surveillance Lead have been involved in Orthopaedic department meetings regarding an increase in SSI.

South Sector Paediatrics- Mrs Joannidis reported that within Neonatology there were 17 patients to date with *serratia marcescens*. Patients were stable. An action plan is in place with updates to the Scottish Government.

North Sector- Mrs Hamilton advised that there were 4 patients with HAI MRSA attributed to ITU West. Hand Hygiene Audit carried out. Twice daily cleans of Unit being carried out.

Clyde Sector- Mrs Higgins reported that there were 2 HAI CDI patients identified in ward 26 RAH within a 13 day period. The patients were not in the ward at the same time, and neither of the patients had been considered to be a severe case. HPS CDI Trigger tool completed. Different Ribotypes identified.

Regional- No exceptions

West & Partnerships- Ms Ferguson advised that a full report would be provided at the next meeting.

e) **Minutes of Board Infection Control Committee May 2015**

The minutes of the Board Infection Control Committee meeting on 5 October 2015 were received and noted by members.

f) **CJD**

Dr Kennedy provided members with a verbal update and advised that there the near miss previously reported had in fact turned out to be not a miss. Dr Kennedy provided members with updated details on the patient and advised that it was not recorded on Datix.

g) **AMT Report**

Ms Gourlay to provide a report to members and advised that within secondary care the use of co-amoxiclav and clindamycin continued to increase. A meeting with the anti- microbial pharmacists had been arranged for 12 January 2016. Dr Balgrade asked if there was any particular reason why the use of these two antibiotics was increasing. Ms Gourlay advised that hopefully some information would be forthcoming from the real time active feedback work being undertaken at the QEUH.

h) **Theatre Maintenance/Validation**

Mrs Matchell advised that Mr Gallacher was in the process of updating the report and that she would contact him to determine when the report would be available to AICC members.

MM

i) **Decontamination**

An update will be provided at the next meeting

CW

8 **New Business**

- Recommendation for the use of single use Chlorhexidine 2% in 70% IPA as theatre skin preparation.

Mrs Kerr presented an update paper on this matter and advised members of the background and the evidence from literature as well as the estimated cost and benefits to patients of adopting this skin preparation.

Following discussion it was agreed that the AICC would endorse the approach and recommend that this type of skin preparation should become

standard.

9) **AOCB**

Bone Marrow Transplant Unit

Dr Peters advised that the recommendations were going forward.

Dates for AICC Meetings in 2016

The dates for the AICC meetings in 2016 have been circulated to members.

10) **Date of Next Meeting**

Monday 7 March 2016 at 10.00 am, in the Boardroom, JB Russell House.

DRAFT

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 9 May 2016**, at 10.00 am, in the Boardroom JB Russell House, Gartnavel Royal Hospital, Glasgow.

Present

Mrs A Kerr	Lead Nurse Surveillance IPC
Dr D Stewart (Chair)	Lead Director, Acute Medical Services
Ms S McNamee	AND Infection Control
Ms L Pritchard	Lead Nurse Infection Prevention and Control
Ms Y Gourlay	Lead Pharmacist, AMT
Mrs P Joannidis	Nurse Consultant Infection Prevention & Control
Dr T Inkster	Consultant Microbiologist Diagnostics
Mrs K Cormack	Head of Clinical Risk
Mrs J Brown	Chief Nurse Clyde
Dr L Bagrade	Consultant Microbiologist ICD Clyde
Mr J Stuart	Chief Nurse North Sector
Ms K Ferguson	Lead Nurse IPC Partnerships
Dr I Kennedy	Consultant Public Health
Ms K McGuigan	Lead Nurse, Imaging, Diagnostics
Mr T Walsh	Infection Control Manager
Ms J Rodgers	Chief Nurse HPN
Ms E Peters	Infectious Diseases Consultant QEUH

In Attendance

Mrs Sharon Howie	Corporate Administration Assistant
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Apologies

Mrs M MacDonald	Chief Nurse, Regional
Mrs J Higgins	Lead Nurse Clyde IPC
Dr H Changez	Consultant Clinical Microbiologist ICD North
Mrs K Hamilton	Lead Nurse IPC North
Dr C Peters	Consultant Clinical Microbiologist South Sector

Item**Action**

- | | | |
|----|---|--|
| 1) | <u>Welcome and Apologies</u>
Apologies for absence were recorded as noted above. | |
| 2) | <u>Minute of Previous Meeting</u>

The minutes of the meeting of the group held on 7 March 2016 were agreed as an accurate record. | |
| 3) | <u>Matters Arising</u>
All matters arising were covered in the agenda. | |

a) **Clinical Risk Update**

Ms Cormack provided a verbal update on the current position. There was a discussion on the best way forward to explore what is in place if staff are required to be absent from work due to infection which may not be serious for them but could have an impact on patients. Feedback from a recent SCI review was that staff thought that this was unfair in terms of how it would affect their absence record. The GM for the area asked Ms Cormack to take this forward and Ms Cormack asked the group but no one was able to suggest a way forward. It was suggested that in the past a solution was implemented with regards to exclusions due to norovirus but no one had any recent involvement with this issue.

KC

Dr. Stewart indicated that perhaps Ms Cormack should take this back to the service and suggest that this might be a HR issue. Mr Stuart suggested this may only be applicable to high risk areas. Ms Cormack agreed to take this forward.

b) **National Infection Prevention and Control Manual- Publication of Chapter 2 Transmission based Precautions**

Mrs Joannidis provided a verbal update and advised that there has been no changes to date. She requested that this item remain on the agenda and she will advise that group of any future updates.

4) **Monthly Enhanced Surveillance of SAB Reports- February 2016 & March 2016**

Mrs Kerr reported on the February 2016 and March 2016 figures and advised that in February there were 43 SAB cases identified, 39% of cases were identified as Community Infections. There were 11 cases of hospital acquired infections which were IV access related. There was a PVC/CVC ward sweep which indicated poor compliance. NHS GG&C identified 106 Staphylococcus aureus Bacteraemia cases for the last reporting quarter (January 2016 – March 2016 Q1 2016). This is a 17% reduction on the previous quarter but will be above the HEAT target. Mrs Kerr also advised that there were 16 reported cases in April 2016.

For March 2016 Mrs Kerr advised that there were 28 SAB cases, a large proportion of which were community cases. She advised that only 2 HAI SABs were CVC related and no PVC related cases with four cases Meticillin Resistant (MRSA). Only three cases were directly linked to an IV access device (11% of all SABS).

Dr Stewart commented that the figures are encouraging and highlighted the importance of attention to detail.

Mr Walsh advised that the SAB Action Plan has been updated and circulated and advised members that comments are welcome.

It was agreed that Ms Gourlay will provide details of the percentages of patients on antibiotics compared to oral for the next meeting of the group.

YG

5) **Quarterly Reports on the Surveillance of C Diff/SAB Q4**

C-Diff

Members received and noted the update on the Q4 Report Oct - Dec 2015 provided by Mrs Kerr who advised that during Q4 2015 314 new CDI cases in patients aged 65 years and above were reported to Health Protection Scotland. In the previous quarter there were 284 cases. This corresponds to an incidence rate of 34.0 cases per 100,000 total occupied bed days. Mrs Kerr also advised that during Q4 2015 169 new CDI cases in patients aged 15-64 years were reported. In the previous quarter there were 160 cases.

She advised that the yearly trend is up in GG&C and Scotland in patients aged 15-64 years and that GGC is also above the normal variation when looking at long term trends over the past three years.

The local number of cases for Q1 is 94 showing a reduction of 32%.

SAB

During Q4 2015 407 new S. aureus bacteremia (SAB) cases including meticillin resistant S aureus (MRSA) and meticillin sensitive S aureus (MSSA) were reported to Health Protection Scotland. In the previous quarter there were 388 SAB cases. This corresponds to an overall incidence rate of 32.6 SAB cases per acute occupied bed days compared to 31.6 per 100,000 in the previous quarter.

a) **Revised Healthcare Associated Infection (HAI) Standards: Healthcare Environment Inspectorate and Self Assessment**

Ms Joannidis provided a verbal update and advised that this was published in February/March 2015. Self Assessment has been updated and is due on 30 May 2016. She advised this will be submitted and she is hoping for feedback. There are no actions required at the moment but she will provide feedback to the members.

6) **MRSA Key Performance Indicator (KPI) Update**

Ms Kerr advised that NHS GGC compliance with the MRSA KPI was reported as 87% this was better than the previous two reporting quarters and better than NHS Scotland who reported 80% compliance. The target is 90% compliance with screening.

7) **HIAT Green Reporting Protocol**

Members received and noted the Protocol and Ms McNamee advised that the system is now in place.

a) **IPC Incident Algorithm**

Members received and noted the circulated paper.

8) **Standing Items**a) **HAIRT Report August 2015**

Mr Walsh referred to the circulated paper and advised that there were no issues to highlight apart from SABs and CDIs which have already been covered.

Mr Stuart suggested that a short summary of the report would be helpful and Mr Walsh agreed to bring the summary which is prepared for BICC to this group going forward.

TW

Mr Walsh advised that SSIs are within acceptable limits and there was a discussion about the current position.

b) **HEI/HAI**

Ms McNamee provided a verbal update on the inspection to the VOL and informed the committee that she had been asked to raise the issue of when the clinicians should inform relative if they intended to place CDI as a primary or contributory cause of death on the patients death certificate as the inspectorate themselves were not clear regarding this issue which is in the HEI standards and was a recommendation from the VOL report. Dr Stewart requested that it be put on the agenda for the next meeting and asked for members thoughts on the subject.

ALL

Relatives' links to duty of candour was highlighted and Ms Cormack agreed to look into this.

KC

c) **Infection Control Implementation Plan April 2016/17**

Ms McNamee referred to the circulated paper and highlighted the salient points. She invited comments from the members and Ms Gourlay indicated that she was keen to continue the work of the AMT with regards to reviewing antibiotic prescribing and outcomes for patients with SAB infections and advised that a meeting with Dr Inkster will take place separately next week to discuss the best way forward.

There was also a discussion about possible funding.

d) **Sector Reports/Exceptions/Updates Feb/March 2016**

Members noted the circulated paper and there was a discussion about the best way to resolve current issues.

Mrs Brown advised there has been D & V activity in Clyde and that 5 wards had been closed however she confirmed that they are all open again. She highlighted a lack of environmental information available and advised that Marion Macdonald will be meeting with Mary Anne Kane's team to discuss further. Mrs Brown suggested that an exception report would be beneficial and Ms McNamee advised that a meeting was held last week to discuss the best way forward in relation to producing more detailed information, however, this may take some time to implement.

Dr Stewart asked for a progress report from Mr Walsh and advised members that he will write to Mary Anne Kane.

TW
DS

Mr Stuart highlighted the salient points for North Sector. GRI site CDI SPC has now had 8 data points above the control line which is statistically significant. IPCT will discuss how to address the CDI numbers within GRI and liaise with the Clinical Director and antimicrobial pharmacists. He also advised that outbreak meetings continue with Ms McNamee's team.

e) **Minutes of Board Infection Control Committee 2015**

The minutes of the Board Infection Control Committee meeting on 21 March 2016 will be circulated as soon as possible.

f) **CJD**

Dr Kennedy provided members with a verbal update and advised that there were no medical high risk procedures and therefore no need for further action.

g) **AMT Report**

Ms Gourlay provided a report to members and advised that within Secondary Care 4c Cephalosporin use remains low, Co-amoxiclav use decreased in Q1 2016 and clindamycin use is increasing.

The Co-amoxiclav audit at QEUH showed that only 1/22 (4.5%) was inappropriate.

Recording of Indication GG&C median result above 95.0 % target each month and Prescribing of policy antibiotics GG&C median result above improved from June 2015 94.1 % to subsequently above 95.0 % target each month. However Ms Gourlay reported that Recording of duration for oral/ IV antibiotic therapy GG&C median result consistently well below 95% target. Continued local and clinical governance feedback. Administration of all antibiotic doses GG&C median result around 95.0 % target.

Dr Stewart requested that the report be forwarded to George Welch requesting feedback in relation to the South Sector.

YG

h) **Theatre Maintenance/Validation**

Mr Walsh advised that Christine Peters will pick this up at the next meeting.

He also highlighted to members that theatre layouts at QEUH are due for validation.

i) **Decontamination Group**

Mr Walsh advised that there were no outstanding issues. He also advised that Kate Hamilton will cover this going forward that a meeting will be arranged in the near future to discuss the current position.

j) **Draft Policies for consideration**

Measles SOP
Mumps SOP
Ruebella SOP

Ms Joannidis advised that key changes Include Occupational Health and PPE Guidance. She confirmed that the SOPs are currently out for consultation and advised that members still have time if they wish to provide comments before they go to the BICC Meeting for approval.

9) **New Business**

- IPCAT Summary Report – Ms McNamee referred to the circulated paper and provided an update on progress. She advised that work is ongoing and they will be able to produce more of a breakdown on ward performance next year providing a broader picture of the current position.

10) **AOCB****SAB Final Action Plan**

Mrs Kerr advised that there are quite a few areas still to be commenced/updated. She asked that members get in touch with her if they would like these to be amended

SAB PVC/CVC Sweep April 2016

Members noted the circulated paper

Prevalence of PVC and CVC devices is comparable with previously published National Point Prevalence Survey data.

CVC care plan compliance has remained static within Regional Services and compliance has increased at South Glasgow.

SBAR – Chlorhexidine for Pre-Operative Skin Disinfection

Members noted the circulated paper.

NHSGGC Board is currently non-compliant with the optimal recommendations for pre-operative skin decontamination, has detected two areas within the board showing an increased incidence of SSI and AICC have recommended that NHSGGC moves to using a 2% chlorhexidine gluconate in 70% IPA product. The optimal product range would be a single-use, licenced (medicinal) product range however this is likely to be associated with significant costs. A previous estimate in 2011 suggested a potential cost impact of £1.5m/per annum.

Without in-depth knowledge of all surgical practices in NHSGGC, assessing realistic cost implications of such a switch in the current setting is extremely challenging due to the potential variables involved. All surgical specialties

would therefore need to be fully engaged in a cost assessment to ensure a reasonable predictor of potential costs.

The aim is to raise this issue for further discussion at the Acute Clinical Governance Forum and engage further with surgical specialties as necessary to ensure a board-wide decision is made regarding which product range of 2% chlorhexidine gluconate in 70% IPA is chosen for use across NHSGGC.

11) **Date of Next Meeting**

Monday 4 July 2016 at 10.00 am, in the Boardroom, JB Russell House.

DRAFT

AICC(M) 16/05
Minutes: 1 - 24

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Acute Infection Control Committee
held in the Board Room,
Corporate Headquarters, J B Russell House,
Gartnavel Royal Hospital
1055 Great Western Road, Glasgow, G12 0XH
on Monday, 5 September 2016 at 10.00 a.m.**

P R E S E N T

Mr T Walsh, Infection Control Manager (in the Chair)

Dr L Bagrade	.. Consultant Microbiologist, ICD Clyde
Ms K Ferguson	.. Lead Nurse, IPC Partnerships
Ms A Gow	.. Chief Nurse, Regional Services
Mrs K Hamilton	.. Lead Nurse, IPC North Sector
Ms J Higgins	.. Lead Nurse, IPC Clyde Sector
Dr T Inkster	.. Consultant Microbiologist, Diagnostics
Ms P Joannidis	.. Nurse Consultant, IPC
Dr I Kennedy	.. Consultant, Public Health Medicine
Mrs A Kerr	.. Lead Nurse, Surveillance IPC
Ms K McGugan	.. Lead Nurse, Imaging, Diagnostics
Ms S McNamee	.. Assistant Nurse Director, IPC
Dr C Peters	.. Consultant Clinical Microbiologist, South Sector
Dr E Peters	.. Infectious Diseases Consultant
Ms L Pritchard	.. Lead Nurse, IPC South Sector
Ms L Scott	.. Associate Chief Nurse, South Sector
Mr J Stuart	.. Chief Nurse, North Sector

I N A T T E N D A N C E

Mrs E Watt .. Secretariat

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Ms E Burt, Ms Y Gourlay, Dr B Jones, Ms J Rodgers and Dr D Stewart.

2. MINUTES

The Minutes of the meeting of the Acute Infection Control Committee held on Monday, 4 July 2016 were approved as a correct record.

NOTED

3. MATTERS ARISING

Clinical Risk Update

Mr Walsh had been advised that the Clinical Governance representative on this Committee (Ms K Cormack) was standing down.

Mr Walsh pointed out that there should be a paper from Clinical Governance with regard to a summary of IPC Incidents on Datix which may be useful for the Committee to have sight of at some time in the future.

DECIDED:

That this item be removed from the agenda and Ms Cormack be taken off the Committee's distribution list.

4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL – PUBLICATION OF CHAPTER 2 TRANSMISSION BASED PRECAUTIONS

Ms Joannidis provided a verbal update and advised that a literature review had been carried out on three topics; alcohol hand rubs, gloves and immunisation. Ms Joannidis would speak to Ms R Wall, Occupational Health Service Manager, regarding the implications of this review.

It was noted that the process for fit testing for FFP3 masks was being carried out with the first phase concentrating on A&E and ITU. Dr E Peters had contacted health and safety to request that radiography staff be considered a priority.

NOTED

5. SAB ACTION PLAN AND MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : JUNE AND JULY 2016

Mr Walsh had emailed the Plan out to members prior to the meeting advising them that the NHS Board have taken a specific interest in our performance against the SAB HEAT Target and have requested an update on progress for the October Board meeting. He asked that all members with outstanding actions provide a current progress update by 9 September 2016 to facilitate the Board paper for October.

Ms Kerr reported on the June 2016 and July 2016 figures outlining the following:-

In June 2016, 20 SAB cases had been identified (this had later been reduced to 19 – an explanation was given); 9 of which were HAIs, 4 HCAIs and 7 community infections. This was the lowest number of SABs reported in a month in NHSGGC to date and was a 53% reduction on cases reported in May 2016. Compliance with PVC and CVC care plan remained poor in ward sweeps post SAB and during IPCAT audits.

For the last reporting quarter (April - June 2016) NHSGGC identified 111 SAB cases. This was a decrease of 5% upon the previous quarter. All sectors/directorates are above trajectory.

In July 2016, 34 SAB cases had been identified; 14 of which were HAIs, 9 HCAIs and 11 community infections.

For the August report there were 39 cases: the target is 25 cases.

A discussion ensued on issues regarding a new IV access product and the anecdotal evidence that it was difficult to manipulate. Mr Walsh pointed out that despite the evidence there was no difference to the SAB rates before and after this product was used. This product had been chosen by National procurement via a CAP panel. Mr Walsh indicated that it is anticipated that management of this device, PICC and midlines would be picked up when the Vascular Access Policy was updated. It was also noted that a sub-group specifically to review guidance in relation to PICC and Mid lines, had been convened and was due to meet soon.

Dr. C Peters asked how learning from SAB CRTS was cascaded. It was noted that the Board Clinical Governance Committee review all incidents considered significant (this includes SABs with significant outcomes) and information from this forum is expected to be cascaded through the whole of GGC.

DECIDED:

- | | | |
|----|--|-------------------|
| 1. | That members with outstanding actions on the SAB Action Plan provide a current progress update by 9 September 2016 to facilitate the completion for a paper for the October Board meeting. | Members |
| 2. | That Mr Walsh write to Ms E Love, to find out when the Vascular Policy will be updated. | Mr T Walsh |
| 3. | That Mr Walsh write to Dr D Stewart in regard to outstanding actions in the SAB Action Plan. | Mr T Walsh |

6. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : JUNE - JULY 2016

Ms McNamee advised that this report had been produced on the request of Dr Armstrong, Medical Director. The report was received and noted. Topics included Infection Prevention & Control Audits, ward closures/outbreaks; LearnPro IPC related module completions, *Staphylococcus aureus* Bacteraemia cases & CDI cases with incidence rates based on bed day data per sector.

The key issues from the reports were highlighted which included there was non-compliance with PVC/CVC bundles (part of IPCAT audit).

This report is still in development and if any member required additional information added to the report they should inform Ms McNamee. A member asked if the data in relation to the overall incidence of CDI and SABs could be analysed further to include only HAIs, it was agreed that we would add this to the report.

DECIDED:

1. That Ms McNamee look into whether HAIs could be included in the table mentioned above. **Ms S McNamee**

2. That members inform Ms McNamee of any additional information they wish included in this paper. **Members**

7. REVISED HEALTHCARE ASSOCIATED INFECTION (HAI) STANDARDS: HEALTHCARE ENVIRONMENT INSPECTORATE AND SELF-ASSESSMENT

Mrs Joannidis commented that evidence had been submitted in May and that no update had been required.

NOTED

8. DRAFT POLICIES FOR NOTING / APPROVAL

Mrs Joannidis gave a brief overview of the undernoted draft SOPs.

- Whooping Cough (Pertusis) SOP
- Procedure for the Development and Approval of Infection Prevention Control Policies, SOPs and Patient Information in NHSGGC

DECIDED:

That if members had any comments on the above policies they should be sent to Pamela.Joannidis [REDACTED] by 16 September 2016. **Members**

9. BI-MONTHLY HAIRT REPORT – AUGUST 2016

The above report was received and noted. This report had been discussed at the NHS Board meeting on 16 August 2016. The paper presents information on NHSGGC performance against HEAT and other HAI performance measures.

It was requested by the NHS Board that information on requirements/recommendations made by the inspectorate be included in future reports.

NOTED

10. HEI / HAI

Ms McNamee informed the Committee that the Vale of Leven 16 week follow up Action Plan had been submitted to the inspectorate for approval.

A follow up visit to the theatre areas within Gartnavel Hospital had taken place to assess the implementation of the three requirements from their previous visit. It was noted that two of the three requirements had been met. The requirement not met was the replacement of theatre table mattresses previously noted to be damaged and therefore not able to be adequately decontaminated.

NOTED

11. INFECTION PREVENTION AND CONTROL WORK PLAN – 2016/17

Members received and noted the above Infection, Prevention and Control Work Plan for 2016/17 which supported the implementation of the NHS Board IPC Programme 2016/17.

- National Point Prevalence Survey would commence in September and be completed by 30 November 2016. [*This would be discussed further at Minute 21 below*].
- The Vale of Leven Report was accepted by the NHS Board with no new initiatives from the Scottish Government. [*This would be discussed further at Minute 22 below*].
- IPCAT tool for mental health sites and theatres had not yet started. This will go live in mid September but there had been IT issues.

Dr Armstrong had asked that an oversight of HAI scribe work be kept and was looking for a summary. This had been completed and added to the work plan. In addition, Dr Inkster had prepared a paper on the roles on responsibilities of the IPCT in relation to new builds and renovation projects. This had been submitted to the Director of Facilities and Mr Walsh and other members of the IPCT SMT were due to meet him in the next few weeks to agree a way forward.

NOTED

12. INFECTION PREVENTION AND CONTROL WORK FOR THE ACUTE INFECTION CONTROL PLAN 2016/17

Members received and noted the above Infection, Prevention and Control Work for the Acute Infection Control Plan 2016/17 which supported the implementation of the NHS Board IPC Programme 2016/17.

Mr Walsh indicated that it was proposed to send this report out approximately four weeks before the next meeting of the Committee (first week in October) for members to update and the updated version would be included in the agenda for the November meeting of the Committee.

NOTED

13. INFECTION PREVENTION AND CONTROL SECTOR UPDATE REPORT – JUNE/JULY 2016

Members received and noted the above Infection, Prevention and Control Sector report for June/July 2016.

The Lead Infection Control Nurses gave an update from their respective directorates.

Dr Kennedy gave an overview of the issue with the water supply at the Royal Alexandra Hospital on 10 August 2016. The build up of sediment in the water tanks, resulting from discoloured mains supply, led to a decision not to use the water from the tanks for drinking, bathing and hand hygiene. The hospital's water tanks were cleaned out continuously over a 24-hour period with clean water supplied from water tankers, drafted in by Scottish Water.

There had been another incident in the Royal Alexandra Hospital last week where brown water was flowing from the taps and bottled water was used for drinking.

Dr Kennedy outlined that from a Public Health perspective, no actions required to be taken. There had been significant difficulties with communication between GGC and Scottish Water.

A question was raised on who makes the decision to use bottled water. This was thought to be the Incident Management Team and Facilities.

The Drinking Water Quality Regulators had been informed and Scottish Water would submit a report to the Regulators by 18 October; a copy of this would be sent to the Public Health Department.

DECIDED:

That the Committee have sight of the Scottish Water report on the Royal Alexandra Hospital when available.

Dr I Kennedy

14. BOARD INFECTION CONTROL COMMITTEE MINUTES – 23 MAY 2016

The Minutes of the meeting of the Board Infection Control Committee held on 23 May 2016 were received and noted.

A further meeting had been held on 25 July 2016 and these minutes would be included in the next agenda for this meeting.

Mr Stuart asked if the ward round checklist which will review Adult IV-Oral Antibiotic Switch Therapy (IVOST) in QEUH medical units referred to in the minutes was available for other sectors to use. Enquiries would be made and, if available, would be sent to the Secretary for onward transmission to members.

**Ms S McNamee
Secretary**

NOTED

15. CJD

Dr Kennedy gave a brief update on CJD. It was noted that a HPS Survey on Risk of CJD would be received.

NOTED

16. AMT REPORT

Information was provided on GGC 4C antibiotic use, new SAPG duration target in downstream medical and surgical wards (June 2015 – July 2016), SAPG target for plastic surgery prophylaxis (September 2014 – July 2016) and urology surgical prophylaxis.

It was noted that vascular prophylaxis surgery was missing from the report. This had been fed back to the Antimicrobial Management Team.

NOTED

17. NEW BUILD HOSPITALS UPDATE

Dr Inkster gave an update on new build hospitals and information given included the following:-

- Adult BMT – A comparison of key structural air quality controls of units across the UK was presented to Beatson SMT and senior offices in the Board. The new unit in QEUH falls below the standards implemented in other units. Discussions were ongoing regarding relative risk of the exposure to risks from the environment and the risk of patients being cared for on a site without critical care facilities. Discussions are ongoing.
- Paediatric BMT – rooms are currently being updated to achieve the required specification but this is not complete as yet and will continue to be monitored.
- There are four new neurological theatres at the QEUH. IPCT are involved in the design and functionality of these to meet building standards.
- Information on the suitability of the hospital rooms in QEUH to care for patients with infectious diseases was still awaited from HPS/HFS.

NOTED

18. THEATRE MAINTENANCE / VALIDATION

Dr Peters gave a brief update on the above indicating that validation of the theatres in QEUH would be included in future updates. She outlined issues with getting the sampling carried out.

NOTED

19. DECONTAMINATION GROUP

Mrs Hamilton advised that Dr Andrew Smith was the new Chair of the Decontamination Group.

An overview was given of an incident that occurred in the endoscopy department in the INS.

DECIDED:

That Dr A Smith be invited to become a member of this Committee.

Mr T Walsh

20. POINT PREVALENCE STUDY (PPS)

Mrs Kerr gave an overview of the PPS which would commence on 1 September 2016 starting at the QEUH. 10 hospitals would be included (220 wards). Four wards would be visited each day and the study should be completed by 18 November 2016.

NOTED

21. BOARD PAPER – VALE OF LEVEN INQUIRY EXECUTIVE REVIEW SLWG FINAL REPORT

The Committee was asked to receive and note an NHS Board paper entitled “Vale of Leven Inquiry : Executive Review Short Life Working Group Final Report” which had been considered at the NHS Board meeting on 28 June 2016.

The paper set out the status of the recommendations from GGC’s perspective and the conclusions of the SLWG. The Inquiry Report set out 75 recommendation, 65 of these fell to NHS Boards to implement.

The SLWG had reviewed in detail the actions taken against each recommendation the report and supporting written evidence. It was assured that those actions fulfil the requirements of the recommendations and were satisfied that there were no significant gaps requiring attention and that actions have been embedded and mainstreamed where appropriate.

Monitoring and oversight of any ongoing areas of work would continue through the relevant professional or Directorate/Board structures.

NOTED

22. ANY OTHER COMPETENT BUSINESS

NHS Board’s Flu Plan Group

Ms McNamee indicated that at least one sector had been asked to prepare a local flu plan and suggested that some areas would require an acute rather than a sector response, ie pharmacy, procurement. The Acute Planning Group no longer existed but it was suggested that an Acute Forum might be a more appropriate level for this plan. Mr Stuart and Ms McNamee agreed to raise this with Mrs M Farrell who is the Acute Division’s representative of the Board’s Flu Planning Group.

DECIDED:

That Mr Stuart/Ms McNamee ask Mrs Farrell re the feasibility of an Acute Plan.

Ms S McNamee

23. REVIEW OF ACTIONS

A resume of the actions from the meeting were noted as follows:-

- | | |
|--|---------------------------------|
| (a) Clinical Risk Update <i>[Remove item from the agenda and take off Mrs K Cormack from the Committee’s distribution list]. [Minute 3 refers]</i> | Secretary |
| (b) SAB Action Plan <i>[Members with outstanding actions on the SAB Action Plan provide a current progress update by 9 September 2016 to Mr Walsh to facilitate the completion for a paper for the October Board meeting. Mr Walsh would also email Dr Stewart re outstanding actions in the SAB Plan]. [Minute 5 refers].</i> | Members
Mr T Walsh |
| (c) Vascular Policy <i>[Mr Walsh write to Ms E Love to find out when this policy will be updated]. [Minute 5 refers].</i> | Mr T Walsh |
| (d) Bi-Monthly IPC Activity Reports <i>[Ms McNamee look to see whether HAIs could be included in table and if members had information they wished added to the report they should inform Ms McNamee]. [Minute 6 refers]</i> | Ms S McNamee
Members |
| (e) SOPs <i>[Comment on the two SOPs discussed be sent to Mrs Joannidis by 16 September 2016]. [Minute 8 refers].</i> | Members |

- | | |
|---|------------------------------------|
| (f) IPC Work For The Acute Infection Control Plan <i>[This report be sent to members first week in October to update. The updated version would be included in the agenda for the November meeting of the Committee]. [Minute 12 refers].</i> | Secretary
Members |
| (g) Royal Alexandra Hospital – Water Supply <i>[When available Dr Kennedy would let the Committee have sight of the Scottish Water report on the Royal Alexandra Hospital]. [Minute 13 refers].</i> | Dr I Kennedy
Mr T Welsh |
| (h) Board ICC Minutes <i>[If available, the ward round checklist being produced which will review Adult IV Oral Antibiotic Switch Therapy (IVOST) in QEUH medical units will be circulated to members for information]. [Minute 14 refers].</i> | Ms S McNamee
Secretary |
| (i) Decontamination Group <i>[Invite Andrew Smith to become a member of the Committee]. [Minute 19 refers]</i> | Mr T Walsh |
| (j) Flu Planning <i>[The Committee's view that there should be one Flu Plan for Acute Division]. [Minute 22 refers].</i> | Ms S McNamee |
| (k) Review of Actions <i>[This should be included as an agenda item for each meeting].</i> | Secretary |

24. DATE OF NEXT MEETING

The next meeting of the Acute Infection Control Committee would be held on Monday, 7 November 2016 at 10.00 a.m. in the Board Room, J B Russell House, Gartnavel Royal Hospital.

AICC(M) 16/06
Minutes: 1 – 27

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Acute Infection Control Committee
held in the Board Room,
Corporate Headquarters, J B Russell House,
Gartnavel Royal Hospital
1055 Great Western Road, Glasgow, G12 0XH
on Monday, 14 November 2016 at 10.00 a.m.**

P R E S E N T

Mr T Walsh, Infection Control Manager (in the Chair)

██████████	.. Infection Control Doctor
Ms K Ferguson	.. Lead Nurse, IPC Partnerships
Ms A Gow	.. Chief Nurse, Regional Services
Mrs K Hamilton	.. Lead Nurse, IPC North Sector
Ms J Higgins	.. Lead Nurse, IPC Clyde Sector
Dr T Inkster	.. Lead ICD,
Ms P Joannidis	.. Nurse Consultant, IPC
Dr B Jones	.. Head of Microbiology
Mrs A Kerr	.. Lead Nurse, Surveillance IPC
Dr A Marek	.. ICD North
Ms K McGugan	.. Lead Nurse, Imaging, Diagnostics
Ms S McNamee	.. Assistant Nurse Director, IPC
Ms L Pritchard	.. Lead Nurse, IPC South Sector
Ms J Rodgers	.. Chief Nurse, HPN
Ms L Scott	.. Associate Chief Nurse, South Sector

I N A T T E N D A N C E

Ms L Campbell	.. Site Facilities Manager, Clyde Sector
Ms L Cotton	.. STS Microbiology Registrar
Ms A F Fisher	.. Associate Chief Nurse, North Sector
Dr G Penrice	.. Consultant in Public Health Medicine
Ms F MacKenzie	.. Dental Nurse Manager, Oral Health
Ms C McKay	.. Associate Chief Nurse, Clyde Sector
Mrs E Watt	.. Secretariat

ACTION BY

1. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Mrs J Brown, Ms Y Gourlay, Dr I Kennedy, Dr E Peters, Dr A Smith, Dr D Stewart, Mr J Stuart and Mr S Young.

Mr Walsh welcomed Dr Brian Jones, Head of Microbiology and [REDACTED], to their first meeting of the Committee.

Due to their being a number of people in attendance deputising for members, Mr Walsh asked everyone to introduce themselves.

2. MINUTES

The Minutes of the meeting of the Acute Infection Control Committee held on Monday, 15 September 2016 were approved as a correct record.

NOTED

3. MATTERS ARISING

All actions from the last meeting had been progressed. The following was highlighted:

- Vascular Policy [*This policy was still awaited. Mr Walsh would again contact Ms E Love in this regard.*]
- Bi-Monthly IPC Activity Reports [*At the last meeting a member had asked if the data in relation to the overall incidence of CDI and SABs could be analysed further to include only HAIs. Mrs McNamee had looked at this and indicated that this did not make much difference.*]
- Royal Alexandra Water Supply [*Dr Penrice had provided a copy of the Scottish Water report discussed at the last meeting. This would be discussed later in the agenda.*]

NOTED

4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL

Ms Joannidis provided a brief verbal update including information on in-patient placements – patient with diarrhoea and patient flows. The SOPs would be updated in this regard.

NOTED

5. SAB ACTION PLAN AND MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : AUGUST AND SEPTEMBER 2016

Ms Kerr reported on the August 2016 and September 2016 figures outlining the following:-

In August 2016, 39 SAB cases had been identified; 12 of which were HAIs, 13 HCAIs and 14 community infections. Regional Services had 10 SAB cases – seven of which were hospital acquired. Compliance with PVC and CVC care plan remains variable in ward sweeps post SAB - three clinical areas achieved 100% compliance with care plan documentation; however, two areas had 17 – 22% compliance.

In September 2016, 44 SAB cases had been identified; 12 of which were HAIs, 14 HCAIs and 10 community infections. Compliance with PVC and CVC care plan remains variable in ward sweeps post SAB.

For the last reporting quarter (July - September 2016) NHSGGC identified 117 SAB cases. This was an increase of 6.4% upon the previous quarter. All sectors/directorates are above trajectory. A member indicated that an improvement plan was in place for haematology.

Ms Kerr advised that NHS Boards not meeting their targets was a national picture. The NHS Board should be seen to be complying with their own targets.

NOTED

6. SAB ACTION PLAN

The Committee were asked to receive and note an updated SAB Action Plan. This was self explanatory. It was important to keep this as a Board-wide action plan and individual area focus on their own government arrangements. This would be updated to reflect the revised CRT process.

Mr Walsh advised that “HEAT” targets will probably be “standards” next year. It was likely that “True community” cases would be measured against a population denominator rather than bed numbers.

NOTED

7. REVISED CRT PROCESS FOR SAB

Ms McNamee gave an overview of the review of current processes in place to review cases of SAB as per Scottish Government Circular CMO(2011)13. This circular required NHS Boards to conduct rapid event investigations, as a minimum, for all deaths associated with *C difficile* or SAB. A new CRT process was being proposed which would ensure that only those SABs considered to be significant, and avoidable infections, are reviewed via the established clinical review process thus addressing clinical staff concerns about the requirement to review all cases. All significant incidents identified by Datix are reviewed by the Board’s Clinical Governance Committee and this will ensure that shared learning is not lost due to the changes in this process.

Dr David Stewart, Medical Director, was supportive of this change.

A discussion ensued and a member asked how this would fit in with the SCI process. It was pointed out that this would operate within the SCI process with no significant changes.

DECIDED:

That the Committee give its approval to the recommendation to change the process as outlined in this paper and look at how this is working in six to nine months time.

8. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : AUGUST – SEPTEMBER 2016

Ms McNamee advised that this report contained combined information from the Acute Sector/directorates: North and South Glasgow, South Clyde, Regional Services and Women and Childrens for August and September 2016. Topics included Infection

Prevention & Control Audits, ward closures/outbreaks; LearnPro IPC related module completions, *Staphylococcus aureus* Bacteraemia cases & CDI cases including occupied bed day comparison data.

This was a new format which bridges the gap between Sector/Directorate and HAIRT reports. This paper would also go to the meetings of the Acute Services Clinical Governance Forum. The Forum requested that the three key issues are highlighted in the paper.

The key points of the report were as follows:

- 52 Infection Prevention and Control Audits were completed in August and September. 59% of clinical areas (n=23) scored 65% or less in the Quality Improvement section of the Infection Prevention and Control Audit (IPCAT). This is considered to be a red score.
- A total of 2611 Learn Pro IPC educational modules were completed in August & September 2016. 85% were undertaken by nursing & midwifery staff. Less than 2% of module completions were in the medical staff group.
- There was an increase in the numbers of CDI in NHSGGC during this period. North Sector has 21 cases identified by the microbiology lab, 10 of these were HAI. An estimated rate of CDI per 100,000 OBDs for this period is 36.7 which is well above the HEAT target for the board of 32 cases per 100,000OBDs.

NOTED

9. **REVISED HEALTHCARE ASSOCIATED INFECTION (HAI) STANDARDS: HEALTHCARE ENVIRONMENT INSPECTORATE AND SELF-ASSESSMENT**

Mr Walsh advised that there is no requirement to carry out HEI self assessments next year.

Mrs Joannidis indicated that she would have welcomed feedback on previous self assessments.

NOTED

10. **DRAFT POLICIES FOR NOTING / APPROVAL**

Mrs Joannidis gave a brief overview of the undernoted draft SOPs.

- IPC Meningococcal Disease Policy
- IPC Outbreak SOP [*Extended for six months*]
- IPC Staff Screen SOP [*Extended for one year*].

DECIDED:

That if members had any comments on the above policies/ SOPs they should be sent to Pamela.Joannidis by 16 November 2016.

Members

11. BI-MONTHLY HAIRT REPORT – OCTOBER 2016

The above report was received for information. This report had been discussed at the NHS Board meeting on 18 October 2016. The paper presents information on NHSGGC performance against HEAT and other HAI performance measures. The key issues were highlighted.

NOTED

12. HEI / HAI

Ms McNamee gave an update on HEI / HAI and the following was highlighted:-

- Gartnavel General Hospital [*This report was due to be published on 2 November 2016*].
- Royal Hospital for Children [*There had been an unannounced visit on 7 and 8 November 2016 and the report was due to be published on 18 November 2016. There were two actions from this visit*].
- Princess Royal Maternity Hospital [*There had been an unannounced visit on 19 and 20 October 2016 and the report was due to be published on 11 January 2107. Issues raise on this visit included decontamination, temperatures recorded, mattresses*].

The above information would be included as a summary in the next HAIRT report.

A discussion ensued on specification codes for clinical areas in which members pointed out that some areas were not set up on the right code for cleaning frequencies. Ms Campbell advised that this specific issue had been picked up by Facilities. It was pointed out that there was potentially an issue with the coding across GGC. Ms Campbell agreed to pass this concern on to Facilities colleagues.

It was pointed out that if the purpose of a room changes, Facilities should also be notified.

NOTED

13. INFECTION PREVENTION AND CONTROL WORK PLAN – 2016/17

Members received and noted the above Infection, Prevention and Control Work Plan for 2016/17 which supported the implementation of the NHS Board IPC Programme 2016/17.

The Committee noted that the IPCAT Mental Health and Theatre Audits were now in place The tool for out-patients will be put on the system in the near future.

It was also noted that there was a meeting on 18 November 2016 to agree the role of the IPCT in new build and other significant capital development projects.

NOTED

14. INFECTION PREVENTION AND CONTROL WORK PROGRAMME FOR THE ACUTE INFECTION CONTROL COMMITTEE 2016/17

Members received and noted the above Infection, Prevention and Control Work Programme for the Acute Infection Control Committee 2016/17 which supported the implementation of the NHS Board IPC Programme 2016/17.

This report had been sent to Sector/ Directorate HAI Leads prior to the meeting and some updates had been received.

It was agreed that a more formal update and detailed discussion would be facilitated at the next meeting in January. Written updates from Sector/ Directorate HAI Leads would be requested for the next meeting.

NOTED

15. INFECTION PREVENTION AND CONTROL SECTOR UPDATE REPORT – JUNE/JULY 2016

Members received and noted the above Infection, Prevention and Control Sector report for August/September 2016.

The Lead Infection Control Nurses gave an update from their respective sectors

NOTED

16. BOARD INFECTION CONTROL COMMITTEE MINUTES – 25 JULY 2016

The Minutes of the meeting of the Board Infection Control Committee held on 25 July 2016 were received and noted.

A further meeting had been held on 3 October 2016 and these minutes would be included in the next agenda for this meeting.

NOTED

17. CJD

Dr Penrice advised that there has only be one notification received since the last meeting and no look back was required.

NOTED

18. AMT REPORT

Ms Gourlay was unable to attend the meeting but provided a paper which included information on antimicrobial prescribing data for medical wards, surgical wards and surgical prophylaxis, European antimicrobial point prevalence, GGC point prevalence, GGC 4C antibiotic use, gentamicin and vancomycin use in GGC, meropenem and piperacillin / tozabactam use, aztreonam and temocillin use, GGC SABs and *C difficile* infection, gentamicin patient information leaflet and antimicrobial kardex.

DECIDED:

That any comments on this paper be sent to Ms Y Gourlay.

Members

19. NEW BUILD HOSPITALS UPDATE

Dr Inkster gave an update on new build hospitals as indicated below:-

- Adult BMT [*A decision was awaited*].
- Paediatric BMT [*There was agreement to upgrade rooms. Plans and start date were awaited*].

NOTED**20. THEATRE MAINTENANCE / VALIDATION**

The validation of the theatres in QEUH was progressing and all other areas were up to date.

Dr Inkster also advised that a review of validation and maintenance of ventilation systems in high risk clinical areas was being undertaken. This would commence at the Queen Elizabeth University Hospital prior to rolling out to other sites.

NOTED**21. DECONTAMINATION GROUP**

Mrs Hamilton advised that Dr Andrew Smith was the new Chair of the Decontamination Group. A new process for rapid response to requests for decontamination was being implemented.

NOTED**22. NHS GGC FLU PLANNING GROUP**

At the last meeting a discussion had taken place on the requirement for an Acute Operating Division Flu Plan and Mr Stuart / Ms McNamee were going to contact Mrs M Farrell in this regard.

It was understood that there was no Acute Flu Plan. Dr Penrice indicated that there was an NHS Board Plan and a detailed plan would be required within Acute Services. It was noted that such a plan would require co-ordination of resources for any type of surge in admissions including Influenza.

Mrs McNamee pointed out that other countries use their surge or Winter Plan and that the Winter Planning Group had previously developed this each year

Dr Penrice advised that there was an Oversight Group meeting in December 2016.

DECIDED:

Ms Fisher agreed to take the above information back to Dr Stuart and Mrs Farrell to take this issue up with the Acute Services Committee.

Ms A F Fisher

23. NATIONAL HAI AND ANTIMICROBIAL PRESCRIBING POINT PREVALENCE STUDY (PPS)

Mrs Kerr gave an overview of the PPS which commenced on 1 September 2016. This is due to be completed in the next few days and so far the survey has been carried out in seven hospitals (197 wards), with pro-rata data collection by 26 infection control staff and eight AMC pharmacists. This is a huge undertaking for the Board and paper forms containing gathered information is being sent to Health Protection Scotland. The national report is expected to be published in the spring of 2017. The information is also being added to an excel spreadsheet to allow local reports to be produced and these would be circulated to members when available.

The Queen Elizabeth Hospital data was: 72 wards were included in the survey, 1,336 eligible patients were surveyed, 46 patients with 53 active HAI, 489 patients were receiving antimicrobials. The time taken for data collection for this site was 492.5 hours.

Thanks were given to all involved in this survey which included infection control staff, AMT pharmacists and ward staff.

NOTED

24. MEETING DATES FOR 2017

A Schedule of meeting dates for the Committee were attached with the agenda papers. These were approved.

NOTED

25. ANY OTHER BUSINESS

(a) Surgical Site Infection Surveillance

Mrs Kerr advised that the World Health Organisation had made 29 recommendations in regard to the above.

NOTED

(b) Therapets

Ms McNamee advised that therapets were available in mental health and long term wards but pointed out that at a recent Senior Management Team meeting they had indicated that therapets were not recommended by the IPCT in acute clinical areas.

Members had differing views with some indicating that therapets can help patients in acute post op wards. It was suggested that a process could be put in place but this would have to be service led and a protocol would require to be agreed to the local Infection Team.

A copy of the Mental Health protocol would be provided as a start to developing an Acute protocol.

DECIDED:

That a protocol be prepared for therapists to be allowed in acute post op wards. The Committee would review the protocol at the next meeting when available.

**Sector/
Directorate
Leads**

(c) West Glasgow ACH

Ms Ferguson raised an issue with the West Glasgow ACH at Yorkhill having a number of clinical areas having unfinished estates work including non compliant sinks.

It was agreed that Ms Campbell would raise this issue directly with Ms M A Kane.

Ms C Campbell

NOTED

(d) Royal Alexandra Hospital – Scottish Water Quality Report

Dr Penrice had provided a copy of the Scottish Water Report from the incident held on 9 August 2016.

Ms Campbell advised that this had been a Scottish Water issue where had indicated that a surge had taken place. She gave an overview of the actions which would be taken by both Scottish Water and the NHS Board which included information on treatment plan reservoirs and an internal survey of the pipe work as there appeared to be an increase in the level of iron aluminium.

It was noted that there were lessons to be learned from this incident including communication failures and response times.

NOTED

26. REVIEW OF ACTIONS

A resume of the actions from the meeting were noted as follows:-

- | | |
|---|---------------------|
| (a) Vascular Policy [Mr Walsh would contact Ms E Love again to find out when this policy would be updated]. [Minute 3 refers]. | Mr T Walsh |
| (b) CRT Process for SAB [Approval was given to the change in process. This will be revisited by the Committee in six to nine months] [Minute 7 refers]. | Mr T Walsh |
| (c) Bi-Monthly IPC Activity Reports [The Acute Clinical Governance Forum wished that the three main key points be highlighted on the front cover of the report]. [Minute 8 refers]. | Ms S McNamee |
| (d) Policies [Comment on the IPC Meningococcal Disease Policy discussed be sent to Mrs Joannidis by 16 November 2016]. [Minute 10 refers]. | Members |
| (e) HEI / HAI [Information discussed in regard to inspections at Gartnavel General Hospital, Royal Hospital for Children and the Princess Royal Maternity Hospital would be included in the next HAIRT report which would go To the NHS Board]. [Minute 12 refers]. | Ms S McNamee |
| (f) IPC Work Plan [This would be updated for the next meeting]. [Minute 13 refers]. | Ms M McNamee |
| (g) AMT Report [Comments on this report to be send to Ms Y Gourlay]. [Minute 18 refers]. | Members |

- | | |
|---|--|
| (h) NHSGGC FLU Planning <i>[Information on the lack of an Acute Flu Plan be taken back to Dr Stuart and Ms M Farrell to raise at the Acute Services Committee]. [Minute 22 refers].</i> | Ms A F Fisher |
| (i) Point Prevalence Study <i>[Local reports would be sent to members when available]. [Minute 23 refers].</i> | Ms A Kerr |
| (j) Therapets <i>[A protocol for therapets be prepared for acute post op wards. The Committee would review this at their next meeting on 9 January 2016]. [Minute 25(b) refers].</i> | Sector/
Directorate
Leads |
| (k) West Glasgow ACH - Unfinished Estates Work <i>[All issues discussed would be raised with Mrs M A Kane]. [Minute 25(c) refers].</i> | Ms C Campbell |

27. DATE OF NEXT MEETING

The next meeting of the Acute Infection Control Committee would be held on Monday, 9 January 2016 at 10.00 a.m. in the Board Room, J B Russell House, Gartnavel Royal Hospital.

AICC(M) 17/01
Minutes: 1 – 26

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the
Acute Infection Control Committee
held in the Board Room,
Corporate Headquarters, J B Russell House,
Gartnavel Royal Hospital
1055 Great Western Road, Glasgow, G12 0XH
on Monday, 9 January 2017 at 10.00 a.m.**

P R E S E N T

Mr T Walsh, Infection Control Manager (in the Chair)

██████████	..	Infection Control Doctor
Mrs K Hamilton	..	Lead Nurse, IPC North Sector
Ms J Higgins	..	Lead Nurse, IPC Clyde Sector
Ms P Joannidis	..	Nurse Consultant, IPC
Dr B Jones	..	Head of Microbiology
Mrs A Kerr	..	Lead Nurse, Surveillance IPC
Ms K McGugan	..	Lead Nurse, Imaging, Diagnostics
Ms S McNamee	..	Assistant Nurse Director, IPC
Ms L Scott	..	Associate Chief Nurse, South Sector
Mr S Young	..	Corporate Facilities Lead
Ms L Cotton	..	STS Microbiology Registrar
Ms A F Fisher	..	Associate Chief Nurse, North Sector
Ms C McKay	..	Associate Chief Nurse, Clyde Sector
Ms E Sommerville	..	Clinical Service Manager, Regional
Mr S Hasnie	..	Consultant Microbiologist
Dr E Peters	..	Infections Diseases Consultant
Dr I Kennedy	..	Consultant Public Health Medicine

I N A T T E N D A N C E

Mr Z Barlow .. Secretariat

1. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Ms Y Gourlay, Mrs J Brown, Ms J Rodgers, Ms A Gow, Mr I Buchanan, Dr A Smith, Dr D Stewart, Mr J Stuart, Ms K Fergusson, Dr T Inkster, Dr A Marek, Ms L Pritchard, Ms L Campbell, Dr G Penrice, and Ms F McKenzie.

Mr Walsh welcomed Mr Z Barlow who will be taking over duties from Ms E Watt giving admin support to the Committee.

Mr Walsh asked everyone to introduce themselves.

2. MINUTES

The Minutes of the meeting of the Acute Infection Control Committee held on Monday, 14 November 2016 were approved as a correct record.

3. MATTERS ARISING

All actions from the last meeting had been progressed. The following was highlighted:

- Vascular Policy [*This policy was still awaited. Mr Walsh would again contact Ms E Love in this regard.*]
- No AMT Report to submit [*Ysobel Gourlay sent apologies with no report to submit due to Q4 not being available yet*]
- Flu Planning [*Meeting Friday 20th January, update at next meeting in March*]
- Point Prevalence Study [*Study reports have been sent*]
- Unfinished Estates Work [*Kirsty Ferguson to update Scott Young*]
- ICB Reports [*Approved*]

4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL

Ms Joannidis provided a brief verbal update including information on the change to hand washing techniques and agreed to share with nurses and clinical staff.

Ms Joannidis

5. SAB ACTION PLAN AND MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : October And November 2016

Mrs Kerr reported on the October 2016 and November 2016 figures outlining the following:-

In October 2016, 34 SAB cases had been identified; 12(35%) of which were HAIs, 8(24%) HCAIs and 14(41%) community infections. Regional Services had 10 SAB cases – five of which were hospital acquired.

NHSGGC has identified 117 *Staphylococcus aureus* Bacteraemia cases for the last reporting quarter (July – September, Q3 2016) This is an increase of 6.4% upon the previous Quarter.

In Nov 2016, 40 SAB cases had been identified; 17(42%) of which were HAIs, 10(25%) HCAIs and 13(33%) community infections. 4 ward sweeps following 10 directly attributed PVC and CVC related SAB were red audits.

For the last reporting quarter (July - September 2016) NHSGGC identified 117 SAB cases. This was an increase of 6.4% upon the previous quarter. All sectors/directorates are above trajectory.

6. SAB ACTION PLAN

Mrs Kerr reported on the SAB action plan stating that hospital IV practice led and was encouraging ward staff. Mrs Kerr was asked by Mr Walsh to provide a full SAB update at the next committee in March.

Ms McNamee indicated that she had not heard back from the Short Life Working Group.

DECIDED

Mrs Kerr to provide a power point presentation at the next Committee meeting in March with an update on the SAB action plan.

Mrs A Kerr

Ms McNamee and Mr Walsh to liaise with Elaine re the Short Life Working Group update.

**Mr Walsh/
Ms McNamee**

8. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : October and November 2016

Ms McNamee advised that this report contained combined information from the Acute Sector/directorates: North and South Glasgow, South Clyde, Regional Services and Women and Children for October and November 2016. Topics included Infection Prevention & Control Audits, ward closures/outbreaks; LearnPro IPC related module completions, *Staphylococcus aureus* Bacteraemia cases & CDI cases including occupied bed day comparison data.

The key points of the report were as follows:

- 55 Infection Prevention and Control Audits were completed in November and December. 35% of clinical areas (n=15) scored 65% or less in the Quality Improvement section of the Infection Prevention and Control Audit (IPCAT). This is considered to be a red score.
- There were 1 ward closures, due to the Norovirus (suspected or confirmed) across five hospitals in October & November. There were 77 patients affected by the outbreaks as well as 27 staff, the wards were closed for a total of 55 days.
- A total of 2519 Learn Pro IPC educational modules were completed in October and November 2016. 84% were undertaken by nursing & midwifery staff. Less than 2% of module completions were in the medical staff group.
- There was a decrease in the number of *Clostridium difficile* cases for the first two months of this reporting quarter.

Mr Walsh advised a notice from the AICC Board meeting that all medical staff should be keeping up to date with Learnpro modules. Mrs A Kerr also advised that the Data Analysis Team reported that the figures of staff who completed their Learnpro modules were not accurate due to discrepancies of where staff work.

9. REVISED HEALTHCARE ASSOCIATED INFECTION (HAI) STANDARDS: HEALTHCARE ENVIRONMENT INSPECTORATE AND SELF-ASSESSMENT

Mr Walsh advised that there is no requirement to carry out HEI self-assessments next year.

10. DRAFT POLICIES FOR NOTING / APPROVAL

Mrs Joannidis gave a brief overview of the undernoted draft SOPs.

- Toy cleaning SOP
- CDI (Paediatrics) SOP

DECIDED:

That if members had any comments on the above policies/ SOPs they should be sent to [Pamela.Joannidis](mailto:Pamela.Joannidis@nhs.uk) [REDACTED] by 16 January 2017.

Members

11. BI-MONTHLY HAIRT REPORT

The above report was received for information. This report had been discussed at the NHS Board meeting on 20 December 2016. The paper presents information on NHSGGC performance against HEAT and other HAI performance measures.

In the absence of Dr Inkster, Ms McNamee provided a brief update stating that the figures from quarters 1-3 of 2016 had the highest CDIF rate ever. Unusually the last quarter for 2016 showed the lowest rate ever.

Ms McNamee advised of the knee infection outbreak at QEUH and made the committee aware that there is a full action plan in place and monitoring of the situation will continue. Also mentioned was that SABS are currently on track and could potentially be reduced nationally in the future.

12. HEI / HAI

Ms McNamee gave an update on HEI / HAI and the following was highlighted:-

- Gartnavel General Hospital [*There had been an unannounced visit on 25 August 2016 and the report was published on 2 November 2016. There were two requirements listed from this visit*].
- Royal Hospital for Children [*There had been an unannounced visit on 7 and 8 November 2016 and the report was published on 18 November 2016. There were two actions from this visit*].

Ms McNamee reported that the 16-week GRH action plan was due on Thursday 12th January. Also that the PRM report was due to be published on Wednesday 11th January, it is expected to bring bad news and will be discussed at the next committee meeting. There were raised concerns regarding the front door to the QEUH concerning hygiene, the situation is in hand and is being closely monitored however proving to be a challenging time. It was asked that all other sites be reviewed and this has been completed as per request.

13. INFECTION PREVENTION AND CONTROL WORK PLAN – 2016/17

Members received and noted the above Infection, Prevention and Control Work Plan for 2016/17, which supported the implementation of the NHS Board IPC Programme 2016/17.

The Committee noted that the IPC work plan was complete for 2016/17 and that the new work plan for 2017/18 should begin drafting.

It was also noted that the Clinical Governance forum was to be arranged.

14. INFECTION PREVENTION AND CONTROL WORK PROGRAMME FOR THE ACUTE INFECTION CONTROL COMMITTEE 2016/17

It was agreed that a more formal update and detailed discussion would be facilitated at the next meeting in March re the IPC work programme for the Acute Infection Control Committee. Written updates from Sector/ Directorate HAI Leads would be requested for the next meeting.

DECIDED

Template to be sent out to committee for completion, and with the permission of Joyce Brown, a copy of her update to be circulated.

15. INFECTION PREVENTION AND CONTROL SECTOR UPDATE REPORT – November/December 2016

Members received and noted the above Infection, Prevention and Control Sector report for November/December 2016.

The Lead Infection Control Nurses gave an update from their respective sectors.

16. BOARD INFECTION CONTROL COMMITTEE MINUTES – 3 October 2016

The Minutes of the meeting of the Board Infection Control Committee held on 3 October 2016 were received and noted.

17. CJD

Mr Walsh reported that he had met with Dr Stewart regarding funding for Nero. The next meeting will be held on the first week in February.

18. NEW BUILD HOSPITALS UPDATE

There was a discussion with the committee regarding the role of IPC in new builds. It was agreed with Mr D Loudon that IPC will have a role in any future new builds and that IPC should have a separate sign off for each build.

DECIDED:

Mary Anne Kane to distribute paper which will clarify the process of sign off for new builds.

Ms M A Kane

19. THEATRE MAINTENANCE / VALIDATION

Mrs K Hamilton reported that there is now a comprehensive plan in place and everything was settled for the moment.

20. DECONTAMINATION GROUP

The Decontamination Group meeting was held on the same day as the AICC. Mrs K Hamilton will bring the action plan from this group to the next meeting in March.

21. NHS GGC FLU PLANNING GROUP

There was a general discussion with the committee around where the Acute Operation Division were in relation to the Flu Plan.

22. NATIONAL HAI AND ANTIMICROBIAL PRESCRIBING POINT PREVALENCE STUDY (PPS)

Mrs A Kerr provided an update of the National HAI and Antimicrobial Prescribing Point Prevalence Study. 1344 hours are used over 17 days and 10 hospitals which are measured in acute and non-acute. An overall HCI rate of 3.4% compared to 2011 with 4.9% nationally. Glasgow having a rate of 4.7% which is a significant drop. The stand out site for Glasgow was the GRI with an overall 2.7% which is a significant improvement on the 5.8% in 2011. Urinary Tract Infection and Pneumonia were at most common infections closely followed by surgical side infections. Mrs Kerr advised that the national report would be out in April and that it will next be resurveyed in 5 years time. The survey suggested a presentation at each meeting, this was agreed with the committee.

DECIDED:

Ann Kerr to give a presentation at the March meeting.

Mrs A Kerr

23. CHANGE TO NATIONAL SSI PROGRAMME

Mr Walsh commented on the topic of colorectal and vascular surgery which had been spoken about before by the Committee saying that it will be up for surveillance. Advising that we should retain anything possible locally to take forward and report nationally, some will be getting dropped however not yet clarified.

Mrs Kerr reported on the topic advising that in July 2016 colorectal and vascular surgery started at four hospitals. There were concerns from Health Protection Scotland regarding emergency procedures stating that there isn't enough preparation time. The monitoring of knee, hip and C-section needs to be tightened as these are not being reported to Health Protection Scotland. Mrs Kerr said that not having resources is impacting on the board however having the electronic system is helping reduce the mandatory requirements.

24. REVIEW OF ACTIONS

A resume of the actions from the meeting were noted as follows:-

- | | |
|--|-----------------------|
| (a) Vascular Policy [Mr Walsh would contact Ms E Love again to find out when this policy would be updated]. [Minute 3 refers]. | Mr T Walsh |
| (b) Unfinished Estates Work [Kirsty Ferguson to update Scott Young][Minute 3 refers] | Ms K Ferguson |
| (c) SAB Action Plan[Mrs Kerr to give update with a presentation at March meeting.][Minute 6 refers] | Mrs A Kerr |
| (d) Policies [Comment on the toy cleaning SOP and CDI (Paediatrics) SOP discussed be sent to Mrs Joannidis by 16 January 2017]. [Minute 10 refers] | Ms P Joannidis |
| (e) IPC Work Plan[IPC work plan for 2017/18 to begin drafting][Minute 13 refers] | Mr T Walsh |
| (f) AIPC Work Plan [Template for the Acute Infection Prevention and Control work plan to be distributed for completion] [Minute 14 refers] | Sector Reps |

25. ANY OTHER BUSINESS

It was reported that there was an RSV outbreak which lead to numerous problems. 10 out of 12 patients had their chemotherapy postponed which led to this being escalated to a red flag. 1 patient died during this time.

26. DATE OF NEXT MEETING

Monday, 6 March 2017 at 10.00 a.m. Board Room, Ground Floor Admin Building, Gartnavel Royal Hospital.

**Minutes of the
Acute Infection Control Committee
held in the Board Room,
Admin Building, Gartnavel Royal Hospital
on Monday, 6th March 2017 at 10.00 a.m.**

PRESENT

Tom Walsh (Chair)	Infection Control Manager
Dr Teresa Inkster	Lead Infection Control Doctor
Lynn Pritchard	Lead Nurse, IPC South Sector
Elaine Burt	Chief Nurse, South Glasgow
Kirsty Ferguson	Lead Nurse, IPC West/HSC Partnerships
Susie Dodds	Lead Nurse, IPC Paediatric South Glasgow
Ysobel Gourlay	Lead Pharmacist
Ann Gow	Chief Nurse, Regional Services
Padma Polubothu	Microbiologist
Kalliopi Valyraki	Microbiologist
Barbara Weinhardt	Consultant Microbiologist
Jackie Wilson	Clinical Service Manager, Oral Health
Kate Hamilton	Lead Nurse, IPC North Sector
Joan Higgins	Lead Nurse, IPC Clyde Sector
Pamela Joannidis	Nurse Consultant, IPC
Ann Kerr	Lead Nurse, Surveillance
Karen McGugan	Lead Nurse, Imaging & Diagnostics
Sandra McNamee	Associate Nurse Director, IPC
Dr Iain Kennedy	Consultant Public Health Medicine

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Brian Jones	Scott Young
Andrew Smith	Jen Rodgers
Erica Peters	Joyce Brown

Item	Action
<p>1. APOLOGIES AND WELCOME Apologies were received from the above mentioned.</p> <p>Mr Walsh welcomed Calum MacLeod to the Committee who will be taking over the minute taking of the group.</p>	
<p>2. MINUTES</p> <p>The Minutes of the meeting of the Acute Infection Control Committee held on Monday 9th January 2017 were approved as a correct record.</p>	
<p>3. MATTERS ARISING</p> <p>All actions from the last meeting had been progressed. The following was highlighted:</p> <p>Vascular Policy Sandra McNamee has attended a meeting regarding this and work is currently ongoing</p> <p>West Glasgow ACH Outstanding Estates Work Scott Young had emailed Tom Walsh regarding this. Kirsty Ferguson is to organise a meeting with Scott Young to discuss current estates issues</p> <p>Point Prevalence Survey 2016 Presentation:</p> <p>Ann Kerr provided a presentation on the recent Point Prevalence survey that took place 1st September -18th November 2016. A total of 10 hospitals, 224 wards, 3834 patient forms were complete accumulating in 1344 data collection hours.</p> <p>Ann Kerr provided an update on the main points of the report:-</p> <ul style="list-style-type: none"> - The prevalence of HAI has decreased in NHSGGC in 2016 from 4.7% in 2011 to 3.1% in 2016 - The overall rates have decreased in four hospitals since the 2011 survey, however the Royal Alexandra Hospital noted an increase. - In RHC the HAI rate in 2011 was 6.1% and is now 3.6%. - The rate for QEUH is 4.0% and the rate for GRI is 2.7%. - Pneumonia is the highest incidence. <p>Tom Walsh also emailed all staff who participated in the survey to convey his thanks.</p> <p>Ysobel Gourlay has asked if the IPCT were going to compare the HAI pneumonias that met the EDC definitions within the Point Prevalence Survey and actually look into the investigation of the patient to see if they were admitted with symptoms.</p> <p>IPC Training Records for Medical Staff</p> <p>Uptake on Learnpro for medical staff is very low. Plan is to develop a module to give access to SICPs for all grades of medical staff.</p> <p>Kate Hamilton has sent out an online module for the IPCT Lead Nurses to review. She is currently exploring the costs of the module.</p>	<p>KF</p> <p>IPCT</p>
<p>4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL</p> <p>Pamela Joannidis provided a brief verbal update regarding the use of FFP3 masks which are no longer required when staff are carrying out Aerosol Generating Procedures for patients with Aspergillus species.</p>	

Item	Action
<p>5. SAB ACTION PLAN AND MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : December 2016 – January 2017</p> <p>Ann Kerr reported on the December 2016 and January 2017 figures outlining the following:-</p> <p>In December 2016, 30 SAB cases had been identified; 11(37%) of which were HAIs, 10(33%) HCAIs and 9(30%) community infections.</p> <p>NHSGGC has identified 104 <i>Staphylococcus aureus</i> Bacteraemia cases for the last reporting quarter (October - December, Q4 2016) This is a decrease of 11% upon the previous Quarter.</p> <p>In January 2017, 37 SAB cases had been identified; 18(49%) of which were HAIs, 7(19%) HCAIs and 12(32%) community infections. 13 cases were IV access device sources, 10 of which DATIX were sent out. It was noted that poor compliance was reported from the PVC/CVC sweeps carried out in wards.</p>	
<p>6. SAB ACTION PLAN</p> <p>Elaine Burt asked if there was any good practice within any other health boards for SABs. Ann Kerr informed the group that the PVC/CVC care plan had been tweaked slightly where the insertion criteria has been taken out. It has been replaced with a section regarding the reason for insertion . A visual reminder has also been inserted to document why the PVC is still in situ after 72 hours.</p> <p>MSSA screening has started for Renal patients in February 2017. This will help the IPCT see if colonisation is a factor for renal patients.</p> <p>Sandra McNamee is going to create a draft document (1 page) to outline what action the IPCT and local clinical teams take when there is poor compliance/PVC sweeps. .</p> <p>Ann Kerr asked for any outstanding SAB Action Plans to be forwarded onto herself.</p>	<p>SMcN</p>
<p>7. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : December 2016 and January 2017</p> <p>Sandra McNamee advised that this report contained combined information from the Acute Sector/directorates: North and South Glasgow, South Clyde, Regional Services and Women and Children for December 2016 and January 2017. Topics included Infection Prevention & Control Audits, ward closures/outbreaks; LearnPro IPC related module completions, <i>Staphylococcus aureus</i> Bacteraemia cases & CDI cases including occupied bed day comparison data.</p> <p>The key points of the report were as follows:</p> <ul style="list-style-type: none"> ➤ 47 Infection Prevention and Control Audits were completed in December 2016 and January 2017. 60% of clinical areas (n=18) scored 65% or less in the Quality Improvement section of the Infection Prevention and Control Audit (IPCAT). This is considered to be a red score. ➤ There were 14 ward closures, due to the Norovirus (suspected or confirmed) across five hospitals in December and January. There were 72 patients and 15 staff affected by the outbreaks, the wards were closed for a total of 66 days. ➤ A total of 1835 Learn Pro IPC educational modules were completed in December 2016 and January 2017. 81% were undertaken by nursing & midwifery staff. ➤ There were 15 IV access device related <i>Staphylococcus aureus</i> Bacteraemia reported in December 2016 and January 2017. ➤ There has been a reduction in the number of <i>Clostridium difficile</i> cases for December 2016 and January 2017 in comparison to October & November 2016. 	

Item	Action
A48890718	

8. DRAFT POLICIES FOR NOTING / APPROVAL

Pamela Joannidis gave a brief overview of the undernoted draft SOPs.

- CJD SOP has been cut down by Dr Kennedy and Kate Hamilton regarding single use and reusable instruments for patients.
- Scabies SOP aligns with the National IC manual.
- Group A Streptococcus has moved from a policy to an SOP.

If anyone has any comments they wish to document about the above SOPs can you please email Pamela Joannidis before they are presented to the BICC on 27th March 2017.

Members

9. BI-MONTHLY HAIRT REPORT

The above report was received for information. This report had been discussed at the NHS Board meeting on 21st February 2017. The paper presents information on NHSGGC performance against HEAT and other HAI performance measures.

Dr Inkster provided a brief update stating that the CDI figures from quarter 3 (July-September 2016) had increased to 120 cases from the previous quarter reporting 87 cases.

10. HEI / HAI

Sandra McNamee gave an update on HEI / HAI and the following was highlighted:-

- Princess Royal Maternity Hospital had their HEI report published on 11th January which included 7 requirements from the visit.
- Queen Elizabeth University Hospital has an escalation action plan. The HEI inspectors want an action plan in place from their 11 recommendations and 3 requirements by the 15th March 2017. The report will be published and made public on the 29th March 2017.

11. INFECTION PREVENTION AND CONTROL WORK PLAN – 2016/17

The Committee noted that the IPC work plan has one outstanding item. The SOP for new builds is currently being updated by Scott Young and Sandra McNamee will take this to the BICC to be signed off by the end of March 2017.

SMcN

12. INFECTION PREVENTION AND CONTROL WORK PROGRAMME FOR THE ACUTE INFECTION CONTROL COMMITTEE 2016/17

It was agreed that the formal update/detailed discussion from Sectors/Directorates didn't add any value on what had been already reported on. The AICC report already holds most of this information. The group agreed that sector/directorate work programmes for the AICC has added no value to the committee and time would be better focussed on the implementation plan during 2017/18. .

Members

Item	Action
<p>13. INFECTION PREVENTION AND CONTROL SECTOR UPDATE REPORT – December 2016 – January 2017</p> <p>Members received and noted the above Infection Prevention and Control Sector report for December 2016 – January 2017.</p> <p>The Lead Infection Control Nurses gave an update from their respective sectors.</p>	
<p>14. BOARD INFECTION CONTROL COMMITTEE MINUTES – 28th November 2016</p> <p>The Minutes of the meeting of the Board Infection Control Committee held on 28th November 2016 were received and noted.</p> <p>Tom Walsh requested a chief of nursing nomination to attend future BICC meetings so Nursing profession can be represented.</p>	Members
<p>15. CJD</p> <p>Dr Iain Kennedy reported that we are now working towards full compliance with the NICE guidelines for Neuro and Paediatric instruments.</p> <p>A module for staff to complete on Learnpro is currently being developed.</p> <p>A patient information leaflet is currently being developed.</p>	
<p>16. ANTIMICROBIAL TEAM REPORT</p> <p>Ysobel Gourlay pointed out that patients who were treated with antibiotics for SABs for less than 14 days have a higher chance of relapse than patients who receive treatment for longer.</p> <p>It was agreed that a patient story could be brought to the next AICC meeting from each sector to be discussed</p> <p>Lynn Pritchard pointed out that SAB treatment algorithms are given to Clinicians. In addition, CDI treatment algorithms have been printed off in colour/laminated and put up in Doctors rooms throughout the QEUH site.</p>	
<p>17. NEW BUILD HOSPITALS UPDATE</p> <p>Dr Inkster informed the group that the QEUH isolation rooms are below spec and are not suitable for air borne infection. The Infectious Diseases physicians are reviewing the facilities based on a report from HFS .</p> <p>AICC noted that in the interim:-</p> <ul style="list-style-type: none"> • Any adult patient with confirmed Multi Drug Resistant TB will be transferred to Glasgow Royal Infirmary • Any patients with confirmed Middle Eastern Respiratory Syndrome (MERS) are to be transferred to the Infectious Diseases unit at Monklands Hospital. 	
<p>18. THEATRE MAINTENANCE / VALIDATION</p> <p>Dr Inkster informed the group that the Theatre maintenance/validation programme is currently ongoing.</p>	

Item	Action
19. DECONTAMINATION GROUP	
Kate Hamilton reported that the Decontamination Group are creating a rolling action list with a 7 day turnaround on enquiries . The group is to decide on the process around dissemination of information/guidance .	
20. NHS GGC FLU PLANNING GROUP	
Kate Hamilton informed the group that there is talk of near patient testing at Glasgow Royal Infirmary with the possibility of an Influenza cohort ward being introduced.	
22. DRAFT 2017/18 INFECTION PRVENTION & CONTROL PROGRAMME	
Tom Walsh reported that the programme is still in draft format . Tom proposed that the committee major on this subject at the next AICC.	
23. REVIEW OF ACTIONS	
A resume of the actions from the meeting were noted as follows:-	
Unfinished Estates Work Kirsty Ferguson is to contact Scott Young to meet up regarding unfinished estates work at west Glasgow ACH	Kirsty Ferguson
Ysobel Gourlay has asked if the IPCT were going to compare the HAI pneumonias that met the EDC definitions within the Point Prevalence Survey and actually look into the investigation of the patient to see if the patient was being treated as a pneumonia.	IPCT
SAB Action Plan - Sandra McNamee is going to create a one page document to outline what action the IPCT takes when there is poor compliance and/or PVC sweeps within wards.	Sandra McNamee
Any comments on the CJD, Scabies SOP or Group A Strep are to be sent to Pamela.Joannidis by the 27 th March 2017.	Members
The SOP for new builds is currently being updated by Scott Young and Sandra McNamee will take this to the BICC to be signed off by the end of March 2017.	Sandra McNamee
Group decided that sector/directorate updates are no longer required. It was agreed that each meeting a patient story will be discussed.	Members
BICC – chief nurse nomination for attendance to the BICC.	Members
24. DATE OF NEXT MEETING	
Monday, 8 th May 2017 at 10.00 a.m. Board Room, J B Russell House, Gartnavel Royal Hospital.	

**Minutes of the
Acute Infection Control Committee
Board Room, JB Russell House
Gartnavel Royal Hospital
on Monday, 8th May 2017 at 10.00 a.m.**

PRESENT

Tom Walsh (Chair)	Infection Control Manager
Dr Teresa Inkster	Lead Infection Control Doctor
Dr Sulman Hasnie	Consultant Microbiologist
Lynn Pritchard	Lead Nurse, IPC South Sector
Elaine Burt	Chief Nurse, Regional Sector
Kirsty Ferguson	Lead Nurse, IPC West/HSC Partnerships
Susie Dodds	Lead Nurse, IPC Paediatric South Glasgow
Ysobel Gourlay	Lead Pharmacist
Kalliopi Valyraki	Microbiologist
Dr Barbara Weinhardt	Consultant Microbiologist
Kate Hamilton	Lead Nurse, IPC North Sector
Joan Higgins	Lead Nurse, IPC Clyde Sector
Pamela Joannidis	Nurse Consultant, IPC
Ann Kerr	Lead Nurse, Surveillance
Karen McGugan	Lead Nurse, Imaging & Diagnostics
Sandra McNamee	Associate Nurse Director, IPC
Lynne Scott	Associate Chief Nurse, South Sector
Elaine Love	Chief Nurse for Professional Governance & Regulation
Dr Brian Jones	Head of Service, Microbiology
Joyce Brown	Chief Nurse Clyde
Jenn Rodgers	Chief Nurse Paediatrics & Neonates

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

	Dr Erica Peters
Dr David Stewart	Ann Frances Fisher
Dr Iain Kennedy	Lee Savarrio
Scott Young	Jackie Wilson

Item	Action
<p>1. APOLOGIES AND WELCOME Apologies were received from the above mentioned.</p>	
<p>2. MINUTES</p> <p>The minutes of the meeting of the Acute Infection Control Committee held on Monday 8th March 2017 were approved with the following amendments -</p> <p><i>Item 15 CJD</i></p> <p>It should read that we are working towards full compliance with NICE guidelines.</p> <p><i>Item 16 Antimicrobial Team Report</i></p> <p>Patients who were treated for SABs with antibiotics for less than 14 days.</p> <p>SAB treatment algorithms are given to clinicians.</p> <p><i>Item 17 New Build Hospitals Update</i></p> <p>Any adult patient with confirmed MDR TB will be transferred to Glasgow Royal Infirmary</p>	
<p>3. MATTERS ARISING</p> <p>All actions from the last meeting had been progressed. The following was highlighted:</p> <p>Scottish Infection Prevention & Control Education Pathway</p> <p>Pamela Joannidis informed the group of the new education pathway consisting of a foundation and intermediate modules. All Health Care Support Workers will be required to do the foundation level module. All newly qualified Nurses would have already done the foundation module at university.</p> <p>Access to these modules will be made via online to something similar to Learnpro but unknown yet. All Chief Nurses will be notified when this goes online.</p> <p>This will be carried forward onto the next AICC meeting agenda to see if there is any update.</p> <p>West Glasgow ACH Outstanding Estates Work Kirsty Ferguson is doing a walk round with Scott Young to discuss current estates issues and will feed back any progress at the next meeting.</p> <p>Point Prevalence Survey Pneumonias:</p> <p>Ann Kerr informed the group about the potential under reporting of pneumonias for the point prevalence study. Of the 324 Pneumonias, 118 were considered hospital acquired. Of this, 118 only 23 met the EDC definitions. Ann Kerr will send Ysobel Gourlay a break down of the Pneumonias.</p>	<p>KF</p> <p>AK</p>

Action

SAB Action Plan

Sandra McNamee has emailed Dr David Stewart who has in turn emailed out to the chief clinicians regarding a one page algorithm outlining what actions are taken when there is poor compliance and/or PVC sweeps within wards. She is currently awaiting any feedback.

BICC Chief Nurse Nomination

Tom Walsh will send the Chief Nurses the forthcoming dates for the BICC for them to agree representation at future meetings.

TW

4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL

Pamela Joannidis provided a brief verbal update regarding the update to Chapter 3 in the National IPC manual on the 3rd of April. There are a few new Proformas on how and whom the IPCT report outbreaks to. There is a new Hot De Brief tool to get key messages rapidly across the board regarding incidents.

Appendix 2 was updated on 6th April regarding information on PPE & Isolation.

Any updates made to the National IPC manual are automatically updated on our website.

5. SAB ACTION PLAN AND MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : December 2016 – January 2017

Ann Kerr reported on the February 2017 and March 2017 figures outlining the following:-

In February 2017, 31 SAB cases had been identified; 9(29%) of which were HAIs, 12(39%) HCAIs and 10(32%) community infections. 9 cases (29%) were directly related to an IV access device.

In March 2017, 48 SAB cases had been identified; 20(42%) of which were HAIs, 18(37%) HCAIs and 10(21%) community infections. 13 cases were directly related to an IV access device.

NHSGGC has identified 114 SAB cases for the last reporting quarter (January-March 2017). This is an increase of 10% upon the previous quarter. All sectors/directorates are above aim.

6. SAB ACTION PLAN

Joyce Brown asked if the SAB Action Plan could have less items and only having actions that are still outstanding so the group can prioritise them. Ann Kerr will revise the action plan and remove the completed actions. It was agreed that the group would consider prioritisation of actions at the next meeting.

AK

7. **BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : February 2017 and March 2017** **Action**

Sandra McNamee advised that this report contained combined information from the Acute Sector/directorates: North and South Glasgow, South Clyde, Regional Services and Women and Children for February 2017 and March 2017.

The key points of the report were as follows:

- **41** Infection Prevention and Control Audits were completed in February 2017 and March 2017. 41% of clinical areas (n=13) scored 65% or less in the Quality Improvement section of the Infection Prevention and Control Audit (IPCAT). This is considered to be a red score.
- There were **15** ward closures, due to Norovirus (suspected or confirmed) and Influenza A & B (confirmed); across four hospitals in February 2017 & March 2017. Outbreaks affected **138** patients and **56** staff in total and wards were closed for a total of **101** days.
- A total of 2761 modules were completed in February 2017 & March 2017 for the topics below. 81.5% were undertaken by nursing & midwifery staff. 2.7% of module completions were in the medical staff group.
- There has been a 15.4% increase in *Staphylococcus aureus* Bacteraemia for February 2017 & March 2017 in comparison to December 2016 & January 2017.
- There were 12 IV access device related *Staphylococcus aureus* Bacteraemia reported in February 2017 and March 2017.
- There has been a 17.5% increase in *Clostridium difficile* cases for February 2017 & March 2017 in comparison to December 2016 & January 2017.

8. **DRAFT POLICIES FOR NOTING / APPROVAL**

Pamela Joannidis gave a brief overview of the undernoted draft SOPs.

- MRSA SOP has more information regarding decolonisation.
- Respiratory SOP gives staff some guidance on numerous respiratory viruses
- Shingles SOP
- CDI SOP for adults has had its review date extended by 6 months as currently awaiting on guidance being updated by HPS.
- Cystic Fibrosis Mycobacterium abscessus SOP
- Cystic Fibrosis Pseudomonas &/or Burkholderia species SOP

Pamela has sought approval from the Cystic Fibrosis clinical team regarding the two Cystic Fibrosis SOPs which outlines the expectations of managing patients with these pathogens.

If anyone has any comments they wish to document about the above SOPs can you please email Pamela Joannidis before they are presented to the BICC on 15th May 2017.

9. **BI-MONTHLY HAIRT REPORT**

There was no HAIRT report due to the meeting being postponed.

10. HEI / HAI**Action**

Sandra McNamee gave an update on HEI / HAI and the following was highlighted:-

- A meeting with the HEI inspectors regarding the revised action plan for the QEUH went well. Sandra did advise that all other sectors will be measured against the QEUH plan that is currently in place.
- The Inspectors thanked everyone with the amount of work they had done to implement the QEUH plan.
- The GRI action plan will be submitted this Friday 12th May.

Sandra informed the group that certain requirements from Inspections may not be achievable but they will accept risk assessment based actions .

Tom Walsh was wondering if the HEI steering Group could be reformed so that all sectors/directorates can have an input and developments and learning from HEI reports can be shared . Estates and facilities management would be included . Tom will circulate out the old terms of reference.

TW**11. INFECTION PREVENTION AND CONTROL WORK PLAN – 2016/17**

The Committee noted that the IPC work plan for 2016/17 is now completed.

The 2017/18 IPC work plan is currently awaiting approval. If anyone has any comments/questions regarding the work plan can you please email Sandra McNamee .

12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT – February 2017-March 2017

Members received and noted the above Infection Prevention and Control Sector report for February 2017 - March 2017.

The Lead Infection Control Nurses gave an update from their respective sectors.

Endophthalmitis Hot de-Brief

Increase incidence endophthalmitis following intravitreal injection within out-patient treatment room, Gartnavel General Hospital.

Ward 2A, RHC, Hot De-Brief

Rotavirus/Astrovirus Outbreak in Ward 2A, RHC in April 2017. 10 patients were HAI cases. (6 Rotavirus, 4 Astrovirus).

13. BOARD INFECTION CONTROL COMMITTEE MINUTES – 30th January 2017

The Minutes of the meeting of the Board Infection Control Committee held on 30th January 2017 were received and noted.

14. CJD

Dr Iain Kennedy was not present at the meeting to give an update. This item was carried forward to the next meeting.

15. ANTIMICROBIAL TEAM REPORT

Action

Ysobel Gourlay carried out a review of 99 adult SAB patients in quarter 3 in 2016.

She highlighted that the antibiotic use in primary care is decreasing but the antibiotic use in GG&C hospitals is increasing.

In the meantime, the committee said that guidance on Antibiotic prescribing could be posted onto Staffnet as a hot topic. Ysobel Gourlay will contact the communications team to see how this can be done.

YG

16. NEW BUILD HOSPITALS UPDATE

Dr Inkster informed the group that two isolation rooms in Ward 2A, RHC are being changed over from +ve to -ve pressure over the summer months. The work will be carried out while patients are still in the ward.

It was noted that the IPCT would receive annual capital plans before renovations/new building work is carried out.

17. THEATRE MAINTENANCE / VALIDATION

Dr Inkster informed the group that the Theatre maintenance/validation programme is currently ongoing. There needs to be some tightening up on and a risk assessment put in place where validation cannot be carried out.

18. DECONTAMINATION GROUP

Kate Hamilton, [REDACTED] and Andrew Smith will be meeting up monthly to update their rolling action plan. This action plan will be an agenda item to be sent out with the AICC papers in future meetings.

19. NHS GGC FLU PLANNING GROUP

John Stuart and Marie Farrell are currently working on the acute Influenza plan.

20. AOCB

Risk Assessment for Chlorine Wipes in Emergency Department

Sandra McNamee and Lynne Scott have completed a risk assessment for the introduction of Chlorine wipes (Clorox) to be used within Emergency departments. These will be used instead of preparing a chlorine based solution.

21. REVIEW OF ACTIONS

A resume of the actions from the meeting were noted as follows:-

Action

Kirsty Ferguson will report back on her walk round with Scott Young regarding unfinished estates work at west Glasgow ACH

**Kirsty
Ferguson**

Tom Walsh will send the Chief Nurses the dates for the forthcoming BICC meetings for them to agree who will be attending

**Tom
Walsh**

Ann Kerr will rework the current SAB action plan so that it only has items, which are Outstanding and can be prioritised

Ann Kerr

Tom Walsh will send out the previous terms of reference of the old HEI Steering Group to Chiefs of Nursing .

**Tom
Walsh**

Any comments on the 2017/2018 IPCT action plan can you please send to Sandra McNamee .

ALL

Ysobel Gourlay is to contact the Communications team to see if she can get a “Hot Topic” regarding antimicrobial prescribing put onto Staffnet.

YG**22. DATE OF NEXT MEETING**

Monday, 3rd July 2017 at 10.00 a.m. Board Room, J B Russell House, Gartnavel Royal Hospital.

**Minutes of the
Acute Infection Control Committee
Board Room, JB Russell House
Gartnavel Royal Hospital
On Monday, 3rd July 2017 at 10.00 a.m.**

PRESENT

Tom Walsh (Chair)	Infection Control Manager
Sandra McNamee	Associate Nurse Director, IPC
Dr Sulman Hasnie	Consultant Microbiologist
Lynn Pritchard	Lead Nurse, IPC South Sector
Elaine Burt	Chief Nurse, Regional Sector
Kirsty Ferguson	Lead Nurse, IPC West/HSC Partnerships
Angela Johnson	Senior IPC Nurse, Paediatrics South
Ysobel Gourlay	Lead Pharmacist
Dr Sulman Hasnie	Infection Control Doctor
Kate Hamilton	Lead Nurse, IPC North Sector
Joan Higgins	Lead Nurse, IPC Clyde Sector
Pamela Joannidis	Nurse Consultant, IPC
Jackie Wilson	Clinical service Manager, Oral Health
Karen McGugan	Lead Nurse, Imaging & Diagnostics
Lynne Scott	Associate Chief Nurse, South Sector
Jennifer Rodgers	Chief Nurse Paediatrics & Neonates
Catie Sink	Microbiologist

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Susie Dodd	Ann Kerr
Dr Teresa Inkster	Joyce Brown
Ann Frances Fisher	

Item	Action
<p>1. APOLOGIES AND WELCOME Apologies were received from the above mentioned.</p>	
<p>2. MINUTES</p> <p>The minutes of the meeting of the Acute Infection Control Committee held on Monday 8th May 2017 were approved with the following amendments -</p> <p><i>Item 12 Ward 2A, RHC, Hot De-Brief</i></p> <p>9 patients were HAI cases (5 Rotavirus, 4 Astrovirus)</p> <p><i>Item 15 Antimicrobial Team Report</i></p> <p>In 5/47 (10.6%) of patients who received <14 days antibiotics represented with SAB within 6 months compared with 0 patients who received ≥14 days IV antibiotics.</p>	
<p>3. MATTERS ARISING</p> <p>All actions from the last meeting had been progressed. The following was highlighted:</p> <p>West Glasgow ACH Outstanding Estates Work</p> <p>Kirsty Ferguson has been in contact with the local estates officers at West ACH regarding outstanding estates work. It was decided that this item is to be taken off the AICC agenda.</p> <p>BICC Chief Nurse Nomination</p> <p>Jennifer Rodgers has been nominated to attend the next BICC meeting on 31st July 2017 but it was accepted that this would be a rotational representation.</p> <p>SAB Action Plan</p> <p>Ann Kerr has reworked the SAB action plan showing only the outstanding items on it.</p> <p>HEI Steering Group</p> <p>The HEI steering group has been reformed. The first meeting has already been held.</p> <p>Point Prevalence Survey Update:</p> <p>Sandra McNamee informed the group that GG&C had the 5th lowest incidence of HAI infections out of all the health boards with an infection rate of 3.1% compared to the national average of 4.6%. HAI pneumonia and Surgical Site infections are the highest rate of HAI infections.</p>	
<p>4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL</p> <p>Pamela Joannidis provided a brief verbal update regarding the update to Appendix 11 in the National IPC manual. There have been some extra alert organisms added onto the minimum alert organism list included in Appendix 13. No changes are required as IPCT already incorporate these extra alert organisms on their systems.</p>	

5. SAB ACTION PLAN AND MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : April 2017 – May 2017 **Action**

Sandra McNamee reported on the April 2017 and May 2017 figures outlining the following:-

In April 2017, 43 SAB cases had been identified; 15(35%) of which were HAIs, 17(39%) HCAIs and 11(26%) community infections. Over half of HAI cases were directly related to IV access device. 4 SAB cases had a Datix assigned to them due to be cited on the patient's death certificate or considered an avoidable harm.

In May 2017, 29 SAB cases had been identified; 12(42%) of which were HAIs, 12(41%) HCAIs and 5(17%) community infections. 42% of the HAI cases were associated with an IV access device. 7 SAB cases were considered an avoidable harm or had SAB cited on death certificate.

6. SAB ACTION PLAN

Ann Kerr has revised the SAB action plan that now shows only the incomplete actions still to be completed.

New HEAT targets are due out in October which are going to separate out the true community SABs from the HAI/HCAI SABs.

Sandra McNamee brought up the idea of having meetings with clinical teams to discuss SAB cases in which a Datix has been raised due to a SAB being cited on the death certificate or considered an avoidable harm. Sandra McNamee has asked the Chief Nurses to think about this to see if it is viable with clinical teams.

**Chief
Nurses**

Sandra McNamee is going to create a SBAR to outline what actions are carried out when a SAB case has been confirmed and proposing the above process to be added. This will be submitted to the next meeting for consideration

**Sandra
McNamee**

The Vascular Access Policy is going to the Clinical Governance committee in August for ratification.

Elaine Burt brought up that most concerning thing is that many of the care plans remain incomplete. The IPCT has renewed the PVC care plan to remove the insertion criteria and will continue to assist wards to improve compliance.

Pamela Joannidis is undertaking an analysis of 5 good points and 5 poor points from IPCAT audits. This will highlight areas in which future training can be aimed at for staff.

7. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : April 2017 and May 2017 **Action**

Sandra McNamee advised that this report contained combined information from the Acute Sector/directorates: North and South Glasgow, South Clyde, Regional Services and Women and Children for April 2017 and May 2017.

Dr Armstrong has requested that this report should also highlight what is going right with GG&C and not just focus on the negative issues.

The key points of the report were as follows:

- **44** Infection Prevention and Control Audits were completed in April and May 2017. Almost half of applicable clinical areas scored 65% or less in the Quality Improvement section of the Infection Prevention and Control Audit (IPCAT). This is considered to be a red score. Action plans were issued to request immediate review and completion of identified actions.
- There were seven IPCA undertaken in theatre areas – all had overall green or gold scores.
- There were **7** ward closures, across five hospitals in April & May 2017. Reasons for closure were suspected Norovirus, viral gastroenteritis or Rotavirus/Astrovirus. Outbreaks affect 37 patients and 4 staff in total and wards were closed for a total of 32 days. Outbreak Control Team meetings held for Rotavirus/Astrovirus outbreak in Ward 2A, RHC.
- A total of 3036 modules were completed in April & May 2017. 88% were undertaken by nursing & midwifery staff.
- Almost half of all hospital acquired Staphylococcus aureus Bacteraemia reported in April and May 2017 were associated with an IV access device. Eight ward sweeps of PVC and CVC care plan compliance scored red. Results fed back to nurse in charge and corrective action advised.
- 32 hospital acquired Clostridium difficile were reported in April & May 2017. 15 cases were in North Glasgow. Review of all cases undertaken by IPCT and sent to sector SMT. No earlier links to cross transmission identified. Antimicrobial Management Team review of all hospital acquired cases requested.

If anyone has any comments on how they would like the format of the Bi monthly IPC report to look can you please email Sandra McNamee or Tom Walsh with your suggestions.

Pamela Joannidis, Dr Teresa Inkster and Lindsay Lauder are currently looking into how to capture medical training numbers for each specific ward. They are working on a system so that each ward will have its own training

8. **DRAFT STANDARD OPERATING PROCEDURES & PATIENT INFORMATION LEAFLETS FOR NOTING / APPROVAL** **Action**

Pamela Joannidis gave a brief overview of the undernoted draft SOPs and patient Information Leaflets

- Hand Hygiene SOP
- Influenza SOP has been turned into a seasonal SOP
- Chickenpox SOP
- TB SOP
- Cleaning of Near Patient equipment SOP – the person responsible for cleaning equipment has been taken out. More focus on the items of equipment, how often and how to clean the equipment.
- Development & Approval SOP will also incorporate any items from the Decontamination Group.
- IPC Information for Patients and carers Leaflet will have no review date on it.
- Washing Clothes at home Leaflet

Pamela Joannidis informed the group that all the SOPs all align to National TBPs and SICPs.

If anyone has any comments they wish to document about the above SOPs/Patient Information Leaflets can you please email Pamela Joannidis before they are presented to the BICC on 31st July 2017.

9. **BI-MONTHLY HAIRT REPORT**

Nothing to report awaiting next report.

10. **HEI / HAI**

Sandra McNamee gave an update on the HEI inspection at the Princess Royal Maternity, Glasgow Royal Infirmary and the following was highlighted:-

1. The 7 requirements outlined in the last visit have all been met.
2. 1st audit of a Gynaecology Theatre with first initial feedback is that it went really well compared to other health boards. Items highlighted were:-
 - Blood splattered theatre shoes
 - Education Records for staff
 - High levels of dust
 - Very positive about the multi disciplinary team for C-sections
 - The referral of all new equipment being sent to the decontamination group was seen as a positive initiative.

Draft report will be issued on the 9th August with the report being released on the 6th September 2017.

The HEI steering Group has been reformed and the first meeting has been held. The emphasis of the steering group is so that all sectors/directorates can have an input and development and learning from HEI reports can be shared.

- 11. INFECTION PREVENTION AND CONTROL WORK PLAN – 2016/17** **Action**
- Sandra is going to write up a protocol of what action should be taken if wards/theatres score an amber/red for their audits. **Sandra
McNamee**
- Ysobel Gourlay asked if the SAB stickers have been introduced to medical notes which they have. It is unknown if they are being completed as they are to be reviewed by the antimicrobial pharmacist.
- The group discussed when the electronic nursing documentation goes online there could be a similar medical online documentation system introduced as well. This could incorporate the CDI sticker and the SAB sticker for patients identified prompting Medical staff to complete them.
- 12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT – April 2017-May 2017**
- Members received and noted the above Infection Prevention and Control Sector report for April 2017 - May 2017.
- The Lead Infection Control Nurses gave an update from their respective sectors (report attached to papers).
- Endophthalmitis Hot de-Brief IRH*
- Increase incidence endophthalmitis following intravitreal injection within outpatient treatment room, Inverclyde Royal Hospital. 3 cases of endophthalmitis at the IRH (1 December, 1 January, 1 February) l. HIIAT was Green. No further cases since April.
- 13. BOARD INFECTION CONTROL COMMITTEE MINUTES – 27th March 2017**
- The Minutes of the meeting of the Board Infection Control Committee held on 27th March 2017 were received and noted. It was highlighted that Chapter 3 of the Outbreak Management has been written into our GG&C outbreak policy. It outlines the higher threshold to report Outbreaks externally.
- 14. CJD**
- Dr Iain Kennedy was not present at the meeting to give an update. This item was carried forward to the next meeting.
- 15. ANTIMICROBIAL TEAM REPORT**
- Ysobel Gourlay carried out a review of missed antibiotic doses since September 2016 at the Vale Of Leven, Beatson, RAH and QEUH.
- On average 1 in 5 patients miss at least one antimicrobial dose. 39% for the reason of missed doses is unknown/not recorded, so it could have been given and forgotten to sign it.
- Ysobel Gourlay informed the group that the Scottish government is setting out targets for antibiotic reduction of 1% every year.

Every patient who is on IV antibiotics is to be reviewed every 72 hours . Ysobel Gourlay is currently working on an audit tool staff can use to ensure this is being carried out.

Action

Dr Sulman Hasnie asked if there is a shortage of Aztreonam which there is a very limited supply.

Ysobel Gourlay is currently liaising with the communications team regarding guidance on Antibiotic prescribing being put on Staffnet as a hot topic.

16. NEW BUILD HOSPITALS UPDATE

Lynn Pritchard has carried out a snagging walk round of the new ICE building on the QEUH campus.

Work in Ward 4B, QEUH will start in July and finish in September.

Tom Walsh has received a list of the Capital Panning works for this year and will send out to the group.

**Tom
Walsh**

17. THEATRE MAINTENANCE / VALIDATION

Kate Hamilton informed the group that Ian Powrie has provided an up to date theatre validation document. Kate will send out this document for review to the group.

**Kate
Hamilton**

Ventilation Validation

Tom Walsh will email Ian Powrie regarding an update on this.

**Tom
Walsh**

18. DECONTAMINATION GROUP

A rolling action list has been created of decontamination issues currently being investigated.

There is a closed action list which has a separate column to determine the impact on services i.e. cost. At the moment none of the recommendations from the Decontamination group has been highlighted as high impact.

If any department do not wish to go with the advice on what the group has said then they should document this on their risk register as to why.

Jackie Wilson informed Kate Hamilton that the Lead Manager on the Dental SOP should not be the Board Infection Control manager but the Dental Manager. Kate agreed to amend this.

**Kate
Hamilton**

19 NHS GGC FLU PLANNING GROUP

The plan for the acute sector is still to be submitted to the group for approval. Tom Walsh noted that Jennifer Armstrong is now head of planning and will raise this issue with her.

**Tom
Walsh**

- 20. SCOTTISH INFECTION PREVENTION & CONTROL EDUCATION PATHWAY (SIPCEP) Action**
- Pamela Joannidis informed the group that this will replace the Cleanliness Champions by November 2017
- There will be 15 foundation level modules for all Healthcare Workers to complete
- There will be a 1 hour SICP's module for staff to undertake instead of Statutory Mandatory
- 21. AOCB**
- IPCAT Out Patient audits will commence on 1st August 2017.
- Sandra McNamee informed the group that the Medical Director has asked for an Incident Management Team meeting is arranged to review the Mycobacterium Abscessus cases within Cystic Fibrosis patients. Date and time of meeting to be confirmed.
- 21. REVIEW OF ACTIONS**
- A resume of the actions from the meeting were noted as follows:-
- | | |
|--|-----------------------|
| Chief Nurses to feedback on suggested SAB clinical review meetings if they think this will be feasible. | Chief Nurses |
| Sandra McNamee is going to create a SBAR to outline what actions are carried out when a SAB case has been confirmed adding in a formal review process. | Sandra McNamee |
| Tom Walsh will circulate the proposed list of Capital planning works arranged for this financial year. | Tom Walsh |
| Kate Hamilton will send out the Theatre Validation document created by Ian Powrie to the group. | Kate Hamilton |
| Tom Walsh to contact Ian Powrie regarding Theatre Validation document. | Tom Walsh |
| Tom Walsh to contact Dr Jennifer Armstrong about /Flu planning | Tom Walsh |
- 22. DATE OF NEXT MEETING**
- Monday, 4th September 2017 at 10.00 a.m. Board Room, Ground Floor, Admin Building, Gartnavel Royal Hospital.

**Minutes of the
Acute Infection Control Committee
Board Room, Admin Building
Gartnavel Royal Hospital
On Monday, 4th September 2017 at 10.00 a.m.**

PRESENT

Tom Walsh (Chair)	Infection Control Manager
Sandra McNamee	Associate Nurse Director, IPC
Joyce Brown	Chief Nurse, Clyde Sector
Lynn Pritchard	Lead Nurse, IPC South Sector
Elaine Burt	Chief Nurse, Regional Sector
Kirsty Ferguson	Lead Nurse, IPC West/HSC Partnerships
Susie Dodd	Lead Nurse, Paediatrics South
Ysobel Gourlay	Lead Pharmacist
Dr Sulman Hasnie	Infection Control Doctor
Morag Gardner	Chief Nurse, South Sector
Joan Higgins	Lead Nurse, IPC Clyde Sector
Gillian Mills	Senior IPCN, North Sector
Jackie Wilson	Clinical Service Manager, Oral Health
Karen McGugan	Lead Nurse, Imaging & Diagnostics
Lynne Scott	Associate Chief Nurse, South Sector
Jennifer Rodgers	Chief Nurse Paediatrics & Neonates
Ann Kerr	Lead Surveillance Nurse
Dr Erica Peters	Infectious Diseases Doctor
Elaine Love	Chief Nurse, Professional Governance & Relation
Sheila Cantwell	Lead Nurse Critical Care North & Pain Services
Dr Iain Kennedy	Public Health Consultant
Scott Young	Corporate Facilities Lead

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Dr Brian Jones	Kate Hamilton
Pamela Joannidis	
Ann Frances Fisher	

Item	Action
<p>1. APOLOGIES AND WELCOME Apologies were received from the above mentioned.</p>	
<p>2. MINUTES</p> <p>The minutes of the meeting of the Acute Infection Control Committee held on Monday 3rd July 2017 were approved.</p>	
<p>3. MATTERS ARISING</p> <p>All actions from the last meeting had been progressed. The following was highlighted:</p>	
<p>Capital Planning Works</p>	
<p>Tom Walsh has received a list of the Capital Planning works for this year and will send out to the group.</p>	<p>Tom Walsh</p>
<p>4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL</p> <p>Sandra McNamee requested that the SBAR Appendix 13 which was circulated to the group be withdrawn as there is some outstanding work still to be carried out regarding Environmental SPC's. The updated document will be available for the next AICC meeting.</p>	
<p>5. SAB ACTION PLAN AND MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : June 2017 – July 2017</p> <p>Ann Kerr reported on the June 2017 and July 2017 figures outlining the following:-</p> <p>In June 2017, 44 SAB cases had been identified; 22(50%) of which were HAIs, 8(18%) HCAIs and 14(32%) community infections. 59% of HAI cases were associated with IV access. 6 SAB cases had a Datix assigned to them due to the infection being cited on the patient's death certificate or if the infection was considered to be an avoidable harm.</p> <p>In July 2017, 32 SAB cases had been identified; 14(44%) of which were HAIs, 12(37%) HCAIs and 6(19%) community infections. 2 SAB cases had a Datix assigned to them due to be cited on the patient's death certificate or considered to be an avoidable harm.</p> <p>NHSGGC has identified 116 Staphylococcus aureus Bacteraemia cases for the last reporting quarter (April-June 2017). This is an increase of 1.8% upon the previous Quarter.</p>	

6. SAB ACTION PLAN**Action**

Elaine Burt will send Ann Kerr an update summary for the first two segments on page 2 on the SAB action plan.

Elaine Burt

Pamela Joannidis is visiting Ayrshire and Arran hospital to see if there is anything other health boards with lower SAB rates than GG&C are doing which we could incorporate into our SAB action plan.

Joyce Brown asked if any audits are undertaken to see if patients are receiving the information leaflet, SM confirmed that this was not part of the audit process.

Ward 2A, RHC is undertaking a project using different lines and using Curoso disinfecting caps for needless connectors on vulnerable children. Since the introduction of these measures in July 2017 there have been an improvement in line related SABs. Susie Dodd will email Ann Kerr information on project so the SAB action plan can be updated.

Susie Dodd

Ysobel Gourlay has asked her own staff to start inserting the Antimicrobial sticker in patients notes so that when they do, they can encourage Medical staff to complete it.

The agreed patient story couldn't be called a patient story as the story is not being told in the context of the patient's own experience. Lynn Pritchard informed the group that the South Glasgow adult team had been using a video patient story for training purposes recently. Lynn Pritchard will send out the link to the patient story to the group.

Lynn Pritchard**7. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : June 2017 and July 2017**

Sandra McNamee advised that this report contained combined information from the Acute Sector/directorates: North and South Glasgow, South Clyde, Regional Services and Women and Children for June 2017 and July 2017.

The key points of the report were as follows:

- **51** Infection Prevention and Control Audits (IPCA) were completed in June & July 2017. Over half of applicable clinical audits scored 65% or less in the Quality Improvement section of the Infection Prevention & Control Audit (IPCAT). This is considered to be a red score. Action plans were issued to request immediate review and completion of identified actions.
- There were fifteen IPCA undertaken in theatre areas – the majority had an overall green or gold score with one amber audit.

- There was 1 ward closure, in one hospital in June 2017. The reason for closure was Para-influenza 3. The outbreak affected 4 patients and the ward was closed for a total of 4 days. **Action**
- A total of 3081 modules were completed in June & July 2017 for topics related to Infection Prevention & Control. 85% were undertaken by nursing & midwifery staff.
- 42% (n=15) of all hospital acquired Staphylococcus aureus Bacteraemia reported in June and July 2017 were associated with an IV access device. Four ward sweeps for PVC and CVC care plan compliance scored red. Results fed back to the nurse in charge and corrective action advised.
- 31 hospital acquired Clostridium difficile were reported in June & July. Review all cases undertaken by IPCT and sent to sector SMT. No earlier link or cross transmission identified. Antimicrobial Management Team review of all hospital acquired cases requested. Health Protection Scotland also notified of the increase amount of CDI cases occurring by mid July. It was agreed that all isolates would be sent for typing to determine if there were any associated factors. 4 cases with the same ribotype (005) in RAH & Inverclyde but no patient contact via wards. HPS have received all results from the CDI typing but no obvious links between cases has been found.

Sandra McNamee is meeting with Kate Cocozza from Practice Development to discuss what role practice development have in CAUTI work stream. Also to see what guidelines/training staff are to adhere to for Urethral Urinary Catheter training via Learnpro.

**Sandra
McNamee**

The IPCT are going to create a draft sweep tool that can be used in ward that failed their Quality Improvement section of their IPCAT audits. Concerns were raised on when this sweep should be carried out so further discussion will take place once the draft sweep has been created.

Dr Erica Peters asked if Junior Doctors could have some online training about CAUTI throughout the year during their weekly tutorials.

8. DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL

Sandra McNamee gave a brief overview of the undernoted draft SOPs:-

- Head Lice SOP
- Outbreak SOP
- Urethral Urinary Catheter SOP
- Occupational Related Illness SOP

Action

Dr Iain Kennedy raised some concerns regarding the wording of the Outbreak SOP and Occupational Related Illness SOP. He will forward on his comments to Pamela Joannidis.

**Iain
Kennedy**

If anyone has any comments they wish to document about the above SOPs can you please email Pamela Joannidis before they are presented to the BICC on 9th October 2017.

The Laundry SOP and Last Offices SOP are to be replaced with links to the relevant sections of the national manual.

9. BI-MONTHLY HAIRT REPORT

HAIRT report published on 15th August 2017 showed GG&C were slightly above the national target (26.4) for CDI rates at 28.1.

The SAB rates for GG&C has met the national target.

A review of surgical site infections for Arthroplasty was undertaken by the Infection Prevention and Control Surveillance Team and referred to the clinical team who reviewed the cases (many of which were revisions) and that no issues were identified.

Tom Walsh informed the group that from October, after a national review, the CDI and SAB information will be presented in a different format, i.e. total bed days rather than acute occupied bed days. Local analysis suggested that this will be a more accurate reflection and that the SAB/CDI rates should drop in the future.

10. HEI / HAI

Sandra McNamee gave an update on the HEI inspection at the Princess Royal Maternity, Glasgow Royal Infirmary where 3 requirements and 1 recommendation were made. The report is being released on Wednesday 6th of September 2017.

The HEI carried out a re-visit of the QEUH site on 1st August – 2nd August. The visit went very well with all recommendations being met apart from 1 regarding PPE/Hand hygiene for medical staff in A&E. The draft report is due in September.

It was suggested that instead of carrying out Corporate inspections it has been proposed that a post HEI visit after an inspection could be carried out with the Lead Nurse & IPCN to focus on areas that led to a requirement/recommendation.

11. INFECTION PREVENTION AND CONTROL WORK PLAN – 2016/17

Sandra McNamee is going to update the IPCT work plan to include HEI sweeps and CAUTI sweeps.

**Sandra
McNamee**

12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT – June 2017-July 2017 **Action**

Members received and noted the above Infection Prevention and Control Sector report for June 2017 - July 2017.

The Lead Infection Control Nurses gave an update from their respective sectors (report attached to papers).

NIPCM Debrief report May 2017 – Ward 2A, RHC

Increase incidence of VRE & Rotavirus (later on Astrovirus) in Ward 2A, Royal Hospital for Children from 11/04/2017 – 25/04/2017. Ward 2A contains high risk patients with haematological disorders including cancers of the blood. The key findings of the debrief report was discussed.

Dr Iain Kennedy brought up concerns regarding the wording of point 2 of the recommended actions arising from the incident. Sandra McNamee will contact HPS to see if this can be changed.

**Sandra
McNamee**

13. BOARD INFECTION CONTROL COMMITTEE MINUTES – 15th May 2017

The Minutes of the meeting of the Board Infection Control Committee held on 15th May 2017 were received and noted.

14. CJD

Dr Iain Kennedy reported on 2 notifications of problematic sporadic CJD cases.

The next CJD meeting will be held at the end of September.

15. ANTIMICROBIAL TEAM REPORT

Ysobel Gourlay informed the group of the Infection Management Guidelines updates. All wards now have posters outlining the new guidelines. The e Therapeutics handbook will be updated later.

Ysobel Gourlay informed the group that the Scottish government is setting out targets for antibiotic reduction of 1% every year. In order for GG&C to adhere to this reduction the board would need to make a reduction of 11% to reach this 1% reduction.

16. NEW BUILD HOSPITALS UPDATE

Tom informed the group that he plans to utilise Health Facilities Scotland for any new build/refurb works being planned in the future.

Action

Work in Ward 4B, QEUH has commenced. The Infection Control Doctors have raised their concerns to the medical director. The unit will be assessed on a weekly basis and a detailed risk assessment has been created for the work being undertaken.

Snagging walk rounds are being held for the ICE building at the QEUH site.

A decontamination room for respiratory department at the RHC is being developed.

Refurb of BMT rooms in Ward 2A, RHC being carried out in October.

HPS are looking at ventilation rooms and lobbied ventilation rooms.

ITU in RAH is currently being refurbished and will include rooms in which patients with highly infectious respiratory pathogens can be located.

17. THEATRE MAINTENANCE / VALIDATION

Nil to report

18. DECONTAMINATION GROUP

An SOP regarding the Respiratory Action rolling list has been sent onto HPS.

The group are next meeting on 4th September 2017.

19 NHS GGC FLU PLANNING GROUP

Tom Walsh has contacted Jonathan Best about taking this forward. In the past the Winter Planning group would have taken this forward but the group has since been disbanded.

20. NEW BUISNESS**HEI Thematic Inspection Methodology**

Gartnavel General Hospital/BWoSCC was visited by 2 HEI inspectors as a scoping exercise for thematic inspection – patients in isolation. Discussions focussed on inspections being multi-site and how this would work, accessing lists of patients in isolation, accessing patient notes and carrying out a retrospective review of CDI cases. Also the team wanted to look at recent Problem Assessment Groups that had been held and how the actions were closed off. A small number of wards were visited by the inspectors who asked staff what they felt would work when completing inspections. The Inspectors will continue to devise methodology and have asked that they be allowed to come back and pilot the methodology within NHSGG&C.

Action**21. REVIEW OF ACTIONS**

A resume of the actions from the meeting were noted as follows:-

Carried forward from last AICC an SBAR to outline what actions are carried out when a SAB case has been confirmed adding in a formal review process with a multi disciplinary meeting. Sandra McNamee will speak to David Stewart to see if this will be feasible.

**Sandra
McNamee**

Tom Walsh will send out the list of Capital Planning works for this year.

**Tom
Walsh**

Elaine Burt will send Ann Kerr an update summary for the SAB action plan

**Elaine
Burt**

Susie Dodd will send Ann Kerr an update summary for the SAB action plan

**Susie
Dodd**

Lynn Pritchard will send out the link to the patient story group that has been used for training of staff

**Lynn
Pritchard**

Sandra McNamee will meet with Kate Coccozza from Practice Development about what role they have in the CAUTI work stream, what guidelines/training staff should undertake.

**Sandra
McNamee**

Dr Iain Kennedy will send Pamela Joannidis comments on the Occupational Health SOP and Outbreak SOP before being signed off at the next BICC meeting.

**Iain
Kennedy**

Sandra McNamee is going to update the IPC work plan to include HEI sweeps and CAUTI sweeps.

**Sandra
McNamee**

Sandra McNamee will speak to HPS about changing the wording of action number 2 from the Hot Debrief of Ward 2A, RHC.

**Sandra
McNamee**

22. DATE OF NEXT MEETING

Monday, 6th November 2017 at 10.00 a.m. Board Room, JB Russell House, Gartnavel Royal Hospital.

**Minutes of the
Acute Infection Control Committee
Board Room, Admin Building
Gartnavel Royal Hospital
On Monday, 6th November 2017 at 10.00 a.m.**

PRESENT

Dr Chris Jones (Chair)	Chief of Medicine, Clyde
Tom Walsh	Infection Control Manager
Sandra Devine	Associate Nurse Director, IPC
Joyce Brown	Chief Nurse, Clyde Sector
Lynn Pritchard	Lead Nurse, IPC South Sector
Elaine Burt	Chief Nurse, Regional Sector
Kirsty Ferguson	Lead Nurse, IPC West/HSC Partnerships
Susie Dodd	Lead Nurse, IPC Paediatrics South
Pamela Joannidis	Nurse Consultant, IPC
Dr Brian Jones	Head of Microbiology
Dr Alistair Leonard	Consultant Microbiologist, QEUH
Dr Barbara Weinhardt	Infection Control Doctor, North
Dr Huma Changez	Infection Control Doctor
Gillian Bowskill	Senior IPCN, North Sector
Jackie Wilson	Clinical Service Manager, Oral Health
Karen McGugan	Lead Nurse, Imaging & Diagnostics
Lynne Scott	Associate Chief Nurse, South Sector
Jennifer Rodgers	Chief Nurse Paediatrics & Neonates
Ann Kerr	Lead Nurse Surveillance
Dr Erica Peters	Infectious Diseases Doctor
Sheila Cantwell	Lead Nurse Critical Care North & Pain Services
Dr Iain Kennedy	Public Health Consultant

IN ATTENDANCE

Ann Lang (minutes)

APOLOGIES

Joan Higgins	Kate Hamilton
Ysobel Gourlay	

Item**Action**

1. APOLOGIES AND WELCOME
Apologies were received from the above mentioned.

2. MINUTES

The minutes of the meeting of the Acute Infection Control Committee held on Monday 4th September 2017 were approved. Dr Peters noted that there was no mention of the isolation rooms at QEUH in the minutes and Tom Walsh advised that this was discussed at the last BICC meeting and will be included in the minutes for that meeting.

Item Actions Carried Forward/Update	Action
<ul style="list-style-type: none"> Carried forward from last AICC an SBAR to outline what actions are carried out when a SAB case has been confirmed adding in a formal review process with a multi disciplinary meeting. Sandra Devine will speak to David Stewart to see if this will be feasible. 	S Devine
<ul style="list-style-type: none"> Pamela Joannidis met with Kate Coccozza from Practice Development. Practice Development are to develop an acute guideline for catheter care and this should be available in approximately 3 months time. Joyce Brown commented that she felt 3 months was too long to wait for this document and would prefer this was available before Christmas. Pamela agreed to take this forward with Practice Development. 	P Joannidis
<p>Pamela also stated the vascular device guideline will go to the governance groups for approval as this is not an Infection Control document.</p>	
<p>Urinary catheter care sweeps have commenced and Sandra updated that a programme has been agreed for these. She said the sweeps will take place after an HEI inspection has been carried out and this will be reported to the HEI Steering Group.</p>	
3. MATTERS ARISING	
<p>In relation to the isolation rooms, Sandra reported that she attended a meeting with Dr Brian Jones and HPS and discussions are ongoing in relation to this. However, in the meantime Dr Erica Peters reported that a patient pathway has been in place which routes any high risk patients to appropriate isolation rooms in other hospitals.</p>	
<p>Dr Brian Jones provided an update of the meeting that took place at the weekend. He said that on Friday afternoon they were notified of a patient with pseudomonas in Ward 10b and this had spread to another patient in the ward. Another two cases were identified in the rehab ward. It was decided to close Ward 10b and the rehab ward and screen the patients. After looking at the various organisms they were identified as not the same strain and it was agreed to reopen the wards once a terminal clean had been carried out. Joyce Brown stated that the clinicians were concerned if they should be operating or diverting patients.</p>	
4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL	
<p>In October, Pamela Joannidis reported that the national group updated the national manual and updated on a couple of points:-</p>	
<ul style="list-style-type: none"> An inclusion of a new bullet point regarding PPE “not be impeded by accessories such as piercings/false eyelashes”. Section 1.10 Occupational Safety: Prevention and Exposure Management (including sharps) the addition of word ‘recapped’ has been included regarding the safety mechanism must be deployed before disposal. A footnote has been updated to say that a local risk assessment is required if re-sheathing is undertaken. 	
<p>With regards to Transmission Based Precautions Pamela reported that an aide memoire was issued in November regarding airborne organisms and that a gown should be worn rather than an apron. For Influenza and RSV patients a gown no longer requires to be worn.</p>	
<p>Appendix 11 is out for consultation and Pamela reported that she is working with Dr Kennedy to collate the comments to be returned to the national group.</p>	

Item		Action
5.	<p>MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : August 2017 – September 2017</p> <p>Ann Kerr reported on the August 2017 and September 2017 figures outlining the following:-</p> <p>In August 2017, 32 SAB cases have been identified with the source of Bacteraemias varied for this month. Four ward sweeps were undertaken and none of these areas had full compliance with care plan requirements.</p> <p>For September 2017, 36 SAB cases have been identified and 28 of these were hospital acquired infections. 15 of the hospital acquired cases were IV access device related. Fifteen ward sweeps were undertaken and only two ward areas had full compliance with care plan requirements.</p> <p>NHSGGC identified 100 <i>Staphylococcus aureus</i> Bacteraemia cases locally which is lower than the previous quarter.</p> <p>The data has been published for Quarter 2 (April – June) and NHSGGC had a rate of 34.3 cases per 100 000 AOBs.</p>	
6.	<p>SAB ACTION PLAN</p> <p>A copy of the SAB Action Plan was issued and Ann Kerr provided a summary of the report:-</p> <ul style="list-style-type: none"> • Focussed Quality improvement work is ongoing in Ward 27, RAH. • Review of incorporation of PVC and CVC careplans as eForms within Nursing Admission Documentation will be considered during review of the nursing documentation. • A Core Brief was issued by Dr Chris Jones, Dr Andrew Seaton and Morag Gardner regarding the increase in healthcare associated <i>Staphylococcus aureus</i> bacteraemia (SAB) and vascular access devices. <p>Elaine Burt asked Pamela how the visit went to Ayrshire and Arran to discuss their SAB rates. Pamela reported that the Director of Nursing is doing a piece of work using Drift and they also carry out SAB walkrounds. She said she will write up the notes and issue this to the group. Elaine advised that she is working with the consultants in Renal to review current practice.</p> <p>Dr Erica Peters reported that Alistair McConnachie has produced a ward round checklist which is in place. This is completed every day during the ward round and one of the questions asks if a PVC is still required. Dr Jones asked if this checklist was in place in other hospitals and he agreed to discuss this with the Chief of Medicines about implementing this in all sectors.</p> <p>With regard to the SAB rate in Clyde Dr Chris Jones asked if this was an exception and Joyce Brown replied that the message regarding SABs has been issued through the nursing structure. She also commented that there are a lot of unknown cases in Clyde.</p> <p>From the “What Matters to You” campaign Pamela Joannidis updated that the ICNs visited patients to answer some questions. They asked if they received any patient information about their PVCs and they replied the leaflets were hard to understand and the venflons were catching on the blankets. Dr Chris Jones asked if there is a measure which could be used to see if the PVCs were kept in too long. Sandra Devine stated that, if possible, she will look into the Drift work and the PVC rates in wards. In the Point Prevalence Survey Dr Leonard reported that the vascular rate was 25% and commented that 20% of Staph Aureus are transmitted from patient to patient.</p>	<p>P Joannidis</p> <p>C Jones</p>

Item	Action
Elaine Burt asked if the rates are related to the new staff rotation of doctors and was informed that Kate Cocozza is working with Lyndsay Donaldson to discuss education with junior doctors. Sheila Cantwell advised that there is standard established training in ITUs across the board. Dr Chris Jones commented that compliance with online induction for junior doctors is low and suggested Lyndsay Donaldson be invited to the next AICC meeting to provide an update.	C Jones

7. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : August 2017 and September 2017

Sandra Devine advised that Infection Prevention and Control Audits (IPCA) are carried out each year and wards appear to be struggling with the Quality Assurance section in the audit. She said the audits have been in place for nearly 18 months now and she said they will look at areas to target where the scores are consistently low.

- 36 Out Patient Department audits were undertaken of which 16 scored gold, 14 scored green and 6 scored amber.
- There were 3 IPCA undertaken in theatre areas and all had an overall green or gold score. There was concern regarding the audit in theatres at RAH but it was noted that the environment there will provide a low score.
- The SAB rate in Clyde and the CDI rate in north were poor but there were no links identified with these. Sandra advised that the isolates from these were sent to HPS in June to review and they reported that they did not have any concerns.

8. DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL

Pamela Joannidis provided a brief overview of the undernoted draft SOPs:-

HAI Education Strategy

NES are working on a new suite of education materials and the Cleanliness Champions course has been replaced by the Scottish Infection Prevention and Control Education Pathway (SIPCEP). All Boards across NHS Scotland are expected to adopt this new SIPCEP, and to ensure that the learning materials of the SIPCEP are available and accessible to all staff.

Appendix 1 of the document relates to HAI related learning modules and staff requirements for mandatory and update learning. Dr Erica Peters commented that training is recommended and not mandatory for medics and dentists. Pamela said that in terms of mandatory training this should include SICPs and Dr Erica Peters asked how this is followed up that the medics have completed the training. Pamela advised that the IT Strategy is going to look at capturing all learning and training will be linked with staff pay numbers. She said that Lyndsay Donaldson is working with Lyndsay Lauder on this. Dr Chris Jones also updated that the Chief of Medicines are looking at mandatory training for consultants.

CDI SOP

The CDI SOP is an addendum to the national manual and Pamela Joannidis reported that HPS and the network updated the C-diff guidelines. National guidance on CDI provides a list of severity markers for severe disease based on consensus and one marker links to a severe case but if there are 2 or more markers this will be reviewed by the clinical team.

Item	Action
<p><u>CPE SOP</u> The CPE SOP is a new document requested by the ICNs to provide information for staff.</p> <p><u>Patient Fact Sheets for Group A Strep, Influenza and VRE</u> New Patient Fact Sheets have been created for Group A Strep, Influenza and VRE. Pamela Joannidis reported that patients did not find the information leaflets useful and asked for a more user friendly fact sheet. She said these will be available on the website should staff need them and will be included in the IPC Newsletter.</p> <p>If anyone has any comments they wish to document regarding the above SOPs/Fact Sheets to let Pamela Joannidis know before they are presented to the BICC on 27th November 2017.</p>	
9. BI-MONTHLY HAIRT REPORT	
<p>The HAIRT report for October 2017 was distributed with the agenda. Sandra Devine provided an update on the report:-</p> <ul style="list-style-type: none"> • 114 <i>Staphylococcus aureus</i> Bacteraemia (SAB) cases were reported with a rate of 32.9 cases per 100,000 AOB. This is the same as the national rate. • 93 <i>Clostridium difficile</i> (CDI) cases were reported with a rate of 28.1 cases per 100,000 AOB which is below the HEAT target requirements. • GGC were above the national average for mandatory SSI surveillance. • For Quarter 1(January – March) GGC reported an SSI rate of 1.5% for caesarean sections and 0.8% for hip arthroplasty. Ann Kerr reported that although there were 3 hip arthroplasty infections GGC carries out a third of all operations in Scotland. For the next quarter (April – June) we are reporting 6 hip arthroplasty infections which is a rate of 1.6%, but Ann commented that most of the revisions had other risk factors. <p>Dr Leanord asked why are we using occupied bed days and Ann replied that the next quarter's figures are not included in the report and we have not been given a note of the new Heat Targets. Tom Walsh updated that other boards are continuing to use the occupied bed days for the rest of the calendar year until the new Heat Targets have been issued. Dr Leanord advised that a short life working group will be set up to confirm the numbers for the Heat Targets and this will probably be to the nearest denominator. Ann commented that there will be discrepancies if the data relates to population as this relates to where the patient resides meaning that if a patient is positive for C-diff this will be attributed to our board. This may mean that our figures may differ from the national figures reported. Tom suggested that Ann provide a presentation to the AICC when the quarter 3 data has been published.</p>	A Kerr
10. HEI / HAI	
<p>Sandra Devine reported that the 16 week Action Plan has been completed and submitted for the inspection to Princess Royal Maternity.</p> <p>HEI carried out a re-visit of the QEUH site to review against the 10 requirements issued on the previous visit. Of the 10 requirements only one was considered partially met and actions are ongoing to address this.</p>	
11. INFECTION PREVENTION AND CONTROL WORK PLAN	
<p>A copy of the work plan was issued with the agenda and noted.</p>	

Item

Action

12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT – August 2017 and September 2017

Members received and noted the above Infection Prevention and Control Sector report for August and September 2017.

The Lead Infection Control Nurses provided an update from their respective sectors:-

North – Gillian Bowskill

- 7 HAI SABs with 3 of these device related.
- An increase in the number of C-diff cases in the North sector – not linked.
- CDI trigger in Ward 15/28 with typing results both ribotype 106.
- Cases of Staph haemolyticus in NICU with 7 cases been reported during the last 4 months. Environmental swabbing and a ward clean has been carried out and an IMT has been arranged for this afternoon. Dr Brian Jones reported that this can be severe for babies and the consultant on the ward has done a lot of work reducing the number of cases. Dr Weinhardt advised that there have been no new cases since 12th October.

South Glasgow Adults – Lynn Pritchard

- Wards 7A and 7D, which are respiratory wards, had an increase in Exophiala cases. At an IMT meeting it was felt this was linked to the dishwashers and Facilities have agreed to clean and maintain these. Some results are still awaited regarding the testing of the dishwashers.
- Consultant in Neuro perceived there was an increase in ortho spinal infections with 6 patients identified. A review of the dressing used is being looked into.
- Work is due to commence in Ward 4B1 by on external company regarding the ceiling and ventilation system. The patients have been decanted while work is ongoing and the completion date is approximately three weeks.

Clyde – Joyce Brown

- 1 SAB case identified which was a hospital acquired case.
- Work is ongoing in the critical care and older peoples ward.
- Sandra reported that IPC carried out a review of 5 C Section SSI cases in the Maternity Unit at RAH. The group met and noted that a number of the patients had a high BMI and an antibiotic review will be carried out.

South Glasgow Paediatrics – Susie Dodd

- 4 HAI SABs in September but none reported for October.
- In NICU there were 4 cases of Stenotrophomonas maltophilia. A PAG was held on 4th August and noted that none of the patients were giving cause for concern.
- 2 cases of Stenotrophomonas maltophilia were identified in Ward 2A. The typing results revealed both isolates are unique. One patient died and this was cited on Part 1C of the death certificate and HPS were informed of the death.
- A cluster of E.coli (Gentamicin Resistant) was identified in NICU and there was a time and place connection with two of the patients. The timeline showed that they were nursed in Crosshouse Hospital but no new cases have been reported since 18th September.
- In the Neonatal Unit there were 4 cases of Staph capitis and a PAG was held on 3rd August and this has now been closed down.

Item	Action
<ul style="list-style-type: none"> In Ward 3A there was a cluster of acinetobacter. The typing matched 2 of the 3 cases and precautions have been put in place with no new cases reported. 2 cases of Acinetobacter were identified in NICU with a further third case reported. A terminal clean of the ward was completed. In relation to Ward 2A work is ongoing as they have had a high number of outbreaks with lines associated with blood cultures. There have been a few issues in the ward and enhanced visits and education have been carried out. Compliance with the Care Plan resulted in a score of 50%. A single case of Aspergillus was identified in a patient with ALL diagnosis. The patient is clinically well and there is ongoing cleaning of the ward with chlorine based detergent. Dr Brian Jones reported that the patient did not have anti fungal prophylaxis. He said in Ward 2A they have 8 beds that are PPL rooms and 4 of these have been converted to positive pressure rooms but there would be a significant expenditure required to change all these to positive pressure rooms. Dr Chris Jones asked whose Risk Register this would sit with and Tom informed that it would be Woman & Children's directorate and they have been invited to the next BICC meeting to provide an update on Ward 2A. 	
<u>West & Partnerships – Kirsty Ferguson</u>	
<ul style="list-style-type: none"> Fungal counts were identified in Ward B8 at the Beatson. Works are due to be carried out and will involve replacement of IPS panels where water damage was found behind the panels. 	
13. BOARD INFECTION CONTROL COMMITTEE MINUTES – 31st July 2017	
<p>The Minutes of the meeting of the Board Infection Control Committee held on 31st July 2017 were received and noted.</p>	
<p>At the meeting Tom Walsh said there was significant discussion in relation to Wards 4B, 2A and isolation rooms. He said there was concern regarding the clinical issues in Ward 2A and Dr Armstrong, chair of the committee, requested that the directorate Management Team attend the next BICC meeting. Dr Kennedy has also been involved at looking at the ongoing work in the ward and he and Susie Dodd, Lead Nurse IPC will do a walk round of the area.</p>	
<p>Discussion took place regarding SABs and the change to denominators and a Core Brief was issued to all staff.</p>	
<p>Dr Iain Kennedy also asked the committee to remind staff to receive their flu vaccination. He said the uptake has been low so far with 34% of staff in GGC receiving their vaccination.</p>	
<p>It was agreed that Dr Chris Jones, Tom Walsh, Sandra Devine to prepare a template of actions from AICC to go to BICC.</p>	CJ/TW/SD
14. CJD	
<p>Dr Iain Kennedy reported 3 new reports of sporadic CJD cases but there is no requirement for a patient look back exercise. On Learnpro he said they are looking to have a module on CJD.</p>	

Item	Action
15. ANTIMICROBIAL TEAM REPORT	
	Ysobel Gourlay provided a report prior to the meeting and the report was noted.
	A conference on Antimicrobial Stewardship run by Healthcare Improvement Scotland is taking place tomorrow in Glasgow.
16. NEW BUILD HOSPITALS UPDATE	
	Snagging issues are being addressed for the ICE building at the QEUH site which is due to open the middle of January.
17. THEATRE MAINTENANCE / VALIDATION	
	Nil to report.
18. DECONTAMINATION GROUP	
	Copies of the rolling action list from the Decontamination Sub Group were distributed with the agenda and noted.
	Tom Walsh confirmed that Dr Andrew Smith is stepping down as chair of the Decontamination Group in the new year and discussions are ongoing with Dr Brian Jones for a new chair.
19 NEW BUISNESS	
	Norovirus
	HPS have requested that boards produce a weekly surveillance report on the number of wards that have been closed over the week instead of the number of wards closed on a Monday. This process has now been implemented and in place.
20. A.O.C.B.	
	Joyce Brown asked how the Flu Planning Group links to this group as there is a flu test where you can receive the result within the hour. Kirsty commented that point of care testing for RSV is carried out at the Beatson and BMT wards. Kirsty stated that she tried to get the point of care testing implemented in the Beatson last year but it was a slow process as this had to go through the point of care testing group. Jennifer Rodgers advised that they carry out patient testing in Paediatrics every winter. Joyce asked who is leading the flu planning work and Tom informed that Sally Johnston, Head of Civil Contingencies is providing information to Dr Armstrong's planning team. He said there are to be sector winter planning groups and the ICNs have been asked to nominate staff for these groups.
	With regards to seasonal flu Neil Ferguson is leading on this and working with Rona Wall, Occupational Health Service Manager.

Item	Action
21. REVIEW OF ACTIONS	

A resume of the actions from the meeting were noted as follows:-

- Carried forward from last AICC an SBAR to outline what actions are carried out when a SAB case has been confirmed adding in a formal review process with a multi disciplinary meeting. Sandra Devine will speak to David Stewart to see if this will be feasible.
- With regards to the acute guideline for catheter care Pamela Joannidis agreed to ask Kate Cocozza for this before the end of the year.
- Pamela Joannidis to write up the report from her visit to Ayrshire & Arran and issue this to the group.
- A ward round checklist has been produced by clinicians in QEUH and one of the questions asks if a PVC is still required and this is completed every day. Dr Chris Jones to discuss this with the Chief of Medicines to implement this in all sectors.
- Lyndsay Donaldson to be invited to the AICC to update on the training for junior doctors.
- Once Quarter 3 data from HPS has been issued in relation to SABs and CDI Ann Kerr to provide a presentation to AICC.
- Dr Chris Jones, Tom Walsh and Sandra Devine to prepare a template of actions from AICC to go to BICC.

22. DATE OF NEXT MEETING

A Schedule of meeting dates for the Committee for 2018 were attached with the agenda papers and these were approved.

The next meeting will take place on Monday, 8th January 2018 at 10.00 a.m. Board Room, JB Russell House, Gartnavel Royal Hospital.

**Minutes of the
Acute Infection Control Committee
Board Room, JB Russell House
Gartnavel Royal Hospital
On Monday, 8th January 2018 at 10.00 a.m.**

PRESENT

Dr Iain Kennedy	Public Health Medicine Consultant (Chair)
Sandra Devine	Associate Nurse Director, IPC
Joyce Brown	Chief Nurse, Clyde Sector
Elaine Burt	Chief Nurse, Regional Sector
Kirsty Ferguson	Lead Nurse, IPC West/HSC Partnerships
Dr Brian Jones	Head of Microbiology
Dr Barbara Weinhardt	Infection Control Doctor, North
Karen McGugan	Lead Nurse, Imaging & Diagnostics
Melanie Hutton	Lead Nurse, Women & Children's

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Dr Chris Jones	Kate Hamilton
Ysobel Gourlay	Pamela Joannidis
Tom Walsh	Joan Higgins
Lynne Scott	Lynn Pritchard
Jenn Rodgers	Ann Kerr
Scott Young	Susie Dodds

Item**Action****1. APOLOGIES AND WELCOME**

Apologies were received from the above mentioned.

2. MINUTES

The minutes of the meeting of the Acute Infection Control Committee held on Monday 6th November 2017 were approved with the following amendments

Page 3, 2nd last paragraph should read "She also commented that there are a lot of SABs in Clyde where origin is unknown"

Dr Erica Peters raised her concern about the lack of high level isolation in QEUH and wondered if there was any feedback from HPS and others to resolve this and noted although raised it had not been minuted at the last AICC. At this stage any need for high level respiratory isolation e.g. proven MERS would require transfer to Lanarkshire. Sandra Devine said they were still waiting for feedback from HPS

Item Actions Carried Forward/Update	Action
<ul style="list-style-type: none"> Carried forward from last AICC an SBAR to outline what actions are carried out when a SAB case has been confirmed adding in a formal review process with a multi disciplinary meeting. Sandra Devine is meeting with Karon Cormack, Head of Clinical Risk this week to discuss this. 	S Devine
<ul style="list-style-type: none"> Joyce Brown & Elaine Burt commented that they felt 3 months was too long to wait for an acute guideline for catheter care from Practice Development and would prefer this was available sooner. Joyce & Elaine are going to contact Practice Development to see if this can be taken forward quicker. 	J Brown E Burt
<ul style="list-style-type: none"> Pamela Joannidis is to send out her notes from her recent visit to Ayrshire & Arran regarding SAB rates. 	P Joannidis
<ul style="list-style-type: none"> Dr Chris Jones is to speak to Chiefs of Medicines within GG&C about implementing a daily ward checklist for patients who have PVCs where one of the questions asked if the PVC is still required. 	C Jones
<ul style="list-style-type: none"> Dr Chris Jones requested that Lindsey Donaldson should be invited to the next AICC meeting to discuss the compliance with online induction for junior doctors, which is currently low. 	
<ul style="list-style-type: none"> Ann Kerr will give a presentation of quarter HAI figures and how they may be discrepancies in the figures due to where the patient resides and what hospital they attend. This may mean that our figures may differ from national figures and that occupied bed days will not be included in future reports. 	A Kerr
<ul style="list-style-type: none"> Dr Chris Jones, Tom Walsh & Sandra Devine are to prepare a template of agreed actions form the AICC to go to the BICC. 	CJ/TW/SD
<ul style="list-style-type: none"> Sandra Devine awaiting feedback from HPS regarding lack of high level isolation within the QEUH site. 	S Devine

3. MATTERS ARISING

Update on Ward 2A, RHC

Melanie Hutton gave an update on the situation in Ward 2A, RHC regarding work being undertaken to reduce central line associated blood stream infections (CLABSI). The group first met in May 2017 and have focussed on 4 main sections: Service, Infection Control, Domestic and Estates.

The group collects data on CLABSI on a week to week basis within the RHC site, including haemato-oncology patients cared for at home by the outreach nurses and patients attending day care

The group introduced Curoport protector caps on 14th August 2017. The device contains 70% isopropyl impregnated sponge, which covers the end of the hub when not in use and provides passive disinfection, thus removing the human variation associated process such as scrub the hub. Ongoing training for staff using Curoport protectors is being carried out in Ward 2A & 2B. Training for staff within Ward 3B will begin in the near future.

Item	Action
<p>Melanie informed the group that data received last week showed a reduction of CLABSI, resulting in the SPC median line being reduced by 2.01.</p>	
<p>Weekly ward rounds with the Senior Charge Nurse of the ward and the Lead IPCN Susie Dodd is being carried out. Wardrobes and storage units within bathrooms have been introduced to de-clutter the rooms. A patient and parent engagement leaflet has been introduced, as well as hand hygiene training for parents.</p>	
<p>An IPCT audit was carried out within the ward, which scored 92% (Gold), and weekly domestic and SICPs audits are being carried out.</p>	
<p>4 BMT cubicles are currently being upgraded. Rooms 19 & 20 are just awaiting final parts to be fitted then a terminal clean and testing of environment can be carried out before work will begin on BMT rooms 17 & 18.</p>	
<p>Elaine Burt has asked if she can link in with CLABSI group as she is currently doing work within her Regional wards regarding Curo tips.</p>	
<p>4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL</p>	
<p>Feedback from the aid memoire for Transmission Based Precautions (NIPCM Appendix 11) has been discussed with HPS. Further changes have been made and these will go to the</p>	
<p>National Policies Guidance and Outbreaks (NPGO) Steering Group</p>	
<p>TB precautions within Appendix 11 differ from the National guidance so this will be discussed at the next TB network group meeting.</p>	
<p>The consultation process also recommended making the aid memories a hospital only document, with a separate primary/community care document to be developed. This will be clarified at the next NPGO Steering Group.</p>	
<p>5. MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : October 2017 – November 2017</p>	
<p>Sandra Devine reported on the October 2017 and November 2017 figures outlining the following:-</p>	
<p>In October 2017, 37 SAB cases were identified, 3 of which were MRSA. 41% of these cases were Hospital Acquired Infections (HAI)</p>	
<p>For November 2017, 33 SAB cases have been identified and 16 (49%) of these were hospital acquired infections. There were no PVC related SABs in November.</p>	
<p>NHSGGC identified 100 <i>Staphylococcus aureus</i> Bacteraemia cases for the last quarter (July-September 2017); this is a decrease of 14% upon the previous quarter.</p>	

Item	Action
<p>5. Enhanced SAB Surveillance: October 2016 – September 2017</p> <p>A summary report for the year has been produced by the IPCT. It showed that there was 188 HAI SABs (43%)</p> <p>Elaine Burt said she would do a few slides to show the improvement of SAB rates with the Regional directorate.</p> <p>Sandra Devine asked the group if there was anything else they would like to add to this report they should contact Ann Kerr.</p>	E Burt
<p>6. SAB ACTION PLAN</p> <p>Sandra Devine gave a verbal update on the current SAB action plan.</p> <p>She said that the following items will be added to the action plan</p> <p>Pamela Joannidis will write up actions she will take forward from her visit to Ayrshire & Arran.</p> <p>Dr Chris Jones is to engage with the Chiefs of medicine about implementing the PVC ward round sheets.</p> <p>Sandra Devine is meeting with Karon Cormack regarding reporting of avoidable harms onto Datix .</p>	
<p>7. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : October 2017 and November 2017</p> <p>Sandra Devine gave an update on the report with the following key points:</p> <ul style="list-style-type: none"> • 48 Safe IPC Practice in Acute care audits were undertaken in October & November 2017. • 1 audit from November scored 60% Labour Suite, PRM. This is considered to be a red score and will re audited in 3 months. • 11 Outpatient department audits were undertaken of which 3 scored gold, 6 green, 1 amber and 1 red. <p>PVC, CVC & UUC audits undertaken in 2017 compared to 2016 was presented to the group. A full sweep of all wards to assess compliance with UCC was done in December, results from this will go to the sector management teams and then to the Acute Clinical Governance Committee for review.</p>	

Item	Action
8. DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL	
<p>The Standard Operating Procedure for Seasonal Influenza was discussed</p>	
<p>If anyone has any comments regarding the SOP can you please send them to Pamela Joannidis by Monday 22nd January so it can be presented to the Board Infection Control Committee.</p>	
9. BI-MONTHLY HAIRT REPORT	
<p>The HAIRT report for December 2017 was distributed with the agenda. Sandra Devine provided an update on the report:-</p>	
<ul style="list-style-type: none"> • 116 <i>Staphylococcus aureus</i> Bacteraemia (SAB) cases were reported with a rate of 34.3 cases per 100,000 AOB. This is above the national rate. • 103 <i>Clostridium difficile</i> (CDI) cases were reported with a rate of 30.8 cases per 100,000 AOB that is below the HEAT target requirements. • GGC were above the national average for mandatory SSI surveillance. • Local surveillance status for Quarter 3 has shown a 14% reduction in the number of SAB cases. There has been an increase in CDI cases and we proactively reviewed these with Health Protection Scotland and our local Antimicrobial Management Team and no commonalities were identified. 	
10. HEI / HAI	
<p>Nothing to report</p>	
11. INFECTION PREVENTION AND CONTROL WORK PLAN	
<p>A copy of the work plan was issued with the agenda.</p>	
<p>Trend data from PVC/CVC and UUC audits will be included in the work plan along with the SAB yearly report. The frequency on when these reports will be issued yearly or every 6 months is still to be decided.</p>	
<p>After consultation with staff members the IPCT has decided to use care checklists instead of care plans for all alert organisms.</p>	
<p>Pamela Joannidis is collating data from UUC audits, which were carried out in every ward within GG&C. Each Senior Charge Nurse & Lead Nurse will receive their own reports. The overall report will be taken to the Acute Clinical Governance Committee for review.</p>	

Item		Action
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12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT – October 2017 and November 2017

Members received and noted the above Infection Prevention and Control Sector report for October and November 2017.

North Glasgow Sector

- 3 severe CDI patients all non-HAI.
- CDI death on part 2 of death certificate
- SAB death on part 1 of death certificate, source was unknown.
- 4 patients identified over a 2 week period within the ICU/Burns Unit who have Meropenem resistant *Pseudomonas aeruginosa*. On investigation the patients are linked in time or place either in ICU or the Burns Unit. All patients isolated and Transmission Based Precautions put in place. All isolates have been sent to Colindale for typing, results expected next week. Initial environment sampling of areas undertaken have all come back negative. Screening of all patients on Burns Unit – so far all results have been negative.

South Glasgow Adults

- 3 SAB deaths all cited on death certificate.
- PAG was held on Friday 5th January regarding 2 patients with resistant *Klebsiella* in Ward 64, QEUH. Initial typing looks like same. Contact screens of 11 patients have been carried out. So far 6 have come back negative with other 5 outstanding. Discussion surrounding patients who have been discharged home if contact screens should be carried out within the community. Public Health and HPS will look into this to see how feasible this would be.
- Ongoing works being carried out in Ward 4B1, QEUH.

South Clyde

- 2 severe CDI patients both non HAI
- CDI death on part 1 of death certificate, HAI
- 2 HAI SABs one of which died and was cited on part 1 of the death certificate.
- TB patient in ITU, RAH will need contact tracing for any patients for the past month.
- Water ingress in ward 11, RAH. All areas affected are currently sealed off while work to repair this is being carried out.
- Flood in IRH Theatre reception/Recovery from dialysis waste pipe. All areas have since been repaired and cleaned.

South Glasgow Paediatrics

- 1 HAI SAB with the source as unknown.
- 3 separate acinetobacter incidents in NICU, Ward 3A and Ward 1D. Concerns have been raised that the SPC charts should be used as a trigger as there is not enough trend information to see if this is unusual. Respiratory equipment is currently being looked at as a possible source.
- IMT is organised for 3 cases of *Staph aureus* within NICU over November.

Item	Action
12. <u>West & Partnerships – Kirsty Ferguson</u>	<ul style="list-style-type: none"> • One HAI SAB with the PICC line being the source. • 5 patient cases of HAI VRE in stool samples from Ward B8, Beatson for the month of November. Four cases discharged home with 1 remaining case and 2 previous positive cases remaining on Ward B8. IPCT and microbiology will continue to review patients and await typing results. • 22 beds have been opened up in Gartnavel General Hospital to relieve pressure on beds throughout GG&C.
13. BOARD INFECTION CONTROL COMMITTEE MINUTES – 9th October 2017	<p>The Minutes of the meeting of the Board Infection Control Committee held on 9th October 2017 were received and noted.</p> <p>Sandra Devine informed the group that there is no funding to carry out HAI scribe audits for Partnerships and Acute.</p>
14. CJD	<p>The next scheduled meeting is on Tuesday 16th January at 2pm, Meeting Room 1, Ground Floor, West House Meeting Rooms, Gartnavel Royal Hospital</p>
15. ANTIMICROBIAL TEAM REPORT	<p>An email from Andrew Seaton reporting a shortage of IV amoxicillin. Dr Iain Kennedy will speak to pharmacy regarding this.</p>
16. NEW BUILD HOSPITALS UPDATE	<p>Ongoing work within Ward 4B1 at the QEUH. Initial physical validation of the rooms has been good so far. A meeting is organised to discuss how the yearly validation of the rooms will be carried out,</p>
17. THEATRE MAINTENANCE / VALIDATION	<p>Nil to report.</p>
18. DECONTAMINATION GROUP	<p>Copies of the rolling action list from the Decontamination Sub Group were distributed with the agenda and noted.</p>

Item	Action
<p>19. A.O.C.B</p> <p>Elaine Burt brought up the recent ban on Dyson fans from Health & Safety. It was agreed that each area could still use the fans as long as a local risk assessment is carried out. IPCT are currently waiting on guidance from HPS regarding the cleaning of fans.</p> <p>Surveillance nurses were unable to get access to the new Badger system being used in the maternity wards throughout GG&C. This has since been resolved.</p> <p>IPCT and PHPU are meeting with HPS to discuss the community E-Coli and community CDI exception reports that were issued to GG&C.</p>	
<p>20. REVIEW OF ACTIONS</p> <p>A resume of the actions from the meeting were noted as follows:-</p> <p>Elaine Burt said she would do a few slides to show the improvement of SAB rates with the Regional directorate.</p>	<p>E Burt</p>
<p>21. DATE OF NEXT MEETING</p> <p>The next meeting will take place on Monday, 5th March 2018 at 10.00 a.m. Board Room, JB Russell House, Gartnavel Royal Hospital.</p>	

**Minutes of the
Acute Infection Control Committee
Board Room, JB Russell House
Gartnavel Royal Hospital
On Friday, 27th April 2018 at 10.00 a.m.**

PRESENT

Dr Chris Jones	Chief of Medicine (Chair)
Sandra Devine	Associate Nurse Director, IPC
Dr Iain Kennedy	Public Health Medicine Consultant
Dr Teresa Inkster	Consultant Microbiologist/Infection Control Doctor
Dr Erica Peters	Consultant Infectious Diseases
William Hunter	General Manager Facilities (NE/West)
Karen McGugan	Lead Nurse Imaging
Pamela Joannidis	IPC Nurse Consultant
Ann Kerr	Lead Nurse IPC Surveillance
Lynn Pritchard	Lead IPC Nurse, South Glasgow (Adults)
Kirsty Ferguson	Lead IPC Nurse, West & HSC Partnerships
Joan Higgins	Lead IPC Nurse, South Clyde
Jenn Rodgers	Chief Nurse, Paediatrics & Neonates
Elaine Burt	Chief Nurse, Regional Services
Lynne Scott	Associate Chief Nurse, South Sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Kate Hamilton	Lead IPC Nurse, North Glasgow
Susie Dodds	Lead IPC Nurse, South Glasgow (Paediatrics)

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Professor Brian Jones	Tom Walsh
Dr Aleksandra Marek	Ann Frances Fisher
Jackie Wilson	Dr Barbara Weinhardt
Joyce Brown	Dr Alison Balfour
Dr Huma Changez	

Item	Action
<p>1. APOLOGIES AND WELCOME Apologies were received from the above mentioned.</p>	
<p>2. MINUTES The minutes of the meeting of the Acute Infection Control Committee held on Monday 8th January 2018 were approved.</p>	

Actions Carried Forward/Update

- Elaine Burt asked for an update on the acute guidelines for catheter care. Pamela Joannidis informed the group that a combined document including acute and partnerships has been created with its first draft just completed. Pamela Joannidis will update the group of any relevant updates and will push for this document to be completed as soon as possible.

PJ

3. MATTERS ARISING NOT ON THE AGENDA

There were no matters brought up that were not already on the agenda.

4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)

Pamela Joannidis created a summary of changes made to Appendix 11 of the NIPCM. At the time writing this, it was thought these changes would be mandatory, but after numerous concerns from GG&C it was agreed this will be used as an aide memoir instead and will not be mandatory.

The main changes surrounded the use of fluid repellent surgical face masks when undertaking routine care of patients and wearing FFP3 masks when carrying out aerosol generating procedures for an extensive list of organisms.

Infection Prevention & Control Team (IPCT) will look at incorporating these risk assessments within their existing Standard Operating Procedures. Any changes made to existing SOPs will be brought to future AICC meetings appropriately for approval.

If anyone has any comments regarding this can you please email Pamela Joannidis.

Item	Action
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5. MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : January 2018 – March 2018

Ann Kerr reported on the January/February & March 2018 figures outlining the following:-

In January 2018, 43 SAB cases were identified, 1 of which was a Non HAI MRSA. 33% of these cases were Hospital Acquired Infections (HAI). 12 cases were related to IV access devices.

In February 2018, 32 SAB cases were identified and 53% of these were HAI. There were 5 SAB cases related to IV Access devices. 1 case was a non HAI MRSA case.

In March 2018, 44 SAB cases were identified where 41% of these were HAI. There were 5 cases related to IV access devices. 2 cases were MRSA

Ann Kerr reported on a sustained reduction from November to March in IV access related SABs. Unfortunately there has been an increase during April 2018. This will be brought up at the next SAB steering group as it proves that a sustained reduction in line related SABs can be achieved.

6. SAB ACTION PLAN

If anyone has any further actions can you please forward them onto Calum Macleod. This action plan will be discussed and updated at the next SAB Steering group.

7. BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : January/February/March 2018

Sandra Devine gave an update on the report with the following key points:

- CDI cases in Clyde sector reached 10 with 2 being classed as non HAI
- Nearly 10,000 IPC modules were completed from January – March 2018 by GG&C staff. Dr Chris Jones will provide a brief statement outlining this for the next core brief.
- Quality Improvement audit should be renamed as quality assurance.

Item	Action
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8. DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL

A risk assessment for carers/staff to wear surgical masks while looking after patients with confirmed/suspected RSV has been added to the back of the RSV SOP. This was added as the current PPE section within the RSV SOP does not align to Appendix 11 within the NIPCM. There is data that shows that there is a very small amount of HAI regarding RSVs so no need to implement surgical face masks while doing routine care for patients as this will cause disruption/confusion and expenditure to each ward. This will be presented at the next BICC for approval.

The Staff Screening SOP has had changes made to section 3 on page 4 relating to the rationale of staff screening and whose decision it is to carry out the screening.

The Influenza SOP has been approved but Dr Armstrong requested the IPCT add in an aide memoire for staff to adhere to when cohort areas are created within wards. This cohort section has been added into the SOP at the end of the document pages 13/14.

9. BI-MONTHLY HAIRT REPORT

The HAIRT report for April 2018 was distributed with the agenda. Sandra Devine provided an update on the report which outlines the figures from the last quarter in 2017:-

- CDI rates were above the national level but below the HEAT target.
- MRSA compliance for screening was 92%. This will be extended to include CPE screening within upcoming months
- SSI hip rates are slightly above the national average at 1.5%
- SSI rates for C-Section is below national average at 1.2%.
- There are no bench marks on other surgical procedure surveillance the IPCT gather data on but hopefully there will be some available in the near future.

Sandra informed the group that the HAIRT report will probably be presented in a different format when next released.

10. HEI / HAI

Pamela Joannidis visited Ayrshire & Arran as part of the SAB action plan. At the time of the visit in November 2017, Ayrshire and Arran were doing really well on SAB rates but have since seen their rates increase so they will also deal with peaks and troughs of their SAB rates.

Pamela is revisiting Ayrshire & Arran in May 2018 to see the idea of DRIFT and gather information on whether it would be a worthwhile project to implement within GG&C.

Ysobel Gourlay asked if Antimicrobial pharmacists and IPCT nurses could work together and carry out ward sweeps where an area has high SABs. This will be brought up at the SAB steering group meeting.

Item	Action
11. INFECTION PREVENTION AND CONTROL WORK PLAN	
<p>Sandra Devine informed the group that the IPCT are stepping back from PICC line surveillance as it is a complicated process which would be a significant impact on the local IPCT workload. The IPCT are currently looking into a smarter way to carry out surveillance of PICC lines.</p>	
<p>The IPCT are forecasting that the Scottish Government will require a target to decrease ECB by 10%, but this decision has not yet been confirmed. Pamela Joannidis is working on urinary catheter care Learnpro modules for educating staff, as this is where the majority of ECB are found. Most cases are attributed to community care which the IPCT do not have any influence on meaning very little can be done to decrease the ECB rates.</p>	
12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT – February and March 2018	
<p>Members received and noted the above Infection Prevention and Control Sector report for February & March 2018.</p>	
<p><u>South Clyde Update</u></p>	
<p>CDI trigger started in Ward 3, RAH after two HAI CDI cases identified within a 14 day period. Isolates were sent for typing but came back as different ribotypes.</p>	
<p>Two RAD wards within the RAH have been closed in April with unconfirmed Norovirus</p>	
<p><u>North Glasgow Sector</u></p>	
<p>Increase incidence of Group A Strep within the Burns unit at Glasgow Royal Infirmary. Environmental sampling of a mailbox system showed the same Group A Strep as the patients. No further cases since the IPC precautions were implemented.</p>	
<p><u>South Glasgow Adults</u></p>	
<p>Increase in VRE within renal Wards 4A and 4D with ongoing work. Last month's rates have gone down to 6.</p>	
<p>Philipshill increase in Klebsiella in urines over an 8 month period. Increase cleaning carried out within ward with education provided to staff. Environmental swabbing of area has been carried out but nothing came back positive.</p>	
<p>Possible cross transmission of CPE where patient has infected 2 other patients. Patient was admitted from Ayrshire and Arran with no communication from themselves on transfer. Patient was very confused and disorientated and crawling on the floor and into other patients beds. Meeting is being held to discuss this next week.</p>	

Item	Action
12. Cont d	<p data-bbox="240 351 624 387"><u>South Glasgow Paediatrics</u></p> <p data-bbox="240 421 1046 456">Ward 1E closed due to two patients with confirmed Norovirus.</p> <p data-bbox="240 490 1318 622">Measles exposure in A&E from patient who had not been inoculated. 4 patients identified as being exposed. Beyond time period to see secondary cases. Some learning from this regarding level of suspicion by staff, patient placement and communication regarding this.</p> <p data-bbox="240 656 603 692"><u>West & HSC Partnerships</u></p> <p data-bbox="240 725 1318 824">Numerous floods in Theatre B & C which put them out of operation. Works to renew flooring in Theatre B was complete while work to renew flooring in Theatre C will commence once asbestos sampling completed.</p> <p data-bbox="240 857 448 893"><u>Water Incident</u></p> <p data-bbox="240 927 1318 1160">Patient contracted Cupriavidus within a blood culture in ward 2A, Haematology RHC In February 2018. After testing the water supply within ward 2A samples came back positive for Cupriavidus and one came back positive for Pseudomonas. Dosing of the water system within the ward with hydrogen peroxide failed and other areas were sought after to decant patients. All suitable areas for patients to be decanted with the RHC and QEUH had their water supply tested, which came back positive with gram negative organisms and fungus.</p> <p data-bbox="240 1193 1318 1261">Dosing of the water supply was stopped and filters were applied to water outlets to all areas that were deemed to have high risk patients.</p> <p data-bbox="240 1294 1318 1361">Since the implementation of the precautions and filters to water outlets no new patient cases have been found.</p> <p data-bbox="240 1395 1318 1527">A short life working group has been set up to look at long term solutions such as dosing the water supply, look at replacing existing complicated taps within high risk areas with simpler taps and a long term solution for the use of the point of use filters currently installed.</p> <p data-bbox="240 1561 1318 1794">Dr Inkster met with Suzanne Lee a water expert to look at possible sources of the contaminated water. Suzanne thinks a thick bio film that has been in the system since the commission of the building has been building up and dispersed. It is unlikely that the bacteria counts within the water will ever reach zero but with the introduction of chemical dosing the counts will drop to a more acceptable level. Dr Inkster and Suzanne Lee have produced a final report outlining their findings that will be given to the medical director.</p> <p data-bbox="240 1827 1318 1962">Elaine Burt enquired about chlorine dosing of the water supply and wondered if this could get into the renal dialysis lines within the Renal. Dr Inkster informed her that dialysis water supply comes from a completely different source so no chlorine dosing of the lines will be carried out.</p>

Item	Action
13. BOARD INFECTION CONTROL COMMITTEE MINUTES – 31st January 2018	<p>The Minutes of the meeting of the Board Infection Control Committee held on 31st January 2018 were received with no comments from the group.</p>
14. CJD	<p>The group are carrying out a survey on the back of MRSA KPI questions this quarter to see how many patients are asked about CJD on admission and that the answer is recorded in the nursing admission document.</p> <p>The group will carry out an audit of CJD practice of high risk areas concentrating on Adult/Paediatric neuro surgery, Ophthalmology and Endoscopy.</p>
15. ANTIMICROBIAL TEAM REPORT	<p>Ysobel Gourlay report focussed on the increasing length of time patients are on IV antibiotics. For her report she audited each hospital site carrying out an audit of one Medical and one DME ward. She found about a fifth of patients have inadequate IV antibiotics review.</p> <p>A new IVOS policy (IV to oral switch) policy (IVOS) will be available on staffnet. Andrew Seaton will sending out information regarding this policy to all chiefs of medicine and chief nurses regarding this.</p> <p>Hospital Electronic Prescribing Medicine Administration will be installed in the next 18 months to 2 years which will allow antimicrobial pharmacists to see what IV antibiotics patients are receiving and how long they are have been administered.</p> <p>Ysobel Gourlay is going to see if the SAB stickers which the IPCT are inputting onto patient notes for medical staff to complete are having an effective result in relation to patients receiving the correct dosing of antibiotics. Ysobel will try and report back on this within the next 2 meetings.</p>
16. NEW BUILD HOSPITALS UPDATE	<p>Ward 2A, BMT Upgrade all 4 rooms are back in use following completion of upgrade. Compliance being monitored during routine IPCT visits to ward 2A.</p> <p>QEUH Bone Marrow Transplant upgrade has been on track but low levels of fungus has been found in the air sampling from last Friday. Dr Inkster thinks this could be due to a new operator carrying out the sampling but with these new reading could set back the opening of the unit due to re-sampling needing to be carried out.</p> <p>A total of 7 positive pressure rooms are being converted into negative pressure rooms. There will be 4 rooms in the QEUH (Critical Care) and 3 rooms within the RHC site. The rooms themselves will be chosen by the staff, which in turn the company will see if this will be feasible to change the rooms.</p>

Item	Action
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17. THEATRE MAINTENANCE / VALIDATION

No validation issues reported. Gartnavel General had an issue within their Endoscopy unit regarding air changes and what requirement they should be especially if broncos copies are being carried out. The local IPCT will push estates to see if the air changes within the endoscopy unit is sufficient.

18. DECONTAMINATION GROUP

Copies of the rolling action list from the Decontamination Sub Group were distributed with the agenda and noted.

19. A.O.C.B

Memo on Surveillance Denominators

A memo regarding the standardisation of surveillance denominators for CDI, SABs and ECB cases was disseminated to the group. This memo outlined the changes being implemented to record HAI and community cases within healthcare environments. The emphasis of the detection of the infection is not solely put on the source but on the actual timeframe of detection. HAI numbers for GG&C will increase/decrease when these measures are put in place.

Clinical Care Governance Infection Control Report

The group were given this report in relation to 3 microbiologists who raised their concerns about the current facilities at the QEUH/RHC and also the current structure of the IPCT. A total of 27 concerns were raised during a meeting with Facility directors, Chief of medicine for Diagnostics and the Senior management Team in September 2017. A table with recommendations/responses regarding their concerns has been drawn up and will be shown at the next Clinical governance meeting.

Antibiotic Prophylaxis in Bowel Surgery

Ann Kerr raised her concerns regarding the lack of antibiotic prophylaxis re-dosing of patients during bowel operations that last over 4 hours. At the moment 4 hospitals undertake these operations with 50% compliance rate. So far there has been no increase in SSI rates within bowel operations but concerns regarding the lack of re-dosing antibiotic prophylaxis during operations over 4 hours could lead to an increase. Ann Kerr is going to email the General Managers throughout the hospitals raising her concerns asking for them to reiterate with their colleagues to adhere to procedures regarding antibiotic prophylaxis and the recording of it. Dr Jones has requested to be included in the email so he can share with his own colleagues.

HEI Update

The IPCT have received a letter from HEI inspectorate saying they are going to recommence their inspections again from the end of May 2018. They will be looking at all Infection Control standards and will not be focussing on certain agendas per visit. There will not any separate theatre audits and will look at compliance of PVCCVC and UUC checklists.

20. REVIEW OF ACTIONS

A resume of the actions from the meeting were noted as follows:-

- | | |
|--|--------------|
| 1. A standard operating procedure will be drawn up relation to the risk assessment to NIPCM appendix 11 | PJ |
| 2. Chris Jones will provide update for the core brief regarding the uptake of 10,000 IPC modules during the first quarter of 2018. | CJ |
| 3. An update from the SAB steering group on clarification on how Antimicrobial pharmacists and members of the IPCT can target high SAB rate areas | AK/YG |
| 4. Communication to anaesthetics regarding the requirement to record antibiotic prophylaxis if operation if greater than 4 hours and to invite comments as to whether any change in protocols is required. | AK |

21. DATE OF NEXT MEETING

The next meeting will take place on Tuesday 19th June 2018 at 12:00 Board Room, Admin Building, Gartnavel Royal Hospital.

**Minutes of the
Acute Infection Control Committee
Board Room, Admin Building
Gartnavel Royal Hospital
On Tuesday, 19th June 2018 at 12:00**

PRESENT

Dr Chris Jones	Chief of Medicine (Chair)
Elaine Burt	Chief Nurse, Regional Services
Kirsty McDaid	Lead IPC Nurse, West & HSC Partnerships
Sandra Devine	Associate Nurse Director, IPC
Kate Hamilton	Lead IPC Nurse, North Glasgow
Tom Walsh	Infection Prevention & Control manager
Joan Higgins	Lead IPC Nurse, South Clyde
Melanie Hutton	Lead Nurse, W&C Services
Ann Kerr	Lead Nurse IPC Surveillance
Susie Dodd	Lead IPC Nurse, South Glasgow (Paediatrics)
Dr Iain Kennedy	Public Health Consultant
Dr Barbara Weinhardt	Infection Control Doctor
Christina McKay	Associate Chief Nurse, Clyde sector
Rosie Cherry	Interim General Manager, Facilities/Partnerships

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Pamela Joannidis	Dr Scott Davidson
Jackie Wilson	Karen McGugan
Dr Alison Balfour	Ysobel Gourlay
Ann Frances Fisher	Dr Inkster
Dr Erica Peters	Jenn Rodgers

Item	Action
<p>1. APOLOGIES AND WELCOME</p> <p>Dr Jones welcomed everyone to the meeting and apologies were received from the above mentioned.</p> <p>Dr Jones informed the group that Dr David McCarey and Dr Scott Davidson have both agreed to join the AICC. Currently awaiting for Regional and Women & Children's sector representative as it was agreed more medical representatives should attend this meeting.</p>	
<p>2. MINUTES</p> <p>The minutes of the meeting of the Acute Infection Control Committee held on Friday 27th April 2018 were approved with the following amendments:</p> <p>Page 5, 2nd last paragraph – spelling mistake for Philipshill</p>	
<p>3. MATTERS ARISING NOT ON THE AGENDA</p> <p><u>Water Incident at RHC & QEUH Update</u></p> <p>A short term Incident Management Team (IMT) was convened due to positive Microbiology specimens from drains within Ward 2A/2B. Issues surrounding the drain pipes having a bio film and corrosion of certain elements within the pipe have been found. Filters have been fitted to all water outlets within high risk areas within the RHC and QEUH and drains have also been cleaned. Drainage pipeline has been replaced within Ward 2A and 2B as well as Hydrogen Peroxide Vapour (HPV) cleans of the ward.</p> <p>In total there have been 17 cases identified since the start of the water incident in March 2018, with some patients having more than one positive organism attributed to themselves.</p> <p>A water group that reports to the BICC is looking at resolving long term issues surrounding tap replacement, implementation of water dosing of the RHC and QEUH campus and ongoing HPV cleaning of patient rooms within Ward 2A and 2B.</p> <p>There is an ongoing executive group that overarches these two groups making sure that the actions agreed in these groups are completed.</p> <p>Health Protection Scotland have been involved and are carrying out a comparison between Ward 2A, RHC and the old Schiehallion ward at Yorkhill.</p>	
<p>4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)</p> <p>There has been a lot of feedback surrounding the request from HPS for staff to wear FFP3 masks for all TB patients. This conflicts with the NICE guidelines where it states that only an FFP3 mask needs to be worn if patient is Multiple Drug Resistant TB patient. Already two Health boards in Scotland have said they are not going to adhere to this, as unsure if this manual is mandatory for boards to follow or is used for guidance.</p>	

Currently GG&C are adhering to these guidelines which has caused a lot of staff not being able to care for TB patients as they are not fit tested for FFP3 masks. Pamela Joannidis and Dr Erica Peters are currently working on interim guidance which should be coming out shortly and the guidance should be signed off through the committees.

Governance surrounding staff using FFP3 masks for TB patients sits with the AICC but staff getting fit tested for the masks stays with sectors.

Health and Safety are going to upload onto Staffnet a list of people who are able to fit test staff and any other staff members who are fit tested.

Dr Jones has asked Sandra Devine to bring this up at the next acute clinical governance meeting for staff to be fit tested for FFP3 masks.

SD

5. MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : April - May 2018

Ann Kerr reported on the April - May 2018 figures outlining the following:-

In April 2018, 44 SAB cases were identified, 5 of which were MRSA. Ann Kerr informed the group that there was a general increase in the number of MRSA cases throughout the board. 61% were HAI, of those 1 were IV access related.

In May 2018, 29 SAB cases were identified, 4 were PVC related. Ann Kerr found the ward sweeps at QEUH were sub optimal and this has since been highlighted to Morag Gardner.

On Friday 22nd June a SAB Summit is being held at the QEUH where GG&C can bench mark our SABs with other health boards. It will also provide an opportunity for health boards to compare actions they have carried out to reduce their numbers and see what has been successful in reducing SAB rates.

6. SAB STEERING GROUP

A meeting has been set up with Karen Connelly?? Should this be Karon Cormack to see if an additional Datix process could be included so that future HAI SABs which are related to patient lines can be classed as a category 4 or 5. Sandra Devine will write up a paper explaining the benefits of this and will give a copy to Dr Jones and Morag Gardner for them to take to the chiefs of medicines and chief nurses. The report itself will provide some different options on the way SABs are datixed and will be sent out for comment before being disseminated.

Dr Jones asked if anyone had been invited to any of the Significant Clinical Incident (SCI) meetings regarding SAB deaths. Sandra Devine said that if a Datix is raised under a category 4/5 then a SCI should take place regarding this.

Item	Action
7.	<p>BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : April - May 20018</p> <p>Sandra Devine gave an update on the report with the following key points:</p> <ul style="list-style-type: none"> • A full review of the IPCAT process is being investigated as wards who are passing their audits, but are failing in certain sections of audit. • Recent audit for compliance with CPE screening is at 85%. • Uptake of IPC related modules remain to be high.
8.	<p>DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL</p> <p>Any comments regarding items 8A - 8D can you please email them onto Pamela Joannidis.</p> <p>The group thought the information provided in Item 8A and 8B was quite harsh for the public and could be worded better for them to understand.</p> <p>There was discussion on who will take ownership of the parent sign off sheet on the patient information sheet.</p>
9.	<p>BI-MONTHLY HAIRT REPORT</p> <p>Tom Walsh informed the group that this is the first time the draft HAIRT report has come through the AICC. This is a draft report and is currently being updated on a regular basis before the final draft being submitted to the Board on the 26th of June.</p> <p>The main points within the HAIRT show the CDI rate within GG&C improved in first quarter of 2018 and remains stable in April and May.</p> <p>New dominators which were brought in earlier this year are included in June HAIRT. These new denominators split everything into HAI and community cases and comparable tables between each board have been taken out.</p> <p>The SSI rate regarding angioplasty operations has dropped since its rise in rates in October-December 2017.</p>
10.	<p>HEI / HAI</p> <p>There has been no inspections yet in GG&C this year. There is a new inspection methodology where inspections are more intense by spending more time at each hospital site approximately 3 days. Inspectors are also visiting multiple hospital sites within the Board while carrying out the visit.</p> <p>Inspections have already taken place using this new methodology in Ayrshire & Arran, Dumfries and Galloway and Orkney Island.</p> <p>Tom Walsh and Elaine Love are meeting up with the Regional inspector to discuss this new approach and also discuss possible logistics problems surrounding a visit to GG&C.</p>

Item	Action
11. INFECTION PREVENTION AND CONTROL WORK PLAN	<p>Sandra informed the group of some new additions to the work plan which were as follows:-</p> <p>Decontamination asked if they could be audited at least once a year. The IPCT have developed an audit specifically for Decontamination Units which should be going live in July 2018.</p> <p>SAB steering group has been reconvened with a SAB summit arranged for Friday 22nd June.</p> <p>The introduction of a catheter passport has been looked into. Pamela Joannidis and Morag Gardner have agreed to trial this in the Victoria ACH to see if this has any benefit for patients/staff. The document itself is not mandatory.</p> <p>Ann Kerr is going to prepare a yearly SSI report</p> <p>Water group have had new terms of reference which are awaiting to be confirmed at the next BICC group.</p> <p>SOPs about emerging alert organisms and high level surveillance. Completely different group of organisms that are not normally included in</p> <p>An SOP regarding management of patients who have MDR organisms is currently being produced.</p> <p>Consider a plan to reduce e-coli bacteraemia by 50% in HAI cases and 10% in all cases.</p> <p>Sandra informed the group that the request for funding for surveillance of PICC lines was turned down.</p>
12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT –	<p>Members received and noted the above Infection Prevention and Control Sector report for</p> <p><u>South Clyde Update</u></p> <p>2 RAH wards closed in April with confirmed Norovirus.</p> <p>Ward in Inverclyde Royal closed yesterday with Norovirus.</p> <p>Quite high number of HAI SABs deaths where the SAB has been registered on part 1 of their Death Certificate. These are being addressed through the Datix reporting system..</p>

Item	Action
12. <u>North Glasgow Sector</u>	<p>Outbreak of Group A Strep in the Burns OPD clinic with 5 patients effected. Samples sent for typing which has come back as the same type as the environmental swabbing carried out. It was agreed to have all year cleaning with Actichlor within the burns unit.</p> <p>CDI trigger tool in Rheumatology/Medical wards started after two cases in ward 15/28. Trigger tool closed on 11/05/18 and both patients are now asymptomatic.</p> <p>4 wards closed with Norovirus in April/May.</p>
<u>South Glasgow Adults</u>	<p>CPE contacts is carried out from positive patient in Ward 64, Neuro. Outpatient sample obtained returned positive. Patient was contact of 2 previous CPE patients within Ward 64. Hot de-brief to be completed regarding this.</p> <p>Patient positive in Philipshill for CPE and has been an inpatient for numerous months within Philipshill and ITU and not been fully isolated. IPCT and public health are currently organising screens for all contact patients who are still in patients and also contacts who have since been discharged.</p> <p>Some of the actions from the Paediatric water incident have spilled over to the QEUP with regards to high risk areas.</p>
<u>South Glasgow Paediatrics</u>	<p>Recommendations from the Water Incident IMT have all been completed with regards to drain cleaning, changeover of all the waste pipes and HPV clean of Ward 2A/2B. Ward has returned to normal admissions, still some work around the anxiety with clinicians and patients/parents.</p> <p>In total there have been 17 patient cases as part of this water incident from the start of March 2018. Quite a number of patients have been discharged but still seen as OPD cases. All patients are doing fine.</p> <p>Water incident HIIAT was scored GREEN on Thursday 21st June with no further meetings organised. Further issues will be taken up by the water group and executive meetings.</p> <p>5 cases of acinetobacter in PICU, 3 of which have matching typing results. It was later found out that one of the patients who was supposed to have TBPs in place was taken around ward to see other patients.</p>
<u>West & HSC Partnerships</u>	<p>CDI Trigger put in place after 2 cases in 11 day period in ward 8C. No new cases within ward and terminal clean carried out. One confirmed case remains isolated.</p> <p>Ongoing issue with norovirus patients in Ward B8 and B9 with regards to longer term patients. Deep clean of unit carried out with twice daily cleans in place.</p> <p>A meeting to discuss the move of Ward B8 and B9 over to the QEUP has been arranged with Lynn Pritchard, Kirsty McDaid and Alyson McArdle.</p>

Item	Action
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13. BOARD INFECTION CONTROL COMMITTEE MINUTES – 28th March 2018

The Minutes of the meeting of the Board Infection Control Committee held on 28th March 2018 were received with no comments from the group.

Dr Erica Peters is working on a guidance document regarding a query MERS pathway for patients arriving at each hospital site. The IPCT is going to create a MERs hub on their webpage to correspond with the HAJJ. This guidance will be circulated at the next AICC

14. CJD

Dr Kennedy has had results back from an audit carried out regarding the single CJD question completed while the IPCT were carrying out the MRSA KPI. Over all there is 78% compliance throughout GG&C.

Dr Kennedy plans to break down this number so that compliance from wards with regards to patients who were admitted for a surgical procedure where this question is most relevant was carried out.

A screening process of patients waiting for high risk Ophthalmology procedures is going to be undertaken to see what action is taken when patients have answered yes to the CJD question and make sure the questions have been asked.

15. ANTIMICROBIAL TEAM REPORT

Ysobel Gourlay was not present at the meeting so no paper was disseminated to the group.

16. FACILITIES UPDATE

The water Board Safety Group is going to be added to future AICC agenda's where facilities can give the update.

Action**Item****17. NEW BUILD HOSPITALS UPDATE**

Provisional date for RAH ITU work to be completed is the 24th September 2018.

Ongoing issues with the joint project with Glasgow University regarding the ICE building on the QEUH site.

Rooms in Ward 4B, QEUH will be opened up at the end of June.

Refurbishment of Theatre G at Gartnavel General Hospital is being turned into a Lamina flow Theatre.

18. THEATRE MAINTENANCE/VALIDATION

Theatre Validation and maintenance is all up to date and working.

Kate Hamilton informed the group that Dr Aleks Marek presented an SBAR regarding the ventilation issues within Endoscopy units and whether they are up to standards for certain procedures to be carried out. The SBAR will have implications on Endoscopy Unit throughout GG&C.

18. DECONTAMINATION GROUP

Copies of the rolling action list from the Decontamination Sub Group were distributed with the agenda and noted.

19. IPC RISK REGISTER

Tom Walsh has generated a separate risk register where primary risks relating to the IPCT are held. It allows people to see what is currently on it and see how we monitor these risks moving forward.

The register is used to update the IPC work programme every year incorporating the 4 highest risks.

20. A.O.C.B

Dr Jones is standing down from the Chief of Medicine post but will still be chairing the AICC for the foreseeable future.

21. DATE OF NEXT MEETING

Friday 31st August at 10am in Boardroom, JB Russell House, Gartnavel Royal Hospital.

20. REVIEW OF ACTIONS

Sandra Devine is to write up a paper proposing that SAB Deaths should be put as a category 4/5 within the Datix system. **SD**

Sandra Devine is to bring up the use of FFP3 masks and staff being fit tested, at the next Clinical Governance meeting **SD**

Elaine Burt asked for an update on the acute guidelines for catheter care. Pamela Joannidis informed the group that a combined document including acute and partnerships has been created with its first draft just completed. Pamela Joannidis will update the group of any relevant updates and will push for this document to be completed as soon as possible. **PJ**

Nominations for medical representatives from Regional and Women & Children's sectors to attend upcoming AICC meetings.

**Minutes of the
Acute Infection Control Committee
Board Room, JB Russell House
Gartnavel Royal Hospital
On Friday, 31st August 2018 at 10:00**

PRESENT

Dr Chris Jones	Chief of Medicine (Chair)
Sandra Devine	Associate Nurse Director, IPC
Iain Thomson	Lead Nurse, Critical Care
Karen McGugan	Lead Nurse, Imaging
Elaine Burt	Chief Nurse, Regional Services
Susie Dodd	Lead IPC Nurse, South Glasgow (Paediatrics)
Lynn Pritchard	Lead IPC Nurse, South Glasgow (Adults)
Kate Hamilton	Lead IPC Nurse, North Glasgow
Joan Higgins	Lead IPC Nurse, South Clyde
Pamela Joannidis	Nurse Consultant, IPC
Ann Kerr	Lead Nurse IPC Surveillance
William Hunter	General Manager, Facilities
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Iain Kennedy	Public Health Consultant
Dr Erica Peters	Infectious Diseases Consultant

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Jackie Wilson	Morag Gardner
Dr David McCarey	Dr Teresa Inkster
Tom Walsh	Dr Aleksandra Marek
Ann Frances Fisher	Christina McKay
Jenn Rodgers	Dr Alison Balfour
Kirsty McDaid	

Item	Action
<p>1. APOLOGIES AND WELCOME</p> <p>Dr Jones welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. MINUTES</p> <p>The minutes of the meeting of the Acute Infection Control Committee held on 19th June 2018 were approved with the following amendments:</p> <p>Page 3, Section 5, Paragraph 3, Line 1 – Take out “Ann Kerr”</p> <p>Page 3, section 6, Line 1 – Should read “A meeting has been set up with Karon Cormack”</p> <p>Page 4, Section 9, Paragraph 4 – should read “The SSI rate regarding hip arthroplasty”</p> <p>Page 7, Item 13, Paragraph 2 – should read “correspond with the Hajj”</p>	
<p>3. MATTERS ARISING NOT ON THE AGENDA</p> <p>Nil to report</p>	
<p>4. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)</p> <p>Pamela Joannidis informed the group that there are three new sections (4.1, 4.2, 4.3) on the national manual in relation to Neonatal units. Section 4.3 may be updated as there is an outstanding piece of work with regards to water quality.</p> <p>An SBAR regarding Appendix 11 the use of FFP3 masks for all TB patients has been created where it recommends that this should only relate to patients who are infectious with pulmonary TB. In the meantime interim guidance is currently being used until new guidance has been passed through the BICC.</p>	
<p>5. MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : June – July 2018</p> <p>Ann Kerr reported on the June - July 2018 figures outlining the following:-</p> <p>In June 2018, 37 SABs cases were identified, 1 of which were MRSA. 49% were HAI where 8 of these cases were IV access device related. 6 cases were considered to be of an avoidable harm or had SAB cited on their death certificate, where a Datix was assigned as part of the clinical review process.</p> <p>In July 2018, 35 SABs were identified, 2 of which were MRSA. 43% were hospital acquired where 10 cases related to an IV access device. 5 cases were considered to be of an avoidable harm or had SAB cited on their death certificate, where a Datix was assigned as part of the clinical review.</p>	

Item		Action
5.	<p>MONTHLY ENHANCED SURVEILLANCE OF SAB REPORTS : June – July 2018</p> <p>So far in August 2018, 26 SAB cases have been reported to date, 12 of which are HAI, 7 HCAI and 7 community.</p> <p>Ann Kerr informed the group that the SAB reports now include the number of days in which a ward/department had their last HAI SAB.</p> <p>Dr Iain Kennedy asked if there are peaks of IV access related SABs during September as this coincides with the influx of junior doctors who start during this period. He suggested that the SAB group could look into distributing a training video regarding safe IV access to all new junior doctors starting.</p> <p>Pamela informed the group that work is ongoing regarding the new PVC care plan and drift implementation within two wards at the QEUH. Input from clinicians, lead nurses and pharmacy have all been involved. Once the new care plan has been finalised Sandra Devine is going to write up a SBAR with the key changes and sent it out to Lead Nurses. The form itself has been shortened to a 3 day care plan with twice daily checks. Pamela Joannidis will send the current version onto Ysobel Gourlay and Elaine Burt.</p>	PJ
6.	<p>SAB STEERING GROUP</p> <p>Sandra Devine is currently writing up a plan with regards to Infection Control Doctor's carrying out ward walk rounds for all patients who have SABs.</p> <p>The plan regarding SAB Deaths to be Datixed as a category 4/5 is still under discussion.</p>	SD
7.	<p>BI-MONTHLY INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : May - July 20018</p> <p>The monthly IPC reports (May – July 2018) were disseminated to the group which gives an overview of all IPC audits, SABs and CDI rates within GG&C. Sandra Devine highlighted that in the last 3 months over 9000 IPCT modules have been completed by staff.</p>	
8.	<p>DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL</p> <p>Loose stools existing policy has been refreshed so that the precautions advised are aligned to the national manual. Dr Kennedy has requested that the wording surrounding PPE for infected patient should be changed to potentially infected patient as staff could be waiting for results. Also the wording surrounding the period of communicability on page 4 should match up with the wording under precautions required until on page 7. Dr Kennedy has agreed to email Pamela Joannidis with his suggested requirements.</p> <p>The Norovirus SOP has had its PPE section aligned to the national manual with regards to staff wearing surgical fluid repellent masks when dealing with body fluids. The outbreak SOP within the Norovirus SOP has been removed and is sitting on its own as its own SOP on the IPCT website.</p>	IK

**Item
8.**

The Measles SOP has been updated to advise staff to wear FFP3 masks for all direct care, including aerosol generating procedures. There is updated 2018 guidance regarding measles which has been used to update this policy.

The Mumps SOP and Rubella SOP have been updated, if everyone has any suggestions or queries about any of the updated SOPs can you please contact Pamela Joannidis.

9. BI-MONTHLY HAIRT REPORT

Sandra Devine reported on August HAIRT report which presents data on the new national definitions of Healthcare associated and Community infections. HAI infections will be worked out by the number of infections over total number of occupied bed days. Community associated infection rates will be worked out by the number of infections per population.

Based on quarter 1 data (January – March 2018). HAI CDI rate was slightly below the national average, where the SAB rate was above the national average. Community SAB cases were below the national average but Community associated CDI cases were slightly above the national average.

A section has been included in the HAIRT with regards to HAI SABs that have no known source.

MRSA screening for the last quarter (April – June) has dropped to 84% compared to a rate of 92% in the previous quarter. Compliance reports from each hospital with regards to recent MRSA screening uptake audits will be sent out.

Sandra Devine is going to carry out a SBAR regarding CPE screening with regards of the new MAR as it is not clear staff have to ask all the questions as the top question looks like an overarching question that if it is answered no then staff miss out the other questions relating to CPE.

Ysobel Gourlay has agreed to carry out look back of all the antibiotics used on patients (adult) during quarter 3 in regards to CDI patient's as there is always a peak during this quarter. The look back will be at specific GP practices to see if there has been any increase of antibiotic prescriptions being given.

YG

HPS are publishing a paper with regards to Seasonal CDI rates. This would be a look back at the seasonality.

10. HEI / HAI

This group has been stepped down as there has been no visits since October 2017. Visits have been carried out at Wishaw General and Dumfries and Galloway. The most recent report on HEI website regarding their visit to Dumfries and Galloway where they concentrated on assurances in reliable documentation in regards to invasive device insertions, early removal and evidence as to why it was initially inserted.

Item	Action
11. INFECTION PREVENTION AND CONTROL WORK PLAN	<p>Not completed modify processes and principles of the framework. The use of the IPC audit tool as a basis to identify any of the critical non compliance issues raised during the audit, a rapid response tool to deal with red scoring sections is currently being worked on.</p> <p>UUC guidelines creating an acute item, can we progress the acute guideline of this after PJ has sent to Elaine Love to see if this can be implemented.</p> <p>Annual report in regards to SSI rates will be completed by November 2018.</p> <p>In relation to the reduction of ECB, Sandra Devine will have an update regarding this for the next meeting, with hydration of patients being a possibility.</p>
12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT –	<p>Members received and noted the above Infection Prevention and Control Sector report for</p> <p><u>South Clyde Update</u></p> <p>Joan Higgins reported on an increase of Orthopaedic SSI rates in the IRH, where 6 cases have been reported from May – June.</p> <p>All ward sweeps carried out in relation to IV access SABs have been very good.</p> <p><u>North Glasgow Sector</u></p> <p>6 Orthopaedic SSI cases in June of which 5 were MSSA sent for typing but have come back as different. During the IMT issues with the laminar flow was mentioned which had not been reported to the IPCT and has since been fixed. This IMT was HIIAT at RED as the group agreed that all patients had to be readmitted and have lines re-inserted, with some of the patients contracting SABs as a result of this, on top of their SSI. So far there has been no new Orthopaedic SSI reported in July and August.</p> <p>Contact screens were carried out after 2 CPE positive patients were not isolated while obtaining their screens. All contact screens have come back negative.</p> <p><u>South Glasgow Adults</u></p> <p>CPE outbreak after 5 cases in total within spinal injuries unit. 3 of the patients remain inpatients within the spinal unit. Recently had an increase of MRSA where 3 out of the 4 have come back with the same typing, with the 4th outstanding. No new CPE cases for 5 weeks. Ongoing staff education and carrying out audits.</p> <p>2 patients confirmed with Group A Strep in the Labour suite. Typing results are the same so confirmed cross over. IPCT are looking into any cleaning issues within the ward and also staff practice and management of patients.</p>

Item		Action
12	<p data-bbox="240 185 624 215"><u>South Glasgow Paediatrics</u></p> <p data-bbox="240 253 1316 315">No new cases of Acinetobacter reported within Ward 1D since July. No source was ever found from the IPCT investigations.</p> <p data-bbox="240 353 1316 551">Ward 2A are being visited on a daily basis and are maintaining a very high standard of practice from staff and cleanliness of environment. Since the 6th of August the trigger has gone back to 2 in 2 weeks to cause the trigger. Regular monthly drain cleaning has been put in place. Currently one room is out of use due to positive samples of Aspergillus but it has been terminally cleaned and awaiting results room repeat samples.</p> <p data-bbox="240 589 1316 651">4 cases of Serratia within NICU, 3 of the cases are unique, 1 case is currently outstanding, HIIAT was scored as green.</p> <p data-bbox="240 757 603 786"><u>West & HSC Partnerships</u></p> <p data-bbox="240 824 1316 920">Outbreak of Para flu 3, Ward B7, Beatson, 6 HAI cases, 7 in total, 4 still in side rooms, none were particularly unwell or symptomatic. 2 IMT meetings regarding this.</p>	
13.	<p data-bbox="240 1025 1222 1055">BOARD INFECTION CONTROL COMMITTEE MINUTES – 23rd May 2018</p> <p data-bbox="240 1093 1316 1160">The Minutes of the meeting of the Board Infection Control Committee held on 23rd May 2018 were received with no comments from the group.</p>	
14.	<p data-bbox="240 1227 300 1256">CJD</p> <p data-bbox="240 1294 1316 1424">The Group are meeting up next on 11th September. There has been some concerns raised that CJD questions are not being asked for all ophthalmology procedures being undertaken so the group will carry out a look back exercise to check this.</p>	
15.	<p data-bbox="240 1529 699 1559">ANTIMICROBIAL TEAM REPORT</p> <p data-bbox="240 1597 1316 1693">Ysobel Gourlay reported that antibiotic use is down by 1.7% in primary care within GG&C, which has been down to a lot of work being undertaken within GP practices.</p> <p data-bbox="240 1765 1316 1962">Appendix 4 is a review of patients who are on IV antibiotics and what happens to them after 48-72 hours. There has been an increase in the use of Temocillin compared to Gentamicin. Ysobel Gourlay is going to put some information together for this to be circulated around the chiefs of medicine to disseminate this information for all doctors to highlight antibiotic use and specific criteria should be met when prescribing each one.</p>	YG

Item	Action
16. FACILITIES UPDATE	<p>William Hunter informed the group that a water dosing unit has been purchased for use at the RHC & QEUH site by the commissioning team who have been working with HPS and HFS. The IPCT has met to discuss the impact with regards to implementing the chlorine dioxide water dosing within the hospital site which incurs the loss of water for 48 hours. William Hunter informed the group that each sector has a water management group that reports into the board's water group. There is a separate incident group regarding the QEUH and RHC sites.</p> <p>Work regarding respiratory isolation rooms within Medical HDU in the QEUH is to start in September and take about 4 weeks to complete. 2 rooms will be out of commission during this time.</p>
17. NEW BUILD HOSPITALS UPDATE	Nothing to report
18. THEATRE MAINTENANCE/VALIDATION	<p>There is no exceptions to be reported. Work is going to start to identify air changes within endoscopy rooms. Dr Inkster has created a SBAR regarding what procedures are carried out, the required air changes for procedure and what air change rates endoscopy suites within GG&C currently have. Dr Jones is going to pass onto Dr Inkster contacts who are in the Endoscopy users group so she can liaise with them.</p>
19. DECONTAMINATION GROUP	<p>Laryngoscope handle decontamination SOP was presented to the group as it had expired. There has been no change to the SOP.</p>
20. A.O.C.B	<p>Point of care testing was discussed to see if this will be implemented during the winter months for patients. Sandra Devine is going to contact Neil Ferguson, Head of Planning to see what our position is with implementing the point of care testing, either we use the HPS trigger or a local trigger for this to be implemented. Paediatrics would like to carry forward point of care testing for RSV but not for Influenza patients. For the adult sector it was found that the point of care testing was beneficial as it identified patients quicker which meant a faster turnaround for wards to be re-opened.</p>
21. DATE OF NEXT MEETING	<p>The AICC is being held on Friday 26th October at 10am in the Board Room, JB Russell House, Gartnavel Royal</p>

Item	REVIEW OF ACTIONS	Action
22.	Pamela Joannidis will send the current version of the PVC care plan being trialled out to Ysobel Gourlay and Elaine Burt.	PJ
	Sandra Devine is currently writing up a plan with regards to Infection Control Doctor's carrying out ward walk rounds for all patients who have SABs.	SD
	Dr Iain Kennedy will email Pamela Joannidis with his suggested requirements regarding the wording of the period of communicability on page 4 of the loose stools policy.	IK
	Ysobel Gourlay has agreed to carry out look back of all the antibiotics used on patients (adult) during quarter 3 in regards to CDI patient's as there is always a peak during this quarter	YG
	Ysobel Gourlay is going to put some information together for this to be circulated around the chiefs of medicine to disseminate this information for all doctors to highlight antibiotic use and specific criteria should be met when prescribing each one.	YG

**Minutes of the
Acute Infection Control Committee
Board Room, JB Russell House
Gartnavel Royal Hospital
On Friday, 26th October 2018 at 10:00**

PRESENT

Tom Walsh (Chair)	Infection Control Manager
Morag Gardner	Chief Nurse, South Glasgow
Elaine Burt	Chief Nurse, Regional Services
Karen McGugan	Lead Nurse, Imaging
Kirsty McDaid	Lead IPC Nurse, West/HSC Partnerships
Gillian Farmer	Senior IPC Nurse, North Glasgow
Joan Higgins	Lead IPC Nurse, South Clyde
Lynn Pritchard	Lead IPC Nurse, South Glasgow (Adults)
Ann Kerr	Lead Nurse IPC Surveillance
Dr Linda Bagrade	Infection Control Doctor
Patricia Friel	Lead Nurse Neonatology, RHC
Lorna Murray	Deputy Site Facilities manager
Dr Alison Balfour	Infection Control Doctor
Dr Erica Peters	Infectious Diseases Consultant
Dr Iain Kennedy	Public Health Consultant
Dr Teresa Inkster	Lead Infection Control Doctor
Dr Barbara Weinhardt	Infection Control Doctor

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Christina McKay	Jackie Wilson
Ann Francis Fisher	Dr David McCarey
Kate Hamilton	Dr Aleksandra Marek
Ysobel Gourlay	Susie Dodd
Sandra Devine	Pamela Joannidis
William Hunter	Dr Chris Jones

Item	Action
<p>1. APOLOGIES AND WELCOME</p>	<p>Tom Walsh welcomed everyone to the meeting and apologies were received from the above mentioned.</p>
<p>2. MINUTES & REVIEW OF ACTIONS FROM AICC 31ST AUGUST</p>	<p>The minutes of the meeting of the Acute Infection Control Committee held on 31st August 2018 were approved.</p> <p><u>Review of Actions</u></p> <p>Pamela Joannidis has sent the most up to date version of the new PVC care plan being trialled out in certain wards within the QEUH to Elaine Burt and Ysobel Gourlay.</p> <p>Walk rounds have begun by Infection Control Doctors to review all patients who have SABs within their hospitals.</p> <p>Dr Iain Kennedy has emailed Pamela Joannidis his suggested requirements with regards to the wording of communicability on page 4 of the loose stools policy.</p>
<p>3. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)</p>	<p>Pamela Joannidis was not present at the meeting but there has been no update to the NIPCM.</p>
<p>4. MONTHLY & SECTOR ENHANCED SURVEILLANCE OF SAB REPORTS</p>	<p>Ann Kerr reported on the August – September 2018 figures and also sector enhanced SAB reports where she outlined the following:-</p> <p>In August 2018, 30 SABs cases were identified, 1 of which was MRSA. 50% were HAI where 7 of these cases were IV access device related. 3 cases were considered to be of an avoidable harm or had SAB cited on their death certificate, where a Datix was assigned as part of the clinical review process.</p> <p>In September 2018, 26 SABs cases were identified, 1 of which was MRSA. 54% were HAI where 5 of these cases were IV access device related. 2 cases were considered to be of an avoidable harm or had SAB cited on their death certificate, where a Datix was assigned as part of the clinical review process.</p> <p>Overall 91 SAB cases were reported for Quarter 3 (July – September) which is a 17% decrease upon the previous quarter of 105 cases.</p> <p>Regional services are 2 patient cases below aim for the quarter which is the lowest reporting quarter since Q2-2013.</p> <p>Women & Children’s un-validated quarter 3 data is the lowest to date for the directorate.</p>

Item	Action
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5. MRSA and CPE Summary Quarter 2 July – September 2018

Ann Kerr went over the results of the most recent MRSA & CPE KPI audit of GG&C which is carried out every 3 months.

Overall the compliance of MRSA screening was 72% for GG&C which is below the national requirement of 90%.

The CPE screening compliance was 73% for GG&C which is below the local requirement of 90%. There is no national target requirement for CPE screening yet.

It was noted that these results could have been due to reformatting of the new nursing assessment document (My Admission Record) which has changed recently. The IPCT are currently looking to get the layout of the new MAR to be changed so that the MRSA/CPE questions return to the previous format.

6. SAB STEERING GROUP

The group focussed on SAB ward walk rounds by Infection Control Doctors which are underway for each sector. The group are looking at implementing practical training for staff with regards to the insertion of PVC/CVCs.

The IPC team at the QEUH tested the 4/5 review with regards to a SAB death within an elderly care ward. Within the review staff education was highlighted. It was requested that this Datix review should go back to the Directorate and Clinical team to ensure shared learning.

7. ACUTE CLINICAL GOVERNANCE INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : August-September 2018

The acute clinical governance IPC activity report is a combination of the 5 acute sectors outlining key points. The group has no comments regarding these reports.

Item	Action
<p>8. DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL</p> <p>The following requests were made by the group:-</p> <p>CDI fact sheet should be changed to say Clostridioides which is the new name for CDI infections. It was suggested that the old Clostridium difficile should be put in brackets.</p> <p>Both the MRSA and CDI fact sheets have been to patient focus groups to ensure that the terminology and layout of the fact sheets are easy to understand.</p> <p>With regards to the MDRGNO SOP Dr Iain Kennedy requested that the N in MDRGNO be removed as not every MDR is gram negative. This SOP is for IPCNs to use that covers a broad range of organisms that can be applied to all of them. Currently there is nothing given to staff regarding precautions to take or standardised guidance for staff to follow.</p> <p>The toy cleaning policy includes main changes on the front page where child has been taken out and replaced with patient.</p> <p>Whooping cough policy has been updated with the 4 key changes noted on front page.</p> <p>Could any further requests for changes be sent to Pamela Joannidis.</p>	
<p>9. BI-MONTHLY HAIRT REPORT</p> <p>The group received the newest version of the HAIRT that now includes the water incident at the RHC.</p>	
<p>10. HEI / HAI</p> <p>Nothing to report as we have not had any inspections, so the group have not met for the last few meetings. Pamela Joannidis is keeping a log of the key learning items from all inspections carried out within Scottish Health Boards.</p> <p>There have been no corporate inspections carried out for some time within GG&C. Tom Walsh is going to contact Elaine Love to see if corporate inspections can be carried out per sector in the near future.</p>	T Walsh
<p>11. INFECTION PREVENTION AND CONTROL WORK PLAN 2018/19</p> <p>Nil to report.</p>	

Item

Action

12. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT –

Members received and noted the above Infection Prevention and Control Sector report for:-

South Clyde Update

Ortho SSI in IRH, 8 identified up to August and another case for September. IMT meetings held which both scored a HIIAT of Green. Further meetings arranged to follow up on the progress of actions decided.

Routine water testing found legionella in various outlets within the special care baby unit, and NICU. The positive results were low counts and this could have been due to the warm summer and the subsequent increase in temperature.

North Glasgow Sector

Onward transmission of CPE with 7 identified cases in total. Ward was closed for a while but was re-opened on 24th October. Remaining patients awaiting screening have been cohorted. The 4 remaining positive inpatients remain isolated. List of patients that have since been discharged and require screening have been sent to Public Health.

Labour ward scored a red audit so the IPCT are currently working with them regarding their action plan.

Legionella has been found from tap samples in the PRM. All the taps identified have been stripped and cleaned by estates and re swabbed. 3 taps are still testing positive for legionella so will be stripped and cleaned again.

Environmental screening carried out in ICU E following patient who has a known multi drug resistant pseudomonas being transferred back to the burns unit.

South Glasgow Adults

A Datix 4/5 review was undertaken by the IPCT regarding a SAB which was attributed to Ward 53.

Two rooms within Ward 2A, the canteen and main entrance to QEUH was shut due to flooding from the drainage system from a blocked pipe. The two rooms within the ward have since been reopened and main entrance and canteen have been reopened.

Two necrotizing fasciitis cases were identified in the QEUH. It was discovered that both the patients were household contacts. There was a significant delay in Public Health being notified. Public Health are going to raise a Datix regarding this as it is statutory for the Lab to inform Public Health of any of these cases. Public Health received numerous enquiries from Emergency Unit staff members looking for prophylaxis antibiotics.

Item	Action
12 <u>South Glasgow Paediatrics</u>	
<p>Ward 2A/2B was decanted into Ward 6A QEUH, with the BMT patients being moved into Ward 4B BMT in the QEUH. No new cases of SABs since September 2018. There have been no issues with the move into Ward 6A. Chlorine dioxide will be introduced to the water system during November and guidance for staff/patients and parents will be available. Replacement of sinks, taps, pipe work, general decorative works and also the change of use of two rooms will also be undertaken while the ward is decanted. Weekly Incident Management Team meetings are being held while the ward is decanted.</p>	
<p>4 HAI Serratia patients attributed to NICU between 8th July – 13th August breaching their trigger for 3 colonisations within 2 weeks. Typing came back and reported on two cases being a match (both patients in same room) with the other 2 cases unique. Environmental and water testing was carried out which all came back negative.</p>	
<u>West & HSC Partnerships</u>	
<p>Total number 7 patients positive for Para influenza 3 in Ward B7, Beatson, where one of the cases was attributed to the ward. Two meetings held which both scored a HIIAT of Green. Ward remained open to admission/transfers with confirmed cases nursed with TBP's in place.</p>	
<p>Possible contact with known CPE. The IPCT instigated all screening and put tags on patients, but it was realised that the patient was put in the wrong bed on Trakcare so they were not identified as a contact of screening. The IPCT have requested the ward Datix this.</p>	
13. BOARD INFECTION CONTROL COMMITTEE MINUTES – 25TH July 2018	
<p>The Minutes of the meeting of the Board Infection Control Committee held on 25th July were received with no further comments from the group.</p>	
14. CJD	
<p>Nil to report</p>	
15. ANTIMICROBIAL TEAM REPORT	
<p>Nil to report</p>	

Item**16. FACILITIES UPDATE**

Lorna Murray updated the group on the programme for the water dosing being introduced to the QEUH and RHC hospitals. There will be a period where there will be no running water for 4 hours and no hot water for 24 hours. Guidance has been written for staff/patients which is currently being reviewed by Anne Harkness who will issue this once it has been agreed. The water dosing of the two hospitals is planned to be completed by the 12th of January 2019. Facilities will deal with portable toilets, mobile hand washing sinks and bottled water when the water is turned off to each ward.

17. NEW BUILD HOSPITALS UPDATE

Work to create negative pressure rooms within ITU, QEUH & RHC has commenced.

A snagging walk round of the ICE building on the QEUH campus identified a few issues. It is planned that two theatres will move into the building on the 17/18th November with the other two theatres moving in a week later on the 24/25th November. If these moves all go to plan then the building should be open by Monday 26th November.

The new ICU at the RAH is planned to open in January 2019. This is due to delays with the specification of isolation rooms.

18. THEATRE MAINTENANCE/VALIDATION

Nil to report

19. DECONTAMINATION GROUP

Nil to report

20. A.O.C.B

Public Health nurses will be getting access to ICNet to help them with identifying patients

The dates for the 2019 AICC were circulated to the group with no exceptions noted.

21. DATE OF NEXT MEETING

The next meeting is being held on Monday 7th January 2019 at 10am in Boardroom, JB Russell House

Item		Action
22.	ACTIONS UPDATE	
	Tom Walsh is to contact Elaine Love regarding reinstating corporate inspections.	T Walsh
	ACTIONS CARRIED FORWARD	
	Ysobel Gourlay has agreed to carry out a look back of all the antibiotics used on patients (adult) during quarter 3 in regards to CDI patients as there is always a peak during this quarter.	Ysobel Gourlay
	Ysobel Gourlay is going to put some information together for this to be circulated around the chiefs of medicine to disseminate this information for all doctors to highlight antibiotic use and that specific criteria should be met when prescribing each one.	Ysobel Gourlay

**Minutes of the
Acute Infection Control Committee
Board Room, JB Russell House
Gartnavel Royal Hospital
On Monday, 7th January 2019 at 10:00**

PRESENT

Dr Chris Jones	Chief of Medicine (Chair)
Kirsty McDaid	Lead IPC Nurse, West/HSC Partnerships
Susie Dodd	Lead IPC Nurse, South Glasgow Paediatrics
Morag Gardner	Chief Nurse, South Glasgow
Dr Barbara Weinhardt	Infection Control Doctor
Dr Teresa Inkster	Lead Infection Control Doctor
Ann Kerr	Lead Nurse IPC Surveillance
Karen McGugan	Lead Nurse, Imaging
Sandra Devine	Associate Nurse Director, IPC
Joan Higgins	Lead IPC Nurse, South Clyde
Pamela Joannidis	IPC Nurse Consultant
Lynn Pritchard	Lead Nurse IPC, South Glasgow Adults
Kate Hamilton	Lead IPC Nurse, North Glasgow
Elaine Burt	Chief Nurse, Regional
Dr Iain Kennedy	Public Health Consultant
Jackie Wilson	Clinical Service Manager, Dental Hospital
Rosie Cherry	Interim General Manager, Facilities Partnerships
Elaine Johnston	Lead Nurse, Women & Children's
Ysobel Gourlay	Lead Antimicrobial Pharmacist

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Dr Aleksandra Marek	Dr Erica Peters
Dr Alison Balfour	Dr Kalliopi Valyraki
Tom Walsh	Dr Linda Bagrade
Dr David McCarey	Dr Scott Davidson

Item	Action
<p>1. APOLOGIES AND WELCOME</p> <p>Dr Chris Jones welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. MINUTES & REVIEW OF ACTIONS FROM AICC 26th OCTOBER 2018</p> <p>The minutes of the meeting of the Acute Infection Control Committee held on 26th October 2018 were approved with no amendments.</p>	
<p>3. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)</p> <p>Pamela Joannidis informed the group there has been an amendment to appendix 12 of the national manual focussing on the application of transmission based precautions to key infections in the deceased. The update focuses on guidance for mortuary, post mortem rooms and funeral premises on handling deceased patients who died from a list of key infections. Pamela has sent out this update to the group.</p>	
<p>4. MONTHLY & SECTOR ENHANCED SURVEILLANCE OF SAB REPORTS</p> <p>Ann Kerr reported on the October – November 2018 figures and also sector enhanced SAB reports where she outlined the following:-</p> <p>In October 2018, 32 SABs cases were identified, 1 of which was MRSA. 44% were HAI where 7 of these cases were IV access device related. 3 cases were considered to be of an avoidable harm or had SAB cited on their death certificate, where a Datix was assigned as part of the clinical review process.</p> <p>In November 2018, 35 SABs cases were identified, 1 of which was MRSA. 54% were HAI where 8 of these cases were IV access device related. 4 cases were considered to be of an avoidable harm or had SAB cited on their death certificate, where a Datix was assigned as part of the clinical review process.</p> <p>Ann Kerr informed the group that a report by Health Protection Scotland into the epidemiology for CDI, SAB and SSI rates is being released tomorrow 8th January 2019.</p>	

Item**5. SAB STEERING GROUP**

The group last met in November and are currently working on two projects.

The first project relates to a new PVC care plan which were trialled and updated within 2 wards within the QEUH. The care plan will be launched at the end of January 2019.

The second project is looking at providing PVC insertion packs for wards to trial. Sandra Devine is currently in contact with procurement with regards to creating these packs. Chief nurses will be asked if any of their wards would like to trial these new PVC packs once these are available.

6. ACUTE CLINICAL GOVERNANCE INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : October-November 2018

Summary reports go to acute clinical governance outlining audit results, key infection rates and ward closures across GG&C.

In October 2018 there were no ward closures. MRSA and CPE screening was 72% and 73% which is below the national target of 90%. Sandra Devine is currently working with Elaine Love regarding the My Admission Record (MAR) in relation to the CPE questions being asked by staff being more visible to staff.

7. DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL

All comments/queries regarding the below changes to SOPs should be emailed to Pamela Joannidis by no later than 21st January 2019.

CPE SOP - Screening of patients who have been discharged has been added into the SOP.

Hand Hygiene SOP - A request to add in wording regarding the use of the new softer surgical scrub brushes with the option to use this as part of the technique and align with national guidance. Recent pictures of nail picks which had been disguard down sinks and gathered in the sink traps recently been brought to the attention of IPCT. There is no guidance on when these brushes should be used as it is up to the surgeon to decide.

RSV SOP - The word elderly has been removed from the risk group as this is a seasonal infection and the elderly are open to all types of infection. It was agreed the word elderly should not be used as it cannot be defined i.e. a patient within an elderly ward or what age would you class someone who is elderly. Wording surrounding co morbidity and frailty will be added instead of the word elderly.

Chicken Pox SOP - This SOP was not up for review as it did not align itself with appendix 11, national manual in terms of PPE, particularly with regards to FFP3 and fluid resistant surgical masks.

Mask Fit testing SOP - New SOP Mask Fit Testing making sure we had robust documentation surrounding this and what is expected of staff.

Decontamination SOP - Contact time for Chlorine Based detergents says 3 minutes but if you look at company website it says 2 minutes. NHS England also states 2 minutes of contact time. We have updated this to say a minimal contact time of 2 minutes instead of 3 minutes .

8. BI-MONTHLY HAIRT REPORT

Dr Inkster gave an update regarding the water incident at the RHC/QEUEH. Installation of continuous low level water treatment chlorine dioxide commenced on 28th November for both QEUEH and RHC in addition to Ward 2A/2B.

Upgrading of the ventilation system in Ward 2A was identified and agreed which will take 12 months to complete delivering the highest standard of ventilation for young patients being treated in this area. The current arrangement for providing care for paediatric patients within the adult hospital (Ward 6A) will continue while this work is being undertaken. There have been no cases associated with water since the ward move to the adult hospital. Morag Gardner said the communication regarding this has been really good and no issues reported when wards were without water during the water dosing transition.

9. HEI / HAI

The HEI group has not met yet, but dates have been arranged for 2019.

The latest HEI inspection was carried out by 3 inspectors at the RAH on the 4th – 6th December. The draft report is due on 23rd January for comment before being released on the 19th February. The inspectors looked at UUC and PVC care plans and were pleased with the investigations that go into obtaining the source of the infections. Ward staff also reported back they had a good relationship with the local IPC team and staff knowledge was good.

10. INFECTION PREVENTION AND CONTROL WORK PLAN 2018/19

Sandra Devine reported on the IPC work plan and is hoping that everything will be completed by March 2019. Currently working with Public Health in relation to gathering data regarding GP PPI prescribing with regards to CDI infection rates. GGC guidance regarding PPI use for CDI patients is available.

Ysobel Gourlay has emailed Tayside Pharmacy to see if we could obtain a copy of a letter they send onto GPs regarding PPI usage. It is hoped that this could possibly be implemented by GG&C.

Pamela Joannidis is taking forward areas that have obtained poor compliance in relation to their UUC care plans from the IPC audits. The UUC care plan is currently being updated and will follow along the lines of the new PVC care plan. Education and guidance for staff on when to remove UUC and not even use a UUC is being developed.

Item**Action****11. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT –**

Members received and noted the above Infection Prevention and Control Sector report for:-

South Clyde Update

Legionella was identified in several outlets in SCBU and NICU at the end of October. Estates have carried out a lot of remedial work with latest samples showing a great improvement.

CDI trigger regarding two patients within an Elderly care ward is ongoing, typing has returned as separate Ribotypes. Currently trying to determine why patients have got ongoing symptoms.

North Glasgow Sector

CPE outbreak has involved two cohorts of community screening. Letters have been sent out to patients affected with about 25% returned samples so far. A de-brief regarding this is being started to identify any issues regarding community screening and how this could be carried out if it happened again.

3 care of the elderly wards closed all due to confirmed Norovirus. Ward closures were linked to shared equipment. Outbreak HIIAT at amber.

South Glasgow Adults

Work regarding improving the ventilation in some Critical Care rooms has been halted until further notice.

2 HAI cases of Cryptococcus Neoforms within the QEUH hospital, 1 adult and 1 paediatric. Organism is natural found in soil and soil contaminated with pigeon dropping. Ongoing investigation looking for air sampling.

South Glasgow Paediatrics

5 cases of Pseudomonas aeruginosa who all had operations within Theatre 6 during October 2018. Some typing has been returned showing 2 cases are a match. Sample of drains found P. aeruginosa growth from the anaesthetic trough. Further inspection of the drains found excessive amount of debris including nail picks found in u-bend traps of the drains. All drains have since been cleaned.

Breach of IPC surveillance triggers within NICU after increase incidence of numerous organisms. Multiple different strains circulating suggesting an environmental source but all environmental and water sampling has come back negative. No new case clusters of concern since the last reported case on 12/10/18.

West & HSC Partnerships

The Beatson has started point of care testing for haematology/oncology patients from the start of December

Item	Action
<p>12. BOARD INFECTION CONTROL COMMITTEE MINUTES – 26th September 2018</p>	<p>The BICC minutes were disseminated to the group for information with no comments or questions raised.</p>
<p>13. CJD</p>	<p>An audit was carried out on case notes on all high risk surgery cases within ophthalmology to see if all the relevant CJD questions were asked and their answers recorded has been completed.</p> <p>An issue regarding the streaming of paediatric Neuro surgery theatre instruments has been identified by one of the Neuro surgeons. It is regarding the lack of stream 1 drill instruments not being available and surgeons having to use stream 2 drill instruments on the patient. On further investigation it was discovered that they had ran out of stream 1 drill instruments. The risk to patients is very small and there is ongoing questions as to how much longer should CJD be asked for paediatric patients.</p>
<p>14. ANTIMICROBIAL TEAM REPORT</p>	<p>Antimicrobial pharmacist team have agreed standard operating procedure for antimicrobial pharmacist input to a Clostridium Difficile Infection (CDI) ward trigger. This document was enclosed. Two CDI triggers in December 2018, GRI ward 50 (medical HDU) and RAH ward 5 (geriatrics). 2 patients in each ward. Main points to note i) Ciprofloxacin was prescribed at the same time as Fe, reducing ciprofloxacin absorption ii) poor recording of oral antibiotic duration. lii) 1 CDI patient had longer term type 7 stools, no reason recorded in notes why metronidazole treatment not escalated to oral Vancomycin treatment iv) At GRI 1/7 antibiotic choice not per policy. Co-amoxiclav and metronidazole for aspiration pneumonia, changed to amoxicillin + metronidazole after being highlighted by the antimicrobial pharmacist.</p>
<p>15. FACILITIES UPDATE</p>	<p>Rosie Cherry updated the group regarding the installation of the dosing plant at the QEUH/RHC site which is currently ongoing with no issues.</p> <p>Contingency plans have been put in place following the current waste management company that deals with GG&C waste going bankrupt. There have been no issues with the contingency plans to date. A new waste company were the preferred bidder for the waste renewal contract being started in April 2019.</p>

Item	Action
<p>16. NEW BUILD HOSPITALS UPDATE</p> <p>There has been delays to the installation of negative pressure rooms to critical care at the QEUH due to failed validation.</p> <p>The new ICU rooms at the RAH are currently awaiting validation before being handed over.</p> <p>There was an in balance of air pressure in the infectious diseases ward 5C and ward 5D, QEUH. This has since been resolved and all rooms are now at negative pressure. Active TB patients can still be treated at QEUH but any MDR TB patients should be moved to the Royal Infirmary or Monkland hospital.</p>	
<p>17. THEATRE MAINTENANCE/VALIDATION</p> <p>The lamino flow issues within Glasgow Royal Infirmary have all been fixed.</p>	
<p>18. DECONTAMINATION GROUP</p> <p>Decembers meeting was cancelled, currently looking for a new microbiologist to be part of the group.</p>	
<p>19. A.O.C.B</p> <p>HPS SBAR Dyson Fans</p> <p>HPS have released a SBAR regarding the use of Dyson portable fans. The SBAR itself has conflicting advice and can be perceived by staff in different ways. Pamela Joannidis is to ask HPS for an update regarding this and see what other health boards are doing in relation to this. Once this information has been collated then a risk assessment will be drawn up and approved by this group.</p> <p>Following the recent Cowlairs incident the Surveillance team are currently trying to filter out any infection risk due to this regarding any contamination issues. This will be reported back to Clinical Governance group.</p>	<p>Pamela Joannidis</p>
<p>20. DATE OF NEXT MEETING</p> <p>The next meeting is being held on Tuesday 12th March 12:00 in Meeting Room B, JB Russell House</p>	
<p>22. ACTIONS UPDATE</p> <p>Please refer to the Action Plan (Item 2B) for update on all actions.</p>	

**Minutes of the
Acute Infection Control Committee
Meeting Room B, JB Russell House
Gartnavel Royal Hospital
On Tuesday, 12th March 2019 at 12:00**

PRESENT

Dr Chris Jones	Chief of Medicine (Chair)
Ian Thomson	Lead Nurse, Critical Care
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Jenn Rodgers	Chief Nurse, Paediatrics & Neonates
Kate Murray	Head of Linen Services
Kirsty McDaid	Lead IPC Nurse, West/HSC Partnerships
Kate Hamilton	Lead IPC Nurse, North Glasgow
Joan Higgins	Lead IPC Nurse, South Clyde
Dr Linda Bagrade	Infection Control Doctor
Susie Dodd	Lead IPC Nurse, South Glasgow Paediatrics
Karen McGugan	Lead Nurse, Imaging
Sandra Devine	Infection Control Manager
Ann Kerr	Lead IPC Nurse, Surveillance
Dr David McCarey	Rheumatologist Consultant
Dr Iain Kennedy	Public Health Consultant
John Stuart	Chief Nurse, North Sector
Dr Erica Peters	Infectious Diseases Consultant

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Elaine Burt	Dr Alison Balfour
Pamela Joannidis	Jackie Wilson
Christina MacKay	Dr Aleksandra Marek
Dr Barbara Weinhardt	Dr Scott Davidson
Dr Teresa Inkster	Lynn Pritchard

Item	Action
<p>1. APOLOGIES AND WELCOME</p> <p>Dr Chris Jones welcomed everyone to the meeting and apologies were received from the above mentioned.</p> <p>Dr Chris Jones informed the group of the recent interim Infection Prevention & Control Senior Management changes. Tom Walsh has been appointed to the role of Project Manager for the internal and external review processes for the QEUH/RHC campus. Sandra Devine will act as interim Infection Control Manager & Pamela Joannidis has been appointed to the role of Associate Director of Nursing for Infection Prevention & Control. All these roles became fully effective from 6th March 2019 for 6 months in the first instance.</p>	
<p>2. MINUTES & REVIEW OF ACTIONS FROM AICC 7th January 2019</p> <p>The minutes of the meeting of the Acute Infection Control Committee held on 7th January 2019 were approved with the following amendments:</p> <p>Ysobel Gourlay will send Calum MacLeod an email for the re-wording regarding the AMT report on Page 6.</p> <p>A separate action plan will be updated and sent out to the group.</p>	
<p>3. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)</p> <p>Pamela Joannidis has received a response from HPS regarding FFP3 masks for RSV patients. The response received was not clear so Pamela has replied to HPS asking for more clarity. The main concerns are with staff having to wear FFP3 masks for any query RSV patients especially within the Paediatric wards during the winter months which will be a challenge for staff.</p>	P Joannidis
<p>4. MONTHLY & SECTOR ENHANCED SURVEILLANCE OF SAB REPORTS</p> <p>Ann Kerr reported on the December 2018 & January 2019 figures where she outlined the following:-</p> <p>In December 2018, 36 SABs cases were identified, 19 of which were HAI. 5 of these HAI cases were related to an IV access device. Overall 103 SAB cases have been reported locally for Quarter 4, 2018, this is a 13% increase upon the previous local quarter.</p> <p>In January 2019, 45 SAB cases were identified, 17 of which were HAI. There were 9 cases related to a IV access device, 8 of which were HAI. The HAI IVAD related SABs brought the QEUH, South Glasgow above their Upper Control Limit for January.</p> <p>Regional Sector Yearly SAB Report</p> <p>This report is an amalgamation of 2018 data that highlights SABs in Regional Sector predominately the Renal services where IVAD are used. Renal clinicians undertake their own surveillance through SERPER. On the back of the report is an action plan outlining what they plan to do to reduce the number of PVC devices used, hand hygiene monitoring/education and Renal focussed Quality Improvement work.</p>	

Item

5. SAB STEERING GROUP

Pamela Joannidis is going to identify two wards where the new PVC packs can be trialled. The PVC packs are the only ones available in Scotland and are currently not available on PECOS as unknown if areas will like them, or even use them. This will not be a big trial with about 50 packs being used within each area, with the aim of ascertaining uptake and any additional training needs or advice for wider roll out. John Stuart has asked if the Hospital at Night team could be involved and Ian Thomson requested Critical Care at the QEUH. The group think that Nurse Practitioners should be involved especially within Theatres and Emergency Departments as this is where most PVC's are inserted. Mark Cooper should be contacted if Nurse Practitioners are chosen for this.

P Joannidis

There has been a decreasing use of staff using the disposable tourniquets as staff do not like using them. The old pink disposable tourniquets are no longer being supplied due to cost. Original contact with the company received a negative response as their margins are too small to offer a discount. Sandra Devine is going to contact again to see if their position has changed.

S Devine

The new PVC care plan has been launched. Wards should be using up stocks of the old PVC care plans and gradually introducing the new ones. Every department should be using the new PVC care plan by June 2019.

Dr David McCarey has set up a SAB IMT to identify their SABs due to more blood specimens being taken. The reported increase in blood culture rates are due to the move of Clyde samples to GRI labs. One of the initiatives from this IMT was a pilot within the rheumatology wards where a poster has been put on the case note trolley as an immediate reminder for staff. Kate Hamilton will send new SAB poster to Sandra Devine to discuss at the next SAB group to see if this can be rolled out across GG&C.

K Hamilton

6. ACUTE CLINICAL GOVERNANCE INFECTION PREVENTION AND CONTROL (IPC) ACTIVITY REPORTS : December 18 – January 19

These reports are presented to the Acute Clinical Governance meeting. January's report is slightly different as the committee has requested a summary of incidents/outbreaks at the back of the report. IVAD SAB SPC chart and MRSA/CPE screening compliance has also been added to the report.

There is no target for CPE screening as it is not mandatory but aiming for a 90% screening target which is the MRSA target.

It has been requested that ICNs will check three patient case notes and report back to SCN if CPE screening has not been carried out correctly. Escalation of this will be left to ICNs to escalate with the SCN and Chief Nurses. The NAD has just changed and is only just starting to come through as paper copies with the new updated questions on it so CPE screening compliance has improved.

Paediatric patients are excluded from the national MRSA/CPE screening target on request from HPS. Local work is being carried out to identify any problems.

Item	Action
<p>7. DRAFT STANDARD OPERATING PROCEDURES FOR NOTING / APPROVAL</p>	
<p>All comments/queries regarding the below changes to SOPs should be emailed to Pamela Joannidis & Angela Robertson no later than 18th March 2019.</p>	
<p>Group A Strep SOP – It was suggested that this SOP should be sent to ENT clinicians who deal with most GAS patients in relation to sore throats.</p>	
<p>References have been updated in the Shingles SOP and the two Cystic Fibrosis SOPs. The IPCT are in regular contact with Cystic Fibrosis clinicians where they have informed them of any changes to practice.</p>	
<p>Procedure for the development and approval of IPC policies SOPs and patient Information is a governance requirement.</p>	
<p>8. BI-MONTHLY HAIRT REPORT</p>	
<p>CDI percentage in July-September related to a spike we had in August for CDI. Further investigation into this saw that none of the cases were linked to any one ward and all of them were different ribotypes.</p>	
<p>The SPC for device related SABs looks much more stable and doesn't have as much variation.</p>	
<p>6 vascular SSI cases reported in January at the QEUH. An IMT was held with clinicians who raised their concerns that due to the patients at risk from renal toxicity, surgeons do not use the recommended Gentamicin antibiotics for surgery. This is being raised at the next Antimicrobial Meeting. The vascular Clinical Director has noted concerns from his colleagues and is engaged in the process.</p>	
<p>9. HEI / HAI</p>	
<p>The 16 week action plan for the RAH is due for completion in the next few weeks. The overall report had numerous good points raised from their recent visit which had 8 requirements and 1 recommendation.</p>	
<p>The report from the QEUH & RHC inspection was published on Friday 8th March where it detailed 14 requirements and 1 recommendation. An action plan has been drawn up to in response to this.</p>	
<p>10. INFECTION PREVENTION AND CONTROL WORK PLAN 2018/19</p>	
<p>Pamela Joannidis is currently working on tool box talks and guidance for staff regarding Urethral & Urinary Catheters. Pamela is unable to finish this until the community & acute guidance has been presented to the Board Clinical Governance for final approval.</p>	
<p>Dr Kennedy met with Kirsty McDaid last week regarding letters to be sent out to CDI patients GPs who have been discharged into the community. The letter will discuss the use of PPIs. It has become apparent that a similar letter is going to be sent out by the Antimicrobial Team urging GP's to use precaution when prescribing antibiotics/PPI as their patient(s) have CDI. It was agreed to merge the two separate work streams together.</p>	

Item	Action
<p>10. Water safety group are looking for clear guidance regarding water coolers and ice machines on where we are and who is in charge of flushing them. Alan Gallacher has drawn up the Boards position which will be taken to the water group. Dr Inkster and Pamela Joannidis will update on the current position at the next AICC.</p>	<p>P Joannidis T Inkster</p>
<p>11. INFECTION PREVENTION and CONTROL SECTOR UPDATE REPORT –</p>	
<p><u>South Clyde Update</u></p>	
<p>3 cases of Stenotrophomonas maltophilia in January 2019. To date 6 IMTs have been held with the incident now closed. Currently awaiting some typing results. So far 3 isolates have the same typing, with a further 3 other types identified from environmental sampling.</p>	
<p>Final IMT held regarding 11 Orthopaedic SSI's identified in IRH from April-September 2018.</p>	
<p>CDI trigger in Ward 5 after 2 patients identified within an 8 day period. HPS trigger tool commenced on 18/12/18. Both isolates sent for typing and have returned as different ribotypes 002 & 023.</p>	
<p>Issues with endoscopy unit in Vale Of Leven identified in routine testing alarm for when they simulate a blocked channel an alarms does not go off. All the scopes that had been put through this machine have been identified and a patient look back has been carried out.</p>	
<p><u>North Glasgow Sector</u></p>	
<p>3 babies in NICU, PRM have isolated Staph aureus in blood cultures with the same antibiogram. Two of the isolates have identical spa types with the 3rd typing result outstanding. To date 8 confirmed cases with 1 more being a probable case. Two of the patients have died. Staff screening has been undertaken with some staff being prescribed decolonisation. Repeat samples of staff on decolonisation have come back negative. Public health have been involved with decolonising some of the family members as well.</p>	
<p>Burns unit has a [REDACTED] patient with MDR pseudomonas. A second patient has come back with MDR pseudomonas. Environmental screening was undertaken but no positive results.</p>	
<p>1 Care of the Elderly ward closed numerous times due to Norovirus. Source was from the underneath of beds but they are looking at procuring the mirror to look under the beds instead of having staff go on their hands and knees to inspect them.</p>	
<p><u>South Glasgow Adults</u></p>	
<p>2 patients identified with Murcomycosis in different units within Critical Care, QEUH. One of the patients was infected and the other was colonised. The colonised patient has been discharged from the QEUH while the remaining infected patient remains in the Critical Care. Numerous sources of the Murcomycosis have been explored, but nothing has yet been identified from environmental/air samples taken.</p>	

Item	Action
11. <u>South Glasgow Paediatrics</u>	<p>Cryptococcus incident has been downgraded and closed on the basis that the children's haematology ward has moved back to their temporary adult ward in Ward 6A, QEUH. A report outlining this incident will follow. A subgroup has been set up to explore possible hypothesis of the Cryptococcus.</p> <p>The water incident has been downgraded, with the chlorine dosing completed by the end of March. Water testing results so far have been good.</p> <p>14 patients colonised with <i>Serratia marcescens</i> within NICU. To date 5 of the patients have come back with the same strain, while another 2 have unique strains. Currently awaiting on results from other samples. Samples from the drains have found numerous outlets positive for <i>Serratia</i>. HPV clean has been carried out as well as regular drain cleaning.</p>
<u>West & HSC Partnerships</u>	<p>Issue with Endoscopy Reprocessing Unit at Gartnavel where AFB was detected in a water rinse machine. 2 machines have been taken out of use and have undergone a high level of disinfection. A look back exercise of patients who received endoscopy instruments from these machines is being carried out.</p>
12. BOARD INFECTION CONTROL COMMITTEE MINUTES – 28th November 2018	<p>The BICC minutes were disseminated to the group for information with no comments or questions raised.</p>
13. CJD	<p>A meeting to discuss the breakdown in the streaming of instruments in Paediatric Neuro Theatre instruments was held. This resulted in a series of actions with operational governance and how theatre instrument stock is monitored/maintained.</p> <p>New NICE guidelines have been drafted and will be available late 2019. At the moment theatre instruments should be treated as we deal with blood products and change to Scottish government requirements prior to the introduction of the new guidelines.</p>
14. ANTIMICROBIAL TEAM REPORT	<p>CDI trigger in ITU at RAH during February 2019. Of the two patients affected with CDI trigger, one patient received the incorrect oral Vancomycin dose, this was corrected after 3 days. Andrew Seaton has written to Sandy Binning about Medics recording the antibiotic duration for patients on antibiotics on discharge from ITU.</p> <p>Overall antibiotic use for quarter 4 2018 compared to the same quarter last year was down 0.6%</p> <p>From GG&C antibiotic point prevalence 42.4% of patients on antibiotics receive IV antibiotics. Having a PVC in place could contribute to the development of SABs in GG&C.</p>

Item	Action
<p>14 Stickers, giving immediate feedback on IV antibiotic use and recording oral antibiotic duration are currently being used at the IRH/RAH & VOL. On discussion this will be rolled out at the GRI Ward 15 and 28. If successful then this will be rolled out across GG&C.</p>	<p>Y Gourlay</p>
<p>15. FACILITIES UPDATE</p> <p>Installation for chlorine dioxide within the QEUH water system is scheduled for completion by the end of March 2019. This will service QEUH Adult hospital and RHC. Estates & Facilities staff continue to undertake drain cleaning arrangements within areas specified by Infection Control colleagues.</p> <p>Domestic services staff will undertake flushing as part of their duties across QEUH. An SOP has been developed and is for implementation. The IPCT have provided a Tool Box Talk supporting water flushing arrangements.</p> <p>Water coolers/dispensers are being removed from high risk areas across GG&C. This process is being led by the QEUH Estates & Facilities teams but requires further approval corporately before communication is issued across GG&C.</p> <p>Estates and Facilities Management have action plans in place to respond to both HEI Unannounced visits which were recently undertaken across QEUH/RHC and RAH.</p> <p>Hydrogen Peroxide Vapour (HPV) cleans have taken place within NICU/SCBU, RHC and NICU, PRM. This process was fully completed by 7th March.</p> <p>Clinical colleagues to use gelling agent filled receptacles for high risk liquid waste.</p> <p>Estates & Facilities will liaise with clinical colleagues to ensure that the appropriate level of awareness is in place, especially within Theatre areas where suction canisters (known as Vascax) are used.</p>	
<p>16. NEW BUILD HOSPITALS UPDATE</p>	
<p>The new ITU has been opened within the RAH.</p>	
<p>17. THEATRE MAINTENANCE/VALIDATION</p>	
<p>The group met in February with no exceptions reported during the meeting. The chair of the group David Pickering Gummer is currently working on the terms of reference as it is unknown where the group move on for the future.</p>	
<p>18. DECONTAMINATION GROUP</p>	
<p>The group has not met recently but a microbiologist has been assigned to the group and a meeting will be arranged.</p>	

Item	Action
19. A.O.C.B	
Portable Fans Alert	
This has big implications for all patients across GG&C. This was mentioned in the QEUH HEI report asking for updated fan guidance. No decision has been agreed on how GG&C will respond to this. Pamela Joannidis has drafted a risk assessment and will identify how we will implement this.	
CNO Letter about HAI Guidance	
Outlines a reminder that GG&C report all incidents that have HIIAT scores. Duty of candour should be included when discussing communications surrounding the incident. This should be a joint decision by the group to decide on what level of transparency is required for letting patients know of any incidents that could affect them.	
Hot De-Brief CPE Outbreak Glasgow Royal Infirmary	
Dr Chris Jones commended this report saying there was a lot of good learning points identified. A full report regarding this incident will be created.	
Report on concerns raised regarding QEUH & RHC	
An SBAR providing assurances and an overview of progress being made in relation to a number of issues raised originally in December 2017 regarding concerns about the facilities in the QEUH and RHC.	
20. DATE OF NEXT MEETING	
The next AICC meeting will be held on Monday 13 th May, Boardroom, Admin Building, Gartnavel Royal Infirmary	

**Minutes of the
Acute Infection Control Committee
Boardroom, Admin Building
Gartnavel Royal Hospital
On Monday 13th May 2019 at 10:00**

PRESENT

Dr Chris Jones	Chief of Medicine (Chair)
Morag Gardner	Chief Nurse, South Sector
Sandra Devine	Infection Control Manager
Lynn Pritchard	Lead IPC Nurse, South Glasgow
Kate Hamilton	Lead IPC Nurse, North Glasgow
Karen McGugan	Lead Nurse, Imaging
Ann Kerr	Lead IPC Nurse, Surveillance
John Stuart	Chief Nurse, North Sector
Kirsty McDaid	Lead IPC Nurse, West/HSC Partnerships
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Erica Peters	Infectious Diseases Consultant
Elaine Burt	Chief Nurse, Regional Sector
Christina MacKay	Chief Nurse, Clyde Sector
Jackie Wilson	Clinical Service Manager, Dental Hospital
Dr Iain Kennedy	Public Health Consultant
Susie Dodds	Lead IPC Nurse, South Glasgow Paediatrics
Pamela Joannidis	Associate Nurse Director Infection Control
Dr Linda Bagrade	Infection Control Doctor

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Dr Aleksandra Marek	Dr Barbara Weinhardt
Dr Teresa Inkster	Dr Scott Davidson
Mary Ann Kane	Jenn Rodgers
Dr Kalliopi Valyraki	Dr David McCarey

Item	Action
<p>1. APOLOGIES AND WELCOME</p>	<p>Dr Chris Jones welcomed everyone to the meeting and apologies were received from the above mentioned.</p>
<p>2. MINUTES & REVIEW OF ACTIONS FROM AICC 12th March 2019</p>	<p>The minutes of the meeting of the Acute Infection Control Committee held on 12th March 2019 were approved with no amendments.</p>
<p>3. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)</p>	<p>Pamela Joannidis met with Kenneth Fleming regarding the use of FFP3 masks for patients with TB/RSV. HPS are updating their TB guidance this summer and in the interim a risk assessment should be undertaken for any patients with TB.</p> <p>The Cystic Fibrosis agenda item has been taken off the NIPCM.</p> <p>The Scottish National Infection Prevention & Control Manual has been adopted by 3 out of the 4 British nations. This enables each Public Health board a line in which any issues/problems can be discussed/debated about. Dr Kennedy informed the group that this is still a Scottish manual which is owned by Scotland and is not a UK document.</p>
<p>4. MONTHLY & SECTOR ENHANCED SURVEILLANCE OF SAB REPORTS</p>	<p>In February 2019, 40 SAB cases were identified, 14 of which were HAI. 5 of these HAI cases were related to an IV access device. Clyde sector had no HAI SABs this month.</p> <p>In March 2019, 30 SAB cases were identified, 16 of which were HAI. 7 of these HAI cases were related to an IV access device.</p> <p>Ann Kerr discussed the quarter one results of all the sectors SABs rates. The main points identified were that IV devices are still a predominant source across most sectors. With the introduction of the new PVC care plan it is hoped these IV related SAB rates will improve.</p> <p>Elaine Burt said that challenges exist around renal patients due to their co-morbidities surrounding their IV care which is out with our control as they care for their own lines when discharged home.</p> <p>0% ward sweeps - the main reason they are scoring this is due to lack of documentation when in the old form if you missed one box you failed the check carried out by IPCT.</p> <p>Dr Erica Peters from the Infectious Disease Unit, Ward 5D, QEUH is carrying out some training to staff due to staffing issues. She asked the committee what should be the main points she should be teaching on, the group said she should focus on making sure staff are giving out PVC leaflets to patients who have one, consider the right appropriate devices are being used on the patients.</p>

Item	Action
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5. SAB STEERING GROUP

The SAB Steering group are meeting up next week where they will be focussing on a review of contaminant SABs cases.

They will also review the PVC care plan implementation which has been rolling out for the last 6 months and everywhere should be using them by the 1st of June 2019. Morag Gardner informed the group that she has already implemented the new PVC care plan as has removed any old care plans within the South Glasgow sector.

The PVC insertion trial packs, (50 in total) are being delivered today. Each of the identified areas will receive about 15 packs for them to use. Some informal feedback should be available for the next SAB group meeting.

6. ANNUAL SURGICAL SITE SURVEILLANCE REPORTS 2018

Ann Kerr discussed the yearly annual surgical site infection (SSI) reports for 2018.

Major Vascular Surgery 717 procedures were included in the mandatory SSI surveillance programme. 20 SSI were detected as inpatient or up to day 30 readmission to a NHSGGC hospital giving an SSI rate of 2.8% which is the same as 2017 rate. Infection Control Doctor Kamaljit Khalsa is currently reviewing vascular surgery patients who have not been washed with soap and water before their operation. This could be due to patient unable to wash themselves due to disability. Vascular surgery is more in line with the national guidance with the use of antibiotics.

Large bowel surgery saw 821 procedures carried out during 2018 where 29 SSI were detected. This equates to an SSI rate of 3.5% which is a slight reduction of 2017 SSI rate of 3.8%.

An IPC surveillance Nurse is funded by the Regional surgeries to carry out surveillance on Neurosurgical surgeries and spinal surgeries. There has been no change this year to the SSI rate for cranial procedures which has remained within acceptable local limits of 1.9%. There has been a slight increase in spinal surgery SSI rate to 2.5% compared to last year's 2.3%. It should be noted that SSI surveillance of these procedures is not undertaken elsewhere in Scotland and is therefore unable to be benchmarked nationally.

Oral Maxillofacial SSI rate saw a significant reduction from 2017 rate of 15.2% to 6.1% for 2018.

5277 C-Section procedures were carried out by NHSGGC in 2018. Surveillance of patients only needs to be followed up to 10 days post operation as it's a national requirement. Out of this 10 day surveillance 60 SSI were detected which gives an SSI rate of 1.1%.

Orthopaedic SSI surveillance looks at three major operations Hip Arthroplasty, Knee Arthroplasty and repair of neck or femur.

Hip Arthroplasty carried out 1442 procedures in 2018 with an SSI rate of 1.4%. This is a slight increase upon the 2017 rate which was 1.2%.

Knee arthroplasty carried out 1268 procedures in 2018 with an SSI rate of 0.7%. This is a slight increase upon the 2017 SSI rate which was 0.6%.

Item		Action
6	<p>ANNUAL SURGICAL SITE SURVEILLANCE REPORTS 2018 (Contd)</p> <p>Repair of neck of femur carried out 1570 procedures In 2018 with an SSI rate of 1.5%. This is a slight increase of upon the 2107 rate which was 1.2%.</p> <p>Ysobel Gourlay has requested any prophylactic antibiotic information gathered to populate these reports to be forwarded onto herself so she can use this data in her future reports and analysis.</p>	Ann Kerr
7.	<p>ACUTE CLINICAL GOVERNANCE IPC REPORTS FEBRUARY & MARCH 2019</p> <p>In Februarys report the two main items were there was no red audits and 12 ward closures.</p> <p>In March ACG reported no red audits, but 4 amber audits all being scored at the Glasgow Royal Infirmary.</p> <p>Overall Influenza and Norovirus has been pretty stable this winter season.</p> <p>The near patient testing for Influenza is reviewed every year. The system at the moment relies on staff reporting on samples but there is scope to connect these machines up to our IT system which could reduce duplicate testing and speed up the reporting of samples. This committee is fully behind near patient testing for Influenza.</p>	
8.	<p>DRAFT POLCIIES FOR NOTING/APPROVAL</p> <p>Pamela Joannidis has put forward the 3 following policies that are already in use but require updating.</p> <p>The MRSA SOP has had some of its wording tweaked and an Aide Memoire has been moved to the front of the SOP for quick reference. It was identified that on page 8 under the specimens required section, clarity needs to be given regarding a urinary catheter or the urine from the catheter can be tested. Dr Iain Kennedy asked if the 5 day Naseptin or Murpiricon treatment is sufficient and is supported by evidence which Pamela informed the group that it is written in the BNF and also agreed at Infection Control Senior Management meetings.</p> <p>The Scabies SOP has been updated so that the treatment is in line with the national IPC manual.</p> <p>The review of the SOP for cleaning of near patient healthcare equipment has been brought forward as part of the action plan for the QEUH and RAH HEI visits. The inspectors found differences in responsibilities in cleaning near patient equipment during discharge cleans. The committee requested that the wording regarding who is responsible for this should be changed. Also the term cotrail should be taken out and bedrails should be used instead.</p> <p>If anyone has any further amendments/queries regarding the 3 SOPs can you please email Pamela Joannidis.</p>	

Item	Action
<p>9. BI MONTHLY HAIRT REPORT</p>	<p>The most recent HAIRT shows that GG&C has currently a higher rate of Healthcare Associated SABs (21.1%) than the national average (17.7), however our community associated SAB rate is below the national average of 8.3% at 5.4%.</p> <p>Sandra Devine highlighted the importance for compliance of MRSA/CPE risk assessment which is sitting at 62%. There is still significant media interest regarding areas where we have got increase rates of infection but staff are not completing clinician risk assessment for all patients being admitted. There has been a recent update to the My Admission Record (MAR) with regards to the layout in which MRSA/CPE questions are being asked.</p>
<p>10. HAI / HAI</p>	<p>The HAI action plans from recent RAH and QEUH visits are continuing to be actioned on and updated. The RAH 16 week action plan has been submitted back to HAI which outlined issues mainly about the fabric of the buildings.</p> <p>The QEUH are reporting monthly to the Scottish Government regarding their progress with their HAI action plan. A meeting with the Scottish Government is taking place in July to see how progress is being made. There is concern regarding the number of outstanding facilities jobs within the QEUH requiring completion and there is a worry that these jobs will be carried out without the correct documentation and IPC measures in place.</p>
<p>11. IPC WORK PLAN 2018/19</p>	<p>This work plan was completed apart from one part regarding Urethral Urinary Catheter guidance which was out with the IPC control.</p>
<p>12. IPC WORK PLAN AND PROGRAMME 2019/20</p>	<p>This year's work plan is going to focus on a built environment group being set up that will be chaired by Tom Steele. This group will look at theatre validation/water issues/air validation and any issues with the Central Decontamination Unit. Any issues raised from any IPC audits carried out will be raised at this meeting. No terms of reference have yet been drawn up and it is unknown what the reporting structure will be. It is hopeful that a chief nurse will be able to attend these future meetings.</p> <p>If anyone has any ideas or thought in regards to this year's work plan can you please contact Sandra Devine.</p>
<p>13. IPC SECTOR UPDATE REPORT</p>	<p><u>Clyde Update</u></p> <p>5 cases of Stenotrophomonas maltophilia identified 3 +1 possibly unrelated case in ICU and 1 case in HDU. The only linkage is ICU (Old ICU) and the incident has been closed.</p>

Item**Action****13. IPC SECTOR UPDATE REPORT Contd**North Update

Outbreak of MSSA in NICU, PRM. A new patient was identified on 25th April who has since been discharged. 1 patient remains in isolation. Overall 12 confirmed cases, 1 probable case and 1 possible case. Staff screening will be carried out later on this week and all staff members will be offered decolonisation straight away until screening results are reported.

Increase in VRE within ICU currently 9 cases have been identified. Patients have had multiple surgeries difficult to identify. Admission screening, regular deep cleans and IMTs are being held. 3 patients remain in the unit.

John Stuart reported on an incident where a domestic was emptying a domestic waste bin within a public toilet and was pricked by a discarded needle. Health and Safety Executive (HSE) visited the Glasgow Royal Infirmary Hospital regarding the incident. They have written a requirement that all public toilets should be fitted with tamper proof sharp boxes. John Stuart has met with Health & Safety managers as this has great implications on the whole of GG&C as the emptying/collecting/replacing of the sharps boxes would be carried out by an external company out with GG&C control. A response to the HSE is being drafted outlining our concerns and implications this would create.

South Update

The CRO *Acinetobacter baumannii* contact screening from Renal Ward 4A within the QEUH has identified 71 patients in total. Overall 4 patients have been identified positive. All of them are OXA 51 type and three of them are OXA23. 32 complete screens have been undertaken from patient contacted who had been discharged. Patients who do not engage on a community level they are tagged on Trakcare and will be picked up when patient comes back in.

Sandra Devine informed the group that since the introduction of CPE screening there has been an increase of 4000 referrals made to the IPCT within GG&C. Each referral involves a visit to the patient from the IPC team explaining why they are being screened.

Paediatrics Update

No new cases of *Serratia marcescens* with NICU since March. So far 15 patients have been identified, 11 of which have the same type. This incident will remain open until the taps within the unit have been replaced.

All measures put in place for the MSSA incident at the PRM have been stepped down in the RHC unless there is a patient transfer from the NICU PRM into the NICU RHC.

West & HSC Partnerships Update

The chlorine dioxide plant for Gartnavel General was switched on last week after AFB was found within quarterly rinse water samples of Endoscopy Reprocessing Units. Currently awaiting water results.

Action**Item****14. MINUTES OF THE BAORD INFECTION CONTROL COMMITTEE**

The minutes of the BICC were disseminated to the group with no comments regarding them.

15. CJD

Dr Iain Kennedy was notified last week about an incident of streaming of paediatrics instruments. The incident involved a surgeon wanting to use an instrument from the Institute (Adult Neuro Building) on a paediatric patient. This would automatically make the paediatric patient move from stream 1 instruments onto stream 2. However this was not picked up and the patient had stream 1 instruments used. Upon finding this the instruments used were identified and moved onto stream 2.

The next CJD meeting is being held on Wednesday 22nd May.

16. ANTIMICROBIAL REPORT

Total antibiotic use in GGC has decreased by 10.2% compared with quarter one of 2018.

Total IV antibiotic use in GGC decreased 10.8% compared with quarter one 2018.

Median recording of oral antibiotic duration remains around 75% need for improvement in recording oral antibiotic duration. In Clyde sector medial oral antibiotic duration is 75% or above. Higher than North and south sectors.

FACILITIES UPDATE

No update from facilities as they were unable to attend meeting.

17.**18. WATER GROUP UPDATE**

The use of water coolers, ice machines were discussed with the understanding that more surveillance and understanding is required regarding flushing of these systems. Health Facilities Scotland have provided guidance about drinking water and no conclusion has yet been made regarding guidance. Facilities are wanting to send out an email to everyone to remind them to flush water outlets that are not used regularly.

19. NEW BUILD HOSPITAL UPDATE

Nil to report

Item	Action
<p>20. THEATRE MAINTENANCE / VALIDATION</p> <p>Ongoing work is making sure the endoscopy handling areas are up to standard regarding the recent air change requirements. A new air handling unit is being installed at Gartnavel General in 2 weeks. The Glasgow Royal is not up to the required standard but have put in a risk assessment for any TB patients who will be put to the end of the list if requiring a bronchoscope.</p>	
<p>21. DECONTAMINATION GROUP</p> <p>Nil to report</p>	
<p>22. AOCB</p> <p>Action Plan from HPS SBAR NICU, PRM and GRI</p> <p>This action plan identified how much work has been undertaken during the initial outbreak and how the tightening up on when items are completed was identified.</p> <p>Stobhill GAS Hot Debrief</p> <p>Mental Health ward where 4 cases of Group A Strep were identified over 2 wards. HIIAT at Amber in relation to patient who died and was on their Death Certificate. The 2 wards involved had two completely different environments i.e. an old ward compared to new ward. Environment screens found positive Group A Strep on fabric furnishes which had been brought in to make the environment more comforting for patients.</p> <p>Mucor Incident Hot Debrief</p> <p>All environmental swabbing was negative and no more cases have been reported. Increase surveillance is ongoing for this organism.</p> <p>Guidelines for Fans</p> <p>As part of QEUH and RAH action plans from HEI they asked for risk assessment on fan use.</p> <p>Karen McGugan informed the committee that certain areas within Diagnostics there are fans still being used to cool equipment as the heavy duty equipment generates a lot of heat. The committee said for the time being the information sent out by Jonathan Best should be adhered to.</p> <p>Morag Gardner raised her concerns that this guidance does not inform staff how we clean the fans and what is expected from staff regarding the maintenance program which is required. Do we have to give the fan in use to medical physics for cleaning. Are we asking staff to give evidence that the fan is being cleaned inside. There is no mention of what type of bladed fan is acceptable. Patient should not be allowed to bring in their own fans as staff cannot manage the cleaning of these. The committee agreed that Kate Hamilton will set up a meeting with procurement, medical physics, HFS and a nursing representative to resolve any unknowns about the draft guidance.</p>	<p>Kate Hamilton</p>

SBAR HAI Annual Report 2018

Concern we are above, hip arthroplasty high SSI rate no data to back this up and we have asked for data to back this up from HPS.

We do have a peak every August/September time for increase in CDIs and MRSA. In work plan we are going to look at the increase in CDI rates during Quarter 3 as there is no increase in antibiotic use.

HPS Water Outbreak Management Document

HPS have issued a guidance document for consultation on how GG&C are going to manage outbreaks which are associated with water. The document outlines that for every single water associated infection the IPC team will need to carry out a review. The document does not specify what water organisms are to be investigated or what high risk areas this would include. This document will be sent out to the group for comment so Sandra Devine will compile a response back to HPS.

DATE OF NEXT MEETING

The next AICC meeting will be held on Tuesday 16th July at 10am, Boardroom, Admin Building, Gartnavel Royal Infirmary

**Minutes of the
Acute Infection Control Committee
Boardroom, Admin Building
Gartnavel Royal Hospital
On Tuesday 16th July 2019 at 10:00**

PRESENT

Sandra Devine	Acting Infection Control Manager (Chair)
Rosie Cherry	Interim General Manager for Facilities Partnership
Morag Gardner	Chief Nurse, South Sector
Patricia Friel	Lead Nurse Neonatology
Dr Aleksandra Marek	Infection Control Doctor
Karen McGugan	Lead Nurse, Imaging
Jackie Wilson	Clinical Service Manager, Dental Hospital
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Linda Bagrade	Infection Control Doctor
Lynn Pritchard	Lead IPC Nurse, South Glasgow
Ann Kerr	Lead IPC Nurse, Surveillance
Kirsty McDaid	Lead IPC Nurse, West/HSC Partnerships
Gillian Mills	Lead IPC Nurse, North Glasgow
Susie Dodd	Lead IPC Nurse, Paediatrics
Dr Scott Davidson	Deputy Medical Director
Dr Erica Peters	Infectious Diseases Consultant

IN ATTENDENCE

Calum MacLeod (minutes)

APOLOGIES

John Stuart	Dr Barbara Weinhardt
Dr David McCarey	Dr David Raeside
Dr Iain Kennedy	Dr Alison Balfour
Kate Hamilton	Christina McKay
Pamela Joannidis	Dr Teresa Inkster
Elaine Burt	Dr Chris Jones

Item	Action
<p>1. APOLOGIES AND WELCOME</p>	
<p>Sandra Devine welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. MINUTES & REVIEW OF ACTIONS FROM AICC 13th May 2019</p>	
<p>The minutes of the meeting of the Acute Infection Control Committee held on 13th May 2019 were approved with the following amendments:</p>	
<p>Page 5, Section 10, 2nd Paragraph, last sentence should read – There is concern regarding the number of outstanding facilities jobs within the QEUH requiring completion.</p>	
<p>Page 6, South Update, 1st paragraph remove line – The IPCT do not follow up patients once the initial contact has been informed.</p>	
<p>Page 6, Paediatrics Update, Last paragraph – All measures put in place for the MSSA incident at the PRM have been stepped down in the RHC unless there is a patient transfer from the NICU PRM into the NICU RHC.</p>	
<p>Page 7, Antimicrobial Report should read –</p>	
<p>Total antibiotic use in GGC has decreased by 10.2% compared with quarter one of 2018.</p>	
<p>Total IV antibiotic use in GGC decreased 10.8% compared with quarter one 2018.</p>	
<p>Median recording of oral antibiotic duration remains around 75% need for improvement in recording oral antibiotic duration. In Clyde sector medial oral antibiotic duration is 75% or above. Higher than North and south sectors.</p>	
<p>Page 9, first paragraph – Concern we are above hip arthroplasty SSI rate</p>	
<p>3. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)</p>	
<p>Table 6 in appendix 13 has been updated with additional organisms added. This will lead to an approximately 600 additional referrals for the Infection Control Team to investigate every year.</p>	
<p>4. MONTHLY & SECTOR ENHANCED SURVEILLANCE OF SAB REPORTS</p>	
<p>In April 2019, 36 SAB cases were identified, 20 of which were HAI. 9 of these cases were related to IV access device .</p>	
<p>In May 2019, 38 SAB cases were identified, 21 of which were HAI. 9 of these cases were related to IV access device.</p>	
<p>In June 2019, 29 SAB cases were identified, 15 of which were HAI. 3 of these were related to IV access device.</p>	
<p>103 SAB cases were reported locally in Quarter 2 2019. This is a 10% decrease upon the previous GG&C quarter.</p>	

Item	Action
<p>5. Changes to Format of Quarter SAB & CDI Data Reporting</p> <p>Previously CDI and SAB used different denominators when reporting. Since October 2017 HPS have reported in a different format from our own. We now use total occupied bed days for all CDI/SAB and E-Coli cases against 100,000 patients. All boards should be in alignment with HPS reporting and public domain reporting. There is going to be a review of the indicators and standards required and it is currently unknown what these targets will be.</p>	
<p>6. SAB Steering Group</p> <p>Initial feedback from the trial of 60 PVC packs has been positive with the majority of staff thought they were a good idea. The packs themselves are cost neutral compared to buying the items individually.</p> <p>Pamela Joannidis will write up an SBAR and circulate to the chiefs of nursing for comment before presenting it to the committees for comment.</p>	P Joannidis
<p>7. ACUTE CLINICAL GOVERNANCE IPC REPORTS APRIL AND MAY 2019</p> <p>April and May Acute Clinical Governance Reports were disseminated to the group. The IPCT are trialling an new IPCAT audit which has much fewer questions compared to the current audit with the focus on how we can engage with the SCN to make improvements if sections score a red/amber mark. This audit has already been tested in 2 areas across each sector and compared to the current audit. The findings from these audits (8 in total) will be looked at and discussed at the next Lead Nurses IPC meeting.</p>	
<p>8. DRAFT POLICIES FOR NOTING/APPROVAL</p> <p>The SOP for Isolation Room Suite Maintenance Verification & Governance Verification is to be taken to the built environmental group. Colin Purdon from estates will be taking ownership of this SOP due to the technicality of the document.</p> <p>All the key changes to the SOPs have been listed on the front page of the documents. If anyone has any comments regarding these SOPs/Patient Information Leaflets can you please contact Pamela Joannidis before the 29th July.</p>	
<p>9. BI MONTHLY HAIRT REPORT</p> <p>Quarter 4 (2018) SAB & CDI rates are above the national rate. Compliance with MRSA and CPE screening was at 92% and 94%. The IPC are to work with Andy Crawford so that a local summary can be used to compare it against similar sized health boards.</p>	

Item	Action
<p>10. HAI / HEI</p> <p>QEUH action plan has a few outstanding items awaiting to be put through some committees before being closed off.</p> <p>The inspectorate team arrived at Inverclyde Royal Infirmary on Monday 15th July. Initial feedback has been positive with good domestic resources with only a few issues regarding the fabric of the building. The inspectors were checking the frequency and recording of flushing water outlets. More detailed feedback is to be given on Tuesday evening after the visit has been concluded.</p>	
<p>11. IPC WORK PLAN 2019/20</p>	
<p>A few items have been added to the work plan including the HPS alert about the increase of VHF cases in the Democratic Republic of Congo. Pamela Joannidis is to set up a short life working group with health and safety to make sure the competency based training NES has compiled is being adhered to. A table will also be created so that there will be a list of staff who have completed the training.</p>	P Joannidis
<p>Kate Hamilton has looked into why there is an increase of CDI infections during August/September but found nothing to link the cases i.e. no same typing. Kate Hamilton is to create some education sessions for staff over July/August to see if this will decrease this yearly trend.</p>	K Hamilton
<p>12. IPC SECTOR UPDATE REPORT</p>	
<p><u>Clyde Update</u></p>	
<p>Dr Bgrade informed the team that there were no exception's from the Clyde sector report.</p>	
<p><u>North Update</u></p>	
<p>PVC & CVC sweeps are being carried out weekly within Ward 63 for a month after an increase in line related SABS in June.</p>	
<p>The last week of screening for patients within NICU, PRM will be undertaken this week. A de-brief meeting regarding this incident will be held shortly.</p>	
<p>ICU West reported 11 cases of VRE. Last confirmed case was at the start of June so admission screening and routine screening has been stopped.</p>	
<p>Typing results from Ward 9 CDI trigger came back different.</p>	
<p>Ward 3 was closed after 6 cases of Influenza was identified. Ward has since been re-opened.</p>	
<p>There was a power cut within the PRM during the third week in June which lasted several days. Power has since been restored.</p>	

Item	Action
<p>12 IPC SECTOR UPDATE REPORT Contd</p> <p><u>South Update</u></p> <p>Hot de-brief regarding the recent acinetobacter CRO screening within Ward 4A, Renal is currently being finalised.</p> <p>Ward 62 and Ward 11A were closed for 48 hours for increase in D&V but no positive norovirus results were obtained.</p> <p>Ward 4D, Renal had increase in CDI (1 HAI & 2 HCAI). The team undertook a trigger tool even though it was not a true trigger with regards to definition. Typing results came back for 2 of the cases which were different. The 3rd case did not get typed. No further cases have been reported.</p> <p><u>Paediatrics</u></p> <p>The typing results from the two gentamicin resistant E-coli are the same.</p> <p>The whole NICU department is receiving new sinks and drainage traps.</p> <p>Ward 6A haematology in the QEUH is currently being used to house haematology/oncology paediatric patients while ward 2A/2B is being refurbished. There have been 4 cases of gram negative (GN) bacteraemia on the 3rd June and a second case of M.Chelonae within 12 months. One positive isolate post filter has been identified (not GN). Initial identification of the strain found within the water is similar the patients strain. There have been no concerns with the environment or clinical practice. Additional departments where Ward 6A patients may frequent have been identified so point of use filters have been added to the sinks as well as drain cleaning being carried out. An additional hand hygiene step involving the gelling of hand after the washing of them has been implemented as well.</p> <p><u>West & HSC Partnerships</u></p> <p>Ward 39 at the RAH was closed in June due to 5 patients with D&V. Ward has since re-opened with 1 positive sample for Norovirus obtained.</p> <p>Cuthbertson ward was closed due to 6 patients and 2 staff with D&V No samples were received from patients or staff.</p>	
<p>13. Minute of the BICC</p>	<p>T Inkster</p>
<p>The minutes of the most recent BICC meeting were disseminated to the group. Dr Erica Peters has requested that the HPS MERs Alert should be added onto the agenda for the next meeting.</p>	
<p>14. CJD</p>	
<p>Dr Kennedy was not present to give an update.</p>	

Item	Action
<p>15. AMT Report</p> <p>Ysobel Gourlay discussed 2 recent CDI triggers at the Glasgow Royal Infirmary. Ward 36 CDI trigger, a patient (with an NG tube) was being treated with liquid metranizadole but should have been treated with liquid Vancomycin. The antimicrobial pharmacist organised for this to be changed to the correct antibiotic. The other CDI trigger, in GR,I Ward 9 revealed that only 50% of patients given an oral antibiotic had the antibiotic duration recorded.</p> <p>Pamela Joannidis is to include wording on the current CDI patient sticker to include wording saying antibiotics should be changed if patient diarrhoea does not improve.</p> <p>Pharmacy, microbiology and ID teams have been actively promoting the IVOST policy for the last 6 months which has resulted in a 9.3% decrease of IV antibiotic usage compared to the first two quarters of 2018.</p>	<p>P Joannidis</p>
<p>16. Facilities Update</p> <p>Due to circumstances out with the Boards control, we will be continuing the current BCP/contingency arrangement until later than expected, as the 2nd of August start date for Trade be cannot be met.</p> <p>Estates & Facilities have just run the first of 3, 2 day safe waste management courses, sourced by HFS & accredited by REHIS. We will also be working with the training provided to look at courses for supervisors and those who collect waste, as well as looking to potentially update the current Learnpro module.</p>	
<p>17. Water Group Update</p> <p>The QEUH chlorination system is fully fitted and there have been good results in that the gram negative count has reduced significantly, however the mycobacteria issue has recently appeared and is resistant to chlorine at the original used levels. The increase in mycobacteria may be due to existing biofilm or it is being selected out and proliferating because it is resistant to chlorine. The initial step is a slight increase in the chlorine levels, albeit whilst remaining within the W.H.O guidelines. If this measure is not successful then shock dosing may be considered but this would have a significant impact on all clinical areas (water would have to be closed down for a period of time).</p> <p>The Water Technical Group continues to meet and support the QEUH. The Board also continue to have International Water experts on retainer for advice as required.</p> <p>The issue of bottled water coolers has been discussed at the Board Water Group and there is a current National Directive that all bottled water coolers, irrespective of location, should be removed. This will be discussed at the next Board Water Safety Group.</p>	

Item	Action
18.	<p>New Build Hospitals Update</p> <p>There has been major problems validating the Theatres within the new ICE building on the QEUH campus.</p> <p>The Health & Safety Committee are coming in to interview members of staff involved regarding the Cryptococcus incident and to read over the reasons as to why Ward 2A/2B was moved over temporarily into Ward 6A, QEUH from the RHC.</p>
19.	<p>Theatre Maintenance/Validation</p>
20.	<p>Nil to report</p> <p>Decontamination Group</p> <p>A short life working group regarding the decontamination of respiratory equipment is going to be reinstated.</p>
21.	<p>AOCB</p> <p>AICC Terms of Reference</p> <p>An updated version of the terms of reference for this group was circulated. If anyone has any comments can you please send them onto Sandra Devine.</p> <p>CNO Letter – Managing risk of contamination of ventilation systems by fungi from bird droppings & Bird Dropping Guidance</p> <p>Tom Steele has responded to this CNO letter to confirm that this guidance is being adhered to.</p> <p>Mucor Incidence Report, QEUH</p> <p>Look at recommendations to make sure the actions are tied off. Debate about how we deal with media inquiries going forward.</p> <p>Water Report Ward 2A & Ward 2B, RHC</p> <p>This is out for consultation within the board. There is no comparison data that can used to compared to as this is a national centre for Scotland and similar wards in England are not able to share their data.</p> <p>Hot De-Brief Stenotropomonas maltophilia, ICU, RAH</p> <p>Dr Linda Bgrade is to add in an amendment to say that collaboration with lab staff was positive.</p> <p>HPS Debriefing Note MERS</p> <p>An email is to be sent out to staff regarding the upcoming HAJJ.</p>

Dr Erica Peters was questioning why the MERs guidance is currently sitting on the IPC webpage.

Action**Item AOCB (Contd)****21 Guidelines for Fans**

Lynn Pritchard & Kate Hamilton are to reword point 4 on Page 2 regarding the manufacturer must provide cleaning and maintenance guidelines. It has been requested that the type/make of fans that are allowed to be bought should be listed in the guidelines. This will then be sent to Morag Gardner before being taken to the BICC for final sign off then uploaded onto the IPC webpage.

**L Pritchard
K Hamilton**

Returning worker from Democratic Republic of Congo requiring assessment & Ebola/VHF Debrief

A change in the guidance regarding the use of PPE for Infections of High Consequence is awaited. There is currently no dedicated trainers within the health board. Dr Kennedy sits on the emerging pathogens group where he will raise this query here.

I Kennedy

CNO Letter regarding Alcohol Based Hand Rub

A letter from the CNO has been circulated regarding an article in a newspaper saying that ABHR was not being replenished at the QEUH. Currently the gel dispensers outside wards at the QEUH there is no definitive person who is responsible for the cleaning and replenishing of them. Morag Gardner and Lynn Pritchard are to meet up to resolve the issue.

**L Pritchard
M Gardner**

The next AICC is being held on Monday 2nd September at 10:00 in the Boardroom, JB Russell House, Gartnavel Royal Hospital

**Minutes of the
Acute Infection Control Committee
Boardroom, JB Russell House
Gartnavel Royal Hospital
On Monday 2nd September at 10:00**

PRESENT

Dr Scott Davidson (Chair)	Deputy Medical Director
Elizabeth Marshall	Senior IPC Nurse, West & Partnerships
Ann Kerr	Lead IPC Nurse, Surveillance
Karen McGugan	Lead Nurse, Imaging
Sandra Devine	Acting Infection Control Manager
Kate Hamilton	IPC Nurse Consultant
Jennifer Barrett	Senior IPC Nurse, North Sector
Gillian Mills	Acting Lead IPC Nurse, North Sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Dr Iain Kennedy	Public Health Consultant
Rosie Cherry	Interim General Manager for Facilities Partnership
Morag Gardner	Chief Nurse, South Sector
Elaine Burt	Chief Nurse, Regional Sector
Lynn Pritchard	Lead IPC Nurse, South Sector
Gillian Bowskill	Acting Lead IPC Nurse, Paediatrics
John Stuart	Chief Nurse, North Sector,
Dr Erica Peters	Infectious Diseases Consultant
Angela Carlin	Chief Nurse, Staff Governance
Dr David McCarey	Consultant Rheumatologist

IN ATTENDANCE

Calum MacLeod (minutes)

APOLOGIES

Dr Kalliopi Valyraki	Pamela Joannidis
Donna McConnell	Dr Aleksandra Marek
Jackie Wilson	Jenn Rodgers
Dr Linda Bagrade	Dr Teresa Inkster

Item	Action
<p>1. APOLOGIES AND WELCOME</p> <p>Dr Scott Davidson welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. MINUTES & REVIEW OF ACTIONS FROM AICC 13th May 2019</p> <p>The minutes of the meeting of the Acute Infection Control Committee held on 16th July 2019 were approved with the following amendments:</p> <p><u>Page 3, Item 5, 2nd line should read</u> – We now use total occupied bed days for all Healthcare Associated Infections (HCAI) CDI/SAB & E-coli against 100,000 community.</p> <p><u>Page 6, AMT Report, 2nd line</u> – metronizadole</p> <p><u>Page 16, AMT Report, 3rd paragraph</u> – promoting the IVOST policy for the last 6 months which has resulted in a 9.2% decrease of IV antibiotic usage compared to the first two quarters of 2018.</p>	
<p>3. NATIONAL INFECTION PREVENTION AND CONTROL MANUAL (NIPCM)</p> <p>Appendix 13 table 6 which outlines the exceptional resistance phenotypes of Gram-negative bacteria is currently being worked on.</p>	
<p>4. MONTHLY & SECTOR ENHANCED SURVEILLANCE OF SAB REPORTS</p> <p>In July 2019, 46 SAB cases we identified, 24 of which were HAI. 10 of these cases were related to IV access device. 7 cases were considered to be an avoidable harm or had SAB cited on death certificate had a Datix assigned as part of the clinical review process.</p> <p>The North Sector hold a SAB Multi-Disciplinary Team meeting with representation of vascular access team to raise awareness with staff. They are going to trial Chlorhexadine impregnated dressings within gastro and cardiology wards in the North sector. Historically there was not sufficient evidence to introduce Chlorhexadine dressings. These dressing have been introduced within Ayrshire & Arran due to a peak of SAB infections within renal dialysis but it is unknown what evidence they used to implement this.</p> <p>Ann Kerr went over the CDI & SAB monthly and quarterly comparison of locally reported case numbers. CDI numbers in July 2019 has been the lowest in comparison with the previous 3 years. CDI awareness letters for PPI prescribing have been sent to patients GPs since April with over 100 letters already sent out to date.</p>	
<p>5. SAB Steering Group</p> <p>SAB steering group is due to convene on Tuesday 3rd September where Chlorhexadine dressings will be discussed.</p>	

6. ACUTE CLINICAL GOVERNANCE IPC REPORTS JUNE AND JULY 2019

Pamela Joannidis has almost finished the review of the new acute IPCAT audit. It will be sent out to the Chief Nurses for comment before being taken to the Board Infection Control Committee for final sign off.

John Stuart has requested a summary of the changes for Senior Charge Nurses should be drawn up to inform them of the changes.

P Joannidis

7. DRAFT POLICIES FOR NOTING/APPROVAL

Occupational Management of Healthcare workers with symptoms, actual infectious diseases and following exposure of infectious diseases may be changed in the near future as the Chief Nursing Officer is about to issue a letter regarding this.

Head lice SOP is currently being reviewed with plans to reduce this into a fact sheet instead of an SOP.

Any comments regarding the SOPs can you please send to Kate Hamilton by 27th September.

Discussion regarding having separate SOPs which are local to each individual hospital rather than having SOPs that cover all hospitals. It would make it easier for staff who work in separate hospitals to adhere to the same rules. The IPCT think the best way is for local SOPs which can adhere to certain aspects for each hospital like the QEUH which has all single side rooms compared to other hospitals that don't.

8. BI MONTHLY HAIRT REPORT

Quarter 1 (January 2019 - March 2019) SAB and CDI rates are above national rates. The IPC are currently working with Andy Crawford so a summary can be compiled/compared against a similar size health board.

MRSA and CPE screening above Scottish average

9. HAI / HEI

Last monthly action plan from the recent QEUH HEI visit was submitted at the beginning of July closing off all actions no further feedback.

The report from the IRH inspection on the 15/16 July is currently embargoed. The report has 4 requirements with no recommendations.

Item	Action
<p>10. IPC WORK PLAN 2019/20</p> <p>Draft IPC governance framework has been submitted to HEI and will be put through the next BICC for approval. If anyone has any further comments please contact Sandra Devine.</p> <p>Health & Safety Executive have completed all interviews with everyone within GG&C health board, there are a few people who still require to be interviewed who have left the board. The report is being sent to the procurator fiscal so we may not see the end report.</p>	
<p>11. IPC SECTOR UPDATE REPORT</p> <p><u>Clyde Update</u></p> <p>No exceptions to report.</p> <p><u>North Update</u></p> <p>Ward 17 & 31 had 2 device associated SABs. 4 weekly PVC/CVC audits were carried out to monitor compliance and identify and issues. The last 3 weeks have seen 100% compliance within the two wards.</p> <p>Ward 63 have had 3 device related SABs 2 of which were avoidable over the last 4 weeks. The IPCT are meeting up with ward staff to see if this can be improved and will continue to support them regarding this.</p> <p>2 HAI cases of CRO pseudomonas in ITU West. Typing has come back the same. One of the patients has since been discharged and the other remains an inpatient within the ward.</p> <p><u>South Update</u></p> <p>Continued flooding in Out Patient Department. IPCT are working with facilities at looking at flushable friendly hand towels and stickers have been placed above every toilet asking members of public not to flush hand towels.</p> <p>Water backflow reported within 3 rooms (32, 33, 34) in Ward 4D from dialysis drain, shower drain and toilet. Estates notified and issue has been rectified. IPCT has reviewed all dialysis drains for signs of backflow.</p> <p>4 VRE cases reported in Ward 4C Haematology. 3 are blood cultures and the other is from a wound swab. 2 patients remain within ward, samples sent for typing. Recent hand hygiene score was 100%. The IPCT are carrying out enhanced supervision of the ward on a weekly basis.</p> <p>Morag Gardner raised her concerns regarding the chilled beams leaking/dripping within the QEUH. Due to recent temperature swings it could be condensation from the chilled beams. Estates have implemented a new algorithm regarding the chilled beams which should stop condensation dripping from the chilled beams when there has been quick changes in temperatures. Chilled beams were sampled on Wednesday/Thursday. Morag Gardner is to contact Alan Gallacher from estates regarding this.</p>	

Item**11 IPC SECTOR UPDATE REPORT**Paediatrics

Gent resistant E-Coli incident within NICU, RHC has now been closed due to no new cases.

M.Chelonae incident in Ward 6A, QEUH is now closed as no new cases since May.

Incident regarding increase of Serratia within NICU has been closed off with ongoing surveillance monitoring put in place with weekly screening.

Haemato-oncology Unit: To date there has been 11 cases of gram negative bacteraemia in 10 patients (1 patient had 2 separate episodes). 4 of these cases are Hospital Acquired Infections (HAI). The primary hypothesis for the increase in gram negative bacteraemia are the chilled beams either leaking or dripping condensation onto patients and their surroundings. The ward is currently closed to all new presenting patients who are being redirected to other health boards. Numerous control measures have been put in place regarding increase cleaning of the chilled beams, HEPA filters being installed into patient bathrooms and increase environmental cleaning. Providing no new cases are reported for 4 weeks the area will consider re-opening back up to new patients.

West & HSC Partnerships

Endoscopy decontamination unit has further positive water samples for AFB from the automated endoscope reprocessors and clinical hand wash basins within the unit. Low risk scopes continue to be processed via unit with bronoscopes, EBUS and ERCP scopes being reprocessed at an ERU on an alternative site. Further samples taken have been obtained and awaiting results. No impact on services.

12. Minute of the BICC

Erica Peters has asked for the MERs guidance to be updated as currently sitting as interim guidance on the IPCT homepage. It was agreed that this will be discussed at the next BICC.

13. CJD

Dr Kennedy informed the group that there has been one notification of an at risk CJD patient but upon further investigation no look back exercise was required.

The next CJD meeting is on Wednesday 25th September.

Item	Action
<p>14. AMT Report</p> <p>The Antimicrobial team carry out a point prevalence within every hospital once a year. To date the GRI, IRH and Gartnavel have been done with the remaining hospitals due by the end of the 2019.</p> <p>The results show</p> <p>32.8 % of inpatients were prescribed antibiotics 96.3% of patients had the indication for antibiotics recorded 90.6% of antibiotic choice was appropriate The median length for IV antibiotics therapy remains at 3 days Most IVOST occurs on a Monday</p> <p>The reason why most IVOST occurs on Monday is that Sunday/Monday is the busiest day for clinicians so IVOST antibiotics will be used more and then taper off on Tuesday/Wednesday as the patients would of received 24/48 hours of antibiotics.</p> <p>New national SAPG target on IV antibiotic use will be approved soon. Currently IV antibiotic use in GGC is higher than other health boards in Scotland. Comparing Q1 2019 GG&C and NHS Lothian, GG&C uses 1.7 times more IV antibiotics.</p>	
<p>15. Facilities Update</p> <p><u>Waste Management</u></p> <p>The board is still operating on a contingency basis with waste and the date for the contract to commence is now.</p> <p>Estates and facilities are still running the day long REHIS accredited course and have now trained circa 20 managers/staff. The Board has also gone to the market to appoint a Waste Manger who will manage the waste contracts and provide advice on all aspects of waste management.</p> <p><u>Ventilation</u></p> <p>A specialist sub group has been formed to look at the ventilation performance within the RHC PICU. This group consists of clinicians, Infection Control Team and estates including the ventilation authorising engineer. The commissioning report for PICU is non-compliant to the SHTM03-01 due to the limited amount of isolation rooms within that area (should be 50% of total beds). An options appraisal has been carried out and the group will agree the recommended option to allow a derogation to be signed off and agreed so that the unit can operate in its current set up. This will be shared with Health Facilities Scotland.</p> <p>A specialist ventilation steering group has been formed to look at the performance of ventilation systems in all Critical Care areas across NHSGG&C. The membership group consists of ICT, estates and clinical specialist from each area.</p>	

Item	Action
16. Water Group Update	<p>Further sampling for mycobacteria has been carried out across QEUH and Gartnavel General to find out how widespread the issue is with the results expected within 4-6 weeks. The enhanced Chlorine Dioxide action plan has been modified to include a stage 2A and 2B which will allow for the increase of Chlorine Dioxide levels from 0.5ppm to 0.7ppm and for this to be monitored for a period of time to review its impact on water results. The increase is within the W.H.O guidelines and has been approved by the Water Technical Group and Incident Management Team.</p> <p>The Water Technical Group continues to meet and support the QEUH. The Board also continue to have International Water Experts on retainer for advice as required.</p> <p>The removal of stand alone water coolers will commence once estates have surveyed all areas where these are situated to assess if a replacement plumbed in cooler can be provided. This will also be discussed at the Board Water Meeting being held tomorrow 3rd September.</p>
17. New Build Hospitals Update	<p>Ventilation for Ward 2A & 2B is going to market. The re-opening of the ward is due March/April 2020.</p>
18. Theatre Maintenance/Validation	<p>The last meeting was in July where the terms of reference for the group are currently being revised by Ann Traquir Smith as the group is currently becoming more local orientated.</p> <p>Gillian Mills will be attending and reporting on this for future reference.</p>
19. Decontamination Group	<p>The group has a new chairperson Dr Michael Murphy.</p> <p>A short life working group looking at respiratory equipment is being set up.</p>
20. AOCB	<p>Guidelines for Fans</p> <p>Could any comments regarding this guidance be sent back to Kate Hamilton by Monday 9th September. There was discussion regarding what is happening with the bladeless fans many of which have been bought with charity money.</p>

Item	Action
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20. SBAR Outcome of PVC Insertion Pack Trial

SBAR regarding the trial of the PVC insertion packs was disseminated to the group for comment. This will be taken to the SAB Steering group for approval.

Governance & Quality Assurance Framework

Any comments on this draft should be returned to Sandra Devine by 23rd September, before being taken to the BICC for final sign off.

CPE/MRSA Positive Screens for Discharged Patients

Lynn Pritchard asked who was responsible of informing patients that tested positive from an MRSA or CPE screen but were discharged before results were received. CPE and MRSA are the only two organisms where patients are tagged on Trakcare and remain tagged so anytime they are re-admitted they are informed of their positive status as some patients may not know. The GMC guidance says that if a doctor requests a screen then it is up to them to report back to their patient and cannot ask for their local GP to carry this out. It was agreed that a letter will be drafted up by the IPCT so it can be sent to all future patients affected.

IPCT

The next AICC is being held on Tuesday 12th November at 10:00 in the Boardroom, JB Russell House, Gartnavel Royal Hospital

Minutes of the Acute Infection Control Committee
 Meeting Room B, JB Russell House
 Gartnavel Royal Hospital
 Tuesday 14th January at 10:00

PRESENT

Dr Scott Davidson (Chair)	Deputy Medical Director Acute
Kate Hamilton	IPC Nurse Consultant
Sandra Devine	Acting Infection Control Manager
Gillian Mills	Lead IPC Nurse, North Sector
Lynn Pritchard	Lead IPC Nurse, South Sector
Karen McGugan	Lead Nurse, Imaging
Pamela Joannidis (left at 1130)	Acting Associate Nurse Director IPC
Elaine Burt	Chief Nurse Regional Sector
Patricia Friel	Lead Nurse Neonatal
Morag Gardner	Chief Nurse South Sector
Dr Aleks Marek	Infection Control Doctor
Jackie Wilson	Clinical Service Manager, Oral Health
Alison Edwardson	Senior IPC Nurse, West & Partnerships
Ann Kerr	Lead IPC Surveillance Nurse
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Prof Alistair Leonard	Clinical Lead Microbiology/Infection Control Doctor
Dr David McCarey	Lead Clinician North Sector
Gillian Bowskill	Lead IPC Nurse Paediatrics South Sector
Rosie Cherry	Head of Performance & Quality
Dr Iain Kennedy (left at 1040)	Public Health Consultant
Dr Linda Bagraade	Infection Control Doctor
Dr Erica Peters	Infectious Diseases Doctor

IN ATTENDANCE

Calum MacLeod (Minutes)

APOLOGIES

John Stuart	Jenn Rodgers	Donna McConnell
Kirsty McDaid	Dr Kalliopi Valyraki	

1.	Introductions & Apologies Received	Actions
	Dr Scott Davidson welcomed everyone to the meeting, introductions were made and apologies were received from the above mentioned.	
2.	Minutes of Previous Meeting	
	The minutes of the previous AICC meeting held on Tuesday 12 th November were approved with no amendments requested.	
	Update on Action Plan	
	Pamela has updated the IPC work plan to include the introduction of the PVC care plans and showing what improvements have been made.	
3.	National Infection Prevention & Control Manual	
	<p>Kate Hamilton informed the group regarding Appendix 11 which has been updated in relation to Best Practice – Aide Memoire for Optimal Patient Placement and Respiratory Protective equipment for infectious agents whilst patient is in hospital.</p> <ul style="list-style-type: none"> • Inclusion of bacteria with exception resistance directing to Appendix 13 • Inclusion of High Consequence Infectious disease (HCID) directing to Public Health England of HICD • Updates to VRE and VHF • Updates to footnotes 3, 5 and 7 regarding Aerosol Generating Procedures (AGP) <p>An inclusion within the National manual has requested that all Staph Aureus cases within high risk areas (with the recommendation for Cystic Fibrosis, Renal and Ortho patients) require to have a full referral by the Infection Prevention and Control Team (IPCT). The IPCT expect this would generate approximately 500 referrals a year and would have a significant impact on resources.</p> <p>Dr Linda Bagnade asked what the aim/outcome of this is. Sandra Devine thinks it is assumed that overall a reduction of cases could be obtained and create awareness in terms of reporting transparency for Staph Aureus. It was noted that Hospital Acquired Infections in relation to Staph aureus will likely rise with the introduction of this as all Staph aureus infections are currently not reported through the IPCT reporting system.</p> <p>Prof Leanord runs a research group that has sequenced all Staph aureus in the past 3 years and has only seen transmission of this organism out with outbreaks in the neonatal unit at the GRI and occasionally elsewhere. Over 1000 cases have been sequenced typed showing almost all cases are sporadic. It is unsure what intervention can be carried out regarding these cases.</p> <p>It was agreed that areas where this will be carried out are to be identified. Dr Marek will contact clinicians in other health boards and Sandra Devine will contact other health board Infection Control Managers to see what they plan in response to this.</p> <p>Sandra Devine will compile a response for the Scottish Government/HPS to see if a consensus can be met regarding how we plan to achieve this.</p>	S Devine

4.	Monthly & Sector Enhanced Surveillance of SABs	Action
	<p>In October 2019, 26 SAB cases were identified, 8 of which were HAI. 1 case was related to an IVAD. Regional reported zero SAB's for the month of October.</p> <p>In November 2019, 37 SAB cases were identified, 27 HCAI and 9 were IV access. Ward sweeps care plans were poor.</p> <p>Initial December report is showing 33 cases, 25 HCAI and 8 community. 5 are PVC related.</p> <p>Quarter 4, 2019 is looking to have in total 96 SAB infections, 76 which are Healthcare Acquired Infections.</p> <p>SBAR SAB exception Investigation Quarter 3, 2019</p> <p>This was compiled on the back of GG&C SAB SPC rate being 0.3% over the upper control limit of 22%. The report breaks down the 93 SABs reported in Quarter 3, 2019. The report highlighted that Intravenous Access Devices (IVAD) are accountable for 30% of the HCAI SABs while skin and soft tissue source accounts for a fifth of HCAI SABs.</p> <p>Local surveillance for Quarter 4, 2019 indicates there is a 26% reduction in case numbers from the previous quarter including SABs related to IVAD.</p> <p>Quarter epidemiology data on CDI, E-Coli Bacteraemia, SAB's & SSI with in Scotland was distributed to the group for information.</p>	
5.	SAB Steering Group	
	<p>Due to the recent SAB exception report showing that a fifth of all SAB's are skin and/or soft tissue sources the SAB steering group will discuss how they can target reducing these numbers.</p> <p>The use of chlorhexidine dressings in renal for the first 6 weeks (post line insertion) has demonstrated a 10% reduction in renal SABs in the last few years. A business case is currently being compiled to use these dressings in high risk areas. Karen McGugan informed the group that a gradual introduction of these dressings was started within the vascular access department on the 2nd December 2019. Teaching for staff has been rolled out for QEUH and Beatson, with teaching at the GRI about to start.</p> <p>It was agreed that we should document which areas and patient groups chlorhexidine dressings are being used currently, especially if this group has recommended them. The SAB steering Group are to further define if these should be used in high risk areas or for high risk patients as some areas across GG&C are classed as high risk areas in some hospitals but not in other i.e. Gastro at the GRI is classed as high risk whereas it isn't at the QEUH.</p>	SAB Steering Group

6.	Acute Clinical Governance IPC Reports	Action
	<p>A decision was made to suspend Out Patient audits due to winter business and carry out acute audits. A risk assessment was carried out for this where OPD audits will be picked up later in 2020.</p> <p>An email communication is being sent out on the 20th January 2020 to all Lead Nurses and Senior Charge Nurses to inform them of the new Acute & Mental Health audit tool being introduced on the 1st February 2020.</p>	
7.	Draft Policies for Approval	
	Nil to report	
8.	Bi – Monthly HAIRT Report	
	The HAIRT is not due until the end of February and is currently in the process of being completed. The old HAIRT (December 2019) was sent for information.	
9.	HEI/HAI	
	<p>The report regarding the recent QEUH visit is due for release on Wednesday 15th January where an action plan will be drawn up to deal with any recommendations and/or requirements.</p> <p>There is currently 2 separate corporate inspections being carried out around hospitals, one looks at general documentation being kept within wards while the other looks at Infection Control issues. Pamela Joannidis is meeting with Steven French from the Corporate Assurance team to co-ordinate dates of when these visits can occur and to agree what should be included within the audits when the visits occur.</p>	P Joannidis
10.	IPC Work Plan 2019/20	
	<p>Page 3 developing surveillance on skin and soft tissue SABs is ongoing. The strategy regarding the new IPCAT tool has been proposed and approved.</p> <p>Pamela Joannidis tabled the report to procurement regarding the PVC insertion packs. They have requested a cost against buying each item individually. This has already be carried out and will be re-submitted to procurement.</p>	
11.	IPC Sector Update Report	
	<p>Clyde Sector – Linda Bagnade updated on the incident regarding the 2 patients colonised with pseudomonas in the Neonatal unit, RAH. Water outlets within the unit were tested where one came back positive for pseudomonas. The 2 patients were related by typing results but not by time or place. The incident has since been closed but ongoing work regarding the water outlets within the unit is ongoing with a possible re-think of the layout of the ward.</p>	

11.	IPC Sector Update Report	Action
	<p>North Sector – Ward 30 in GRI had 3 cases of VRE associated with MSSU, 2 of which had the same typing results. Hand Hygiene audit was carried out where it scored 75% for compliance and 75% for opportunities. Terminal clean carried out in ward.</p> <p>Ward 8 at the GRI has had an increase of HAI SABs related to PVCs. The IPCT have initiated PVC audit checks which will be carried out for the next 4 weeks to identify any areas that require improvement.</p> <p>Ward 2, GRI was closed due to 5 cases of influenza A. 1 patient died on 5th January with Influenza A recorded on Part 1a on their death certificate. This was discussed with the Procurator Fiscal and HPS.</p> <p>Ward 27, GRI is currently closed with 6 confirmed cases of Norovirus. Ward will hopefully be re-opened tomorrow 15th January after terminal clean.</p> <p>South Sector – Ongoing IMT regarding increase in Spinal Surgical Site Infections (SSI). No further cases have been identified during December. Next IMT Is being held on Friday 17th January to close this off as all surveillance has been completed for December. A Hot de-brief report will be completed regarding this.</p> <p>Ward 65 closed due to ongoing estates work is now reopen.</p> <p>Modular building for Minor Injuries has opened. No major issues have been reported regarding the opening of the unit.</p> <p>CDI trigger in Ward 53 was commenced on January due to 2 patients contracting CDI within 10 days of each other. Both patients have since died, typing came back as different. Issues with hand hygiene and SICPs were identified so training has been organised for staff. Awaiting completion of antimicrobial report to finalise this trigger tool.</p> <p>South Paediatrics – Ward 1D (PICU) IMT held regarding Gram Negative Bacteraemia on 17th December and 30th of December both scored a HIIAT of green. Last new GNB case from a blood culture or BAL was on the 23rd December 2019.</p> <p>2 HAI Group A Strep in SCUBU. An IMT was held on 20th December 2019 which was HIIAT at green. To date no further cases have been reported. Specimens have been sent away for further sequence typing.</p> <p>3 HAI Serratia marcescens cases within NICU during December. IMT held on 27th December 2019 where is was scored a HIIAT green. All taps within NICU have been replaced and ongoing action plan is currently being worked on.</p> <p>West & HSC Partnerships - Ward B4 at the Beatson is having flooring replaced and wall repaired due to water damage.</p>	

12.	Minutes of the Board Infection Control Committee	Action
	<p>Minutes were disseminated to the group with no questions. The next BICC is being held on Monday 20th January.</p> <p>Discussion regarding the timing of the all the committees (AICC, PICSG & BICC) being synchronised was queried with the possibility of changing the dates so that they better scheduled.</p>	S Devine
13.	CJD Subgroup	
	<p>Nil to report. Next meeting is being held on Tuesday 4th February.</p>	
14.	Anti-Microbial Report	
	<p>Ysobel Gourlay gave a verbal update on the recent antimicrobial report carried out in November due to a CDI trigger being reached (2 patients) in Ward 11B, QEUH during October.</p> <p>Patient 1 had peg tube in treated with wrong dose of vancomycin 125mg instead of 500mg guideline. The dose was amended when the when the ward pharmacist pointed this out. Numerous days when the severity score for the patient was not carried out. 2 doses of vancomycin were not signed for so may have been missed.</p> <p>Patient 2 had no severity scores recorded daily in the clinical notes.</p> <p>Antibiotic use within the ward was higher than the GG&C average.</p> <p>Ysobel Gourlay informed the group that a 10% reduction of antibiotic use within primary case is expected by 2022 using the 2015/16 baseline of antibiotic use. GG&C from April till October 2019 had a 14% reduction in primary care. Another reduction request is for IV antibiotic use should be no higher in 2022 than it is in 2018. In 2018 baseline for GG&C was 1.37 Daily Defined Doses, we are less than that for last year. Just at 0.1% below the target.</p> <p>Use of WHO antibiotics guideline target is 60% or more for antibiotics should be WHO recommended. At GGC we are currently at 61% but this differs slightly from HPS data. Ysobel Gourlay will submit these figures on a regular basis to be included in the HAIRT.</p> <p>The use of antibiotics over weekends needs to be improved as this leads to unintended consequences with the discharging of patients. It was suggested that some Quality Improvement work could be carried out in relation to this.</p>	

15. Facilities Update	Action
<p>Provision of Domestic services within the Langlands building is currently being audited due to concerns regarding the cleaning standards. Recent cleaning compliance scores for November and December achieved their target of over 90%. Facilities continue to carry out external audits regarding the cleaning of the building. There is discussion that since a change on contractual responsibilities resulting in Serco taking over from Carrillion it has been suggested that there are extra assets/areas that require cleaning since the original contract was compiled. This is currently being investigated by facilities.</p> <p>During the recent HAI visit to QEUH in November the inspectors requested a programme of planned improvements in relation to the Institute building. This was given to the inspectors and a named estates manger is now in charge of all estates queries from staff regarding the building. Also highlighted were the environment scores in areas did not reflect the findings the Inspectorate team found. This has been addressed with re-training around domestic cleaning and revalidation. An independent member of staff will also carry out checks so that domestic cleaning scores can be compared.</p> <p>The clinical waste contract was to start yesterday but did not and will not start again for some time. In the meantime GG&C are to adhere to contingency plans for the foreseeable future.</p>	
16. Water Group Update	
Next meeting is on the 11 th February 2020.	
17. New Build Hospitals Update	
Minutes from the last meeting held on 10 th December 2019 are currently being written up and will be submitted to the BICC.	
18. Theatre Maintenance/Validation Update	
Next meeting on 23 rd January where discussion about theatre canopy cleaning and the ongoing issue with staff eating/drinking within the theatre environment will be discussed.	
19. Decontamination Subgroup	
<p>Current incident in relation to identification of AFB in rinse water samples obtained from automated endoscope reprocessors (AER) and clinical hand wash basins within Gartnavel's endoscopy decontamination unit. Since 4th October 2019 all 4 AER are non-operational with scopes being reprocessed at the QEUH. The machines are being stripped down and decontaminated. The equipment is relatively old so the current replacement programme for these machines may be changed so these machines may be condemned and new ones procured.</p> <p>Contingency plan is still in progress with all scopes being decontaminated at the QEUH. No appointments have been cancelled due to this.</p> <p>Next meeting is being held on Wednesday 5th February.</p>	

20.	AOCB - CNO letter regarding antimicrobial and HCAI compliance	Action
	<p>IPCT have compiled and issued a template for all the policy requirements noted in this CNO letter. Mandatory surveillance of Surgical Site Infections is led by the service leads. Every element has been broken down and sent out with names against each of them to complete.</p> <p>Sandra Devine will email Calum MacLeod to expand on this section outlining what actions have been carried out to meet this compliance.</p>	S Devine
	AOCB - Ventilation SOP	
	<p>Part 1 was on the ventilated rooms in the RHC using this pathway for haem-onc patients. Part 2 will be for adult ventilated rooms which the IPCT are currently awaiting on estates to confirm.</p> <p>Dr Erica Peters has requested that this document should contain a clear list of all rooms which are available for negative pressure and if these rooms are not available is there a list of other rooms which can be used? There are currently 2 rooms which are available within QEUH. This document will be updated to contain this information and sent back out.</p>	K Hamilton
	IPCG	
	<p>This group describes the IPC work throughout the board and how it reports/relates to issues through the board. Dr Marek and Dr Bagraade are to give short examples at the next meeting of this group to show what work is involved regarding certain scenarios.</p>	
	HPS Briefing Note - Cluster of pneumonia, Wuhan City	
	<p>Dr Kennedy spoke about the cluster of people (59 cases) within Wuhan City, China who have pneumonia of unknown aetiology. Dr Kennedy spoke to HPS yesterday who confirmed the last onset date within China was 2nd January 2020. There has been another case reported in Thailand on the 5th January. There has been no recorded human to human contact cases. The risk to people within the UK who have travelled to Wuhan City is considered to be low. Any patients who present with pneumonia and have travelled to China in the 14 days prior to onset symptoms should follow the MERs patient pathway & guidance. Any cases should be reported to HPS and Public Health.</p>	
	AOCB	
	<p>Prof Leanord has asked Health Protection Scotland & the Scottish Government for some central guidance on sampling drains and when it is to be carried out. Currently awaiting reply.</p>	A Leanord

**Minutes of the Acute Infection Control Committee
Videoconference
Tuesday 4th August at 10:00**

PRESENT

Dr Scott Davidson (Chair)	Deputy Medical Director Acute
Morag Gardner	Chief Nurse South Sector
Rosie Cherry	Head of Performance & Quality
Pamela Joannidis	Acting Associate Nurse Director IPC
Gillian Bowskill	Lead IPC Nurse Paediatrics South Sector
Jackie Barmanroy	Senior IPC Nurse South Sector
Jennifer Rodgers	Chief Nurse Paediatrics & Neonates
Ann Kerr	Lead IPC Surveillance Nurse
Angela O'Neill	Deputy Director of Nursing
Sandra Devine	Acting Infection Control & Prevention Manager
Karen McGugan	Lead Nurse, Imaging (Representing Regional)
Gillian Mills	Lead IPC Nurse, North Sector
Donna McConnell	Lead IPC Nurse, Clyde Sector
John Stuart	Chief Nurse, North Sector
Dr Alek's Marek	Infection Control Doctor
Prof Alistair Leanord	Clinical Lead Microbiology/Infection Control Doctor
Dr Erica Peters	Infectious Diseases Doctor
Dr David McCarey	Lead Clinician North Sector
Kate Hamilton	Acting IPC Nurse Consultant
Ysobel Gourlay	Lead Antimicrobial Pharmacist

IN ATTENDANCE

Calum MacLeod (Minutes)

APOLOGIES

Lynn Pritchard	Elaine Burt	Dr Linda Bagnade
Prof Angela Wallace	Jackie Wilson	Gerry Cox

21.	Introductions & Apologies Received	Actions
	Dr Scott Davidson welcomed everyone to the meeting, introductions were made and apologies were received from the above mentioned.	
22.	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on Tuesday 14th January were approved as an accurate record of the meeting with no changes requested.</p> <p>There has been no AICC meetings held since January 2020 due to the response of the COVID-19 pandemic.</p>	
22A.	Update on Action Plan	
	<p>Dr Alek's Marek informed the group that implementing some surveillance with SPC charts could be undertaken in relation to the Scottish Governments request to investigate all Staph aureus cases within high risk areas. Dr Alek's Marek will email Sandra Devine on how this will be possible and this action is now complete.</p> <p>Chlorhexidine dressings if used in high risk areas or just for high risk patients was to be discussed at the SAB steering group but due to COVID-19 it has not met. The group is currently looking for a chairperson. Dr Scott Davidson and Sandra Devine will take this forward to allow the group to recommence.</p> <p>Sandra Devine has compiled a response to the CNO letter in relation to antimicrobial and HCAI compliance. This response was sent to the government as well as the care governance group.</p> <p>Ventilation SOP including list of rooms that would be appropriate to use if negative pressure rooms were unavailable is complete and uploaded onto the IPCT website.</p> <p>Prof Leanord is currently awaiting response regarding guidance on sampling drains.</p>	<p>S Davidson S Devine</p> <p>A Leanord</p>
23.	National Infection Prevention & Control Manual	
	<p>Kate Hamilton informed the group that the Aerosol Generating Procedure list agreed from SBAR in May 2020 is now in Appendix 11.</p> <p>A literature review on hand hygiene has also been updated but has no implications on practice.</p>	

24.	Surveillance Update	Actions
	<p>Surveillance was paused nationally to assist with the COVID-19 response but this continued locally and was managed through the local Infection Control systems. They adapted the light surveillance methodology for SAB and E.coli bacteraemia to determine the origin of the bacteraemia.</p> <p>There has been a high number of IV access device related SABs as well as urinary catheter associated E-Coli bacteraemia. Kate Hamilton is going to have these included into the IPCT work plan.</p> <p>Ann Kerr updated on the following</p> <ul style="list-style-type: none"> • In May 2020, 31 SAB cases were identified, 19 of which were HAI. Of these 19 HAI cases 8 were IV access device related. • In June 2020, 31 SAB cases were identified, 17 of which were HAI. Of these 17 HAI cases 9 were IV access device related. • Spinal SSI in the institute of neurosciences ongoing issue where there have been 3 SSI cases for May and 6 SSI cases for June but no further cases. IMTs held and investigations are ongoing. <p>Ann Kerr issued the SAB reports for Quarter 2 yesterday. In the report South and Clyde HAI IV access cases are in the 20% range but for North Glasgow this over 50%. Dr Marek stated that the local SAB group are looking into this for the North sector.</p> <p>Dr Davidson said hospital occupancy has decreased which means the number of in-patients is much lower due to COVID-19 restrictions regarding planned procedures. Dr Davidson will send out a core brief in time for the new doctors starting. Ysobel Gourlay requested that antibiotic use for GG&C should be included in this briefing.</p>	<p>K Hamilton</p>
25.	<p>SAB Steering Group</p> <p>It was suggested to widen the scope of the SAB steering group to include ECB devices and IV antibiotic use. Group has not met as currently looking for a new chairperson. Sandra Devine & Dr Davidson are to meet up to see how this group can be taken forward post COVID-19.</p> <p>Sandra Devine was happy to expand the group and is meeting with Andy Crawford to go over quality improvements.</p> <p>Having device champions similar to the old hand hygiene champions was discussed but Pamela Joannidis cautioned this as it could spill into the community with relation to urinary catheter care.</p>	<p>S Devine S Davidson</p>
26.	<p>Acute Clinical Governance IPC Reports</p>	
	<p>Sandra Devine highlighted the change in the audit programme which was paused due to COVID-19 and has now restarted. This programme will be reviewed and evaluated in 6 months.</p>	

27.	Draft Policies for Approval	Actions
	<p>Kate Hamilton reported on the following SOPs</p> <ul style="list-style-type: none"> • Twice daily cleaning SOP has updated wording and guidance throughout the procedure section on page 3. The aftercare section has been removed. • No key changes in the Mumps SOP • Measles SOP updated wording within the General Information section. Dr Erica Peters requested change in wording in relation to patient accommodation on Page 7. She requested it should state that patients should always be put into a negative pressure room and if unable then a risk assessment should be undertaken. • Rubella SOP key changes updated on aide memoire that aligns itself with national guidance. <p>If anyone has any further comments/questions regarding these SOPs can you please contact Kate Hamilton by the end of this week so that these can be signed off at the Board Infection Control Committee being held next week.</p>	
28.	<p>Bi – Monthly HAIRT Report</p> <p>A copy of the HAIRT report for May was distributed with the papers. Sandra Devine advised that another HAIRT is in draft at the moment which will include updated targets for SAB CDI and ECB monitoring. All of these are within control limits and on trajectory. Currently PICU in RHC is on a national reporting framework which it is hoped will be removed soon.</p> <p>Previously the ECB targets were reported in 3 different ways but Ann Kerr was asked to take off the local 2 month trajectory so this is now reported in 2 ways.</p> <p>Rosie Cherry informed Sandra Devine that estates audits compliance it doesn't trigger a re-audit that is why we have started creating papers for ICBEG as it is not the same as the domestic audit.</p>	
29.	<p>HEI/HAI</p>	
	<p>Pamela Joannidis informed the group that HEI have started their inspections post COVID-19. They have provided us with the audit tool they are going to use which has been shared with the clinical teams. The IPC have provided answers to the HEI which was re-circulated to AICC members during the meeting.</p> <p>Pamela Joannidis & Rosie Cherry are going to meet up tomorrow to discuss the reintroduction of un-announced corporate inspections that will involve facilities, IPCT and clinical teams. They are looking to fulfil 6 dates within the next 6 months.</p>	

30.	IPC Work Plan 2019/20	Actions
	<p>A copy of the IPC work plan that was approved at the beginning of the year was issued with the agenda. Pamela Joannidis updated on the following</p> <ul style="list-style-type: none"> • Public inquiry into the QEUH/RHC started on the 3rd August 2020. No request for information has been received yet. Lord Brodie has been appointed as the independent review chair of this inquiry. • Inputting and implementing new COVID-19 guidance. Currently awaiting final version of document from HPS. • IPC audit review of the new 2020 audit will take place after 6 months. Angela Wallace has requested this IPCAT review involves an element of improvement regarding re-audits. The Chief Nurses and staff are to give feedback regarding this process. <p>Dr Davidson requested to rename the QEUH SMT to the South Sector SMT.</p>	
31.	IPC Sector Update Report	
	<p>Clyde Sector – Donna McConnell updated the group</p> <p>Stenotrophomonas maltophilia incident in ITU, RAH was closed on 30th June 2020. 6 confirmed patients all samples sent for typing. 3 were linked, 2 unique and 1 sample was discarded due to timeframe. Probable cause is increase in PPE in relation to COVID-19. Water samples were positive but are now negative - water not linked to isolates from the patients. Water sampling continues until 13th of August.</p> <p>Pseudomonas aeruginosa - ITU1 patient and water sample typing results were different.</p> <p>North Sector – Gillian Mills updated the group</p> <p>3 cases of CDI (2 x HAI, 1 x HCAI) within a 4 day period in Ward 20/21. Recent audit score was 87%, 2 IMTs have been held and education is ongoing. Awaiting typing results.</p> <p>Ward 8 had 2 HAI SABs attributed to PICC lines within in a 2 week period. 4 weeks of enhanced precautions was undertaken. Dr David McCarey informed the group that all PICC lines are inserted within the vascular access service. This service has been dealing with very difficult challenges during the COVID-19 pandemic with regards to shielding patients</p>	

31.	IPC Sector Update Report	Actions
	<p>South Sector – Jackie Barmanroy updated the group</p> <p>IPCT continues to monitoring Critical Care after 4 cases of Enterobacter aerogenes. All 4 isolates sent for typing returned the same. IPCT will continue surveillance via ICNet for a further 6 months for any new cases.</p> <p>Vascular and Urology on the 11th floor within the QEUH, two patient's isolated Burkholderia stabilis from blood cultures. No more cases to report. Alcohol gel, gloves and aprons were all tested on request from microbiology with no positive results.</p> <p>Spinal Surgical Site Infections - 9 patients identified in May/June. Only 3 isolates were sent for typing which all came back different. IPCT continue to monitor cases. Education regarding wound bundles ongoing. Pre op decolonisation is also being introduced prior to surgery. Dr Davidson said this is the second spike of Spinal SSI within a year and asked if there was any external learning we need to do? Prof Leanord informed Dr Davidson that the research group has looked at sequencing Staph MSSA and MRSA throughout Scotland. Almost all specimens are uniformly sporadic with very little transmission. The research group are going to investigate if these are endogenous infections with Spinal Surgical patients undertaking pre and post swab isolates to see if there is a link between these infections.</p> <p>South Paediatrics – Gillian Bowskill updated the group</p> <p>1 haematology patient from Ward 6A, QEUH, isolated Cryptococcus from blood plasma. CRAG lateral flow +ve NEAT serum. Pan fungal PCR negative. CSF has no positive microbiology. It was confirmed from the UK mycology reference lab that CRAG lateral flow for the CSF received was negative. Plant rooms inspected by microbiologist found no issues. Possible reasons behind the +ve specimen was an early clinical infection that has been resolved with antifungals or a false positive result in a case with no clinical indicators of Cryptococcus infection. Patient has since been discharged on 5th July, well and on antibiotics.</p> <p>PAG held on 9th July due to mixed Gram negative organisms within NICU/SCBU. Wards had enhanced precautions put in place. 3 patients transferred to SCBU at the RAH had Enterobacter cloacae. Meeting on Thursday to discuss. Hand Hygiene audits in NICU and SCBU both 100%. 2 PAGs for NICU and SCBU all typing is unique.</p> <p>West & HSC Partnerships – Kate Hamilton updated the group on a sewage leak within nuclear medicine which is being dealt which by facilities/estates.</p> <p>A de-brief outlining the increase of gram negatives across ITU associated with the use of PPE regarding the donning/doffing as it can take up to 6 people to prone a patient. This issue is reflected nationally.</p>	

32.	Hot de-briefs	Actions
	<p>CDI Trigger at Beatson – 2 cases of CDI which triggered the HPS CDI trigger on 8th June till the 15th June. Isolate typing were different with neither patient being a severe case. No severity markers were recorded on the patient's notes. Pharmacy identified some antimicrobial issues regarding patients who are have enteral feeding tubes due to neck cancer so have carried out some training for staff.</p> <p>Ortho SSI, GRI – 6 cases of total hip replacement operations at the GRI had developed either surgical site infection (4) or colonisation (2). One of the cases was subsequently removed from consideration as not meeting HPS case definition. All 5 MSSA isolates returned as different SPA types. The collaborate work from the Clinical Lead and Paul Jenkins was a great example of cross team working during this incident. Ortho guidance was updated which was signed off at clinical governance.</p> <p>MSSA in NICU/SCBU, PRM – 14 confirmed and one possible case of Ciprofloxacin/gentamicin resistant Staph aureus in the PRM 2019. All cases were identified as spa type t1164. Numerous environmental samples taken within NICU/SCBU but no source was identified. This hot debrief will be re-issued as some additional information is still to be added.</p> <p>Every hot debrief is now required to have a 6 month review to ensure any lessons learned have been put in place either locally or as an organisation. The two hot debriefs which were distributed to the group were the Group B Strep SCBU, RHC and the CDI Ward 53, QEUH. The group confirmed that the two hot de-briefs did not have implications board wide and local education had been actioned.</p>	
33.	BICC Update	
	<p>BICC was the first committee to meet post COVID-19 where it follows a similar agenda to the AICC. All previous SOPs went through BICC apart from the staff screening where we are awaiting feedback from medical and union representatives before being approved.</p>	
34.	Anti-Microbial Report	
	<p>Ysobel Gourlay provided an update on the Anti-Microbial report</p> <p>A big reduction in the number of patients admitted to hospital for Quarter 2 2020 which affected antibiotic use, which meant we met the target.</p> <ul style="list-style-type: none"> • For primary care a 10% reduction of antibiotic use was met. • Target use of intravenous antibiotics in secondary care will be no higher in 2022 than it was in 2018 is on target. • Use of WHO Access antibiotics being greater than 60% by 2022 is on target. <p>Antimicrobial point prevalence data from 3 hospitals (GGH/IRH/GRI) regarding length of IV antibiotic therapy is decreasing. This is encouraging but data from only three hospitals has been collated.</p> <p>An email relating to updated infection management policy for new junior doctors will be sent out throughout all sectors.</p>	

35.	Anti-Microbial Report	Actions
	<p>Ann Kerr informed everyone that the Infection Control Data Team are issuing CDI awareness letters to GPs which hopefully is having an effect on partnerships.</p> <p>With regard to the GRI utilisation audit results Ysobel Gourlay sent these onto John Stuart and Colin Mackay during the meeting.</p>	
36.	Facilities Update	
	<p>An annual painting program has been initiated at the QEUH and GRI currently to address domestic monitoring tool painting request. A further role out to the other sites across GG&C is currently being drafted with a view to start over the next 2 months.</p> <p>Works have recommenced on Ward 2A, RHC however there have been various change controls requested which is impacting on the cost and the programme is currently under review. Estates liaise with local IPC team regularly where a report is produced every month regarding this project.</p> <p>Wards within the Institute building, QEUH are undergoing numerous refurbishments.</p> <p>A paper has been drawn up outlining facilities arrangements in preparation for HIS recommencing un-announced audits. The paper sets out the detail of actions taken by Senior Facilities Management to demonstrate measures taken to provide clean safe environments for patient care with appropriately informed and trained staff.</p> <p>Rosie Cherry has met with PFI Lead manager regarding domestic issues within the Langland's building QEUH. There has been a good improvement with domestic monitoring scores remaining above 90%.</p> <p>In relation to HEI inspections questions/answer sets have been prepared and dedicated sessions will be carried out for domestic staff.</p>	
37.	Water Group Update	
	<p>Sampling of hot and cold water system at the RAH periodically indicates the presence of legionella and other water borne organisms. A supplemental dosing system would provide additional control and minimise growth in areas where sampling has detected loss of control. Chlorine dioxide has been the recommended disinfectant at other healthcare premises in NHS GG&C recently and proved to be successful. For this reason instruction was given during 2019 to have a Chlorine Dioxide dosing plant installed at 3 locations within the RAH site - Main Ward Block/Maternity/Care of the Elderly Wards. Installation of the plants serving Main Ward Block and Maternity is currently 95% complete. Both units remain inactive until full commissioning procedures are complete. Installation of monitoring stations, connection/commissioning of all plants including agreeing sampling locations and maintenance is ongoing.</p> <p>The plant serving Care of the Elderly, RAH could not be sited in an appropriate location where it could be accessed safely and recharged with chemicals without sufficiently mitigating the COSHH risk. This part of the installation has been suspended.</p>	

37.	Water Group Update	Actions
	<p>During routine water sampling in Ward 6A QEUH, a number of out of specs for other bacteria were found. Isolates were detected within water from some taps and shower filters on Ward 6A, however on re-sampling these were found to be clear. It is suspected to be retrograde contamination. Due to these positive results, outlets were re-flushed as part of the agreed protocol and after discussion with microbiology it was agreed that the filters did not require changing.</p> <p>Water samples from PICU & Ward 1A, RHC returned an out of spec for total viable counts at 37 for room 20 PICU. However on re-sampling these were found to be clear. These are suspected to be retrograde contamination, potentially due to lack of flushing.</p>	
38.	CJD Group Update	
	Group hasn't met up but new meeting date will be arranged in the near future.	
39.	Theatre Maintenance/Validation Update	
	<p>Gillian Mills gave an update on a re-design of Theatre 5 in the IRH with regards to installing laminar flow. The final decision regarding this is being made at board level. The North theatre ventilation programme is back in progress.</p> <p>Sandra Devine met with Gerry Cox and they are going to rename this the ventilation group. It will still look at theatre ventilation and maintenance but will also incorporate when validation is required and any ventilation works that are scheduled. A summary report on critical ventilation on all critical areas will be produced from now on.</p>	
40.	Decontamination Subgroup	
	Group has not met up but gave advice throughout COVID-19 with regards to decontamination of equipment queries.	
41.	AOCB – COVID-19	
	<p>For noting - big issue in terms of onset rates of 8.4 where the Scottish average is 5.8. Sandra has compiled a SBAR regarding some the challenges GG&C have met. New IPC 4 nations guidance is due to be issued titled Remobilisation of Services is going to take us off the current sustained transmission guidance. The new guidance advises if we have one COVID-19 patient in a green ward then every patient within the ward requires to be screened. If two patients contract COVID-19 within a green ward then the ward will close for 2 weeks</p> <p>Dr Davidson thanked everyone for their efforts during this COVID-19 pandemic and he continues to be highly impressed by everyone's efforts and response to this.</p>	
	AOCB – Outbreak & Incident Management Plan	
	This is a public health document that Dr Iain Kennedy requested any comments be sent back to himself.	

	AOCB – Ward 2A, RHC Report	
	This report was pulled together from numerous people to go through governance and is looking for any comments/suggestions by the end of the week so it can be finalised. If everyone is content with the document it will be finalised and sent back out.	
	AOCB	
	Sandra Devine informed the group that some Lead IPC nurses are being pulled in to carry out nursing home reviews which is causing a strain on resources.	
	Next AICC is being held on Wednesday 30th September at 10am	

**Minutes of the Acute Infection Control Committee
Videoconference
Wednesday 30th September at 10:00**

PRESENT

Sandra Devine (Chair)	Acting Infection Prevention & Control Manager
Dr Scott Davidson	Deputy Medical Director Acute
Morag Busby	Lead Nurse Orthopaedics South Sector
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Prof Alistair Leanord	Clinical Lead Microbiology/Infection Control Doctor
Dr Linda Bagraade	Infection Control Doctor
Gillian Mills	Lead Infection Control Nurse North Sector
Christina McKay	Chief Nurse Clyde Sector
Elaine Burt	Chief Nurse Regional Sector
Jackie Wilson	Clinical Service Manager, Dental Hospital
Karen McGugan	Lead Nurse Imaging
Patricia Friel	Lead Nurse Neonatology
John Stuart	Chief Nurse North Sector
Ann Kerr	Lead IPC Surveillance Nurse
Pamela Joannidis	Acting Associate Nurse Director IPC
Angela O'Neill	Deputy Director of Nursing
Dr Mairi Macleod	Infection Control Doctor
Kate Hamilton	IPC Nurse Consultant
Dr Iain Kennedy	Public Health Consultant
Donna McConnell	Lead IPC Nurse Clyde Sector
Lynn Pritchard	Lead IPC Nurse South Sector
Dr Erica Peters	Infectious Diseases Doctor
Dr Aleks Marek	Infection Control Doctor

IN ATTENDANCE

Calum MacLeod (Minutes)

APOLOGIES

Rosie Cherry	Dr David McCarey	Morag Gardner	Dr Padmaja Polubothu
Lorna Loudon	Jenn Rodgers	Mark Riddell	

42	Introductions & Apologies Received	ACTIONS
	<p>Sandra Devine welcomed everyone to the meeting, introductions were made and apologies were received from the above mentioned.</p>	
43	Minutes of Previous Meeting	
	<p>The minutes of the previous AICC meeting held on Tuesday 4th August were approved with the following changes requested –</p> <p>Kate Hamilton and Ysobel Gourlay will be added to the attendance list.</p> <p>Page 7, Item 34, last 2 paragraphs should read</p> <p><i>Antimicrobial point prevalence data from 3 hospitals (GGH/IRH/GRI) regarding length of IV antibiotic therapy is decreasing. This is encouraging but data from only three hospitals has been collated.</i></p> <p><i>An email relating to updated infection management policy for new junior doctors will be sent out throughout all sectors.</i></p> <p>Please see rolling action plan for update on outstanding actions.</p>	
44	National Infection Prevention & Control Manual	
	<p>Kate Hamilton informed the group of the following updates</p> <p>Section 1.2 Hand Hygiene has been updated following a literature review. These updates include advice in relation to religious bracelets/bangles. Skin care in relation to using warm water and the drying of hands has also been updated.</p> <p>Section 2.4 regarding FFP3 masks must be single use, fluid resistant and fit tested by competent fit test operator to ensure an adequate seal/fit.</p> <p>Update to appendix 11 regarding optimal placement whilst patient is considered infectious and until resolution of symptoms.</p>	

45	Surveillance Update	ACTIONS
	<p>HCAI</p> <p>Ann Kerr gave a summary in relation to the reduction target for healthcare associated cases of Clostridium difficile (CDI), E.coli bacteraemia & Staph.aureus bacteraemia.</p> <p>For CDI the 10% reduction aim for NHSGGC is to achieve a rate of 17.1 cases or less per 100,000 occupied bed days. We are below aim for the last published rolling year (April 2019- March 2020) with a rate of 15.8.</p> <p>For E.coli bacteraemia the 25% reduction aim for NHSGGC is to achieve a rate of 28.6 cases or less per 100,000 occupied bed days. We are above aim for the last published rolling year (April 2019- March 2020) with a rate of 36.3, however below the national rate.</p> <p>For S.aureus bacteraemia the 10% reduction aim for NHSGGC is to achieve a rate of 17.4 cases or less per 100,000 occupied bed days. We are slightly above aim for the last published rolling year (April 2019- March 2020) with a rate of 19.1.</p> <p>July – August SAB & E.coli Bacteraemia Surveillance</p> <p>Predominately IV access related SABs are being reported. IPC are confident all insertion process around PICC lines/CVC is optimal. Possible falling down on day to day care/maintenance of these devices.</p> <p>All lines are inserted by the Vascular Access Team where a biopatch is placed at that point in time for up to 7 days. This was started in December 2019 and rolled out across the board. Karen McGugan is meeting with John Carson regarding a few “Hot Spots”.</p> <p>Neuro SSI</p> <p>Increase incidence with 12 cases identified from May to July. 7 of these cases were staph aureus with typing returned all unique. Hypothesis for the increase is SSI is the patient’s own flora. Patients are undergoing pre-operative Chlorhexidine washes as well as being screened for MSSA before surgery. Prof Leanord requested any pre op staph aureus and post op staphs are to be sent to the reference lab at the GRI who will sequence them to see if there is commonality.</p> <p>OMFS SSI Surveillance</p> <p>Decrease in the 2019 antibiotic along with compliance of antimicrobial use is to be incorporated into the report.</p>	

45	Surveillance Update	ACTIONS
	<p>Large Bowel SSI Surveillance</p> <p>Ysobel Gourlay raised the lack of compliance following prophylaxis for large bowel surgery. It is happening all over GG&C with surgeons saying they are not following the recommendations on the guidelines for surgical prophylaxis. These guidelines are written in conjunction with general surgeons and antimicrobial pharmacists. The current policy does not apply to all bowel procedures only for bowel prep. Ysobel Gourlay will take this forward and ask what the surgeons want in relation to changing their procedure.</p> <p>Major vascular SSI Surveillance</p> <p>1 SSI was reported in July, SPC chart is within control limits for this month.</p> <p>C-Section SSI Surveillance</p> <p>For July, 5 SSI to day 10 post-operative and 1 SSI detected on readmission to a GGC hospital within 30 days of surgery.</p> <p>Ortho SSI Surveillance</p> <p>No SSI were reported during the 30 day surveillance in July 2020 or the 90 day surveillance undertaken in May 2020.</p> <p>COVID – 19 Surveillance Reporting</p> <p>The reporting of daily COVID-19 figures will have a slightly different approach as it will include patients who have had COVID-19 in the past including the patients first positive test. The IPC Data Team will have access to ECOSS system (HPS reporting system) that includes not just hospital tests but also tests from out with hospital settings. If the patient does have a positive GGC sample they will be included in the daily figures. Only currently looking at acute hospital settings but also keeping an eye on mental health wards.</p>	Y Gourlay
46	SAB Steering Group	
	<p>New chairperson for the SAB steering group has been appointed as Dr Ram Kasthuri.</p> <p>Sandra Devine will circulate the membership of this group once a meeting date has been agreed. Any additional nominations for this group would be welcome</p>	S Devine
47	Acute Clinical Governance IPC Reports	
	<p>Report highlighted that IPC audits have recommenced from 1st June but unsure how long this will continue due to increasing COVID-19 numbers. Next Clinical Governance meeting is next week.</p>	

48	Draft Policies for Approval	ACTIONS
	<p>Kate Hamilton reported on the following SOPs</p> <ul style="list-style-type: none"> • Loose stools SOP • Norovirus SOP • Whooping Cough SOP – CDC isolation guidance updated <p>Dr Iain Kennedy was happy with the changes he requested for the whooping cough SOP before being sent to the BICC for final approval.</p>	
49	<p>Bi – Monthly HAIRT Report</p> <p>This is the 3rd version of this report in its new format which seems to be going well regarding readability. Authors of this report try and make it as straight forward as possible as this is taken to board meetings where many attendees do not have a medical background to understand medical terminology within the report.</p> <p>Highlights of the report include</p> <ul style="list-style-type: none"> • Cleaning compliance is 96% and estates compliance was 97% during June/July 2020. • SSI surveillance has been paused nationally but GG&C have re-started this in terms of local surveillance. 	
50	<p>HEI/HAI</p> <p>Pamela Joannidis informed the group the HEI action plan for the Institute building was closed off at the end of August.</p> <p>During September Lightburn and the GRI had un-announced inspections where issues regarding cleanliness of equipment and providing assurances were identified. Inspectors raised their concerns with bed spacing within Lightburn where immediate action has been taken to rectify this. Reports of these visits are due in October.</p> <p>Corporate HEI inspections have been reinstated in August where Ward 15/28 & Surgical HDU were visited in the GRI, scoring 85% and 94% overall. Both areas were given action plans which are due for completion by the end of September.</p> <p>During September Ward 8 and Ward 10 at RAH were visited. Their action plans have been sent out to the Lead Nurse/SCN of these areas and await their action plan return.</p> <p>Dates for further Corporate inspections have been arranged for the next 4 months across GG&C.</p>	

51	IPC Work Plan 2019/20	ACTIONS
	<p>The GG&C IPC team continuation of support to the Scottish Government IPC sub group has been added.</p> <p>COVID-19 has been added to work plan. Currently trying to implement the 4 nation's remobilisation guidance which has been challenging to implement not just for GG&C health board but also other health boards throughout Scotland.</p>	
52	IPC Sector Update Report	
	<p>North Sector – Gillian Mills updated the group</p> <p>Currently 5 wards closed due to Covid-19. 4 wards at the GRI (36, 18, 14 & 29). Ward 29 is due to re-open on 4th October. Ward 2 at Lightburn hospital</p> <p>Ward 36 is a DME COVID-19 hub ward and Ward 52 is the Medical COVID-19 hub ward. IMT's have been held where a HIIAT score of red was recorded due to patient death.</p> <p>Gillian reported that there has been a definitive issue with PPE fatigue where staff are more relaxed regarding their PPE use which had been raised at several Incident Management Team meetings. Angela O'Neill asked rather than going to staff saying they are wearing PPE wrongly she requested that refresher training could be undertaken as increased activity of COVID-19 starts. Kate Hamilton and Pamela Joannidis will put some communication together to be sent out to all staff as a reminder about the importance of PPE in clinical and public areas.</p> <p>South Sector – Lynn Pritchard updated the group</p> <p>3 VRE blood cultures (2 x July, 1 x August) in Ward 4B. Another VRE from a blood culture has been picked up in September. All 4 specimens sent away for typing, 2 of which have returned unique and 1 is the same as a paediatric cluster. 1 typing request is currently outstanding. There has been no cross over of patients, recent hand hygiene audit scored 100%, IPC audit scored 94%, increase visits to Ward 4B as well as lengthy discussions with the Senior Charge Nurse and Practice Educator regarding line care of patients.</p> <p>Ward 53, Langland's was closed from 6th August – 17th August due to one COVID-19 positive patient which was a HAI. No onward transmission within the ward was recorded.</p> <p>2 cases of Burkholderia were identified during May & June in Ward 11B and Ward 11D. Another case of Burkholderia was identified in September within Ward 10B. On the back of this gloves and alcohol gel bottles were sampled as these had been implemented in previous outbreaks within Europe. Water sampling was also carried out between the 3 wards which came back negative. Blood bottles have also been tested on request from Dr Alison Balfour but have returned negative. An Incident Management Team meeting to discuss these cases has been set up for Thursday 1st October.</p>	

52	IPC Sector Update Report	ACTIONS
	<p>Clyde Sector – Donna McConnell updated the group</p> <p>6 cases of <i>Stenotrophomonas maltophilia</i> linked to the ITU, RAH since 19/05/20. IMT closed on 30/07/20 with all actions completed from action plan.</p> <p>Positive sputum result of <i>pseudomonas aeruginosa</i> (27/06) and 1 routine water sample (23/06), both sent away for typing. Water safety action completed and IPCT have reviewed the unit with no issues identified.</p> <p>South Paediatrics – Gillian Bowskill updated the group</p> <p>Ward 6A weak positive <i>Cryptococcus</i> result isolated from plasma. CSF <i>Cryptococcus</i> antigen reported as negative. Samples sent to Bristol Mycology reference lab for further testing. Issued closed on 09/07/20 after the possibilities</p> <ul style="list-style-type: none"> • Early clinical infection that has been ameliorated with antifungal treatment • A false positive result in a case with no clinical indicators of <i>Cryptococcus</i> infection. <p>4 HAI Gentamicin resistant MSSA isolates with matching anti-biograms in a 4 week period in NICU. 2 of these isolates have matching spa types (t1684). Action plan with triggers set for progression to IMT.</p> <p>West & HSC Partnerships – Pamela Joannidis updated the group</p> <p>Ward 4B, Leverndale was closed on 22nd June 2020 due to 1 confirmed COVID-19 case. Ward was reopened 3rd July with all contact screens testing negative.</p> <p>Mother & baby unit at Leverndale hospital was closed on 28th September by on call Microbiologists. 2 patients tested positive for COVID-19. 10 staff members have also come back positive.</p> <p>Netherton Unit which is a long term learning disability unit was closed on 24th September following patient admitted to ITU, QEUH tested positive for COVID-19. Three patients within the residential unit deemed as contacts and asked to isolate for 14 days.</p> <p>Jackie Wilson commented on how heavily impacted the dental service has been affected due to the recommendations in relation to aerosol generating procedures (AGPs) They are currently working with estates colleagues in relation to ventilation and the use of PPE.</p>	

53	BICC Update	Actions
	<p>Sandra Devine gave a summary of the public inquiry commenced work in August 2020 and GG&C will continue to submit any documents that is required.</p> <p>There is a Scottish Government case note review in relation to the number of blood culture cases within the Paediatric oncology/haematology patients. It is hoped this will be completed by the end of the year.</p> <p>The oversight board report is now due at the end of October with regards to Infection Control.</p> <p>The external review of the QEUH and its action plan is currently being reviewed by the Chief Operating Officer who is chairing a group to work on an action plan regarding this.</p> <p>Dr Kennedy gave a brief outline on COVID-19 reports for this week which are showing increase in numbers in all local authorities apart from West Dumbartonshire. These local authorities are showing their highest rolling rate per 100,000. There has been some samples sent to Northern Ireland for testing meaning results are taking longer to obtain results.</p>	
54	Anti-Microbial Report	
	<p>Ysobel Gourlay provided an update on the Anti-Microbial report</p> <p>These included two CDI triggers from April and June 2020.</p> <p>CDI trigger of Ward 15/28 at the GRI during April 2020 highlighted a patient missed 4 doses of Vancomycin on day 1. Only 50% oral antibiotic prescriptions had duration recorded.</p> <p>CDI trigger of Ward B1, Beatson in June 2020 highlighted no severity indicators recorded so prescribed oral metronidazole. NG tubes inserted so patient should have received Vancomycin. A patient completed their own stool chart which did not agree with the stool chart the nurse was completing for the same period.</p> <p>There has been a big reduction in quarter 2 2020 in IV antibiotic use which could have been aided by a 30% reduction in occupied bed days due to COVID19.</p>	
55	Facilities Update	
	<p>Estates were unable to attend today's meeting but sent a report outlining the following</p> <p>Langland's PFI monitoring scores have been in the acceptable range for the last seven successive months therefore reporting will cease unless there are any exceptions.</p> <p>Facilities management continue to convene weekly meetings with GG&C IPC colleagues initially to review Covid related matters affecting facilities.</p>	

56	Water Group Update	ACTION
	<p>Installation of Chlorine Dioxide Plant is complete at both locations, main supply and maternity supply at the RAH.</p> <p>Review of the siting of monitoring stations has led to the position being altered for the main supply. 2 stations will be installed at the top of the North & South towers.</p> <p>Installation of the maternity monitoring stations has been paused whilst discussions take place to assess the impact of CLO2 on neo-nates/maternity service.</p> <p>A number of out of specs for legionella have been identified with the Maternity building at QEUH. Full maintenance of these taps and TMVs have been arranged.</p> <p>Pamela Joannidis said that issues with flushing returns are not being returned to the facilities.</p> <p>Prof Leanord informed the group that some remedial work on the basement tank room at the QEUH where filtration units are being changed with regards to flushing the water.</p>	
57	CJD Group Update	
	<p>The group has not met since last AICC. Dr Kennedy received emails from adult and paediatric neuro surgeons about the implementation of the new NICE guidance. Considering to make a decision as a board and not to wait for the government to confirm acceptance of NICE guidelines as significant financial burden in replacing theatre instruments.</p>	
58	Theatre Maintenance/Validation Update	
	<p>Sandra Devine has proposed to Estates to recall this group the specialist ventilation group that will look at all aspects of ventilation issues throughout GG&C and not just Theatres. Awaiting estates to implement this.</p>	
59	Decontamination Subgroup	
	<p>The group met last week and agreed to resurrect the short life working group for respiratory equipment.</p>	
60A	AOCB – Adoption of GGC Outbreak & Incident Management Plan	
	<p>This policy has been updated for numerous years from the national guidance. Sandra proposed that we use the overarching document which aligns to national IPC manual. No one had any objections to this proposal so this document will come back into committees if it is updated.</p>	
60B/C	AOCB – Final report of Blood stream Infections in Paediatric Haematology/Oncology, RHC & Ward 2A Final report	
	<p>Both reports sent out for final noting as all comments/suggestions accepted into the reports.</p>	

60D	AOCB	
	<p>Draft report for the Cryptococcus has been submitted to the subgroup for review. Additional information is required and report will be updated after the 2 week review. HPS and HFS has requested extension on this timeframe due to staff being on holiday.</p> <p>Public Health Scotland on behalf of the Scottish Government have proposed changes to the Severe Acute Respiratory Illness (SARI) surveillance program which currently covers Influenza patients within a Critical Care setting within GG&C. The new proposal is to include data collection for all COVID-19, Influenza and RSV patients for all areas within the GRI, RHC and QEU hospitals. Sandra Devine is going to raise our concerns to HPS regarding this.</p> <p>Sandra discussed another CNO letter regarding guidance for physical distancing requirements in NHS Scotland. It requests that areas should review and undertake risk assessments detailing the necessary steps where 2 metres cannot be met.</p>	S Devine
Next AICC is being held on Tuesday 8th December at 10am		

NHS Greater Glasgow & Clyde	
Meeting:	Acute Infection Control Committee
Date of Meeting:	
Purpose of Paper:	For Noting/Information
Classification:	Official Sensitive
Sponsoring Director:	Tom Steele

Paper Title

Water/Ventilation Exceptions Update Operational Estates

Recommendation

The members of ICBEG are asked to:

- Note paper contents.

Purpose of Paper

Exception reporting on Water Systems within GG&C

Any Patient Safety /Patient Experience Issues

No direct impact identified.

Any Financial Implications from this Paper

None.

Any Staffing Implications from this Paper

None.

Any Equality Implications from this Paper

None.

Any Health Inequalities Implications from this Paper

None.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

N/A.

Author: Mark Riddell
Tel No: [REDACTED]
Date: 8th December 2020

The purpose of this paper is to report exceptions within the GG&C Water Systems

Royal Alexander Hospital (RAH)

CLO2 Plant RAH

A meeting was held with clinical representatives on Mon 9th November 2020 to outline the proposals and publish the timeline to the “go-live” date. All representatives were asked to cascade the information to their respective teams and return any areas of concern by Weds 18th November 2020 to allow the next steps of the project to progress. Any areas of concern can be addressed by the installation of localised RO filtration to remove CLO2 if required. None have so far been identified but a follow up request for information will be issued to clinical representatives. Final installation and commissioning of monitoring stations is progressing with a potential “go-live” date of early January 2021 TBC.

Foxbar HC

This HC has been closed since the commencement of COVID in March 2020. Regular outlet flushing has been carried out and recorded. We have received a request to put the HC back into use so as a pre-emptive measure it was decided to bring forward the CWST cleaning programme in order to minimise disruption at a later date. On completion of the CWST cleaning and disinfection, the water samples returned some out-of-spec results for TVC's As a result further cleaning and a system wide disinfection has also been carried out twice. Subsequent samples have still returned out-of-spec results. During further investigation some hidden Dead legs were found on the distribution pipework which are in the process of being removed. Once work is completed a further round of sampling will be carried out to ensure results are within spec before opening the HC to use.

VOL Water Supply

The CWST's at VOL are increasingly subject to entry and build-up of silt/debris from the incoming water main. Business Stream have been contacted and consulted, and have forwarded a proposal to replace a significant section of mains pipework within the VOL curtilage to improve the quality of the delivered water. (Circa £90k) It is thought that this may not fully address the issue as the ring main around site is in similar condition VOL estates are looking at options to install filtration plant on the incoming main to eliminate to ingress of silt/debris. Thus far water samples have not shown any significant cause for concern, although the debris could provide a nutrient source for water borne bacteria.

Glasgow Royal Infirmary

AHU replacement Endoscopy unit within the GRI is currently part of this year's capital projects. Due to the down time to the department if the project was to include the renewal of the existing ductwork which we are currently investigating. If we can deliver the AHU replacement /upgrade by using the existing duct work, this would reduce the downtime to the department as we should only require access to the department at weekends. We have not had this confirmed as possible to date but will continue to update as information becomes available.

Gartnavel General Campus

Ongoing issues with damaged and blocked cast iron drainage piped system on the upper ground floor of the main unit impacting into Nuclear medicine. Sections have been removed and replaced on a rolling programme as and when these blockages occur. Users have been advised on the continued miss use of wipes been discarded through the system. Future required action is for the complete renewal of this section of the drainage system.

QEUH Campus Ventilation Management Report Updated 20/11/20

Exceptions

Failure of the supply fan for the air handling unit that supplies Ward 61. The fan unit broke off of the mounting fixings within the unit. HEPA Scrubber units were temporally installed within the ward however these are only designed to supplement existing ventilation systems, they are by no means a replacement. The fan unit & components arrived back with a temporary repair to the casing and the AHU was re-built with the system being

switched back on at approximately 15.30hrs. Also the AHU was re-verified before being put back into service. The new double inlet centrifugal fan has been ordered with an estimated 4 week lead time.

Theatre verifications completed

Three theatre validations carried out in October

- RHC Theatre 8
- Adult Theatre 9
- Adult Theatre 10

Critical Ventilation completed

Three critical verifications carried out

- PICU room 12
- PICU room 17
- PICU room 18

PPM Update

Month	Ventilation PPM's Complete %	Ventilation PPM's Completed	Ventilation PPM's Outstanding
April	89.05%	127	24
May	93.04%	119	18
June	89.05%	128	17
July	84.08%	143	39
August	64.94%	56	12
September	87.04%	56	7

Other information

We have identified that a number of PPM’s have not been issued to the Service Provider PDA. This is due to the PPM’s requiring the Service Provider added into each element (step) within the PPM. PPM’s without elements only require the service provider added to the PPM.

Estates have confirmed with the Service Provider that the PPM’s have been completed and the figures above reflect that. Estates are working with Corporate Estates to rectify this.

QEUH Campus Water Management Report Updated 13/10/20

Out of spec Summary for Retained Estates

DMA Sample Number	Watershed ID	Lab Reference	Date	Result Date	Analysis Requested	Building	Department/ Floor	Unique Outlet Identification	Sample Point	Outlet Type (Tap, Shower, CWST)	Hot, Cold, Mixed (TMV)	Sample Temp	Legionella (CU)	Lp. Serogroup	Summary of latest actions taken	Next Action	Legionella Range chart
MAT0835	Y	20-1864286 A	24/09/20	05/10/20	Legionella	Old Maternity	Ground Floor	L0159	Theatre 1 Anaesthetic Rm SSS	Tap	Cold	27.5	100	Species	<p>Incident TBC Carry out full clean and disinfection of tap. Inform nursing staff that this outlet if the user requires to be put on their flushing register. (we will be checking to see if this has been complied with) WIS00740029</p> <p>Note: this area was found to be out of spec and used as a shower with evidence of flushing. Vent and Pressure Control has been informed.</p>	<p>21/07/20 – Not Detected Pre 21/07/20 – 100 Post 2-14 18/07/20 – 200 Post 2-14 06/08/20 – 100 Post 2-14 12/08/20 – 410 Post 2-14 24/08/20 – 100 2-14 27/08/20 – 50 2-14 05/09/20 – 100 2-14 18/09/20 – Not Detected 17/09/20 – Not Detected 24/09/20 – 100 Species</p>	
MAT0837	0	20-1864290 H	24/09/20	05/10/20	Legionella	Old Maternity	Ground Floor	D.31	Ultrasound Room 10 VWH	Tap	Cold	27.1	50	Species	<p>Incident TBC Carry out full clean and disinfection of tap. Inform nursing staff that this outlet if the user requires to be put on their flushing register. (we will be checking to see if this has been complied with)</p>	<p>24/08/20 – 200 Species 19/09/20 – Not Detected 17/09/20 – Not Detected 24/09/20 – 50 Species</p>	
ICE111	N	20-1864287 W	24/09/20	05/10/20	Legionella	ICE Building	Ground Floor	0	RHS Shower	Shower	Mixed	0	100	Species	<p>Incident TBC DMA after they initially became aware that the showers had come back positive, both shower heads were disinfected using shower head plus (bore to DMA-Canyon SABS). Resampling was then done. Daily flushing for a minimum period of 2 minutes was also commenced, recycled and continue. (Both of the shower heads that were originally fitted here may be changed out for Dupel fixed head showers and these will be exchanged on a 2 monthly basis going forward. The daily flushing and weekly resampling will continue until such time as the micro sampling results improve in line with SFTM guidelines. Shower filters also been eliminated. 883926 Further review to be carried out to identify source of issue (DMA/Estates)</p>	<p>04/09/20 – 2000 Species 28/08/20 – 200 Species 27/08/20 – Not Detected 19/09/20 – 50 Species 18/09/20 – Not Detected Pre 16/09/20 – Not Detected Post 24/09/20 – 100 Species</p>	

A number of out of specs’ for Legionella are still apparent within with Old Maternity, although these have reduced from previous month. Both returned two clears however on the third sampling it returned and out of spec. Further maintenance of these taps and TMV’s is being arranged.

One shower with ICE Building has also returned an out of spec after two all clears. Further is being arranged.

Out of spec summary - Adults & Children's

DMA Sample Number	Re-sample	Lab Reference	Date	Results Date	Analysis Performed	Building	Department/Floor	Unique Outlet Identification	Sample Point	Outlet Type (Tap, Shower, CWST)	Hot/Cold/Mixed (TMC)	Sample Taken Through Full Filter (Yes/No)	Out of Spec Sample	Summary of latest actions taken	Next Action	Checks carried out
KD0863	Y	20 184741N	30/09/20	06/10/20	Parabio, Pseudomonas, GNB, AMS	Adult	2nd Floor Adult Theatre	THE-117	Theatre 1 RSH WHE Re-seat Door	Optitherm	Cold	No	TVC / Other	Incident TBC - Carry out thermal disinfection of tap and clean with alcohol. Speak to Facilities to review cleaning regime	Carry out re-sample	20/09/20 - TVC@20: 4500 21/09/20 - Sphingomonas Paucimobis 1 Sphingomonas Maltophilia 1 22/09/20 - No sample taken 30/09/20 - TVC@20: 1
KD0874	Y	20 1847421N	30/09/20	06/10/20	Parabio	Children's	Ground Floor Concourse	ENT-022	Therapy	Optitherm	Cold	No	TVC / Other	Incident TBC - Carry out thermal disinfection of tap and clean with alcohol. Speak to Facilities to review cleaning regime	Carry out re-sample	15/07/20 - Not Detected 20/09/20 - TVC@20: 255 17/09/20 - Sphingomonas Paucimobis 70 22/09/20 - No sample taken 30/09/20 - TVC@20: 44 TVC@20: 10
KD 8592	Y	20 184701W	21/09/20	24/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 2	OPD 173	Facilities	SSS	Hot	No	TVC	Incident TBC - Carry out full maintenance of tap and disinfection. Speak to Ward to ensure tap is flushed accordingly with SPTM04-01. Check with ward if this is identified on W3011 lists used outlets. Note: Room also has wash hand basin and personal sink and results are still to be sent from Lab. Tap has subsequently been flushed due to clinical patient group.	Carry out re-sample	21/09/20 - TVC@37: 31 Sphingomonas Paucimobis 1
KD 8590	Y	20 1847039C	21/09/20	24/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 2	OPD 173	Janitorial Sink	SSS	Hot	Yes	TVC	Incident TBC - Change filter and re-sample	Carry out re-sample	21/09/20 - TVC@37: 531 TVC@20: 26 Sphingomonas Paucimobis 1
KD 8602	Y	20 1847061P	21/09/20	25/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 1	OPD 027	WC Staff	Contour	Mixed	No	Other	Incident TBC - Carry out full maintenance of tap. Speak to Ward to ensure tap is flushed accordingly with SPTM04-01. Check with ward if this is identified on W3011 lists used outlets.	Carry out re-sample	21/09/20 - Sphingomonas Maltophilia 91
KD 8605	Y	20 1847064M	21/09/20	25/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 1	OPD 031	Treatment Room A	Optitherm	Mixed	No	Other	Incident TBC - Carry out full maintenance of tap. Speak to Ward to ensure tap is flushed accordingly with SPTM04-01. Check with ward if this is identified on W3011 lists used outlets.	Carry out re-sample	21/09/20 - Acetobacter Delefieldii 16 Brundimonas Diminuta > 100
KD0866	Y	20 1847025 M	21/09/20	29/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	1st Floor Ward 1D (ICU)	CWV-508	Bed 20 (with Bar)	Optitherm	Mixed	Yes	Other	Incident TBC - Change filter and re-sample. Also introduced flushing by DMA. Discuss with Facilities flushing and cleaning regime	Carry out re-sample	17/09/20 - Not Detected 21/09/20 - TVC@37: 31 TVC@20: 3 Sphingomonas Paucimobis 2
KD0875	Y	20 1847034 Z	21/09/20	25/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 2	OPD 178	Consulting Room 14	Optitherm	Mixed	Yes	Other	Incident TBC - Change filter and re-sample. Also introduced flushing by DMA. Discuss with Facilities flushing and cleaning regime	Carry out re-sample	21/09/20 Sphingomonas Paucimobis >100
KD 8584	Y	20 1847043 C	21/09/20	25/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 2	OPD 171	Consulting Room 9	Optitherm	Mixed	Yes	Other	Incident TBC - Change filter and re-sample. Also introduced flushing by DMA. Discuss with Facilities flushing and cleaning regime	Carry out re-sample	21/09/20 Sphingomonas Paucimobis 2
KD 8587	Y	20 1847046 B	21/09/20	25/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 2	OPD 167	Consulting Room 11	Optitherm	Mixed	Yes	Other	Incident TBC - Change filter and re-sample. Also introduced flushing by DMA. Discuss with Facilities flushing and cleaning regime	Carry out re-sample	21/09/20 TVC@37: 99 TVC@20: 14 Sphingomonas Paucimobis >100
KD 8591	Y	20 1847050 B	21/09/20	25/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 2	OPD 009	Public WC	Contour	Mixed	No	Other	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection. Close upon however DMA is carry out flushing until all clear. Discuss with Facilities flushing and cleaning regime	Carry out re-sample	21/09/20 TVC@37: 20 Pseudomonas Aueruginosa 2 Sphingomonas Paucimobis > 100
KD 8595	Y	20 1847054 N	21/09/20	25/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 1	OPD 156	EEG Room 1	Optitherm	Mixed	No	Other	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection. DMA to carry out flushing until all clear.	Carry out re-sample	21/09/20 TVC@37: 75 Acetobacter Delefieldii 4
KD 8596	Y	20 1847055 E	21/09/20	25/09/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 1	OPD 022	EEG Room 2	Optitherm	Mixed	No	Other	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection. DMA to carry out flushing until all clear.	Carry out re-sample	21/09/20 Brundimonas Uroslacta 31
INT396	Y	WS1974859A	15/09/20	-	Legionella, Pseudomonas, Fung	Adult	8th Floor Ward A	GENW9-066	Bedroom 28	Optitherm	Cold	No	Mould	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection.	Carry out re-sample	18/09/20 - Not Detected 19/09/20 - SAG@30: Mould at 25 c f 15 14/10/20 - Not Detected 18/09/20 - Not Detected 19/09/20 - SAG@30: Mould@20: 10
INT398	Y	WS1974859F	15/09/20	-	Legionella, Pseudomonas, Fung	Adult	8th Floor Ward A	GENW9-066	Facilities	Hot Tap	Hot	No	Mould	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection.	Carry out re-sample	14/10/20 - Not Detected 18/09/20 - Not Detected 19/09/20 - SAG@30: Mould@20: 10
INT319	Y	WS1974859D	15/09/20	-	Legionella, Pseudomonas, Fung	Adult	8th Floor Ward A	GENW10-033	Bedroom 42	Optitherm	Mixed	No	Mould	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection.	Carry out re-sample	14/10/20 - Not Detected 18/09/20 - Not Detected 19/09/20 - SAG@30: Yeast@20: 151.5
INT390	Y	WS1974859J	15/09/20	-	Legionella, Pseudomonas, Fung	Adult	8th Floor Ward B	GENW12-065	Bedroom 85	Optitherm	Mixed	No	Mould	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection.	Carry out re-sample	14/10/20 - Not Detected 18/09/20 - Not Detected 19/09/20 - SAG@30: Mould@20: 14
INT391	Y	WS1974859G	15/09/20	-	Legionella, Pseudomonas, Fung	Adult	8th Floor Ward B	GENW12-066	Facilities	Cold Tap	Cold	No	Mould	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection.	Carry out re-sample	14/10/20 - Not Detected 18/09/20 - Not Detected 19/09/20 - SAG@30: Yeast@20: 50
INT 3919	N	WS1974859H	15/09/20	-	Legionella, Pseudomonas, Fung	Adult	8th Floor Ward C	GENW15-066	Facilities	Cold Tap	Cold	No	Mould	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection.	Carry out re-sample	14/10/20 - Not Detected 18/09/20 - Not Detected 19/09/20 - SAG@30: Mould@20: 15
INT 3921	N	WS1974860	15/09/20	-	Legionella, Pseudomonas, Fung	Adult	11th Floor Ward B	GENW24-035	Bedroom 37	Optitherm	Cold	No	Mould	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection.	Carry out re-sample	14/10/20 - Not Detected 18/09/20 - Not Detected 19/09/20 - SAG@30: Mould@20: 12
KD0838	Y	20 1847122 W	22/09/20	02/10/20	Parabio, Pseudomonas, GNB	A&C	6th Floor Ward 6A	GENW1-019	Room 8 WHE (W/B Filter)	Optitherm	Mixed	Yes	Other	Incident TBC - Change filter	Carry out re-sample	21/09/20 - Not Detected 20/09/20 - Not Detected 20/09/20 - Not Detected 22/09/20 - Sphingomonas Paucimobis 3 Brundimonas Diminuta 2
KD 8887	N	20 1847411 K	30/09/20	05/10/20	Parabio, Pseudomonas, GNB, AMS	Children's	Ground Floor Clinic 2	OPD 162	Clean Utility	SSS	Cold	No	TVC	Incident TBC - Carry out full maintenance of taps, carry out thermal disinfection. DMA to carry out flushing until all clear.	Carry out re-sample	30/09/20 - TVC@37: 559 TVC@20: 194 01/10/20 - Not Detected 07/10/20 - Not Detected 07/10/20 - Not Detected 04/09/20 - Not Detected 21/09/20 - Not Detected 30/09/20 - Rosomonas Mucosa 1
KD 8815	N	20 1847379 F	30/09/20	05/10/20	Parabio, Pseudomonas, GNB	A&C	6th Floor Ward 6A	GENW1-003	Room 1 En-Gate (W/B Filter)	Shower	Mixed	Yes	Other	Incident TBC - Change filter	Carry out re-sample	30/09/20 - Rosomonas Mucosa 1

A number of out of spec have been identified:-

Ground Floor clinic – RHC

A number of outlets have indicated out of specs for TVC's and GNB's as noted above. Note a number of these were from filters. Filters are changed and resampled.

Note: Pseudomonas Aueruginosa (result of 2 within spec) was found on public WC, full maintenance was carried out and tap disinfected. This will remain out of use and flushed by DMA until all a clear.

Confirmed with Facilities that flushing occurs in this area.

8th Floor – Adults

A number of outlets have returned out of specs for mould. Full maintenance and disinfection arranged for these outlets.

6A – RHC

Two **filtered** taps have returned out of specs. Filters changed.

Discussions have taken place with Infection Control, Microbiology regarding these. Additionally liaised with Facilities to review cleaning regime as per agreed procedures. Facilities Management are carrying out refresher training.

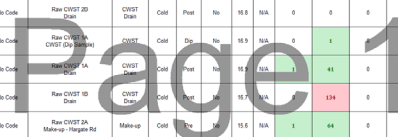
PAL have now reported that all 11 filters previously sent back from 6A, passed the integrity tests.

A meeting was held between Facilities, Infection Control and Microbiology to discuss the number of out of specs from filtered water to try and identify what is causing the retrograde contamination. Sampling was agreed to be taken from the drains.

Raw Tank Monitoring – QEUH Tank Room

A number of out of specs (16) have been identified in the **RAW** water tank over the month for TVC's, moulds and in some cases GNB's :-

FWL Sample Number	Re Temp In	Lab Reference	Sample Date	Time Sample Taken	Results Date	Analysis Requested	Sample Area (Vat, Chiller or Reservoir)	Department/Floor	Unique ID (Dip Code)	Sample Location	Asset Sampled (No. Shower, CWST, Cat)	Hot Cold, Mixed (FRO)	Hot Flush or Run (FRO)	Sample Taken Through (Filt/Other)	Temp (C)	Col. (right)	TVC @ 20C (cfu/ml)	TVC @ 25C (cfu/ml)	Coliforms (cfu/100ml)	e.coli (cfu/100ml)	Legionella (cfu)	Ep. Spec. Group	Pseudo-monas Species	SAR @ 20C (Yeast @ 20C)	SAR @ 25C (Yeast @ 25C)	Capita value	AMS (cfu/100ml)	Other (Count only)	Species Info	
KD 7800	N	V.B. 1918581	19/09/20	11:10	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 1A Drain	CWST Drain	Cold	Flush	No	17.5	N/A	0	54	0	0	0	Not Detected	0	0	>100	-	-	-	-	D. Hydrophila, Acinetobacter Sp, H. Hydrophila & Escherichia Coli - Not Detected
KD 7803	N	V.B. 1918582	19/09/20	11:05	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 1D Drain	CWST Drain	Cold	Flush	No	17.4	N/A	0	231	0	0	0	Not Detected	0	0	>100	-	-	-	-	D. Hydrophila, Acinetobacter Sp, H. Hydrophila & Escherichia Coli - Not Detected
KD 7804	N	V.B. 1918583	19/09/20	14:20	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A Make-up - Hargate Rd	Make-up	Cold	Flv	No	17.3	N/A	0	1	0	0	0	Not Detected	0	0	>100	-	-	14	-	Brevibacterium Sp
KD 7805	N	V.B. 1918584	19/09/20	13:45	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A CWST (Dip Sample)	CWST	Cold	Dip	No	17.6	N/A	0	0	0	0	0	Not Detected	0	0	14	-	-	1	-	D. Hydrophila & Escherichia Coli, Serratia Marcescens Sp
KD 7806	N	V.B. 1918585	19/09/20	14:00	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A Drain	CWST Drain	Cold	Flush	No	17.3	N/A	0	10	0	0	0	Not Detected	0	0	31	-	-	-	-	D. Hydrophila, Acinetobacter Sp, M. Senften & Escherichia Coli - Not Detected
KD 7804	N	V.B. 1918582	19/09/20	11:30	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 1A Drain	CWST Drain	Cold	Flush	No	16.4	N/A	0	51	0	0	0	Not Detected	0	1	>100	-	-	-	-	Chryseobacterium Species, D. Hydrophila, H. Hydrophila, M. Senften & Escherichia Coli - Not Detected
KD 7807	N	V.B. 1918583	20/09/20	11:27	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 1D Drain	CWST Drain	Cold	Flush	No	17.2	N/A	0	190	0	0	0	Not Detected	0	7	>100	-	-	-	-	D. Hydrophila, H. Hydrophila, M. Senften & Escherichia Coli - Not Detected
KD 7808	N	V.B. 1918584	20/09/20	12:10	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A Make-up - Hargate Rd	Make-up	Cold	Flv	No	16.4	N/A	0	1	0	0	0	Not Detected	0	3	96	-	-	30	-	Chryseobacterium Species, H. Hydrophila & Escherichia Coli - Not Detected
KD 7808	N	V.B. 1918585	20/09/20	11:10	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A CWST (Dip Sample)	CWST	Cold	Dip	No	16.4	N/A	0	0	0	0	0	Not Detected	0	2	17	-	-	-	-	H. Hydrophila, M. Senften & Escherichia Coli - Not Detected
KD 8000	N	V.B. 1918586	20/09/20	11:23	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A Drain	CWST Drain	Cold	Flush	No	16.7	N/A	0	0	0	0	0	Not Detected	0	5	>100	-	-	1	-	H. Hydrophila, M. Senften & Escherichia Coli - Not Detected
KD 8003	N	V.B. 1918587	20/09/20	11:20	01/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2D Drain	CWST Drain	Cold	Flush	No	16.6	N/A	0	0	0	0	0	Not Detected	0	1	11	-	-	2	-	H. Hydrophila, M. Senften & Escherichia Coli - Not Detected
KD 8219	N	V.B. 1918588	03/09/20	14:12	16/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A CWST (Dip Sample)	CWST	Cold	Dip	No	16.5	N/A	0	1	0	0	0	Not Detected	0	2	15	-	-	-	-	GNB - Not Detected
KD 8220	N	V.B. 1918589	03/09/20	09:55	16/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 1A Drain	CWST Drain	Cold	Flush	No	16.9	N/A	1	41	0	0	0	Not Detected	0	3	17	-	-	-	-	GNB - Not Detected
KD 8223	N	V.B. 1918590	03/09/20	09:50	16/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 1D Drain	CWST Drain	Cold	Flush	No	16.7	N/A	1	134	0	0	0	Not Detected	0	1	13	-	-	-	-	GNB - Not Detected
KD 8224	N	V.B. 1918591	03/09/20	10:00	16/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A Make-up - Hargate Rd	Make-up	Cold	Flv	No	15.6	N/A	1	44	0	0	0	Not Detected	0	0	>100	-	-	22	-	Enterobacter Aerogenes
KD 8226	N	V.B. 1918592	03/09/20	09:45	16/09/20	Legionella Pictus Pseudomonas GNB S&B	ABC	Basement Tank Room	No Code	Raw CWST 2A Drain	CWST Drain	Cold	Flush	No	15.7	N/A	0	25	0	0	0	Not Detected	0	9	52	-	-	>100	-	Sphingomonas Paucimobila



- 10 – From Tank drain sample points.
- 3 – From Tank make up points.
- 3 – From Dip samples

Bulk Filtration Tanks

Two out of specs from bulk filtrate tank drains.

DMA Sample Number	Re Sample	Lab Reference	Sample Date	Time Sample Taken	Results Date	Analysis Required	Sample Area (AAW, Childcare or Plantrooms)	Department/Floor	Unique ID (Door Code)	Sample Location	Asset Sampled (Tap, Shower, CWST, Cal)	Hot Cold Mixed (T/M)	Hot Flush or Post Flush	Sample Taken Through Pall Filter (Yes/No)	Temp (°C)	ClO ₂ (mg/l)	TVC @ 37C cfu/ml	TVC @ 22C cfu/ml	Coli form cfu/100ml	e.coli cfu/100ml	Legionella chU/L	Ep Sero Group	Pseudomonas Species	SAB @ 30C Mould @ 25C	SAB @ 25C Yeast @ 25C	Cupria virus	AMS chU/100ml	Other (Count only)	Species Info
KD 7013	N	20 1945961 H & 20 1953470 V	19/09/20	15:00	01/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 16 Drain	CWST Drain	Cold	Post	No	17.7	0.04	0	2	0	0	0	Not Detected	0	0	0	-	51	Delta Acidovorans	
KD 8007	N	20 1946222 D & 20 1953793 D	25/09/20	15:00	10/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 16 Drain	CWST Drain	Cold	Post	No	17.5	0.3	2	0	0	0	0	Not Detected	0	0	0	-	18	Acinetobacter lwoffii Delta Acidovorans	

Post Filtration units

A number of out of spec results for TVC's and gram negative bacteria have been found in the post filtration sample points. In one case Legionella LP1 (50 cfu/ml) from make-up filter 1.

DMA Sample Number	Re Sample	Lab Reference	Sample Date	Time Sample Taken	Results Date	Analysis Required	Sample Area (AAW, Childcare or Plantrooms)	Department/Floor	Unique ID (Door Code)	Sample Location	Asset Sampled (Tap, Shower, CWST, Cal)	Hot Cold Mixed (T/M)	Hot Flush or Post Flush	Sample Taken Through Pall Filter (Yes/No)	Temp (°C)	ClO ₂ (mg/l)	TVC @ 37C cfu/ml	TVC @ 22C cfu/ml	Coli form cfu/100ml	e.coli cfu/100ml	Legionella chU/L	Ep Sero Group	Pseudomonas Species	SAB @ 30C Mould @ 25C	SAB @ 25C Yeast @ 25C	Cupria virus	AMS chU/100ml	Other (Count only)	Species Info
KD 7029	N	20 1946076 E & 20 1953485 J	19/09/20	15:29	01/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 2A Make-up Filter 1 (Running) Start of Cycle	Filter Drain Point	Cold	Post	No	17.5	N/A	0	0	0	0	0	Not Detected	0	0	0	-	1	Acinetobacter lwoffii	
KD 8022	N	20 1946257 J	25/09/20	09:00	10/09/20	Yaku D. Fuku, Clonal Pseudomonas, Diph. No. Making 19, No Sample	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 16 Make-up Filter 1 (Running) Start of Cycle	Filter Drain Point	Cold	Post	No	0	N/A	0	0	0	0	0	Not Detected	0	0	0	-	1	Sphingomonas Paucimobilia	
KD 8026	N	20 1946262 Y & 20 1953492 F	25/09/20	14:56	11/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 2A Make-up Filter 1 (Running) End of Cycle	Filter Drain Point	Cold	Post	No	16.9	N/A	1	1	0	0	50	1	0	0	-	-	-	GIB - Not Detected	
KD 8030	N	20 1946264 G & 20 1953493 H	22/09/20	10:25	14/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 2B Make-up Filter 2 (Running) End of Cycle	Filter Drain Point	Cold	Post	No	16.7	N/A	0	314	0	0	0	Not Detected	0	0	0	-	2	Sphingomonas Paucimobilia	
KD 8042	N	20 1946410 K & 20 1953500 L	22/09/20	11:05	14/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 2A Make-up Filter 2 (Running) End of Cycle	Filter Drain Point	Cold	Post	No	16.6	N/A	0	0	0	0	0	Not Detected	0	0	0	-	4	Sphingomonas Paucimobilia	
KD 8043	N	20 1946411 G & 20 1953501 H	22/09/20	11:06	14/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 2B Make-up Filter 2 (Running) End of Cycle	Filter Drain Point	Cold	Post	No	16.6	N/A	42	37	0	0	0	Not Detected	0	0	1	-	>1000	Sphingomonas Paucimobilia	
KD 8271	N	20 1946412 Y & 20 1953502 Z	27/09/20	10:17	18/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 2A Make-up Filter 2 (Running) Start of Cycle	Filter Drain Point	Cold	Post	No	16.6	N/A	0	5	0	0	0	Not Detected	0	0	1	-	>1000	Sphingomonas Paucimobilia	
KD 8286	N	20 1946492 D & 20 1953543 E	27/09/20	10:43	21/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 1A Make-up Filter 1 (Running) End of Cycle	Filter Drain Point	Cold	Post	No	16.9	N/A	1	1	0	0	0	Not Detected	0	0	1	-	1	Comorbacter Salicetici	
KD 8301	N	20 1946496 H & 20 1953556 I	27/09/20	11:50	21/09/20	Legionella Pitiable Pseudomonas GIB SAB	AAC	Basement Tank Room	No Code	Bulk Filtrate CWST 2A Make-up Filter 2 (Running) Start of Cycle	Filter Drain Point	Cold	Post	No	16.9	N/A	0	0	0	0	0	Not Detected	0	1	0	-	1	Acinetobacter lwoffii	

Following discussions at the Water Management Group it was agreed to increase the CL02 on the backwash for the filtration units from the 0.5mg/l ClO2 to 2.0mg/l CL02. This was increase in early October.

It was also agreed to wait a number of weeks and carry out full sampling of the post filtration unit sample points to gauge what impact this has had.

A meeting is planned for October with DMA, Estates and Microbiology to review the initial sampling of the filtration points.

Humidity Monitoring – QEUH Tank Room



PPM Update

Month	Water PPM's Complete %	Water PPM's Completed	Water PPM's Outstanding
April	100.00%	432	0
May	100.00%	620	0
June	100.00%	547	0
July	100.00%	871	0
August	100.00%	262	0
September	100.00%	521	0

Other Information

We have identified that a number of PPM's have not been issued to the Service Provider PDA. This is due to the PPM's requiring the Service Provider added into each element (step) within the PPM. PPM's without elements only require the service provider added to the PPM.

Estates have confirmed with the Service Provider that the PPM's have been completed and the figures above reflect that. Estates are working with Corporate Estates to rectify this.

A waiver has been completed for TMV/TMT maintenance and has been signed off by Estates Management and awaiting final approval.

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 1st December at 12.00noon in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Ms Rosslyn Crocket	Board Nurse Director
Mr Tom Walsh	Infection Control Manager
Mr Kenneth Fleming	Head of Health and Safety
Ms Pamela Joannidis	Nurse Consultant, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Professor Craig Williams	Co-ordinating ICD
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Lorna Murray	Corporate Facilities Manager
Dr Andrew Seaton	Consultant Physician
Dr Iain Kennedy	Consultant, Public Health
Mr Donald Sime	Employee Director
Ms Suzanne Clark	Lay Representative

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Sandra McNamee Ms Joyce Brown Dr David Stewart Dr Henderson

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 6 October 2014 The minutes of the previous meeting were agreed as an accurate record.</p>	
<p>3. Matters arising</p> <ul style="list-style-type: none"> ● Chapter 2 – IPC National Manual Professor Williams reported that a meeting was held with clinicians on 5th December and they raised a few concerns regarding the variation in the manual in relation to the wearing of FFP3 masks especially for paediatric patients. Clinicians from Mental Health also stated that there could also be a risk of violence with paranoid schizophrenia patients. Dr Armstrong asked to have an audit trail if we are deviating from the manual and to send the rationale for this to HPS. Professor Williams commented that he has minutes of all the meetings that have taken place to discuss this and said that he will draft a document for Dr Armstrong's comments before forwarding to HPS. 	CW
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) October 2014 The October 2014 HAIRT was distributed with the agenda.</p> <p>Tom Walsh updated the group on the latest figures for SAB and CDI for the last available quarter from April – June. He said that the SAB rate for GGC is 29 SAB cases per 100,000 AOBs and the HEAT target is 24 cases by 31st March 2015. With regards to CDI the rate for GGC is 26.4 cases per 100,000 AOBs and the HEAT target is 32 cases or less by 31st March 2015.</p>	

Item	Action
<p>Tom Walsh advised that the rates for Surgical site infections remain at or below the national average. He also stated that the rates for hip arthroplasty and repair of neck of femur procedures were both above the national average although remain within confidence limits.</p>	
<p>4.2 Q&P HAI Report – November Update Tom Walsh updated the group on the main points of the HAI report.</p> <p>Local data for SABs for Quarter 3 indicates 87 SABs identified between July and September 2014 which equates to 24.0 cases per 100,000 AOBs.</p> <p>In relation to CDI Professor Williams reported that the figures for CDI were high for October but have fallen back down again for November. He said there appears to be no commonality, cross infection and no outbreaks. Local monitoring continues and Professor Williams stated that they will also be reviewing the antimicrobial prescribing. He also commented that during this period HAI and community cases also increased and there was an 18% increase in the number of samples being tested. Dr Seaton stated that there appears to be no clear pattern and he is reassured that the rates are going down again. In addition, he said that 4C prescribing in general has gone down and is stable.</p>	
<p>4.3 IC Implementation Plan 2014/15 – October Update A copy of the Infection Prevention & Control Implementation Plan for October 2014 was distributed with the agenda.</p> <p>Pamela Joannidis reported that there was a change on page 5 to include Ebola Preparedness. Dr Armstrong asked if all topics were on target and Pamela replied that the SICPs audit has been brought forward to January as a result of the HEI inspection at GRI.</p>	
<p>4.4 Policies Decontamination Policy Pamela Joannidis updated the group and reported that these policies had already been to AICC and PICSG for approval.</p> <p>Dr Armstrong asked if the Decontamination Policy included a section on the instruments to be bought in relation to CJD and the cost for this. She asked for this policy to reflect the local CJD issues and Iain Kennedy and Pamela Joannidis agreed to work together to look at this.</p> <p>Meningitis Policy Dr Hague advised that she asked Infection Control to rename this policy from Meningitis to Meningococcal Policy and this has been amended.</p> <p>Outbreak Policy A copy of the above policy was distributed with the agenda.</p> <p>The committee agreed to approve the policies.</p>	IK/PJ
<p>4.5 New Build Project Professor Williams commented that in relation to the new build update at the last meeting from Fiona McCluskey he has still not received word regarding the issue with transplant patients and if a contingency plan is in place with regard to the MDRTB Regulations.</p>	

Item	Action
<p>Dr Hague also advised that she has not received the minutes from Fiona McCluskey regarding the meetings looking at the flows for emergency paediatric patients. Dr Armstrong suggested writing a letter to David Loudon asking for an update on these issues and Professor Williams agreed to do this.</p> <p>As the keys for the new SGH are being handed over on 26th January Dr Armstrong stated that all issues should be addressed prior to the opening of the new hospital.</p>	CW
<p>5. Exception Reports and Updates</p> <p>5.1 vCJD Group</p> <p>Dr Kennedy reported that the group met a couple of weeks ago and they discussed the issue of having instruments for two separate streams of patients. He said that the national CJD group discussed this and the costs associated for this and decided that the HPS National CJD Group should look into this. The national group wants to also look at two other points and this includes a stocktake of where boards are with implementing the guidance. The second point is they want a more formal system and process for CJD measures.</p> <p>5.2 Antimicrobial Utilisation Committee</p> <p>The last meeting of the Antimicrobial Utilisation Committee was two weeks ago and as the minutes were not available Dr Seaton updated the group on the main points.</p> <p>Dr Seaton reported that GGC are going to be benchmarked against other boards on the use of meropenem as we are one of the highest users compared to other boards. The focus for AUC and AMT is how we can rationale the use of meropenem. Dr Seaton stated that they are working with Mircobiologists and ICDs as these are the only people that can prescribe this.</p> <p>In relation to pipericillin/ tazobactam Dr Seaton advised that this and co-amoxiclav have increased in hospitals, but the use of these two agents is however less in our board than in many other Scottish boards. Primary Care use of co-amoxiclav and quinolone has decreased.</p> <p>The Primary Care APP has been updated and the latest guidelines are available on this. Dr Seaton reported that the Therapeutics Handbook is now available via APP.</p> <p>Dr Seaton advised that the national SAPG had met. He said that AMT discussed their forward planning regarding better engagement with prescribers with antibiotics.</p> <p>In GGC Dr Seaton stated that we have 1 Pharmacist to 900 beds and other boards have 1 Pharmacist to 300 beds with the exception of Lothian who have 1 Pharmacist to 1200 beds. He said there is an issue regarding national guidance level of engagement with board Pharmacy regarding discharge and the take up with Pharmacy. Dr Armstrong commented that she thought all Pharmacists should be involved in antimicrobial. Liz McGovern stated that all Pharmacists should have an awareness of antimicrobial issues and are a source of expertise but unfortunately they cannot be on wards at all times as they are too busy.</p>	

Item	Action
<p>In the Imperial Hospital in London Dr Seaton reported that they have made it a core function of clinical pharmacists to table antimicrobials and this narrows the spectrum of antibiotics. Dr Armstrong stated that work has to be done in relation to the questions Dr Seaton had raised. She suggested that Dr Seaton contact Norman Lannigan and include Liz McGovern in the discussions.</p> <p>Dr Seaton advised that he prepares a twice yearly report from AMT and confirmed that he will duplicate this for this committee.</p>	AS
<p>5.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in September were distributed with the agenda.</p> <p>Tom Walsh commented that LanQIP version 2 had been approved and that this should support local SICPs auditing.</p> <p>The Vascular Access Policy was approved by the Acute Clinical Governance Committee.</p> <p>Rosslyn Crocket updated the group on the HEI visit to Glasgow Royal Infirmary. The inspectors visited GRI on 7th and 8th October and after visiting some wards and A&E they were concerned at what they observed and alerted senior management. The following day the inspectors re-visited A&E and found blood stained trolleys and patient equipment that had been signed off as clean. They also found poor compliance with the uniform policy. The following week the inspectors returned and out of 15 areas that were signed off as clean 5 of them were again unacceptable due to failures to decontaminate near patient equipment.</p> <p>The report was due to be issued on 3rd December but the action plan was withheld by HEI for further discussion with the board. The Senior Inspector is meeting with Rosslyn, Joyce Brown and Pamela Joannidis this afternoon to agree the action plan. It is anticipated that the report will be published on 4th December.</p> <p>Donald Sime asked if there was an SOP for the cleaning of trolleys and there is not but this is being looked at. Tom Walsh said that A&E departments are looking at a holding bay to sign off trolleys.</p> <p>Pamela Joannidis commented that the staff knowledge and patient equipment was not good in the SICPs audit in A&Es and Joyce Brown is aware of this.</p> <p>Dr Armstrong suggested asking AICC to provide a report on all the requirements and recommendations for GRI and how they are being addressed.</p>	
<p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the Partnership Infection Control Support Group held in September were distributed with the agenda.</p>	

Item	Action
<p>5.5 Recent Outbreaks/Incidents Pamela Joannidis reported that there were 15 wards across 7 hospitals that had been closed recently.</p> <p>Professor Williams reported that there was a patient with PVL - Staphylococcus Aureus admitted to NHS Lanarkshire and asked for doctors to be vigilant when patients are admitted.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1 Vale of Leven Inquiry Report The Vale of Leven Inquiry report was published on 24th November 2014 and the group discussed the report and the recommendations set out in the report. Dr Armstrong and Rosslyn Crocket met with Scottish Government on Tuesday to discuss the report. The board would be compiling our compliance with all the recommendations highlighted in the Inquiry report.</p> <p>Dr Armstrong advised that one of the recommendations stated that if members were unable to attend the Board Infection Control Committee they should send a deputy on their behalf and that members should prioritise these meetings.</p>	
<p>6.2 HPS CDI and SAB Reports (Q2 Jul-Sep 2014) The HPS Quarter 2 Reports (Jul-Sept 2014) for CDI and SAB were distributed with the agenda and noted.</p>	
<p>6.3 Guidance on Prevention & Control of C-diff Infection in Care Settings in Scotland A copy of the report was distributed with the agenda. Professor Williams commented that this was discussed at the recent AICC meeting.</p> <p>In the report Professor Williams said that it states that diarrhoea is classed as three episodes of loose stools whereby GGC sample on one episode of loose stools. He said that Labs do keep stool samples for three months for typing. Work is being carried out regarding the recurrence rate and Dr Seaton and Ysobel Gourlay are looking at prescribing with Ysobel Gourlay looking at casenotes. Dr Armstrong asked for a front page to the document stating where we are and why we are differing from the guidance and to have a rationale for this.</p>	
<p>6.4 HAI Consultation Feedback A copy of the draft standards were issued with the agenda. Pamela Joannidis report that the final version of the standards should be issued in December.</p>	
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed. Dr Kennedy updated the group on some of the items included in the report:-</p> <ul style="list-style-type: none"> • There was a cluster of four cases of meningococcal meningitis group B in a nightclub in Glasgow. Three of the four cases were linked to a staff group in the nightclub and 50 contacts of the cases were followed up with vaccine. 	

Item	Action
<p>An SBAR was issued from Dr Catriona Milosevic, PHPU regarding the Bloodborne Virus Policy. An error was noted, when viewing the table in the policy online and Dr Kennedy advised that the policy was corrected on 24th October 2014. He said the error seemed to be only online and the two boxes in the table had been transposed but when printing the policy it was correct and the master copy was correct. Dr Kennedy reported that after discussions the potential impact for this error was limited and it was agreed that there was no need for a retrospective investigation. He said that a look back is not recommended due to the following:-</p> <ul style="list-style-type: none"> - there is minimal risk that the incorrect table would have been followed (infrequent set of events and availability of alternative accurate information) - were it to have been followed, cases would still have received vaccination (the most important post-exposure measure) and follow up diagnostic testing. No reports of transmission have been received from the follow up testing. <p>Liz McGovern advised that this has been sent to the Plasma Products Group to review. Clinical Governance and IT are to report back to PHPU how this happened.</p>	
<p>8. Draft BICC Meeting Schedule 2015 A copy of the meeting schedule for 2015 was distributed with the agenda and noted.</p>	
<p>9. AOCB No other business was discussed.</p>	
<p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 26 January 2015 at 12 noon and will be held in the Conference Room, Southern General Hospital.</p>	

2015 Meeting Dates

Date (2015)			Time	Venue
Monday	26	January	12noon – 2pm	Conference Room, Southern General Hospital
Monday	30	March	1.30pm – 3.30pm	Conference Room, Southern General Hospital
Monday	18	May	2pm – 4pm	ADM 2.16B Conference Room, Level 2, New Victoria Hospital
Monday	27	July	12noon – 2pm	Conference Room, Southern General Hospital
Monday	5	October	12noon – 2pm	Conference Room, Southern General Hospital
Monday	30	November	12noon – 2pm	Conference Room, Southern General Hospital

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 26th January 2015 at 12.00noon in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Ms Rosslyn Crocket	Board Nurse Director
Mr Tom Walsh	Infection Control Manager
Mr Kenneth Fleming	Head of Health and Safety
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Ms Pamela Joannidis	Nurse Consultant, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Professor Craig Williams	Co-ordinating ICD
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Lorna Murray	Corporate Facilities Manager
Dr Petar Milosevic	Consultant, Occupational Health
Dr Andrew Seaton	Consultant Physician
Dr Iain Kennedy	Consultant, Public Health
Ms Suzanne Clark	Lay Representative

In Attendance

Ann Lang (minutes)

Apologies received:

Dr David Stewart Donald Sime Dr Ray McAndrew Mari Brannigan

Item	Action
1. Welcome and Apologies Apologies were received from the above mentioned.	
2. Minutes of the meeting held on 1 December 2014 Dr Seaton asked for amendments to the AUC section and Ann Lang is to forward Dr Seaton the AUC section for him to update.	AL
3. Matters arising There were no matters arising that were not on the agenda.	
4. Standing Agenda Items 4.1 HAI Reporting Template (HAIRT) December 2014 The December 2014 HAIRT was distributed with the agenda. Tom Walsh updated the group on the latest figures for SAB and CDI for the last available quarter from July – September. He said that the SAB rate for GGC is 24.1 SAB cases per 100,000 AOBs and the HEAT target is 24 cases by 31 st March 2015. With regards to CDI the rate for GGC is 33.8 cases per 100,000 AOBs and the HEAT target is 39.7 cases or less by 31 st March 2015. As of today Tom reported that there were 22 SAB cases and 19 CDI cases for the month of January. Tom Walsh advised that the rates for surgical site infections remain at or below the national average. He also stated that the rates for hip arthroplasty and repair of neck of femur procedures were both above the national average although remain within confidence limits.	

Item	Action
<p>4.2 Q&P HAI Report – January Update A copy of the Q&P HAI report was distributed with the agenda and noted.</p> <p>4.3 IC Implementation Plan 2014/15 – January Update A copy of the Infection Prevention & Control Implementation Plan for January 2015 was distributed with the agenda. Sandra McNamee reported that this will be completed by the next Infection Control committee/meetings.</p> <p>She said that the ICT are progressing with the new Infection Control audit and a meeting with the software company will take place first week in February. The SSI work is progressing and a CNO letter was received and she said that we are going to look at what we may be required to carry out which could include colorectal surgery surveillance. Work regarding the new hospital is ongoing and a lot of staff have been involved in the planning and snagging stage. The Hand Hygiene Co-ordinator is involved in the new hospital for the next 6 weeks. Pamela Joannidis is carrying out training on ebola.</p> <p>Pamela Joannidis advised that she had met with Rosslyn, Mary Anne and Joyce Brown to discuss the new audit tool and to compare the old tool with the new tool. She said that she feels assured that using the new audit tool will assist Infection Control to focus on clinical practice. Rosslyn Crocket agreed that this was a good piece of work and that a process is in place and has been strengthened.</p> <p>Sandra McNamee confirmed that this Implementation Plan finishes in March and a draft 2015/16 plan will be available for the next committee. She also stated that recommendations from the Vale of Leven Inquiry will populate next year's Implementation Plan. Dr Armstrong asked if a cover sheet could be provided to say where we are and where we got to.</p>	SMcN
<p>4.4 Policies</p> <p>Whooping Cough Policy Pamela Joannidis updated the group and reported that these policies had already been to AICC and PICSG for approval.</p> <p>With regards to the contacts page Pamela reported that this will be updated based on the guidance received.</p> <p>RSV Policy A copy of the above policy was distributed with the agenda and approved.</p> <p>Clostridium Difficile Policy A copy of the above policy was distributed with the agenda. Pamela reported that the policy had been reviewed in light of the recommendations from the Vale of Leven Inquiry. The stool chart for c-diff has also been updated and will be used whilst a patient is symptomatic and until they are discharged.</p> <p>As mentioned in the Vale of Leven Report Dr Armstrong asked if reporting of c-diff deaths to the Procurator Fiscal had changed. Tom Walsh commented that the Procurator Fiscals do not want a note of all deaths and Dr Seaton stated that the advice was if a patient died of a notifiable disease this would be reported. Dr Armstrong asked for clarification on this and Tom Walsh agreed to contact David Green at the Procurator Fiscal's office to ask for the correct wording. Sandra commented that if the policy needs to be amended then we will need to update our reply to the actions for the Vale of Leven as we said that the policy will be updated by the end of January.</p>	

Item	Action
<p>In relation to the surveillance of out of hospital cases Dr Kennedy reported that they are looking at putting a new system in place to identify any clusters of CDI in the community.</p>	
<p>Education Strategy / SBAR Education Strategy After recent HEI inspections and one of the recommendations from the Vale of Leven Inquiry Sandra McNamee reported that we are not clear what constitutes mandatory training. She asked the committee to consider what training should be carried out and how this can be captured. Sandra suggested that we could consider Learnpro modules as infection control update training and training on c-diff should maybe be completed within 3 months of induction. This would address the issue if HEI were to carry out an inspection. Liz McGovern said that training depends on where departments work and should be flexible. She also noted that Learnpro prompts a user when item is expired but does not re-prompt the user if not completed.</p>	
<p>Dr Armstrong stated that an email was returned to Scottish Government in relation to recommendation 42 and other recommendations of the Vale of Leven Report. She advised that she will forward this to Ann Lang to send to the committee. It was suggested that there should be further discussions with HEI on what training is required and how we can gather training information for evidence for HEI. Rosslyn Crocket agreed to take this forward.</p>	JA
<p>With regards to antibiotic prescribing training Dr Seaton stated that this is mandatory and tutorials are run for FY1 and 2s once a year but senior doctors do not get any direct training. Dr Hague commented that antibiotic prescribing is usually adult based and not very helpful with regards to paediatrics. Dr Armstrong asked how this training for senior doctors can be addressed. She suggested that AICC look at this for the acute site and bring back a proposal to BICC.</p>	RC
4.5 New Build Project	
<p>Professor Williams reported that in relation to the MDRTB Regulations the rooms in IDU are compliant.</p>	
<p>Discussions are still ongoing regarding the Bone Marrow Transplant Unit (BMT) and Professor Williams commented that they are engaging with HFS on this. He said the BMT unit in Paediatrics are also the same kind of rooms.</p>	
<p>Looking at the patient pathway from the Emergency Department Professor Williams advised that this was satisfactory. Dr Seaton stated that the ID Physicians commented that if there was a VHF patient the ante room should be adequately sized to deal with this eventuality and required to be assessed. He said as a group the ID Physicians would like to see the beds and ante rooms to be used for these type of patients. Dr Armstrong stressed that the keys for the new hospital were being handed over tomorrow and this would need to be discussed with David Loudon as a matter of urgency. She suggested a small group meet after this meeting and she would contact David Loudon to see if the ID Physicians would be able to look at this area today.</p>	DS
<p>In the Infectious Diseases Unit Dr Seaton advised that there are only two beds for VHF type of patients and the rest of the unit is for managing all other patients. In the Brownlee he stated that a VHF patient would be admitted via the fire exit.</p>	JA

Item	Action
<p>Dr Kennedy advised that a sub group is commencing to look at VHF type of patients.</p>	
<p>5. Exception Reports and Updates</p>	
<p>5.1 vCJD Group The CJD Group met last week and Dr Kennedy provided a summary of the meeting.</p>	
<p>He reported that there are two separate decontamination streams of instruments running in Paediatrics. He said the group are revisiting the high risk question in terms of population and are looking for guidance from the national group. In neuro Dr Kennedy advised that they were successful in securing money from Scottish Government to buy instruments although this money has to be spent by the end of March. Dr Armstrong suggested that Dr Kennedy contact Andrew Daly at the Board to ask his advice to transfer the capital allocation to 2015/16.</p>	<p>IK</p>
<p>5.2 Antimicrobial Utilisation Committee A copy of the last meeting of the Antimicrobial Utilisation Committee was distributed with the agenda. Dr Seaton advised that he provided an update of this committee at the last meeting</p>	
<p>Dr Armstrong commented that at the last meeting Dr Seaton discussed the number of Pharmacists per beds. Liz McGovern advised that meetings are ongoing and they are looking at the core responsibility of clinical pharmacists and the skill mix. Dr Seaton stated that he met with Norman Lannigan and Scott Bryson last week to discuss the development of a Lead Nurse Specialist for AMT.</p>	
<p>An update for ADTC (Area Drugs & Therapeutics Committee) was issued with the agenda and Dr Seaton talked through the report. He said this is a twice yearly report he produces for AICC and will replicate the report for this committee. The report includes the following points:-</p> <ul style="list-style-type: none"> • Increase in comoxiclav • Increase in Piperacillin and Tazobactam • Gentamicin use has grown since 2008 • Use of newly recommended Anti Gram negative agents – Aztreonam, Fosfomycin and Temocillin which are used to reduce meropenem. 	
<p>Dr Seaton reported that 1 in 3 patients in GGC have antibiotics and Dr Armstrong commented that maybe HPS need to look at this if 1 in 3 patients need an antibiotic.</p>	
<p>5.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in November were distributed with the agenda and noted. Also issued was a copy of the agenda for the latest meeting in January as the minutes were not available as yet.</p>	
<p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the Partnership Infection Control Support Group held in November were noted.</p>	

Item	Action
<p>5.5 Recent Outbreaks/Incidents Pamela Joannidis reported that no wards were closed with norovirus or influenza.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1 Guidance for Doctors Reporting Deaths to the Procurator Fiscal This agenda item was discussed earlier.</p>	
<p>6.2 HPS CDI and SAB Reports (Q3 Jul-Sep 2014) The HPS Quarter 3 Reports (Jul-Sept 2014) for CDI and SAB were distributed with the agenda and noted.</p>	
<p>6.3 VOL Inquiry Action Plan Dr Armstrong advised that John Hamilton issued a response to the Scottish Government in relation to the Vale of Leven Inquiry. She said that she will ask John to forward this to Ann to send out to the committee.</p>	<p>JA</p>
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed. Dr Kennedy updated the group on some of the items included in the report:-</p>	
<ul style="list-style-type: none"> • A cluster of four wound botulism cases have been reported in Glasgow, Ayrshire and Forth Valley from the end of December 2014. Dr Kennedy informed that there were 9 reported cases and all cases were drug users. • With regards to the Ebola patient Dr Kennedy reported that there has been good feedback from external partners on how this case was handled. As the patient has been discharged this incident is now closed. Dr Armstrong also wished to thank all the work involved with the Ebola patient and especially Brownlee Unit, PHPU and GGC laboratories. Dr Seaton also wished to express his thanks to nursing staff at Brownlee and said that ID Physicians are going through the procedures with staff and the response was regarded as excellent. 	
<p>8. Review of Actions</p> <ul style="list-style-type: none"> • Ann Lang to forward Dr Seaton the AUC section of the minutes for Dr Seaton to amend. • Sandra McNamee to provide a cover sheet for the Implementation Plan detailing the position where we are. • Tom Walsh to contact David Green at the Procurator Fiscal's regarding clarification on reporting of c-diff deaths. • Dr Armstrong to send Ann Lang the email that was returned to Scottish Government in relation to the recommendations of the Vale of Leven Report. • It was agreed that Rosslyn Crocket would have discussions with HEI on what training is required and how we can gather training information for evidence for HEI. • Dr Stewart to look at how training for senior doctors on acute sites can be addressed. • Dr Armstrong to arrange for a small group to meet with David Loudon to see if the ID Physicians can look at the ante rooms in the new hospital. • In relation to instruments in neuro Dr Kennedy to contact Andrew Daly at the Board to ask his advice to transfer the capital allocation for this to 2015/16. 	

Item	Action
9. AOCB No other business was discussed.	
10. Date and Time of Next Meeting The next meeting has been arranged for Monday 30 March 2015 at 1.30pm and will be held in the Conference Room, Southern General Hospital.	

2015 Meeting Dates

Date (2015)			Time	Venue
Monday	30	March	1.30pm – 3.30pm	Conference Room, Southern General Hospital
Monday	18	May	2pm – 4pm	ADM 2.16B Conference Room, Level 2, New Victoria Hospital
Monday	27	July	12noon – 2pm	Conference Room, Southern General Hospital
Monday	5	October	12noon – 2pm	Conference Room, Southern General Hospital
Monday	30	November	12noon – 2pm	Conference Room, Southern General Hospital

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 30th March 2015 at 1.30noon in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Mr Tom Walsh	Infection Control Manager
Mr Kenneth Fleming	Head of Health and Safety
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Ms Pamela Joannidis	Nurse Consultant, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Professor Craig Williams	Co-ordinating ICD
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Lorna Murray	Corporate Facilities Manager
Dr Andrew Seaton	Consultant Physician
Dr Iain Kennedy	Consultant, Public Health
Ms Suzanne Clark	Lay Representative
Dr David Stewart	Lead Director, Acute Medical Services
Donald Sime	Employee Director

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Rosslyn Crocket Mari Brannigan Dr Petar Milosevic

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 26 January 2015 The minutes of the previous meeting were agreed as an accurate record.</p>	
<p>3. Matters arising <u>Guidance for Doctors Reporting Deaths to the Procurator Fiscal</u> Tom Walsh advised that he had written to the Procurator Fiscal but had received no reply. Dr Stewart reported that he had raised this with the CLO for review regarding the lack of clarity. Dr Armstrong stated that it would be a matter of clinical judgement and Dr Stewart confirmed that Paul Cannon is taking this forward. Tom agreed to forward Dr Stewart a copy of the letter he had written to David Green at the Procurator Fiscal's office.</p>	TW
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) February 2015 The February 2015 HAIRT was distributed with the agenda.</p> <p>Sandra McNamee updated the group on the latest figures for SAB and CDI for the last available quarter. She said that with regards to CDI GGC have 87 cases for this quarter. Our target is for 32 cases this month and Sandra reported that we have approximately 25 cases and should meet the HEAT target. The national rate for CDI is 39.7 cases.</p> <p>SAB figures for GGC are 99 cases for this quarter and our aim is to have 75 cases.</p>	

Item	Action
<p>Based on previous occupied bed days we will have approximately 27.1 cases for this month and Sandra reported that this would mean we will narrowly miss the HEAT target for SABs. The national rate for SABs is 32.3 cases.</p>	
<p>Sandra McNamee advised that for the last quarter of 2014 we have had an increase in SSI rates for hip arthroplasty. The rate for GGC is 1.3% against the national figure of 0.6%. She reported that there have been five infections in hip arthroplasty in five different sites but there appears to be no common links.</p>	
<p>4.2 Q&P HAI Report – March Update</p>	
<p>A copy of the Q&P HAI report was distributed with the agenda and noted. There were three wards closed with confirmed outbreaks of flu and Sandra McNamee stated that compared to last year that this has been a relatively bad year for flu. Dr Seaton commented that in medical receiving units they have had the busiest admittance days of all time.</p>	
<p>Professor Williams advised that at the Winter Planning meeting near patient equipment, PPE and antibiotic use in relation to flu was discussed. He said they are going to look at various things including stocks of PPE and the cost benefits in connection with the isolation of patients with flu. Dr Armstrong asked for the committee to be kept updated.</p>	
<p>4.3 IC Implementation Plan 2014/15 – March Update</p>	
<p>A copy of the Infection Prevention & Control Implementation Plan for March 2015 was issued with the agenda. Sandra McNamee reported that she will provide a summary paper to close the plan for this year.</p>	
<p>She said that a CNO letter regarding mandatory surveillance was received.</p>	
<p>In relation to the HEAT Target Sandra advised that we are waiting on official confirmation and this will not be available until April.</p>	
<p>The development of the Infection Control Audit is due to go live on 11th May 2015.</p>	
<p>For the next committee Sandra advised that she will complete a final one page summary.</p>	SMcN
<p>4.4 Policies</p>	
<p>Pamela Joannidis reported that there were no policies to update for this committee.</p>	
<p>A paper regarding Transmission Based Precautions was circulated to the committee prior to the meeting. Professor Williams stated that the evidence regarding FFP3 masks in connection with AGPs (Aerosol Generating Procedures) was limited and only included evidence on intubation. He said the proposal is to focus the use of FFP3 masks for intubation only. He suggested this committee review the paper with the comments received from the clinical groups and forward this to HPS. He said from this, a policy can be formed. Dr Hague and Dr Seaton agreed with the paper and the paper was accepted pending clinical review.</p>	

Item	Action
<p>4.5 New Build Project</p> <p>Professor Williams reported that he had contacted representatives in Birmingham and London regarding the positive pressure ante rooms that they have there. He also spoke with Currie and Brown and they agreed that the new build has the same type of rooms as Birmingham and London and Professor Williams confirmed there is no infection control risk.</p> <p>In connection with VHF cases and the use of trexler units Professor Williams reported that he sent David Loudon the specifications for these and suggested using the ID unit. David Loudon identified a room for the units but was not sure of the ventilation in the room. Dr Armstrong asked for Public Health and Infectious Diseases to be involved in any discussions. Professor Williams said that he and Tom have a meeting with Mary Anne Kane tomorrow and will discuss it with her then.</p> <p>The other outstanding issue is the BMT rooms in the renal area as Professor Williams reported that they do not have a dedicated water supply but a closing point can be put in. He said that all water testing has been completed and installed. The theatre validation data is to be checked and confirmed that there are no other concerns from an Infection Control perspective.</p> <p>With regards to the ongoing building works at the new hospital Dr Hague was concerned that immune compromised patients were being treated here with the levels of dust across the site. Professor Williams suggested looking at practice in the Newcastle Hospital to check if they experienced any problems.</p>	CW/TW
<p>4.6 Annual Infection Control Programme 2015-2016</p> <p>A draft copy of the programme was distributed with the agenda. Sandra McNamee reported that the new HAI standards are included in the programme. She advised that a group has been put together to map the organisation against the standards required and will also map across the recommendations from the Vale of Leven Inquiry.</p> <p>The data regarding the HEAT Target will be updated once the CNO letter has been received.</p> <p>Sandra McNamee reported that the work associated with the Peer Public Review has been added to the programme.</p> <p>The Annual Infection Control Programme was agreed by the committee pending the update from the CNO letter.</p> <p>In relation to the Vale of Leven monitoring Dr Armstrong asked how we can take an overview of the recommendations. Dr Stewart replied that he and Joyce Brown have set up a group to look at the communication and documentation aspects of the VOL actions. Sandra McNamee also commented that Rosslyn Crocket has set up a group to look at recommendations which relate to nursing. Dr Armstrong proposed that this committee take ownership of the report and asked Tom Walsh to take an overview of all the groups. She asked for a review to be brought back to the next committee.</p> <p>Two issues were raised at one of the medical committees and these included stool charts not kept up-to-date and visiting hours for patients being too long.</p>	

Item	Action
<p>Sandra McNamee advised that the extended visiting had been discussed at the Head of Nursing meeting and was agreed with patients and partners. She also commented that stool charts are kept up-to-date and will be monitored by the Transmission Based Precautions.</p>	
<p>5. Exception Reports and Updates</p>	
<p>5.1 vCJD Group</p>	
<p>The CJD Group meet quarterly and Dr Kennedy reported that the next meeting has been arranged for 14th April.</p>	
<p>He also commented that the issue of Finance to buy the instruments in neuro before the end of March has been resolved.</p>	
<p>5.2 Antimicrobial Utilisation Committee</p>	
<p>A copy of the last meeting of the Antimicrobial Utilisation Committee was distributed with the agenda. Dr Seaton advised that he provided an update of this committee at the last meeting</p>	
<p>With regards to the prescribing indicators for the downstream medical wards Dr Seaton reported that there was an improvement in oral duration with a median of 82.9% in December 2014. The correct oral duration was 79.6% compliance in December 2014.</p>	
<p>In surgical receiving Dr Seaton advised that they are meeting targets for indication and compliance with guidance antibiotics for the period from October to December.</p>	
<p>The surgical prophylaxis is on target and Dr Seaton reported that we are consistently meeting the target for colorectal surgery but will be moving away from monitoring of this. He said that it was agreed at SAPG that boards can move to audit new areas.</p>	
<p>The use of astreonam is increasing over the last year and currently 8.5 DDDs per 1000 OBDs.</p>	
<p>Dr Seaton advised that an update regarding the primary care report was provided at the last BICC meeting.</p>	
<p>An update with regards to antimicrobial resistance was discussed at AUC. Dr Seaton commented that in relation to respiratory isolates there was low resistance to tetracyclines and resistance in amoxicillin.</p>	
<p>In relation to community urinary isolates Dr Seaton reported that there has been high nonsusceptible to trimethoprim treated without urinary isolates. He said that urinary isolates seem to be higher in other hospitals. All the data is feedback to Surgical and ECMS Clinical Governance Committees.</p>	
<p>Sandra McNamee mentioned that a CNO letter is awaited to start surveillance on colorectal surgery in January. Dr Seaton advised that he will contact Sandra once he has spoken with the Antimicrobial Pharmacists.</p>	
<p>Dr Armstrong stated that she noticed that antimicrobial prescribing in dentistry had increased. Dr Seaton reported that 10% of community prescribing of antibiotics in GGC is in Dentistry. Dr Armstrong asked Dr Seaton to report back to the committee on dental prescribing.</p>	<p>AS</p>

Item	Action
<p>5.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in January were distributed with the agenda and noted. Also issued was a copy of the agenda for the last meeting in March as the minutes were not available as yet.</p> <p>At the last meeting in March Tom Walsh reported that the AICC discussed the new Infection Control structure and the committee suggested to retain this committee and have monthly HAI reports. He also commented that he is waiting for feedback from Mari Brannigan. A meeting has been arranged with the new Directors and Tom, Sandra and Craig are to meet with them to discuss their proposals for Infection Prevention and Control.</p> <p>Dr Armstrong advised that she will send Tom a copy of the latest paper that went to Clinical Governance. She confirmed that the Infection Control Policy will cover all IJBs and once the structure has been set up all IJBs will work towards this. Dr Armstrong asked how to monitor standards included in the structure paper and said that where we manage services this will come to the BICC. Kenneth Fleming advised that in terms of Health and Safety legislation there is a duty as an employer which are NHS and Council staff.</p>	JA
<p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the Partnership Infection Control Support Group held in January were noted. Also issued was a copy of the agenda for the last meeting in March as the minutes were not available as yet.</p>	
<p>5.5 Recent Outbreaks/Incidents An Outbreak Report for Ward 26, RAH was tabled at the meeting. Sandra McNamee reported that the ward was closed on 23rd March with 3 hospital acquired <i>Clostridium difficile</i> cases identified over a three day period. Patients are being nursed in single side rooms with the typing awaited and the HIAAT score was green. Professor Williams chaired an outbreak meeting and a press statement was prepared.</p> <p>One ward was closed today with suspected norovirus. Dr Kennedy commented that there has been a spike in norovirus in care homes with 8 closures in the last week.</p> <p>Dr Kennedy also reported a cluster of c-diff in a hospice and stated that a patient was transferred from RAH. He said that he does not think that there is any link and he has been in discussion with the Lead Infection Prevention & Control Nurse at RAH.</p>	
<p>6. New Business / Documents Received</p> <p>6.1 CNO Letter – HAI Inspections A copy of the CNO letter was distributed with the agenda. Sandra McNamee said the CNO letter is asking for assurance that SICPs and TBPs will be rolled out in boards. A report was sent back listing the ways to monitor compliance and Sandra advised that Mary Anne Kane carries out external audits regarding the national cleaning specification.</p>	

Item	Action
<p>6.2 CNO Letter - Healthcare Improvement Scotland – Revised Healthcare Associated (HAI) Standards (2015) The revised HAI Standards were published in February 2015. Pamela Joannidis reported that the new standards are for us to demonstrate how we are going to meet these standards. She said that the inspectors will be inspecting hospitals on the new standards from June 2015.</p>	
<p>6.3 HAI Self Assessment Guidance and Template The new self assessment template will be issued to boards on 1st May 2015 and boards have approximately 6 weeks to complete this. Dr Hague asked if there was anything different in the standards and Pamela Joannidis replied that the challenge for us is regarding the education that Infection Control provide is working.</p>	
<p>6.4 HEI Inspection – Glasgow Royal Infirmary The HEI Improvement Action Plan for Glasgow Royal Infirmary was issued with the agenda and Sandra McNamee updated the group.</p> <p>Sandra reported that GRI was inspected in October and received 8 requirements and 1 recommendation. In February the inspectors returned to GRI to carry out an unannounced follow up inspection and found that all requirements and recommendations had been fully met and there were no actions to take forward. When the inspectors were in Sandra advised that it was difficult to obtain the education records for staff but Learnpro has data on staff that have completed the SICPs audits. From December 2014 – February 2015 over 5,000 staff have completed this audit.</p> <p>Last week the inspectors visited Inverclyde and Sandra McNamee reported that the inspectors gave very positive feedback from the visit and commented that A&E was one of the best that they have inspected. Suzanne Clark asked if this included domestic monitoring and Sandra replied that the inspectors received good knowledge from the domestics when inspected. She also stated that the porters will be given more responsibility for cleaning and at GRI they have a local agreement and are trialling a new system in A&E for the porters to clean trolleys. Dr Armstrong asked to record thanks to the staff at GRI for all their hard work.</p> <p>Dr Armstrong asked what training medical students receive and it was agreed that this should be passed to the university.</p>	
<p>6.5 Catheter Associated Urinary Tract Infection (CAUTI) – Progress Report A copy of a progress report on CAUTI was distributed with the agenda.</p> <p>Two members of staff were appointed last February as Quality Improvement Facilitators. Pamela Joannidis reported that they visited the wards and a summary report has been issued. Care Plans have been developed and education was provided. She said that this will link to CAAS and the Quality Improvement Facilitators have developed objectives and they will be rolled out to each ward.</p>	
<p>6.6 HEI - Chief Inspector Annual Report 2013–2014 The Chief Inspector Annual Report for 2013-2014 was distributed with the agenda and noted by the committee.</p>	

Item	Action
<p>7. Update from Public Health Protection Unit</p> <p>A copy of the update from Public Health Protection Unit was distributed. Dr Kennedy updated the group on some of the items included in the report:-</p> <ul style="list-style-type: none"> • The wound botulism outbreak continues and Dr Kennedy reported that they are continuing to investigate this and have received a sample of the heroin concerned which has been sent from sampling. • PHPU are investigating potential transmission of Hepatitis C from a health care worker and are looking at who the HCW had contact with. • IT are investigating how the policy relating to hepatitis B vaccination did not upload correctly to the Intranet. • The staff flu vaccination was below the 50% target set by Scottish Government. • The first TB cohort review pilot in Scotland took place in Glasgow last month. Dr Kennedy reported that they are looking to arrange future reviews. • HPS issued guidance on Friday regarding invasive mycobacterial infections associated with cardiac surgery. Dr Kennedy advised that the organism is found in heater circuit machines. He said that they carried out a data linkage exercise and there were 6 confirmed cases in GGC which had cardiac procedures and an investigation is being initiated. • A copy of the National Debrief Report on Ebola had been issued with the agenda. Dr Kennedy reported that there was one possible case here and most of the concerns raised in the report related to other boards. He also said there was little in the recommendations that affected our board. 	
<p>8. Review of Actions</p> <ul style="list-style-type: none"> • Tom agreed to forward Dr Stewart a copy of the letter he had written to David Green at the Procurator Fiscal's office regarding reporting of deaths relating to healthcare associated infections. • For the next committee Sandra advised that she will complete a final one page summary of the Implementation Plan. • Professor Williams and Tom have a meeting arranged with Mary Anne Kane and will discuss the ventilation in the rooms for the trexler units in the new build. • Tom Walsh to lead on the monitoring of the recommendation from the Vale of Leven Inquiry and update the committee. • Dr Seaton to update the committee on dental prescribing. • Dr Armstrong to send Tom Walsh a copy of the Infection Control structure that went to the Clinical Governance Committee. 	
<p>9. AOCB</p> <p>Lorna Murray advised that Alan Gallacher has asked the committee to approve an extension of one month for the Water Safety Policy. She said this is in light of further guidance received. The committee agreed to approve this extension.</p> <p>Dr Armstrong said in relation to the Penrose Inquiry she received a letter regarding Hep C testing which is done by CPS and for it now to be carried out by laboratories. Dr Kennedy reported that they have been asked for more testing by GPs and he issued the letter to them. Dr Armstrong stated that this needs to be monitored and if this has been issued by Public Health she is happy for them to take this forward.</p>	

Item	Action
<p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 18 May 2015 at 2.00pm and will be held in Room ADM 2.16B Conference Room, Level 2, New Victoria Hospital.</p>	

2015 Meeting Dates

Date (2015)			Time	Venue
Monday	18	May	2pm – 4pm	ADM 2.16B Conference Room, Level 2, New Victoria Hospital
Monday	27	July	12noon – 2pm	Conference Room, Southern General Hospital
Monday	5	October	12noon – 2pm	Conference Room, Southern General Hospital
Monday	30	November	12noon – 2pm	Conference Room, Southern General Hospital

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 18th May 2015 at 2.00pm in
ADM 2.16B Conference Room, Level 2, New Victoria Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Mr Tom Walsh	Infection Control Manager
Mr Kenneth Fleming	Head of Health and Safety
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Ms Pamela Joannidis	Nurse Consultant, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Professor Craig Williams	Co-ordinating ICD
Ms Rosslyn Crocket	Nurse Director
Ms Lorna Murray	Corporate Facilities Manager
Dr Andrew Seaton	Consultant Physician
Dr Iain Kennedy	Consultant, Public Health
Ms Suzanne Clark	Lay Representative
Dr David Stewart	Lead Director, Acute Medical Services

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Liz McGovern Mari Brannigan Donald Sime

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 30 March 2015 Dr Seaton asked to amend the section on AUC and Ann Lang to forward the minutes for him to update. With this update to follow the minutes of the previous meeting were agreed as an accurate record.</p>	
<p>3. Matters arising There were no matters arising that were not on the agenda.</p>	
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) April 2015 The April 2015 HAIRT was distributed with the agenda.</p> <p>Sandra McNamee updated the group on the latest figures for SAB and CDI for the quarter from October – December. She said that with regards to SABs NHSGGC reported 25.1 SAB cases, with all boards to achieve a rate of 24 cases or lower by 31st March 2015. For CDI cases NHSGGC reported 33.3 cases per 100,000 OCBs which remains below the national average of 35.4 cases. From our own analysis Sandra advised that it looks like we have narrowly missed the SAB HEAT Target but should have met the target for CDI. She stated that the targets have been rolled over to next year and we have an extra year to reach this SAB target.</p>	

Item	Action
<p>With regards to SSI rates Sandra McNamee advised that we remain above the national average for hip arthroplasty. She reported that there have been five infections in hip arthroplasty in five different sites but there appears to be no common links. Decontamination was also looked at and Alan Stewart confirmed that Inverclyde and Royal Alexandra Hospitals are supplied by a separate Decontamination Unit at Inverclyde compared to other hospitals which use the Central Decontamination Unit at Cowlairs.</p>	
<p>4.2 Q&P HAI Report – No Update</p>	
<p>There was no Q&P report for this committee as the latest report was going to the Q&P Committee meeting tomorrow.</p>	
<p>4.3 IC Implementation Plan 2015/16</p>	
<p>A copy of the final report of the Implementation Plan for 2014/15 was provided by Sandra McNamee. She said that four items were not achieved and included:-</p>	
<ul style="list-style-type: none"> • Develop new infection prevention and control audit based on clinical priorities. Due date – March 2015. Status Not Complete. Update – UAT complete, training in progress. Date for ‘go live’ confirmed for 25.05.15. • South Glasgow Hospitals – Review of patient pathway for high risk infected patient. Not complete. Update – IPCT and Director of South Sector met and agreed appropriate pathway through hospital. Work ongoing to procure isolation unit. • Review of ventilation standards in lobbied single rooms (adult and paediatrics). Not complete. Update – reviewed by Prof Williams; action now complete. • On the move, migration of staff. Not complete. Update – SGH and VIC IPCNT s now located in new office accommodation on SGH campus. Migration of teams at WIG still to be confirmed. 	
<p>Dr Seaton advised that the adult IDU moves to the new hospital on 30th May and asked if this area was satisfactory to move into. Dr Stewart replied that he would like to see a formal proposal if there are any issues that he can present to the On the Move Group. With the paediatric patients due to move in the next couple of weeks Dr Armstrong asked for this to be passed to Dr Stewart as a matter of urgency.</p>	
<p>In relation to On the Move Sandra McNamee reported that two Infection Control teams based at Southern General and Victoria Infirmary have merged at the new hospital in the interim. The Data Team are still based at the Western Infirmary.</p>	
<p>A copy of the Infection Prevention & Control Implementation Plan for 2015/16 was issued with the agenda. Sandra reported that this report also includes a RAG status and includes more than normal due to hospital reconfiguration. She said that we are still waiting for the CEL on mandatory surveillance.</p>	
<p>Sandra McNamee reported that the self assessment for HEI is due to be updated by 12th June and a meeting with the Lead Infection Control Nurses was held to discuss what information could be included. Information will also be sought from Facilities and AMT.</p>	

Item	Action
<p>With regards to Health and Social Care Partnerships Sandra advised that there will be a dedicated Infection Control team based at Gartnavel for this.</p> <p>The Scottish Government requested an update regarding the recommendations for the Vale of Leven. Sandra stated that she is gathering the information together and trying to finalise this to forward to the Area Clinical Forum for comments and return to Scottish Government by the end of June. Dr Armstrong asked for the document to be emailed back to the Area Partnership Forum to highlight the areas they would be interested in. Sandra advised that the final version should be available by the end of May.</p>	
<p>4.4 Policies</p>	
<p>MRSA Policy</p>	
<p>Pamela Joannidis updated the group on the four policies for approval.</p>	
<p>She said the MRSA policy lists the key changes on the front page and includes a sub section on Occupational Health. The audit section has been removed and the evidence base has been updated.</p>	
<p>CDI Policy</p>	
<p>A copy of the above policy was distributed with the agenda and Pamela advised that the links and algorithm have been updated. The stool chart has also been added to the policy.</p>	
<p>Scabies Policy</p>	
<p>A copy of the above policy was distributed with the agenda. The role of Occupational Health has been added to the policy.</p>	
<p>Hand Hygiene Policy</p>	
<p>A copy of the above policy was distributed with the agenda and noted.</p>	
<p>Dr Armstrong noted that the relapse rate was high in CDI figures with an increase from 15-20% to 33% and asked if we need to change our prescribing policy. Dr Seaton advised that our guidance is formulated to reduce c-diff.</p>	
<p>In relation to faecal transplants Dr Seaton reported that we were the first board to do these transplants and said that our protocol is from the United States. He remarked that we do not have clinical strategy and need a paper to further develop this. Dr Armstrong suggested looking at this after the move to the new South Glasgow University Hospital.</p>	
<p>The committee agreed to approve all of the policies</p>	
<p>4.5 New Build Project</p>	
<p>Professor Williams reported that we need the final sign off for theatre validation.</p>	
<p>With the ongoing building works at the new hospital and the concern regarding immune compromised patients being treated there he said that that they have written to the dust control people to ask for the method statement and a list of the demolition period.</p>	
<p>4.6 Annual Infection Prevention & Control Report 2015/16</p>	
<p>A copy of the report was distributed with the agenda. Tom Walsh stated that the outcomes are from the Annual Infection Control Programme. He said that as the report was written in April it does not include the Heat Target and this data will be included when available.</p>	

Item	Action
<p>5. Exception Reports and Updates</p> <p>5.1 vCJD Group The CJD Group meet quarterly and Dr Kennedy reported that the last meeting was cancelled and another date is being arranged</p> <p>Dr Kennedy reported that a CMO letter issued provided an update on advice in relation to single use versus reusable instruments used in adenotonsillar surgery. He said that we have six months to implement this.</p> <p>Dr Armstrong asked if we received funding for the instruments in neuro and Dr Kennedy replied that funding was only available for half of what was asked for.</p> <p>5.2 Antimicrobial Utilisation Committee A copy of the last meeting of the Antimicrobial Utilisation Committee was distributed with the agenda. Dr Seaton provided an update of the committee.</p> <ul style="list-style-type: none"> • The use of Astreonam has increased in non-cystic fibrosis patients due to using less Meropenem. Dr Seaton reported that there is now a shortage but this should be resolved by the end of May. • In connection with nursing antimicrobial stewardship Dr Seaton advised that in conjunction with NES, SAPG have created a learning module for nurses. A briefing paper was produced and Rosslyn Crocket and Norman Lannigan met with representatives in Tayside as they have an Antimicrobial Nurse but he said that GGC have no money to fund this. Tayside reported that they have noticed an improvement since the person started a year ago. Rosslyn Crocket suggested that this is something we should maybe look at and for the Lead Nurses to go back into the ward a couple of days a week. Sandra asked why a nurse should do this and not an Antimicrobial Pharmacist and Rosslyn replied that Norman Lannigan stated that evidence suggests that when nurses carry this out the results seem to be better. Rosslyn commented that the nurse would be complimentary to what we have and would carry out education and this could be trialled in a sector. Professor Williams stated that this would be a challenging role for the nurse as they are not a trained prescriber. Dr Armstrong asked for a progress update to be brought back to the committee in July. • With regards to the Point Prevalence survey a third of hospital patients are on antibiotics. Dr Seaton advised that the duration of IV antibiotics is three days. • Gentamicin recording has improved and the gentamicin correct dose and frequency has improved to 94%. Dr Seaton advised that Datix reports for gentamacin has reduced and medicine related reports have continued to increase. <p>5.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in March were distributed with the agenda and noted. Also issued was a copy of the agenda for the last meeting in May as the minutes were not available as yet. Dr Stewart advised there were no exceptions to report.</p> <p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the Partnership Infection Control Support Group held in March were noted. Also issued was a copy of the agenda for the last meeting in May as the minutes were not available as yet.</p>	RC/AS

Item	Action
<p>5.5 Recent Outbreaks/Incidents For April and May Pamela Joannidis reported that there were ten wards closed during this period with five of them with confirmed norovirus.</p> <p>In a ward at GGH there were two cases of cdiff in April and this resulted in the ward breaching it's upper control limit. Pamela reported that a CDI trigger assessment was carried out and the typing was of different types.</p> <p>Pamela reported that there was an increase of SABs in a ward at RAH. A meeting was held and a ward PVC sweep and education was carried out.</p> <p>In NICU at SGH Pamela stated that they had five SAB cases and a further meeting was arranged this week and an action plan has been produced. Dr Armstrong said it looks like this has been a cross infection of hand hygiene. Pamela stated that they are looking at signs at the incubators to say wash hands before opening incubator.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1 HPS Q4 CDI & SAB Summary As discussed earlier in the meeting.</p>	
<p>6.2 Transmission Based Precautions A copy of a Transmission Based Precautions report was tabled at the meeting. Pamela confirmed that this report has been sent to HPS and they await feedback from them. She said that she will provide an update at the next committee in July.</p>	PJ
<p>6.3 New Transition Arrangements for Infection Control Post June With the move to the new structure Tom Walsh provided an update with regards to Infection Control. He said that there is a proposal to retain AICC and PICSG and for them still to report to BICC. All Infection Control policies will continue to be approved at BICC.</p> <p>It was agreed to have a crossover of directorate reports and sector reports for a three month period because of the new structure. Tom advised that what is already carried out for directorates will be replicated for sectors. Any corporate reports for acute services will be copied to Rosslyn Crockett and Dr Armstrong and they will also be notified of the SAB and CDI trajectories.</p> <p>Tom and Sandra attended a meeting with Anne Harkness, Jonathan Best and Marie Farrell and they were in agreement for the reports to continue to be sent and asked for any exceptions to be raised firstly at BICC and then to Clinical Governance Forum.</p> <p>Tom Walsh reported that as part of the Vale of Leven recommendations it strongly suggests that Infection Control should be a key agenda item at Clinical Governance Committee.</p> <p>Dr Seaton advised that with regards to sector based reporting we will lose intelligence and trends within specialities will look different. He asked who would lead on this and Tom Walsh responded that the Sector Governance Committee will have a nominated lead. Dr Armstrong suggested antimicrobial be part of the Infection Control reports and could be sent to Dr Seaton to include his data. Dr Seaton commented that it would be difficult to divide the data into sectors. Rosslyn Crocket stated that there will still be a lead clinician and specialities will be within sectors.</p>	

Item	Action
<p>7. Update from Public Health Protection Unit</p> <p>A copy of the update from Public Health Protection Unit was distributed. Dr Kennedy updated the group on some of the items included in the report:-</p> <ul style="list-style-type: none"> • The wound botulism outbreak continues and Dr Kennedy reported that GGC have had 25 cases with the last case reported on 20th April. An incident meeting was held with HPS last week and they have declared the outbreak over. • Four cases of salmonella were linked to a food outlet in Clydebank and Dr Kennedy said there is a link to the salmonella outbreak at Celtic Park. • The Annual GI Viral Infection Report has seen a 31% reduction in lab data and 75% decrease in rotovirus cases. • The investigation into the cluster of HIV in people who inject drugs is ongoing. Dr Kennedy stated that we have more cases this year compared to the whole of last year. He said that a meeting has been arranged for tomorrow to discuss this with the Outreach Project. • A meeting to discuss the invasive mycobacterial infections associated with cardiac surgery was held after the AICC meeting. Dr Kennedy advised that the organism is linked to the heater/cooler units in the bypass machines. He said that England and Wales have already tested the machines and of the machines tested in Europe seven of these tested positive. In GGC Dr Kennedy stated that GGC have seven machines at Golden Jubilee and four of these were transferred from GGC. The manufacturer has said the decontamination process is fine and has issued new protocols. Dr Kennedy advised that they will be taking samples and as the risk is low will continue to use the machines until a response is received from MHRA. 	
<p>8. Review of Actions</p> <ul style="list-style-type: none"> • In connection with nursing antimicrobial stewardship Rosslyn Crocket and Dr Seaton to provide an update for the next committee. • Pamela Joannidis to provide an update on the Transmission Based Precautions Report. • Lorna Murray to arrange to have a review date put on the Water Systems Safety Policy. 	
<p>9. AOCB</p> <p>In relation to the last two HEI inspections Sandra McNamee reported that Glasgow Royal Infirmary and Inverclyde Royal Hospital received in 0 requirements and 0 recommendations.</p> <p>One of the recommendations from the Vale of Leven Inquiry states that there should be a record of attendance at various Infection Control Committees. Tom Walsh advised that this will be done for BICC, AICC and PICSG and if a delegate is unable to attend they should try and ensure a deputy can represent them. Dr Hague commented that it is sometimes quite difficult to send a deputy.</p> <p>A copy of the Water Systems Safety Policy and the SOP for Pseudomonas was issued with the papers. Lorna Murray advised that section 7 includes a list of where the engineering risk areas are to test for legionella. Also in Section 8 Lorna advised that this section includes if there is an infection incident which can be demonstrated as originating in a water system should be reported on datix.</p>	

Item	Action
<p>Pamela Joannidis reported that the SOP for Pseudomonas has also been issued. She said this document was reviewed last year and is an annual document for approval.</p> <p>Dr Kennedy commented that the regulations have been updated in January and it is now an offence to obstruct Scottish Water to carry out their duties.</p> <p>Kenneth Fleming commented that the Water Systems Policy did not have a review date on it and Lorna Murray agreed to have this updated.</p> <p>With this update to be added the committee agreed to approve the policy and the SOP for Pseudomonas.</p> <p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 27 July 2015 at 12 noon and will be held in the Conference Room, Southern General Hospital.</p>	LM

2015 Meeting Dates

Date (2015)			Time	Venue
Monday	27	July	12noon – 2pm	Conference Room, Southern General Hospital
Monday	5	October	12noon – 2pm	Conference Room, Southern General Hospital
Monday	30	November	12noon – 2pm	Conference Room, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minutes of Meeting of the **Acute Control of Infection Committee** held on **Monday 6 July 2015**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Prof Craig Williams	Lead Infection Control Doctor
Ms E Love	Head of Nursing, W&C
Mrs A Kerr	Lead Nurse Surveillance IPC
Ms Y Gourlay	Lead Pharmacist, AMT
Ms Karen Cormack	Head of Clinical Risk
Mrs L Thomson	Lead Nurse AMU & Cardiology GRI
Ms P Joannidis	Nurse Consultant Infection Prevention & Control
Ms A Harkness	Director, South Sector
Mrs M MacDonald	Chief Nurse Regional Services
Mrs C McKay	Lead Nurse Clyde
Dr L Bagrade	Consultant Microbiologist ICD Clyde
Ms K Hamilton	Lead Nurse North IPC
Mrs J Higgins	Lead Nurse Clyde IPC
Ms L McCaig	Senior Charge Nurse Diagnostics
Dr I Kennedy	Consultant Public Health
Ms J Barmanroy	Senior Infection Control Nurse South Sector
Dr C Peters	Consultant Clinical Microbiologist South Sector
Mr T Walsh	Infection Control Manager
Dr D Stewart (Chair)	Lead Director, Acute Medical Services

In Attendance

Mr T Sim	Corporate Administration Officer
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Apologies

Ms K McGuigan	Lead Nurse, Imaging, Diagnostics
Ms S McNamee	ADN Infection Control
Mrs J Brown	Chief Nurse Clyde Sector
Ms K McGuigan	Lead Nurse, Imaging, Diagnostics
Dr J Beattie	Associate Medical Director W&C
Mr J Stuart	Chief Nurse North Sector
Ms E. Burt	Chief Nurse South Sector
Dr T Inkster	Consultant Microbiologist Diagnostics
Mrs M A Kane	Interim Director Facilities

Item**Action**

1) **Welcome and Apologies**
Apologies for absence were recorded as noted above. Dr Stewart welcomed new members to the meeting.

2) **Minute of Previous Meeting**
The minutes of the meeting of the group held on 12 May 2015 were agreed as an accurate record subject to the following corrections.

Page 2 Item 8 Ms Cormack advised of the change from Infection Control Bulletin to Clinical Risk Bulletin.

3) **Matters Arising**

All matters arising were covered in the agenda.

a) **Clinical Risk Update**

A presentation was provided by Ms Cormack who covered Infection Control Incidents in the time period April- June 2015.

Ms Cormack began by reporting the Infection Control Incidents by sub-category and advised that there was 1 CJD related incident during the above period. There were also 3 Inability to Isolate and 1 SAB incident. Ms Cormack took members through the approval status of incidents highlighting both those awaiting review and those currently being reviewed. Patient Outcome details were provided and Ms Cormack advised that there were 5 deaths during the period 4 CDI and 1 SAB death. There were some differences in CDI data and Ms Cormack advised that some incidents had been wrongly coded. Infection Control have also noticed that there has been an increase (39%) in severe CDI cases in Apr 2013- March 2014 and April 2014- March 2014. However Ms Cormack reported that there is an overall reduction in CDI cases over the same period, with fewer total numbers, but more severe cases.

b) **National Infection Prevention and Control Manual- Publication of Chapter 2 Transmission based Precautions**

Professor Williams provided a verbal update on this item and advised members that there was a meeting on 13 July 2015 to discuss draft amendments to existing protocols. Ms Joannidis also advised that the Policy was due for review in July 2015. Ms Joannidis asked for approval to extend the review date until end of September 2015 to allow for further review of the TBP report.

4) **Monthly Enhanced Surveillance of SAB Reports- April 2015 & May 2015**

Mrs Kerr reported on the April and May figures and advised that there were 36 cases identified in April and 46 in May. Around 52%-56% of HAI SABs were Hospital Acquired Infections. Mrs Kerr further reported that between 33%-46% of HAI SABs were attributed to a vascular access device. There is ongoing work to ensure compliance with the HEAT target. There were issues in May around the increased incidence which was attributed to the Renal Discharge Unit at Stobhill Hospital and there are actions being taken to address this. Ms Joannidis advised that there was a new audit tool around PVC and CVC with a better educational focus around practice.

Dr Stewart thanked Mrs Kerr for her update and asked members to consider the previous campaign to discourage the use of PVC and if this might be re-engaged.

5) **Quarterly Reports on the Surveillance of C Diff/SAB**

a) Mrs Kerr provided a verbal update and advised on the following;

SABs-Quarter 4- (October- December 2014) there were 93 patient cases which equated to a rate of 25.1 cases per 100,000 acute occupied bed days (AOBDs). This is above the national HEAT target of 24 cases per AOBDs. The Scottish rate was 30.4.

CDI- Quarter 4- (October- December 2014) there were 114 patient cases in ages 15 years and above, which equated to a rate of 33.3 cases per 100,000 total occupied bed days (OBDs). This is above the national HEAT target of 32 cases per 100,000 OBDs. The Scottish rate was 35.4.

Mrs Kerr advised that the figures for Q1 January- March 2015 were embargoed until 7 July 2015. However there was an increase in SABs with 102 patient cases with a rate of 27.1 cases per 100,000 AOBDs (Scotland 29.7). There was a statistically significant decrease in our yearly trends in MSSA and total SABs (year end March 2015).

In terms of CDI Mrs Kerr reported that there were 87 patient cases in ages 15 years and above with a rate of 24.6 cases per 100,000 OBDs (Scotland 27.1) This was NHSGG&C's third lowest reporting quarter Mrs Kerr advised.

b) **Revised Healthcare Associated Infection (HAI) Standards: Health care Environment Inspectorate and Self- Assessment.**

Ms Joannidis provided a verbal update and reported to members that NHSGG&C submitted against nine Standards and that there had been feedback to date. Ms Joannidis also advised that there was a link available to view what had been submitted.

c) **HAI Annual Report 2014.**

The Health Associated Infection (HAI) Annual Report was received and noted by members.

d) **IPC HAI Communications Strategy**

Ms Joannidis provided a verbal update on the Communications Strategy and advised that it had been circulated for comment and would be sent to the BICC later in July for approval

e) **IPC Audit Tool SOP**

The Audit Tool SOP has been circulated for comment Ms Joannidis advised and would also be presented at the BICC meeting on 27 July 2015 for approval.

6) **Draft Policies for Noting**

The following Policies were provided to members for noting:

- Tuberculosis Policy
- Chickenpox Policy
- Occupational Related Illness Policy
- SOP Last Offices

7) **Standing Items**

a) **Bi Monthly HAIRT Report June 2015%**

Mr Walsh provided members with an update on the Key Healthcare Associated Infection Headlines for June 2015 (HAIRT). The report was received and noted. Mr Walsh advised members on some key headlines and advised that NHSGG&C successfully achieved the 2013 *Clostridium difficile* HEAT target of less than 39 cases per 100,000 occupied bed days in the over 65 age group. In the year ending December 2014 NHSGG&C had a statistically significant decrease in MSSA and total *Staphylococcus aureus* bacteraemias in comparison with the previous year.

Mr Walsh further advised that for the last available quarter (October- December 2014) the SSI rates for Caesarean section and knee arthroplasty procedure categories are below the national average; while repair of neck of femur procedures match the national average and SSI rates for hip arthroplasty procedures remain above the national average.

b) **HEIS**

This item was noted by members

c) **Infection Control Implementation Plan**

Members received and noted the Infection Control Implementation Plan presented by Ms Joannidis who reported on key initiatives projects within the plan. The SOP to describe what HAI audit information should be displayed in wards and what should be public facing information was circulated for evaluation. Ms Joannidis further advised that there is ongoing work with IPC and theatre users to ensure that NHSGG&C is compliant and prepared for HEI theatre inspections.

There was some discussion around the 1109 single rooms within the new South Glasgow University Hospitals and the implications for IPC. Both Ms Joannidis and Mr Walsh were cognisant of concerns and agreed to review the implementation plan to ensure this was captured.

d) **Sector Reports/Exceptions/Updates**

The Infection Prevention and Control Sector Reports presented by Mr Walsh for April and May 2015 were received and noted by members. Mr Walsh advised members that each of the three sectors Lead IPC Nurses would provide an update on their sectors at Acute Infection Control Committee meetings.

e) **Minutes of Board Infection Control Committee March 2015**

The minutes of the Board Infection Control Committee meeting on 30 March 2015 were noted by members. Mr Walsh drew member's attention to point 4.2 and advised the Q&P committee no longer exists and has been replaced by the Acute Services Committee.

f) **CJD**

PJ/
W

Dr Kennedy provided members with a verbal update and advised that NHSGG&C have until October 2015 to implement guidance on the use of re-usable instruments.

g) **AMT Report**

The AMT report provided by Ms Gourlay was received and noted by members. Ms Gourlay began by reporting on the SAPG Prescribing Target Downstream Medical Wards to May 2015 and advised members that the recording of Indication continues above the 95% target. Prescribing of antibiotics varies around the 95% target, with the recording of duration for oral antibiotic therapy improving, but still below the 95% target. Ms Gourlay further advised that these targets will be replaced by the new SAPG target in June 2015.

Ms Gourlay provided further information on the SAPG target for Surgical receiving wards and for Colorectal and Plastic Surgery. In particular Ms Gourlay drew member's attention to the improvement in the use of single dose therapy within the SAPG Target for Plastic Surgery where compliance with policy has changed from 40% in September 2014 to 90% in March to May 2015.

YG

h) **Theatre Maintenance/Validation**

Professor Williams advised that there were no particular issues to report and Ms Hamilton confirmed that all Theatres were up and running. Dr Peters advised that there were some issues with ventilation within a couple of areas and in particular within one room at the new SGUH. There was discussion around HEPA filters and the need to ensure that air pressures were correct, as Dr Peters had reported that there were some issues around slightly positive air pressure.

Dr Peters and Professor Williams advised that a meeting had been arranged later in the day with Gary Jenkins, Director of Regional Services to discuss these issues.

i) **Decontamination**

Professor Williams reported that the drafted new terms and conditions would be reported at the new meeting in September 2015.

CW

8) **AOCB**

Dr Kennedy advised on three separate issues:

- Botulism- There had been one further case recently, and as the case was within 6 weeks of the previous case, it will be classed as belong to the outbreak.
- Mycobacterium chimera and cardiac bypass- The manufacturer's Field Safety Notice has been issued, and Dr Kennedy, Professor Williams and Mr Walsh would be meeting to discuss the next steps.
- Diphtheria- There has been a case of cutaneous diphtheria in a patient attending a [REDACTED] clinic at Glasgow Royal Infirmary. Dr Kennedy advised that this is the first toxigenic diphtheria in Scotland since 2007.

10) **Date of Next Meeting**

Monday 7 September 2015 at 10.00am, Conference Room, Management Building,
Southern General Hospital

DRAFT

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 27th July 2015 at 12.00noon in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Professor Craig Williams	Co-ordinating ICD
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Mr Kenneth Fleming	Head of Health and Safety
Mr Donald Sime	Employee Director
Dr Andrew Seaton	Consultant Physician
Dr David Stewart	Lead Director, Acute Medical Services
Ms Jacqueline Shookhye-Dickson	Heath Protection Nurse Specialist, PHPU
Rona Wall	Occupational Health Service Manager
Andy Bell	Project Manager, Facilities

In Attendance

Ann Lang (minutes)

Apologies received:

Tom Walsh Dr Iain Kennedy Pamela Joannidis Ms Suzanne Clark
Ms Liz McGovern

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 18 May 2015 The minutes of the previous meeting were agreed as an accurate record.</p>	
<p>3. Matters arising <u>Antimicrobial Stewardship</u> Dr Seaton advised that there has been no progress as funds are not available to support this and modules will be issued from NES through the nursing network.</p>	
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) June 2015 The June 2015 HAIRT was distributed with the agenda.</p> <p>In the report Sandra McNamee reported that SSI rates for hip arthroplasty procedures remain above the national average. She said that analysis of the six infections found no commonality and no issues were identified at Cowlairs and Inverclyde Decontamination Units.</p> <p>4.2 Q&P HAI Report – No Update There was no Q&P report for this committee. As this is now the Acute Services Committee Sandra McNamee advised that discussions are ongoing with Dr Armstrong regarding the information to include for this committee.</p>	

Item	Action
<p>4.3 IPC Work Plan 2015/16 A copy of the IPC Work Plan for 2015/16 was distributed with the agenda and Sandra McNamee provided an update to the committee.</p> <p>In the recommendations from the Vale of Leven Inquiry Report she stated that we should have a HAI Communications Strategy and Audit Plan and SOP which has been provided to the committee for approval.</p> <p>The Lead ICN is to meet with the Lead Nurse in theatres to ensure that NHSGGC is compliant with elements of the HEI theatre audit tool in preparation for any inspections.</p> <p>As of 1st July 2015 a dedicated Infection Prevention and Control team are based at GGH to cover this site and the partnership areas.</p> <p>Sandra reported that new SPCs have been prepared in light of the new ward moves to the Queen Elizabeth University Hospital. She said this will be the first month of the monthly reports for sectors, Regional and Woman and Children will remain as before.</p> <p>In relation to the CAAS standards Sandra said that work with the link nurses has commenced for the process to start in September. There are several standards linked to IPC and the IPCNs are supporting the pilot wards at the moment.</p>	
<p>4.4 Policies Sandra McNamee updated the group on the following policies and SOPs and said that they had been issued for comments and modified as requested.</p> <p><u>Chickenpox Policy</u> A copy of the above policy was distributed with the agenda and the committee approved this policy.</p> <p><u>Occupational Related Illness Policy</u> Sandra reported that she met with Rona Wall and asked her to refresh Occupational Health representation at this committee as Dr Henderson has retired. She said that she will send the policy to Rona Wall and the committee agreed to approve this policy once Rona had a chance to look this over and any changes suggested made.</p> <p><u>Tuberculosis Policy</u> A copy of the above policy was distributed with the agenda and approved.</p> <p><u>Last Offices – SOP</u> A copy of the above SOP was distributed with the agenda and approved.</p> <p><u>IPC HAI Communications Strategy</u> Sandra report that the terminology for the new communications strategy has been updated and includes Health and Social Care Partnerships. This document was approved by the committee.</p> <p><u>IPC Audit Tool (IPCAT) – SOP</u> A copy of the new SOP Audit Plan was distributed with the agenda. Sandra stated that we require to evidence what the process is regarding audits and how often to do this. She said she is hoping that this audit tool will link with the FM tool in due course. The committee approved the SOP.</p>	SMcN

Item	Action
<p>4.5 New Build Project Professor Williams reported that the patients that were in the Bone Marrow Transplant Units in the new hospital have been relocated to the Beatson. He advised that the unit was not built to the correct specification and Brookefield have agreed to fund the rebuild for this area and the timeframe for this is 12 weeks. He said that all of the ID rooms have been built to specification and there is no risk to ID patients.</p> <p>With the demolition of the surgical block in September and the dust particles Professor Williams said there is concern regarding immune compromised patients being treated at the new hospital. He said that an alternative route will be identified for these patients so that they are entering the hospital at the furthest point away from the demolition.</p> <p>The decontamination room for a possible VHF patient was discussed and Professor Williams advised that there is no need for special containment and the room that has been identified is suitable.</p> <p>The isolation of rooms and the ward closure in the new hospital were discussed. Sandra McNamee advised that there is an appendix to the Outbreak Policy which is in draft and will be submitted to AICC and said that a ward could be kept open if there were dedicated nursing staff but that this could be operationally difficult. In the ward that did close Sandra pointed out that there is only one sluice in all wards in the Queen Elizabeth University Hospital.</p> <p>Dr Seaton commented that the availability of hand get in IDU was not good as this is situated between two rooms. Sandra advised that she will ask an Infection Control Nurse to look at this area as a matter of urgency. She said that Clare Mitchell and the Lead Nurse are on site and looking at areas where to place information.</p>	SMcN
<p>5. Exception Reports and Updates</p> <p>5.1 vCJD Group As Dr Kennedy was unable to attend the meeting there was no update.</p> <p>5.2 Antimicrobial Utilisation Committee Dr Seaton reported that he provided an update of AUC at the last BICC meeting. The next AUC meeting is scheduled for 11th August 2015.</p> <p>5.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in May were distributed with the agenda and noted. Also issued was a copy of the agenda for the last meeting in July as the minutes were not available as yet. Dr Stewart advised that SABs and the insertion of PVC lines were discussed.</p> <p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the Partnership Infection Control Support Group held in May were noted. Also issued was a copy of the agenda for the last meeting in July as the minutes were not available. Sandra McNamee advised that previously in acute a FM audit (SCART) was undertaken and also carried out in Partnerships in 2008. Mary Anne Kane is looking to undertake another audit and there is debate whether this should be done in Mental Health areas. Mari Brannigan is looking for clarification from David Pace on this.</p>	

Item		Action
5.5	<p>Recent Outbreaks/Incidents</p> <p>Sandra McNamee reported that a patient [REDACTED] at GRI was identified with a toxigenic strain of diphtheria in [REDACTED] wound and this was reported to HPS. As the patient was an outpatient PHPU were involved in community contacts and all family were screened and tested negative.</p> <p>Dr Armstrong noted another SAB case has been identified in the Renal Unit at Stobhill. Sandra advised that there have been 5 cases to date during a 6 – 8 week period. An action plan is progressing and Marion MacDonald is working on this. She said that most seem to be connected to central lines and the focus will be on line care in this unit. Dr Armstrong asked for this to be put on the agenda for the next AICC meeting. Sandra also advised that this will be included in the directorate report for Regional Services which is issued to the Director, Chief Nurse and Chief of Medicine. Dr Armstrong asked Dr Stewart to take this forward and meet to discuss any additional interventions.</p>	DS
5.6	<p>CPE Screening</p> <p>Discussion took place regarding the introduction of CPE screening. Professor Williams advised that this is part of the NAD documentation and a plan is already in place to support the high risk units and will be replicated in other areas. He said that this will be triggered by a lab result that a screen has been taken, but the ultimate result can take two weeks to process. Education sessions will be carried out and the plan is to start this in ITUs from September. It was agreed that an update be provided at the next BICC meeting.</p>	CW
6.	<p>New Business / Documents Received</p>	
6.1	<p>HAI Annual Report</p> <p>A copy of the HAI Annual Report was distributed with the agenda. Professor Williams reported that enhanced e coli bacteraemia surveillance is to start in 2016.</p> <p>Dr Seaton advised that with regard to comoxiclav prescribing there is an indication of increasing resistance and stated that we need to focus on more promotion of quinolone.</p>	
6.2	<p>HPS CDI and SAB Reports (Q1 Jan-Mar 2015)</p> <p>Sandra McNamee updated the group on the latest figures for SAB and CDI for the quarter from January – March 2015. She said that with regards to SABs NHSGGC reported 27.1 SAB cases, with all boards to achieve a rate of 24 cases or lower by 31st March 2015. For CDI cases NHSGGC reported 24.6 cases per 100,000 OCBDs which remains below the national average of 27.1 cases. The estimated figures for the number of SABs for quarter 2 are 116 cases and for CDIs the estimated figure is 108 cases. Sandra commented that SABs continue to be a significant challenge to meet the target.</p> <p>Dr Seaton stated that vascular access is difficult to do at the new hospital and patients had to be sent to GGH to put lines in. Sandra advised that she will contact Karen McGugan to see if there has been an increase in the number of requests. Dr Stewart also advised that he will discuss this with Rachel Green and will raise this at the next AICC meeting. Dr Armstrong commented that last year the number of SAB cases related to renal patients and now it appears to be vascular access. Dr Stewart advised that the work in renal is ongoing and he will discuss this with George Welsh. Professor Williams stated that the number of SAB cases for this quarter relate to renal and neonatal patients and said that he will look at the epidemiology.</p>	SMcN DS DS CW

Item	Action
<p>6.3 HAI Standards All evidence was submitted for the HAI self assessment which was amended to reflect the outcomes of the new HAI standards. Sandra McNamee reported that theatres are being prepared for possible inspections by Healthcare Improvement Scotland.</p>	
<p>6.4 Vale of Leven Hospital Inquiry Report A link to the Vale of Leven Hospital Inquiry Report was included with the agenda. Dr Armstrong asked if we need an overall group to look at all the issues. Sandra McNamee reported that the recommendations maps to our Action Plan apart for the Link Nurses but they will be part of the CAAS Standards. Dr Armstrong stated that we need to formally record that work is ongoing and to document that we have looked at all aspects. She asked if Tom Walsh and Sandra McNamee can carry out a gap analysis and link to the recommendations of what we have completed. This can then be forwarded to BICC or the Board Clinical Governance Forum.</p>	<p>TW/ SMcN</p>
<p>6.5 HAI Inspection Methodology A copy of the HEI letter dated 10th July was distributed with the agenda. This details changes in the methodology and timescales from HEI regarding their inspections to sites. Sandra McNamee advised that there are new audit tools including PVC, CVC, Public Partner and Antimicrobial Prescribing tools. The new changes take effect from October 2015.</p>	
<p>6.6 Mandatory HAI Requirements The Scottish Government issued a letter regarding Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Policy Requirements and the mandatory requirements that require to be adopted and implemented in all NHS healthcare settings.</p> <p>The committee discussed all the points raised in the letter and Sandra McNamee reported that in relation to Ecoli surveillance this will start from 2016. She said this will be additional work for the team as there are approximately 300 cases per quarter and the team will need to speak to medical staff to discuss these to determine a source. This may have a significant impact on what the IPCT were able to deliver.</p> <p>Sandra McNamee commented that the CAUTI bundle is in place apart from SGH and that this would be the intervention put in place to reduce CAUTI. HPS did a pilot study and almost 60% were community acquired so not amenable to intervention.</p> <p>Dr Armstrong asked if we need to take this away to look at and provide a response to the Scottish Government. Professor Williams suggested to bring back any points that are not embedded to BICC. Dr Armstrong recommended that that we bring back to the committee what surveillance cannot be done.</p> <p>Sandra McNamee advised that the National Point Prevalence Survey is due to be carried out next year again. She said this means that some staff are away from their duties for three months to collect this information. Dr Seaton said his team also had to suspend mandatory work to carry out the point prevalence survey.</p> <p>With regards to the National Infection Prevention and Control Manual Professor Williams advised that all NHS Boards are required to demonstrate that they have adopted, implemented and monitor compliance of the manual.</p>	

Item	Action
<p>He said that we have an addendum to the Transmission Based Precautions Policy and Dr Armstrong said to make sure that we have an audit trail through BICC and have it noted that this has been discussed with clinical groups. She said we should map this to a single document to be presented to BICC, Acute Services Committee and the Associate Medical Directorate meeting.</p> <p>In the letter Sandra McNamee advised that it states that we should not have policy documents as we should be working to the Infection Prevention and Control manual and suggested transferring our policy documents to SOPs (Standard Operating Procedure). She said this can be done when each policy is due for renewal and the policy can be changed to a SOP. Dr Armstrong stated that in the Vale of Leven Report it states that boards are responsible for two yearly policies. She proposed that this be raised with HPS to seek clarity on the planned update of the national manual and Sandra McNamee agreed to write to HPS.</p> <p>Sandra stated that the letter also states that all NHS Boards are required to report all HIIAT Green reporting items to HPS from April 2016. She said this will generate another report and will be a significant change to the Outbreak Policy.</p> <p>In relation to HAI Scribe Sandra McNamee reported that teams should be advised that minimum bed space should not be less than 3.6m wide.</p>	<p>CW</p> <p>SMcN</p>
<p>7. Update from Public Health Protection Unit Jacqueline Shookye-Dickson provided an update for the committee and said she will forward a copy of the document to the group.</p> <ul style="list-style-type: none"> • A number of nursing homes have closed due to norovirus and influenza and 12 wards have been closed since May. • There is ongoing high incidence of mumps cases with approximately 44-55 cases per month. Staff have been encouraged to ensure they are immunised. • There is also a high incidence of whooping cough with 14-16 cases per month and Jackie advised that every few years there is an upsurge. • The increase in diagnoses of HIV in people who inject drugs continues. 24 cases have been reported to date which is a significant increase from previous years. Dr Seaton reported that community testing is being carried out on drug users and said that they are finding patients coming in with abscesses. He said the prevalence in drug users is very high. • An immunisation programme against meningitis B will be introduced from 1st September 2015, with babies born from 1st July 2015 eligible. 	
<p>8. Review of Actions</p> <ul style="list-style-type: none"> • Sandra McNamee to send Rona Wall a copy of the Occupational Related Illness Policy for her approval. • In relation to the availability of hand gel in IDU Sandra McNamee to ask an Infection Control Nurse to look at this area. • Dr Stewart to raise at AICC the number of SAB cases in the Renal Unit and to discuss this with George Welch. • Professor Williams to provide an update regarding CPE screening. • Sandra McNamee to contact Karen McGugan to ask if the number of requests have increased for vascular access. • Dr Stewart to discuss vascular access with Rachel Green. • Professor Williams to look at the epidemiology relating to the number of SAB cases. 	

Item	Action
<ul style="list-style-type: none"> • Tom Walsh and Sandra McNamee to carry out a gap analysis to link to the recommendations in the Vale of Leven Action Plan that is provided to the Scottish Government. • Professor Williams to provide a one page document in relation to the addendum we have for Transmissions Based Precautions. • Sandra McNamee to write to HPS for clarity regarding changing policies to SOPs. 	
<p>9. AOCB No other business was discussed.</p>	
<p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 5 October at 12 noon and will be held in the Conference Room, Southern General Hospital.</p>	

2015 Meeting Dates

Date (2015)			Time	Venue
Monday	5	October	12noon – 2pm	Conference Room, Southern General Hospital
Monday	30	November	12noon – 2pm	Conference Room, Southern General Hospital

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 5th October 2015 at 12.00noon in
Conference Room, Southern General Hospital**

Present:

Tom Walsh (Chair)	Infection Control Manager
Dr Iain Kennedy	Consultant, Public Health
Professor Craig Williams	Co-ordinating ICD
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Pamela Joannidis	Nurse Consultant, Infection Control
Mr Kenneth Fleming	Head of Health and Safety
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr Andrew Seaton	Consultant Physician
Ms Suzanne Clark	Lay Representative
Ms Lorna Murray	Corporate Facilities Manager
Dr Rosie Hague	Consultant Paediatrician
Dr Petar Milosevic	Consultant, Occupational Health

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Jennifer Armstrong Mr Donald Sime Mari Brannigan

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 27 July 2015 The minutes of the previous meeting were agreed with the following amendments:- Page 3, item 4.5, first para – should read “He said that lobbied side rooms have been built.....” Page 3, item 4.5, last para – should read “Dr Seaton commented that availability of hand gel in the new hospital was not good as.....” Page 4, item 6.1, second para – should be promotion of guidelines and not promotion of quinolones.</p>	
<p>3. Matters arising <u>Transmission Based Precautions</u> Professor Williams reported that a document has been prepared which underpins GGC’s position regarding aerosol generating procedures and supported the local SOP. This document will be presented to the next BICC for approval.</p> <p>Pamela Joannidis stated that our own Transmission Based Precautions SOP has been updated to include aerosol generating procedures. She said that we need to identify that people are comfortable with the list as this is different from the list provided by HPS. Dr Seaton suggested detailing the list of conditions on a separate page and Pamela agreed to do this. It was agreed to have this on the agenda for the next meeting.</p>	PJ

Item	Action
<p data-bbox="129 203 571 241">4. Standing Agenda Items</p> <p data-bbox="236 241 959 280">4.1 HAI Reporting Template (HAIRT) August 2015</p> <p data-bbox="316 280 1070 318">The August 2015 HAIRT was distributed with the agenda.</p> <p data-bbox="316 344 1353 745">Sandra McNamee updated the group on the latest embargoed figures from HPS for SAB and CDI for the quarter April – June 2015. She said with regards to SABs NHSGGC reported 33 cases and the Heat Target is 24 cases per 100,000 occupied bed days (OCBDs). Sandra commented that all boards have seen an increase in SABs. For CDI NHSGGC reported 30.3 cases per 100,000 OCBDs. Suzanne Clark asked why SABs were increasing and Sandra replied that many things had been looked at and she and Professor Williams had also met as they appeared to be higher. The renal physician had presented data that showed they were similar in terms of SAB rates to the rest of Scotland. Sandra stated that they are trying to promote the switch from IV to oral and the SAB group is going to be reformed. They are also looking at compliance with care plans.</p> <p data-bbox="316 779 967 817">The SSI rates remain below the national average.</p> <p data-bbox="236 840 807 878">4.2 Q&P HAI Report – September 2015</p> <p data-bbox="316 878 783 916">Discussed with agenda item above.</p> <p data-bbox="236 929 639 967">4.3 IPC Work Plan 2015/16</p> <p data-bbox="316 967 1331 1032">A copy of the IPC Work Plan for 2015/16 was distributed with the agenda and Sandra McNamee provided an update to the committee.</p> <p data-bbox="316 1066 1283 1104">Sandra updated on the areas that were not complete and these included:-</p> <ul data-bbox="363 1104 1342 1509" style="list-style-type: none"> - Healthcare Improvement Scotland (HIS) Healthcare Associated Infection (HAI) theatre aide memoire. She said that we need to ensure theatre areas are aware of and are prepared for HEI theatre inspections. The Theatre Group continues to meet. - Ensure that CAAS Link Nurses have the correct training and support to fulfil their role as IPC Link Nurses. Sandra advised that CAAS is being rolled out at the moment within four pilot wards. She said they are looking at webex to deliver education for link nurses. - Mandatory Surveillance of E-coli Bacteraemias (ECBs) – Tom Walsh and Sandra McNamee reported that they met with HPS and HPS are happy to work with us on this surveillance. She said the algorithm has been updated and surveillance is due to commence on 1st September. <p data-bbox="236 1534 517 1572">4.4 Policies/SOPs</p> <p data-bbox="316 1572 1342 1736">Pamela reported that there were no policies for approval. She stated that an Appendix to the Outbreak Policy has been prepared. This has been adapted for wards that have 100% single side rooms and will be presented to the next BICC for approval. Professor Williams commented that the definition of cohort means dedicated nursing staff.</p> <p data-bbox="236 1769 571 1807">4.5 New Build Project</p> <p data-bbox="316 1807 1222 1872">Professor Williams reported that all the rooms in the adult tower were completed except for two rooms.</p> <p data-bbox="316 1906 1339 2004">A meeting has been arranged to discuss the dust particles from the demolition of the surgical block. Alternative routes are being looked at for immune compromised patients.</p>	

Item	Action
<p>5. Exception Reports and Updates</p> <p>5.1 vCJD Group</p> <p>The next meeting of the CJD group is scheduled for 13th October. Dr Kennedy updated on a recent near miss case. He said that HPS completes annual surveillance of CJD patients and writes to GPs of those at risk. PHPU also receive a copy of these results and one patient was noted that they were not aware of. After checking portal he said the patient had a number of procedures but had not been tagged on Trak. PHPU spoke to Blood Transfusion to ask how they communicate that someone is infectious and they confirmed that they contact the clinician.</p> <p>5.2 Antimicrobial Utilisation Committee</p> <p>Dr Seaton advised that he has forwarded a copy of the minutes of the last AUC meeting to be distributed to BICC. Dr Seaton provided an update of the committee.</p> <ul style="list-style-type: none"> • SAPG Prescribing Targets reported 100% compliance in medical wards with the policy and indication recording. • Median recording of duration for oral and IV antibiotics was 57.4% for June and 70% July 2015. • Indication median 100% for June and July. • Surgical prophylaxis focus on ortho at QEUH is meeting the target for single dose and policy compliance. • In GRI Plastics surgical prophylaxis single dose given and meeting the target in June, 85% single dose in July 2015. • Compliance with policy 95% compliance in June 2015 and 80% compliance in July 2015. • Antibiotic use in GGC is increasing which is reflected throughout other boards. • Vancomycin and Gentamicin use is stable. • Met with Chiefs of Medicine to highlight for each sector where use is highest. • Primary care antibiotic use is decreasing. <p>With regards to the National AMR Report Dr Seaton advised that he will discuss this at the next BICC meeting.</p> <p>5.3 Acute Infection Control Committee (AICC)</p> <p>The agenda for the Acute Infection Control Committee held in September was distributed with the agenda and noted.</p> <p>5.4 Partnership Infection Control Support Group (PICSG)</p> <p>A copy of the agenda for the Partnership Infection Control Support Group in September was issued but the meeting had been cancelled.</p> <p>5.5 Recent Outbreaks/Incidents</p> <p>Sandra McNamee reported of an increase in c-section SSIs at PRM with three cases. A meeting was held with the Clinical Director and clinical teams to discuss the dressings used for procedures.</p> <p>In Gynaecology they perceived they have an issue with SSIs and two meetings were held and work is ongoing with an action plan in place.</p> <p>Sandra reported that in ortho there was an increase in SSIs at Royal Alexandra Hospital. An action plan was agreed with the General Managers and the focus was to review the decontamination process including instrument packing and transportation. She said they are also evaluating theatres and their utilisation rates. Public Health and Infection Control are to look at the demographics in this area.</p>	

Item	Action
<p>There have been seven cases of <i>Serratia marcescens</i> in NICU over the last 2/3 months. An Action plan is in place and there has been an increase in Domestic Services during the week in this area.</p> <p>Work is ongoing in the Renal Unit at Stobhill Hospital regarding reducing the number of SABs.</p> <p>After a significant flood in theatre in neuro they were closed for approximately six weeks but are now in use after air monitoring was deemed satisfactory.</p> <p>A flood has occurred in one side of the block at Gartnavel General Hospital and Infection Control were involved in the movement of patients to other wards.</p>	
<p>5.6 CPE Screening</p> <p>Professor Williams informed that training has been completed in high risk areas. He said the document will be issued to BICC for comments.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1 MRSA Key Performance Indicator (KPI) Update</p> <p>An update of the MRSA Key Performance Indicators for August 2015 was distributed with the agenda.</p> <p>Overall compliance with the appropriate application of the Clinical Risk Assessment (CRA) is 86% against a national target of 90%. Sandra McNamee reported that improvement work continues with individual wards and results will be included in the sector and directorate reports.</p>	
<p>6.2 CAUTI UPDATE</p> <p>A copy of a progress update on Catheter Associated Urinary Tract Infection (CAUTI) was distributed prior to the meeting. Pamela Joannidis updated the committee and said the programme has been rolled out at GRI with approximately 63 wards submitting compliance data. She said at the recent national meeting 12 boards are now rolling CAUTI out. The funding for this stops in March next year and Tom Walsh reported that he is looking at ways to continue funding for these posts. Dr Seaton requested any data on general antibiotic use for these areas and in particular in relation to urosepsis. Pamela agreed to forward Dr Seaton and Ysobel Gourlay a breakdown of the data.</p>	PJ
<p>7. Update from Public Health Protection Unit</p> <p>A copy of the update from Public Health Protection Unit was distributed. Dr Kennedy updated the group on some of the items included in the report:-</p> <ul style="list-style-type: none"> • The staff flu vaccination programme has started and with one full week of vaccinations Dr Kennedy reported that we are 2% down on the number of staff that have been vaccinated compared to this time last year. He said this could be due to the merger of sites. Dr Hague commented that due to staffing levels some wards are not able to let staff away for vaccination. Dr Kennedy replied that the barriers they have come across include convenience, location of the flu clinic as some staff do not have swipe cards to enter these areas. He reported that with regards to the peer immunisation sessions and as of today, there have been 3,145 vaccines with a workforce of approximately 21,000 medical/nursing and midwifery staff. • The Silver Swan exercise is ongoing. • The Scotland Incident Management Team met recently to discuss mycobacterial infections from the cardiac bypass machines. It was agreed at the meeting to step this down. • Dr Kennedy reported that a CMO letter regarding MERSCoV has been issued. He said this was to alert boards of the potential risk of MERS from people returning from the Middle East. 	

Item	Action
<p>8. Review of Actions</p> <ul style="list-style-type: none"> • Pamela Joannidis to forward Dr Seaton a list of conditions that GGC have separate from the HPS list for transmission based precautions. • Dr Seaton requested any data on general antibiotic use for the areas where CAUTI has been rolled out and in particular in relation to urosepsis. Pamela agreed to forward Dr Seaton and Ysobel Gourlay a breakdown of the data 	
<p>9. AOCB No other business was discussed.</p>	
<p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 30 November at 12 noon and will be held in the Conference Room, Southern General Hospital.</p>	

2015 Meeting Dates

Date (2015)			Time	Venue
Monday	30	November	12noon – 2pm	Conference Room, Southern General Hospital

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 30th November 2015 at 12.00noon in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Medical Director
Ms Mandy Machell	Project Manager, Facilities
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Professor Craig Williams	Co-ordinating ICD
Dr Anne Cruickshank	Clinical Director, Labs
Pamela Joannidis	Nurse Consultant, Infection Control
Ms Margaret Mcguire	Nursing Director
Dr Andrew Seaton	Consultant Physician
Dr Rosie Hague	Consultant Paediatrician
Ms Suzanne Clark	Lay Representative
Mr Donald Sime	Employee Director
Mr Kenneth Fleming	Head of Health and Safety
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Rona Wall	Occupational Health Service Manager

In Attendance

Ann Lang (minutes)

Apologies received:

Tom Walsh

Dr Iain Kennedy

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 5 October 2015 The minutes of the previous meeting were agreed with the following amendments:- Page 3, item 5.1, last sentence – should read “PHPU are going to speak to Blood Transfusion Service about communication of CJD cases”.</p>	
<p>3. Matters arising MRSA Key Performance Indicators (KPI) Sandra McNamee provided an update on the MRSA Key Performance Indicators. She said that compliance for Q2 (July – September) for GGC was 82%. An analysis was completed and this was broken down by wards and the information has been sent to the Chief Nurses and Chief Medics.</p> <p>4.1 HAI Reporting Template (HAIRT) October 2015 The October 2015 HAIRT was distributed with the agenda.</p> <p>Sandra McNamee updated the group on the latest figures from HPS regarding SAB and CDI for the quarter April – June 2015. She said with regards to SABs NHSGGC reported 33 cases in October and the Heat Target is 24 cases per 100,000 occupied bed days (OCBDs). Sandra advised that we tried to reconvene the SAB group in GGC but this was not possible due to diary commitments.</p> <p>She updated the group on the actions being taken forward in relation to SABs:-</p> <ul style="list-style-type: none"> - Each Senior Charge Nurse will carry out a PVC and CVC sweep for their wards in December. 	

Item	Action
<ul style="list-style-type: none"> - Focus groups will be convened to take different pieces of work forward – a) Paediatrics, b) Royal Alexandra Hospital c) Community. Jennifer Rodgers will lead the Paediatrics Groups, Joan Higgins will lead the Royal Alexandra Hospital groups and Kirsty Ferguson will lead the Community groups. - A review of the CVC SOP will be carried out and a 20 minute video will be prepared and Sandra McNamee reported that we are working with medical illustration on this. <p>Sandra McNamee advised that the SSI rate for hip arthroplasty category is above the national average but the SSI rates for Caesarean section procedure category remain below the national average.</p> <p>In Ortho the surgeons perceived they had an increase in SSI rates in Queen Elizabeth University Hospital and Susan Groom put a group together to look at this.</p> <p>In relation to surveillance Dr Seaton reported that the Federation of Infections stated that the surveillance on colorectal procedures is to start next year. Sandra McNamee commented that she had not seen the protocol and no official date had been given to Infection Prevention and Control.</p> <p>A meeting is being arranged with Dr Stewart to discuss education for doctors.</p> <p>The PVC care plan is currently commenced when the patient is admitted to a ward, but it is proposed going forward that this will be the responsibility of whoever inserted the device.</p> <p>Dr Seaton suggested that more alcohol hand gel should be available in wards, with the exception of Ward 5C, in QEUH as there is not enough gel in some wards. Mandy Machell confirmed that she will raise this with Alan Gallacher and could replicate the positioning of the gels to ward 5C.</p> <p>With regards to antibiotics Dr Seaton reported that a third of patients in hospital are on antibiotics. Professor Williams asked if there was an audit of IV to oral switch. Dr Seaton replied that a greater proportion of patients are on IV therapy and a meeting took place with the Chief of Medicines. A meeting was also held with the foundation doctors at QEUH and GRI and Dr Seaton said that he will speak about this at the South Clinical Governance meeting.</p>	<p>MM</p>
<p>4. Standing Agenda Items</p> <p>4.2 ASC HAI Report – November 2015</p> <p>A copy of the ASC HAI report was distributed with the agenda and noted. Professor Williams updated the group on the key issues.</p> <p>A group is looking at the implementation of the line care bundle and this is chaired by the Chief Nurse for Woman & Children. Professor Williams said that there will be more intensive surveillance regarding blood cultures with a review of the positive blood cultures.</p>	

Item	Action
<p>In NICU, Royal Hospital for Children Professor Williams reported there have been 13 patients reported with <i>Serratia marcescens</i> and one baby unfortunately died as a result of having acquired the serratia. He said that actions are ongoing which include looking at the environment and practice in the area. He was asked to check what other units do and Evelina Hospital in London, which is a comparable hospital, only do admission screening. Dr Armstrong asked if we should ask HPS regarding the evidence for screening if we are the only hospital in Scotland carrying out routine screening and she agreed to look at this. Professor Williams replied that to screen routinely we need evidence from HPS and to ask them what we do with the results and also to ask if this is mirrored across all boards. Sandra McNamee stated that Lisa Ritchie from HPS was asked if there is a national policy or recommendation for this screening. Professor Williams reported that different practice is used in the units and with the units all amalgamating screening is more than would have been in Yorkhill Hospital.</p> <p>The clinicians met to agree what screening is to be used and Professor Williams said that he had met with Michael Lockhart, HPS to establish what organisms to screen. Professor Williams also reported that he is speaking with the Antimicrobial Pharmacists to look at the antibiotics used. Dr Seaton commented that the babies seem to be positive after a few weeks and Pamela Joannidis confirmed it is approximately 20 days post admission that they are testing positive. Liz McGovern recommended that a note is put in the Safety Brief to notify staff about the IV to oral switch and Dr Seaton suggested this is also raised at the ward round checklist.</p> <p>Dr Armstrong said that she received a note from the Scottish Government to discuss the pseudomonas death in October and this meeting has been arranged for 21st December. Tom Walsh, Sandra McNamee and Professor Williams are going to look at the protocol used. Professor Williams advised that the HPS pseudomonas check list was followed and discussion took place with the clinicians. A more formal review process will be carried out and he said that every blood culture is reviewed in neonatal. Dr Armstrong suggested that there is a formal audit trail and to look at what the impact is for us as a board.</p>	
<p>4.3 IPC Work Plan 2015/16</p>	
<p>A copy of the IPC Work Plan for 2015/16 was distributed with the agenda and Sandra McNamee provided an update to the committee.</p>	
<p>Sandra updated on the following:-</p>	
<ul style="list-style-type: none"> - Healthcare Improvement Scotland (HIS) carried out their first Healthcare Associated Infection (HAI) inspection to theatres at GGH. - A new Lead Nurse covering partnership areas has been appointed. - Sandra advised that CAAS is being rolled out and Infection Prevention and Control were supporting link nurses. - UCL report – awaiting information from Scottish Government regarding 24/7 cover. - A meeting has been arranged with Dr Stewart and Infection Prevention and Control to discuss the screening for CPE. - With regards to additional mandatory SSI surveillance Sandra advised that we are waiting on the protocol from HPS. 	

Item	Action
<p>4.4 SOPs Pamela Joannidis updated the group on the following SOPs and said that they had been issued for comments and modified as requested.</p>	
<p><u>Food Hygiene</u> Pamela reported that no comments were received on this document. Mandy Machell advised that she will forward the document to Helen Davidson to update the section relating to patient food being disposed of which is still unopened. Mandy asked that in relation to tube feeds that have been untouched by nursing staff if there was any way they could be retained by the ward as these have cost implications. Pamela replied that as long as there is a storage area and items are clearly labelled they can be kept in the ward. Clarification was also sought regarding the use of microwave ovens and not to reheat food. It was agreed that Pamela and Mandy will discuss this further.</p>	<p>MM</p> <p>PJ/MM</p>
<p><u>Outbreak</u> A copy of the above SOP was distributed with the agenda and approved.</p>	
<p><u>NHSGGC Priority for Isolation of Patients</u> Pamela advised that a section was added to the above SOP to consider the use of lobbied isolation rooms in adult critical care in QEUH. The decision to use the room is to be taken by the clinical team and will be based on the severity of the patient illness. It was agreed to approve this policy.</p>	
<p><u>Transmission Based Precautions</u> Pamela reported that the national manual has been rolled out and she received one comment from Public Health which is to be added in.</p> <p>Dr Hague stated that ICUs are receiving patients with pertussis and putting them in isolation. Professor Williams said that concern was raised at the labs who were reporting low level positives. Public Health have noticed an increase in the number of cases. Sandra McNamee said that there was agreement to look at the pathway and information on Trak and advised that the national algorithm used by the GPs must be considered when rolling out guidance. Liz McGovern asked if HPS were involved in this as they have mentioned an increase in the number of pertussis cases in their brief. Dr Armstrong stated that the clinicians and laboratories need to have this debate. Pamela Joannidis and Dr Hague to discuss this policy before the committee approve this and advise the committee of the result.</p>	<p>PJ/RH</p>
<p>4.5 New Build Project Professor Williams reported that the adult BMT service are due to transfer to the new site. Dr Armstrong asked if testing has been done in the new unit and if the timeframe for the transfer on 19th December was still on track. Professor Williams commented that there is no national standard for testing BMT rooms. Dr Armstrong asked for Dr Stewart, Anne Cruickshank, Professor Williams and Sandra McNamee to discuss the issue after this meeting.</p> <p>Dr Seaton asked if the negative pressure rooms in HDU for a MERS patient were passed and Professor Williams confirmed that all rooms have been passed for the specification of the build. There was an issue with the door not closing and no handle on the door and Mandy Machell agreed to discuss this with Peter Moir. Dr Armstrong asked for Peter Moir to attend the next BICC meeting.</p>	<p>MM</p>

Item	Action
<p>5. Exception Reports and Updates</p> <p>5.1 vCJD Group As no representative was available an update will be provided at the next meeting.</p> <p>5.2 Antimicrobial Utilisation Committee A copy of the six monthly update that was provided for the Area Drugs and Therapeutic Committee was distributed prior to the meeting and Dr Seaton provided an update.</p> <p>The report includes the following points:-</p> <ul style="list-style-type: none"> • The overall antimicrobial use in secondary care has decreased. • Meropenem use in GGC has decreased since last quarter. • The number of patients on antibiotics is 34.8% for 2015 compared with 33.4% for 2014. • Comoxiclav prescribing is back to the level it was in 2008. • Very low use of Fidaxomicin. • Slight rise in the use of Gentamicin. • In relation to oral antibiotic therapy for medical wards the indication recorded was 100%. For the general surgical wards the rate recorded was 95%. • The surgical prophylaxis for orthopaedics resulted in 95% compliant rate for the period June – October 2015. • In GRI Plastics surgical prophylaxis single dose given was 100% compliant. <p>Professor Williams asked if there was improvement work in relation to the non compliance. Dr Seaton advised that in relation to gentamicin there is targeted work ongoing in wards with mandatory surveillance.</p> <p>As there is a 1.4% increase in meropenem Professor Williams asked what the reason was for this. Dr Seaton replied that this relates to drug resistant for these patients and the patients are given temocillin.</p> <p>5.3 Acute Infection Control Committee (AICC) The agenda for the Acute Infection Control Committee held in November was distributed with the agenda as the minutes were not available.</p> <p>5.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the Partnership Infection Control Support Group in November was issued and noted.</p> <p>5.5 Recent Outbreaks/Incidents Sandra McNamee provided an updated of recent outbreaks/incidents.</p> <p>Four cases of MRSA was reported in ICU at Glasgow Royal Infirmary with two different strain types being identified in the unit. An Incident Management meeting was held and one patient remains in the unit.</p> <p>There were two CDI cases [REDACTED] at Vale of Leven and one patient died. The HPS trigger tool is in place.</p> <p>In Royal Alexandra Hospital two CDI cases were identified in ward 26 and an action plan is in place.</p> <p>There were three cases of Moraxella osloensis in the Renal Unit at GRI and the screening practice in the unit is being looked at.</p>	

Item	Action
<p>Work is ongoing in the Renal Unit at Stobhill Hospital regarding reducing the number of SABs.</p> <p>After a significant flood in the theatre in neuro the unit was closed for approximately six weeks but the theatre is in use now after air monitoring was deemed satisfactory.</p> <p>A flood also occurred in one side of the block at Gartnavel General Hospital and Infection Prevention & Control were involved in the movement of patients to other wards.</p>	
<p>5.6 CPE Screening</p> <p>A meeting has been arranged for next week with Dr Stewart, Professor Williams and Sandra McNamee to discuss CPE screening.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1 E Coli Bacteraemia Summary</p> <p>The surveillance on E Coli Bacteraemia commenced on 1st September 2015 as per the letter from the Scottish Government. Sandra McNamee reported that a meeting was held with HPS and the surveillance was modified in light of the information we received from the system. She said from the surveillance there were 130 positive blood cultures with E coli and 96 of these were community acquired cases. In total Sandra reported that it took an Infection Control Nurse (ICN) 102 hours plus 32 hours of the data team's time to collect the data. This would mean it would take a full time ICN to collect data. HPS have requested that we continue to collect this data until April and they will review their surveillance system. Dr Armstrong asked to be involved in any further meetings with HPS. Professor Williams commented that when they met with HPS we agreed to look at the interventions which are already covered by Infection Control interventions. Dr Seaton asked what the interventions were and Sandra replied that CVC and the CAUTI bundle are two main interventions.</p>	
<p>6.2 HPS Q2 SAB/CDI</p> <p>A copy of the quarterly report from HPS regarding SAB and CDI epidemiological data in Scotland for April – June was distributed with the agenda and noted.</p>	
<p>6.3 Interim Medical Leadership Arrangements</p> <p>Dr Armstrong welcomed Dr Cruickshank to the meeting. Dr Cruickshank will be the clinical director for six months working with Labs and Infection Prevention & Control and will address any issues within the team. Dr Armstrong reported that a letter was issued to staff and suggested that this letter be shared with BICC members.</p>	JA
<p>7. Update from Public Health Protection Unit</p> <p>A copy of the update from Public Health Protection Unit was distributed. Liz McGovern updated the group on some of the items included in the report:-</p> <ul style="list-style-type: none"> • There is a continuing increase in the number of MenW cases being reported in Scotland. From 2017 onwards all S3 pupils at school will routinely be offered the MenACWY vaccine instead of MenC. • A shingles vaccination programme is ongoing from 1st September 2015 – 31st August 2016 which is targeting people aged 70 years. 	

Item	Action
<ul style="list-style-type: none"> In relation to the flu vaccine and due to the low uptake compared to this time last year the Scottish Government are to rerun the TV advert aimed at parents of 2-5 year olds. Donald Sime commented that the non executives are very annoyed regarding the low uptake of the flu vaccination. Rona Wall advised that they are trying to encourage peer immunisation. 	
<p>8. Draft BICC Meeting Schedule A copy of the meeting schedule for 2016 was distributed with the agenda and noted.</p>	
<p>9. Review of Actions</p> <ul style="list-style-type: none"> Mandy Machell to contact Alan Gallacher regarding further hand gel dispensers and to replicate the positioning of the gels to ward 5C. With regards to the Food Hygiene SOP Mandy Machell to forward this to Helen Davidson for comments. Pamela Joannidis and Mandy Machell to meet to discuss and update the SOP. Dr Hague and Pamela Joannidis to discuss Transmission Based Precautions and patients with pertussis being put in isolation in ITUs. To update the committee on the outcome. There was an issue with the door not closing and no handle on the door in the negative pressure room in HDU. Mandy Machell to raise this with Peter Moir. The letter that was issued to staff to be issued to BICC members. 	
<p>10. AOCB No other business was discussed.</p>	
<p>11. Date and Time of Next Meeting The next meeting has been arranged for Monday 25 January 2016 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2016 Meeting Dates

Date (2016)	Time	Venue
25th January 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
21 st March 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
23 rd May 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
25 th July 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
3 rd October 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
28 th November 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 25th January 2016 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Medical Director
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Professor Craig Williams	Co-ordinating ICD
Dr Anne Cruickshank	Clinical Director, Labs
Pamela Joannidis	Nurse Consultant, Infection Control
Ms Margaret Mcguire	Nursing Director
Dr Andrew Seaton	Consultant Physician
Ms Suzanne Clark	Lay Representative
Dr Iain Kennedy	Consultant in Public Health
Dr Emily Tweed	Specialty Registrar in Public Health
Mr Kenneth Fleming	Head of Health and Safety
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Rona Wall	Occupational Health Service Manager
Mr Scott Young	Corporate Facilities Lead

In Attendance

Ann Lang (minutes)

Apologies received:

Tom Walsh Dr David Stewart Mari Brannigan Ray McAndrew

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 30 November 2015 The minutes of the previous meeting held on 30 November 2015 were agreed as an accurate record.</p>	
<p>3. Matters arising GP Representation Dr Armstrong reported that she had received a request from a GP representative to enquire if the timings of the meetings could start later to allow them to attend. Sandra replied that as part of the Standards in the Scottish Infection Manual it was possible that a GP should be on this group and said that she would look into this. Dr Armstrong stated that we may have to alter the start times for the BICC meetings if this is the case.</p>	SMcN
<p>4. Standing Agenda Items 4.1/ HAI Reporting Template (HAIRT) December 2015 / ASC HAI Report 4.2 The December 2015 HAIRT and the ASC HAI Report for January were distributed with the agenda. Sandra McNamee updated the group on the latest figures from HPS regarding SAB and CDI for the quarter July – September 2015. She said with regards to SABs NHSGGC reported 34.3 cases and the Heat Target is 24 cases per 100,000 occupied bed days (OCBDs). The national target is 31.6 cases.</p>	

Item	Action
<p>In relation to our local data for quarter 4 Sandra reported that there is a 9.5% increase in terms of SABs. The number of SAB cases for January is 24 cases to date with 11 of these community cases.</p> <p>The <i>Clostridium difficile</i> (CDI) HEAT target, for attainment by the 31st March 2016, now includes cases in ages 15 & over and requires boards to achieve a rate of 32 cases or less per 100,000 OCBDs.</p> <p>For the last available reporting quarter (July - September 2015), NHSGGC reported 29.5 cases per 100,000 occupied bed days (OCBDs), combined rate for all ages, which remains below the national average of 35.7 per 100,000 OCBDs. Sandra reported that there is a 39% increase in CDI for quarter 4. Analysis in sites has been carried out and monitoring continues with no obvious outliers.</p> <p>In the HAIRT Sandra advised that there is a requirement to list the education modules completed by staff. So far, 3,094 staff have completed education modules and of these 697 staff have completed the SICPs module.</p> <p>In NICU, Royal Hospital for Children Sandra McNamee reported there have been 17 cases of <i>Serratia marcescens</i> with the last case on 21st December 2015. One baby died as a result of having acquired the serratia and another baby died due to other causes. Two colonised babies are still in the unit. One baby should be able to be discharged this week. An Action Plan has been progressed and work is ongoing with HPS.</p> <p>A report has been submitted regarding an outbreak of Respiratory Syncytial Virus (RSV) in ward B7 at the Beatson. Sandra McNamee reported that the ward was closed to admissions/transfers on 9th December 2015 and 8 patients and 2 staff tested positive for RSV. The incident was initially categorised as Amber on HIIAT before being re-categorised Red following the death of a confirmed patient case. Two further confirmed patient cases died during the outbreak. The ward was re-opened on 17th December 2015</p> <p>A TB case was reported in the Mat Unit at QEUH. The HIIAT was initially reported as Amber but stepped down to Green once contacts had been identified.</p> <p>Sandra McNamee advised that there has been an increase in SSI infections at QEUH. In November, she said that there had been more cases than expected with 3 hip and 2 neck of femur infections. Meetings are continuing with the General Manager and Infection Control and she said that we are using the pathway audit that was used in RAH.</p> <p>There has been an increase in the number of patients with Influenza in ITUs. Dr Kennedy advised that a weekly flu report is published every Friday and Dr Seaton commented that avian flu alerts have been issued. Liz McGovern reported that the flu vaccination is 7% down compared to last year for the under 65s. In 2010, Dr Armstrong stated that an alert was issued with regards to flu in pregnant women and wondered if another alert should be issued. Dr Kennedy advised that they take advice from HPS and additional information is issued to pregnant women to encourage them to be vaccinated.</p> <p>With regards to the increase in SSI Mags Mcguire raised concern that GGC are not using the licensed product of chloroxedine 2% as a skin prep (part of the HPS SSI prevention bundle) due to the cost and if HEI were to inspect a hospital we would fail on this.</p>	

Item	Action
<p>Sandra McNamee reported that GGC are looking at another product that is equivalent but not licensed but would be less expensive. She said that the Area Drugs and Therapeutics Committee were aware of the case to use this solution and would need to decide what product to choose.</p> <p>Further discussion took place regarding the 39% increase in CDI. Dr Seaton advised that comoxiclav prescribing is increasing and is now at 2008 levels. He said one of the key areas was the lack of following guidance regarding urinary tract infections. Also there is an increase in resistance and comoxiclav is being over used for respiratory tract infections. He said that they are auditing the use of comoxiclav in five receiving units and daily reminders are issued to staff to increase awareness. A meeting with the Clinical Directors at GRI has been arranged in February.</p> <p>SAB Action Plan</p> <p>Discussion took place regarding the SAB Action Plan. Sandra McNamee reported that a number of actions over the period have taken place. Policies and SOPs are in place and a focus group looking at the policies and procedures would be convened in RAH with the plan to spread learning. Paediatrics and Neonates would convene their own group to look at paediatric specific policies which will be led by Jennifer Rodgers.</p> <p>There is acknowledgement that junior medical staff have training but more work will be done with them to look at decreasing the number of SAB cases. Sandra McNamee advised that Margaret Connolly has done some work in relation to this and this has been signed off by Dr Stewart.</p> <p>A PVC/CVC sweep was carried out in December and implemented by the Chief Nurses. Sandra McNamee advised that the Infection Control audits covers PVC/CVC compliance and can target interventions. Dr Seaton advised that Alisdair MacConnachie has piloted a template checklist in a ward in QEUH and Dr Armstrong asked that BICC request a copy of this template. Anne Cruickshank advised that the Infection Control Doctors were keen to link with the chief of medicine and clinical leaders to discuss infection control issues. She said it should be the responsibility of the Chief of Medicines how this information is disseminated to all areas on site. Dr Seaton suggested that this could go through the Clinical Governance Forums and advised that Ysobel Gourlay highlighted the issues of comoxiclav at the Clyde Clinical Governance meeting recently.</p> <p>It was agreed to send the draft letter to BICC members for comments and then forwarded to all doctors working in the acute sector in GGC. Professor Williams to link with Dr Hague regarding Paediatrics.</p>	
<p>4.3 IPC Work Plan 2015/16</p> <p>A copy of the IPC Work Plan for 2015/16 was distributed with the agenda and Sandra McNamee provided an update to the committee.</p> <p>Sandra updated on the following:-</p> <ul style="list-style-type: none"> - A work plan has been agreed with the Nurse Director for Partnership areas. Also looking at audits for mental health areas. - A new Lead Nurse covering partnership areas has been appointed. - Continue to work with CAAS link nurses to support staff with regards to the SICPs and CAUTI bundle. Pamela Joannidis and Michelle Magennis have attended the group in February and they should expect a letter regarding roles and responsibilities. - CPE screening has not commenced. - With regards to additional mandatory SSI surveillance Sandra advised that we are waiting on the protocol from HPS. 	<p>CW</p>

Item	Action
<p>At the next committee Sandra advised that the work plan should be finalised and welcomed any additions for next year's plan.</p>	
<p>Dr Kennedy reported that SSI was mentioned at the NSS HAI Programme Board and the issue of the burden on boards was discussed.</p>	
<p>In April, Dr Armstrong advised that surveillance on E-coli should be implemented. Dr Kennedy commented that the final validated data should be issued this month and 50% of the cases are community. Dr Armstrong suggested that the E-coli paper be issued to the committee. As there is a financial issue regarding implementing this Dr Armstrong presented this to the Senior Management Team and the Chief Executive will raise this at the Chief Executive Group.</p>	
<p>4.4 SOPs Pamela Joannidis reported that at the last BICC meeting Dr Hague had raised a question with regards to pertussis and this has now been addressed. Pamela said that the only concern is if the HEI inspectors visit and we are not wearing masks and do not have a risk assessment for this. Dr Armstrong advised that updated guidance was issued in December and she asked for a paper to be brought to the next committee detailing where we are compliant or non compliant with the use of masks. Pamela agreed to summarise the changes.</p>	PJ
<p>4.5 New Build Project Professor Williams reported that there are still ongoing discussions regarding the specifications for the adult BMT but all ventilation issues are now complete. Dr Cruickshank advised that there was a meeting last week with Ian Powrie and Peter Moir to discuss this and the key issue is the hepafiltration of corridors. The Chief Executive called a meeting with the contractors to look at the guidance to make sure we are compliant.</p>	
<p>5. Exception Reports and Updates</p>	
<p>5.1 vCJD Group At the last CJD Group meeting Dr Kennedy stated that there was discussion regarding appropriate questions for Paediatric patients. He said the questions will be reviewed and brought back to the committee with recommendations.</p>	
<p>There was a previous reported near miss case and Dr Kennedy updated that on further inspection it had the potential for being a non miss case.</p>	
<p>Another patient was referred from GGC to Golden Jubilee and GGC never advised that the patient could be a potential risk for CJD.</p>	
<p>5.2 Antimicrobial Utilisation Committee A copy of the AUC minutes for the meeting in November were distributed with the agenda and Dr Seaton advised that he provided an update on this at the last meeting.</p>	
<p>He reported that the monthly audits of antibiotic use will be changed from medical wards to elderly care wards. Work is also to take place in A&Es to look at antibiotic use.</p>	
<p>5.3 Acute Infection Control Committee (AICC) The agenda for the Acute Infection Control Committee held in January was distributed with the agenda as the minutes were not available.</p>	

Item	Action
<p>5.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the Partnership Infection Control Support Group in January was issued and noted.</p> <p>5.5 Recent Outbreaks/Incidents As discussed at the meeting earlier.</p> <p>5.6 CPE Screening The SOP for CPE screening has been updated and Professor Williams said this will be brought to the committees for approval.</p>	
<p>6. New Business / Documents Received</p> <p>6.1 HEI Inspections With regards to the HEI inspections Mags Mcguire stated that process needs to be in place of who should be on site when inspectors are in. She said one of the comments from the last inspection was that Lead Nurses were not in uniform.</p> <p>An announced inspection at Drumchapel Hospital is scheduled to take place on 17th and 18th February 2016.</p> <p>6.2 HPS Q3 SAB/CDI A copy of the quarterly report from HPS regarding SAB and CDI epidemiological data in Scotland for July – September was distributed with the agenda and noted.</p>	
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed with the agenda. Dr Kennedy updated on some of the items included in the report:-</p> <ul style="list-style-type: none"> • Investigation is ongoing regarding a cluster of three necrotising myositis cases, as well as two severe invasive Group A Strep cases. There have been two deaths but both typing and epidemiology for four of the cases suggests that the cases are not linked. An alert regarding the Group A Strep cases has been issued to clinicians. • The increase in diagnoses of HIV in drug users continues. Work is ongoing to raise awareness and increase testing. Discussion took place regarding the labelling of blood samples for these patients as they are listed as high risk. Dr Kennedy advised that agreement should be for universal precautions and Dr Cruickshank replied that there cannot be universal precautions 24 hours a day and staff should be wearing gloves. It was agreed that Dr Milosevic and Dr Cruickshank meet to discuss this and it was suggested that Dr Peters be included in these discussions. Dr Tweed advised that she has been part of the IMT meetings and actions have come out of these meetings. She commented that there is only one out of hours pharmacy in the city centre. Dr Milosevic is also doing a presentation on this at the next NHS Board meeting. • Since 2011 Dr Kennedy reported that shigella is ongoing and an advice note has been circulated by PHE. 	AC

Item	Action
<p>8. Review of Actions</p> <ul style="list-style-type: none"> As part of the HAI Standards Sandra McNamee said that she will look into a GP attending this committee. Pamela Joannidis to summarise the changes in the updated guidance issued in December regarding the use of FFP3 masks. Dr Cruickshank to meet with Dr Milosevic to discuss the labelling of blood samples for HIV patients. Public Health to link with Infection Control to have an impact assessment for the meeting with HPS to discuss <i>Serratia marcescens</i> 	
<p>9. AOCB Meeting with Scottish Government</p> <p>Dr Armstrong updated the committee on the meeting held with GGC, HPS and the Scottish Government. She said they discussed the issue regarding the patient with <i>Serratia marcescens</i> and GGC provided a presentation at the meeting. A meeting has been arranged for tomorrow with the Infection Control Doctors and Lead Infection Control Nurses to discuss the reporting of cases to the Scottish Government. Dr Cruickshank stated that Jacqui Reilly and Lisa Ritchie from HPS are to provide a date in February to meet with us. It was recommended that a Clinical Director or Respiratory Physician and Dr Syed Ahmed be invited to the meeting with HPS. Dr Armstrong asked for Public Health to link with Infection Control and have an impact assessment and include this at the meeting.</p>	IK
<p>10. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 21 March 2016 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2016 Meeting Dates

Date (2016)	Time	Venue
21 st March 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
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**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 21st March 2016 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Medical Director
Mr Tom Walsh	Infection Control Manager
Professor Craig Williams	Co-ordinating ICD
Dr Anne Cruickshank	Clinical Director, Labs
Ms Pamela Joannidis	Nurse Consultant, Infection Control
Dr Andrew Seaton	Consultant Physician
Ms Suzanne Clark	Lay Representative
Dr Iain Kennedy	Consultant in Public Health
Mr Kenneth Fleming	Head of Health and Safety
Ms Liz McGovern	Specialist Pharmaceutical Public Health

In Attendance

Ann Lang (minutes)

Apologies received:

Dr David Stewart Mari Brannigan Mags Mcguire Sandra McNamee
Dr Rosie Hague Ray McAndrew

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 25th February 2016 The minutes of the previous meeting held on 25 February 2016 were agreed with the following amendment:- Page 4, item 5.1, second para – should read “... that on further inspection it had the potential to be a clinical incident”. Page 5, item 7, second bullet – from “ Discussion took placeincluded in these discussions”. – should be a separate bullet point.</p>	
<p>3. Matters arising Water Safety Policy A copy of the Water Safety Policy was issued to the group prior to the meeting. The group felt they needed more time to look at this policy and Dr Armstrong suggested that any comments are sent to Ann Lang by mid April and she will forward the comments to Alan Gallacher. The policy will be brought back to the next committee and then to Health and Safety Group for final approval.</p>	All
<p>4. Standing Agenda Items 4.1 HAI Reporting Template (HAIRT) February 2016 The HAIRT report for February 2016 was distributed with the agenda. Pamela Joannidis updated the group on the latest figures from HPS regarding SABs for the quarter July – September 2015. She said with regards to SABs NHSGGC reported 34.3 cases and the Heat Target is 24 cases per 100,000 occupied bed days (OCBDs). The SSI rate for hip arthroplasty category is above the national average and the SSI rates for Caesarean section procedure category remains below the national average.</p>	

Item	Action
<p>Pamela reported that so far, 3,302 staff have completed education modules.</p> <p>In relation to the MRSA Screening project national Key Performance Indicators (KPIs) have now been implemented with boards required to achieve 90% compliance with Clinical Risk Assessment (CRA) completion. CRA compliance for Q3 (October - December) 2015/16 within GGC was noted as 80%.</p> <p>4.2 ASC HAI Report – March Update A copy of the ASC HAI Report for March was distributed with the agenda.</p> <p>Pamela Joannidis reported that there was a requirement for adherence to theatre skin preparation requirements as per the HPS Prevention of SSI bundle. She said this was discussed at the recent AICC meeting and one of the key recommendations of this documentation is that 2% chlorhexidine gluconate in 70% isopropyl alcohol solution is used for skin preparation. This is not current practice in NHSGGC and an SBAR report on the situation was discussed and agreed in principle at the AICC in January 2016, however further clarification is required on the MHRA licensing status of the appropriate skin preparation product. The current product which has licensed status for theatre skin preparation (ChloroPrep) has a considerable cost implication for NHSGGC if introduced (circa. £1.5m/year). An alternative product which would also meet the SSI bundle requirements is also available but is unlicensed. This requires further discussion at Board level and will be taken forward by Medicines Governance within Pharmacy Prescribing and Support Unit.</p> <p>SAB Action Plan Pamela Joannidis reported that we were asked to complete a SAB Action Plan. She said that improvement work was undertaken and we are trying to standardise the CVC and PVC insertion at sites and focusing on techniques. Dr Armstrong felt that there was no ownership of the SAB Action Plan and said this needs to be addressed.</p> <p>It was noted that Kirsty Ferguson, Lead Nurse Infection Prevention & Control is leading on the community SABs. Dr Armstrong commented that she noticed the SAB HAI cases are higher in GRI and on the Action Plan it states that work has not been completed and Dr Armstrong asked how this can be improved. Pamela suggested that CVC and PVC is added to the electronic documentation for patients. Dr Armstrong recommended speaking to the Chief of Medicine and Tom Walsh also suggested to reinstate the SAB Group with a Chief of Medicine as the chair of the group. The committee agreed that a Chief of Medicine or Chief Nurse be asked to chair and vice chair this group.</p> <p>Discussion took place regarding representation at governance meetings to discuss items like SABs. Professor Williams advised that Infection Control is supposed to be a standing agenda item at these governance meetings. It was agreed that a letter be drafted to Directors, Chief Nurses and Chief of Medicines to inform them of the SAB rate being high and to have a system in place to address this and raise this at the next AICC meeting. Tom Walsh said that he will meet with Dr Stewart regarding the lack of clarity and ownership of the Action Plan.</p>	<p>TW</p>

Item	Action
<p>CDI Progress Update</p> <p>The <i>Clostridium difficile</i> (CDI) HEAT target, for attainment by the 31st March 2016, includes cases ages 15 & over and requires boards to achieve a rate of 32 cases or less per 100,000 OCBs. For the last available reporting quarter (July - September 2015), GGC reported 29.5 cases per 100,000 occupied bed days (OCBDs), combined rate for all ages, which remains below the national average of 35.7 per 100,000 OCBs.</p> <p>Dr Armstrong reported that the work Dr Seaton had done made a significant impact on the number of CDI cases and the Pharmacists visiting the wards was helpful. Professor Williams advised that comoxiclav has dropped with the lower usage of this antibiotic. Dr Armstrong suggested that Norman Lannigan and Andrew Seaton may wish to prepare something for the Scotland event at SECC in June to share their actions with other boards.</p>	
<p>4.3 IPC Work Plan 2015/16</p> <p>A copy of the IPC Work Plan for 2015/16 was distributed with the agenda and Pamela Joannidis provided an update to the committee.</p> <p>Pamela updated that most of the actions are complete with the exception of the following:-</p> <ul style="list-style-type: none"> - Work with CAAS link nurses ongoing to support staff with regards to the SICPs and CAUTI bundle. - Vale of Leven Inquiry – actions are in progress. - CPE screening has not commenced as we are waiting on feedback from the national group. 	
<p>4.4 SOPs</p> <p>Pamela Joannidis updated the group on the following SOPs and said that they had been issued for comments and modified as requested.</p> <p><u>Decontamination of Equipment and the Environment SOP</u></p> <p>Pamela reported that the change to the above SOP is that HPS have highlighted that the chosen product for cleaning is actichlor plus from Ecolab. Ecolab are recommending a contact time of 10 minutes. Suzanne Clark commented that the review date states December 2016 and Pamela agreed to amend this. With this minor change the committee approved the SOP.</p> <p><u>RSV SOP</u></p> <p>The RSV SOP was updated as Pamela reported that the original document focused more on Paediatric patients whereas this document will cover any age group. An Appendix A has been added to the back of the document detailing the risk assessment for PPE masks when caring for paediatric patients. Dr Kennedy reported that a RSV vaccine is available and is being trialled on all age groups. Kenneth Fleming suggested using the term dynamic risk assessment for documents. This SOP was approved.</p> <p><u>CRO/CPE SOP</u></p> <p>A copy of the SOP was distributed with the agenda. Pamela advised that at an Infection Control meeting the Infection Control Doctors requested that the SOP include screening for CRO as well as CPE. Professor Williams commented that this means that GGC leaflets will be different from HPS guidance. Pamela Joannidis reported this was raised at the national meeting and they have agreed to not extend the screening for CRO. She commented that CPE screening should have started in January 2015 and she did not want to delay this any further. As the SOP has already been approved at AICC the committee agreed to approve the SOP.</p>	

Item	Action
<p><u>Twice Daily Clean of Isolation Rooms</u> The above SOP was approved.</p>	
<p><u>Terminal Clean of Ward</u> The Terminal Clean of Ward SOP was approved.</p>	
<p><u>Terminal Clean of Isolation Rooms</u> The above SOP was approved.</p>	
<p>5. Exception Reports and Updates</p>	
<p>5.1 vCJD Group</p>	
<p>Dr Kennedy updated that the majority of the money has been released in relation to the new instruments for neuro.</p>	
<p>Some concern was raised by the consultants regarding the question being asked at pre assessment as this resulted in a delay at theatres. Dr Kennedy advised that this has been looked into and agreement has been reached with the consultants.</p>	
<p>5.2 Antimicrobial Utilisation Committee</p>	
<p>The latest AUC meeting was last month but Dr Seaton reported that the minutes have not been approved yet. He updated on the main points of the meeting.</p>	
<ul style="list-style-type: none"> • Antibiotic use has increased and has gone up by £200,000 and he said this reflects using more expensive antibiotics. • Increased use of aztreonam from 8 to 20 daily doses. • Comoxiclav has increased. • An improvement in our compliance with guidelines relating to prescribing in medical and surgical receiving. • Good improvement with prophylaxis guidelines in Plastic Surgery at Glasgow Royal Infirmary with a compliance rate of 95%. 	
<p>Dr Seaton said that he was concerned that the Point Prevalence Survey is due to start again> He said the resources required to carry out this survey would be 100% of staff time for three months and last time they had to suspend ward rounds for three months and suspend routine data collection. He suggested to HPS to look at two hospitals in our board instead of all hospitals but HPS have informed that it is mandatory to carry out the survey in all hospitals. Tom Walsh stated that funding will be available to boards for this. Dr Armstrong suggested that Dr Seaton or Infection Control lead on this and gather all the information and include Public Health. Dr Seaton agreed to speak with colleagues in Pharmacy to determine if the funding on offer could mitigate the impact on pharmacy time.</p>	AS
<p>5.3 Acute Infection Control Committee (AICC)</p>	
<p>The agenda for the Acute Infection Control Committee held in March was distributed with the agenda as the minutes were not available.</p>	
<p>5.4 Partnership Infection Control Support Group (PICSG)</p>	
<p>A copy of the agenda for the Partnership Infection Control Support Group in March was issued and noted.</p>	

Item	Action
<p>5.5 Recent Outbreaks/Incidents An Outbreak Report on the Respiratory Syncytial Virus (RSV) outbreak at Ward B7 at the Beatson was issued to the group. As the ward had to close Pamela Joannidis reported that this caused major disruption to the service. Professor Williams commented that we are looking at the patient pathway.</p> <p>In Glasgow Royal Infirmary an outbreak of RSV and Influenza A was reported in Ward 9. 10 patients tested positive for RSV and 3 patients for Influenza A and Pamela reported that there was a shortage of single side rooms to isolate patients. One patient died and HPS were involved in the discussions and a holding statement was prepared.</p> <p>In NICU, Royal Hospital for Children Pamela Joannidis reported there have been 13 cases of <i>Serratia marcescens</i> with the last case on 22nd January 2016. The outbreak is now over and a meeting will take place with HPS for a debrief.</p> <p>5.6 CPE Screening As discussed earlier.</p> <p>5.7 IPCT Budget and Savings In terms of savings Tom Walsh reported that there is a slight underspend in Infection Prevention & Control. He said that the department has been given a CRES saving this year of approximately £700,000 of savings.</p>	
<p>6. New Business / Documents Received</p> <p>6.1 Internal Preliminary Report for HAI & AMR Programme Board E. coli Bacteraemia (ECB) Implementation Phase A copy of the above report was distributed with the agenda. Tom Walsh commented that this document relates to <i>E.coli</i> Bacteraemia Surveillance and said that we are looking to screen for <i>E.coli</i>. As this is part of DL (2015) 19 funding will be provided for this.</p> <p>To deliver this Tom Walsh advised that discussions are ongoing with HPS to look at a direct feed from ICNET system to the ECOSS based surveillance tool.</p> <p>6.2 2016 Scottish Antimicrobial Resistance & Healthcare Associated Infection (SARHAI) Board Financial Support A letter was received from Scottish Government to confirm that they have approved funding in principle to support NHS Boards to conduct the 2016 Point Prevalence Survey (PPS). The funding will also support other AMR and HAI mandatory policy requirements as detailed in the Scottish Government Director Letter (DL) (2015) 19. Tom Walsh reported that the full implementation of this national directive will introduce an additional recurring cost pressure of £173k for Infection Prevention and Control and £105k for Diagnostics.</p> <p>Professor Williams updated that colorectal surveillance started in May and vascular surveillance will begin in June. The Lead Nurse for Surveillance has met with clinicians to discuss the surveillance.</p> <p>6.3 Changes to E-SAB Web Tool As we have to submit data on enhanced surveillance Pamela Joannidis stated that HPS have requested that the data be entered into a web based tool. She said that concern was expressed regarding the validation of data and the Infection Control Nurses received training on this and were informed that the data can be validated before being transferred.</p>	

Item	Action
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed prior to the meeting. Dr Kennedy updated on some of the items included in the report:-</p> <ul style="list-style-type: none"> • Two confirmed cases of measles in GGC and Lanarkshire. There are no known links between either case. • There has been a major outbreak of mumps since the start of the year, with 67 cases since 1st January 2016. Most of these cases are in the G42 post district in school age children. There is concern regarding the vaccination uptake as the rate for the MMR vaccination is 66% and in GGC it is 82%. • A review is underway in labs regarding high risk labelling for HIV patients. This was in response to concerns from clinicians that it was not appropriate given the need for universal precautions. • A Healthcare Worker that was involved in some exposure prone procedures was identified as Hepatitis C positive in December 2014. A look back process is ongoing although this has proved to be challenging to access archived records. Dr Armstrong suggested involving Robin Wright if there is an issue. • NHSGGC's Heads of Children's Service have approved the implementation of four dedicated school immunisation teams during 2016/17. • Scottish Water have alerted the Board of some significant infrastructure upgrades. Part of the disinfection will change and this will affect supplies in East Renfrewshire, as well as two postcode areas in Renfrewshire and one Glasgow City postcode area. The main public health issue is a potential impact on dialysis patients, and the need to update equipment. PHPU are arranging meetings with Renal services. 	
<p>8. Review of Actions</p> <ul style="list-style-type: none"> • The group to look at the Water Safety Policy and provide any comments to Ann Lang by middle of April. • Tom Walsh to meet with Dr Stewart to discuss ownership of the SAB Action Plan. • Dr Seaton to discuss with Pharmacy colleagues the issues with the Point Prevalence Study. 	
<p>9. AOCB As Professor Williams is leaving NHSGGC in April and this will be his last BICC meeting Dr Armstrong thanked him for his service to the committee and his contribution at these meetings.</p>	
<p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 23rd May 2016 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2016 Meeting Dates

Date (2016)	Time	Venue
23 rd May 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
25 th July 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
3 rd October 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
28 th November 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 23rd May 2016 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Medical Director
Mr Tom Walsh	Infection Control Manager
Dr Teresa Inkster	Lead Infection Control Doctor
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Dr Anne Cruickshank	Clinical Director, Labs
Ms Pamela Joannidis	Nurse Consultant, Infection Control
Dr Andrew Seaton	Consultant Physician
Ms Suzanne Clark	Lay Representative
Dr Iain Kennedy	Consultant in Public Health
Mr Kenneth Fleming	Head of Health and Safety
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Mr Scott Young	Corporate Facilities Lead

In Attendance

Ann Lang (minutes)

Apologies received:

Dr David Stewart Donald Sime Mags Mcguire Dr Rosie Hague

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 21st March 2016 The minutes of the previous meeting held on 21 March 2016 were agreed with the following amendment:- Page 6, item 5.7 – should read “... Tom Walsh reported that there is a slight underspend in Medical Directorate”. Page 7, item 7, second bullet – should read “There is concern regarding the vaccination uptake in G42 postcode area as the rate for the MMR vaccination”.</p> <p>Actions Update As no comments were received on the Water Safety Policy this will be forwarded to the Health and Safety Group for final approval.</p>	
<p>3. Matters arising RSV SOP A copy of the updated RSV SOP was issued with the agenda. Pamela Joannidis updated that an Appendix has been added which includes a risk assessment for the use of enhanced PPE including FFP3 masks in Paediatrics and this has been endorsed by HPS. Dr Armstrong said to ensure that we have a clear clinical consensus and HPS endorsement of the approach which can be demonstrated in any future clinical issues or inspections. Kenneth Fleming asked if this should be entered on the Risk Register for Paediatrics and it was agreed to approach Woman & Children directorate to determine if this should be entered on their Risk Register. The committee approved the SOP and Pamela agreed to raise this at the Woman & Children's Clinical Governance Forum.</p>	PJ
<p>4. Standing Agenda Items 4.1 HAI Reporting Template (HAIRT) April 2016 The HAIRT report for April 2016 was distributed with the agenda.</p>	

Item	Action
<p>Sandra McNamee updated the group on the latest figures from HPS regarding SABs and CDI for the quarter October – December 2015.</p> <p>In relation to <i>Staphylococcus aureus</i> Bacteraemia (SAB) there was an increase in Q4-2015 and remedial actions were undertaken in Q1-2016 to decrease SABs by 17%. Sandra reported that as of today there are 29 SAB cases and there were 48 cases for April 2016.</p> <p>There was a noted increase in CDI cases between October – December 2015. Direct action undertaken to reduce CDI in Q1-2016 with a reduction of 32%. As of today there are 21 CDI cases and 13 cases were reported for April 2016.</p> <p>With regards to the Surgical Site Infection (SSI) data for October – December 2015 we were above the national average for caesarean section procedures. There were 13 caesarean SSIs for April and a group at PRM and QEUH met to take forward an action plan.</p> <p>For the last available quarter the SSI rate for repair of neck of femur procedure categories was marginally above the national average with a rate of 1.5%. Sandra advised that there were three neck of femur SSIs for April at QEUH and this was highlighted to the clinical and management team at QEUH.</p> <p>Sandra advised that the HAIRT report template will be revised and the SPCs will be taken out to make the report shorter and easier to digest.</p> <p>SAB Action Plan</p> <p>Discussion took place regarding the SAB Action Plan. Sandra McNamee updated that the Infection Control Team carried out a ward sweep of PVC and CVC compliance and there were issues with compliance in North Glasgow and South Clyde. The Quality and Improvement Facilitator will look into these ward sweeps.</p> <p>Dr Inkster advised that in A&E she met with Alistair Ireland in GRI and he has agreed further practices to be audited. Sandra stated that a sticker has been developed and was presented to the A&E Consultants but was not thought to be a way forward in A&E. However theatre staff thought stickers were a possibility.</p> <p>Work is ongoing regarding the community SABs which Kirsty Ferguson, Lead Nurse Infection Prevention & Control is leading on.</p> <p>Any SAB related cases that could be avoidable harm will now be logged onto Datix and a fully root cause analysis (RCA) carried out which South Clyde have already tested. Dr Inkster commented that the Infection Control Doctors will be involved in the RCA process. Dr Seaton suggested that in QEUH it is the nurse practitioners that put in the device which could be an area to start with.</p> <p>Sandra McNamee also commented that they are looking at a video for SABs to be part of the induction package. Dr Seaton stated that he has been involved in developing an induction module for antibiotic prescribing also and the importance of IVOST was emphasised within it.</p> <p>Dr Seaton provided some provisional figures from the AMP audit of SAB. Data are still to be analysed but it was noted that a significant proportion of patients received less than the recommended duration of IV therapy and mortality and recurrence were significant. It was also noted that there was a significant number of patients with deep seated infection which are likely to have required longer courses of therapy and potentially surgical intervention to control the source. A formal report detailing the results will be made available when complete.</p>	

Item	Action
<p>Sandra McNamee suggested that we could have an IV access team to monitor lines and Dr Stewart to arrange to review lines at 24 hours. Dr Kennedy asked what the overall volume of lines are and Sandra replied that when the sweep was carried out there were only 30% of patients in the general ward. Dr Seaton also stated that the number of people on antibiotics has increased and the duration of antibiotic therapy has increased and the mean is now 4 days. Tom Walsh said that he will speak to Dr Stewart regarding chair of the SAB committee suggesting it should be a Chief of Medicine. Dr Armstrong stated that we need sectors to put forward who is responsible for SABs. Dr Seaton recommended that medical leadership is required for this. It was agreed that Tom Walsh would draft a letter which would come from chair of BICC recommending nominated clinical leadership for IPC within directorates so action plans can be enacted with local ownership.</p>	TW
<p>The clinical teams have been asked to take information to their governance meetings with the directorate report listing three key issues for discussion. Tom Walsh suggested preparing a composite report for AICC and will discuss this with Dr Stewart. Sandra McNamee confirmed that a list of SAB cases are emailed to AMP every Tuesday.</p>	TW
<p>Dr Seaton advised that Dr MacConnachie was developing a ward round checklist which will review Adult IV-Oral Antibiotic Switch Therapy (IVOST) in QEUH medical units and he said that he will speak to him regarding how this was progressing.</p>	AS
<p>HPS Q4 SAB/CDI A copy of the latest figures from HPS were distributed with the agenda. Dr Armstrong commented that GGC and Grampian have increased in relation to SABs. She said that for year ending 2015 GGC have a SAB rate of 36.6% and Lothian have come down to 22.4%. Sandra McNamee reported that Lothian introduced a Quality Improvement Facilitator post to support practice and she said that she will contact Lothian to discuss this.</p>	SMcN
<p>Sandra advised that there were four CDI cases in urology at GRI with three different types. Antimicrobial ward rounds are taking place in this area and the CDI cases have decreased. Dr Seaton confirmed that a ward round has started in neurology ward at QEUH.</p>	
<p>4.2 ASC HAI Report – May Update A copy of the ASC HAI Report for May was distributed with the agenda and noted.</p>	
<p>4.3 IPC Work Plan 2015/16 A copy of the IPC Work Plan for 2016/17 was distributed with the agenda and Sandra McNamee provided an update to the committee.</p> <ul style="list-style-type: none"> - Continuing to provide evidence for the HAI self assessment - All children who have a positive blood culture and who subsequently die will have a blood culture recorded onto Datix as an incident. - Set-up a system to ensure all outbreaks and incidents are correctly classified and reported to HPS weekly. 	
<p>Dr Armstrong asked for more specifics regarding SABs and the work involved with the Chief of Medicines. Sandra replied that this work plan is what Infection Control had to achieve. Dr Armstrong asked if there should be a wider number of actions if this is a board wide work plan for Infection Control. Tom Walsh advised that PICSG have their own work plan and suggested that AICC prepare one as well based on the template from PICSG.</p>	

Item		Action
	<p>4.4 SOPs Pamela Joannidis updated the group on the following SOPs and said that they had been issued for comments and modified as requested. She said the front page of each SOP lists the key changes.</p> <p><u>Measles SOP</u> Pamela reported that the wording has been updated in the SOP and the committee approved the SOP.</p> <p><u>Mumps SOP</u> The Mumps SOP was distributed with the agenda and the SOP was approved by the committee.</p> <p><u>Rubella SOP</u> A copy of the SOP was distributed with the agenda and the committee approved the SOP.</p>	
5.	<p>Exception Reports and Updates</p> <p>5.1 vCJD Group Dr Kennedy updated that the majority of the funding has been released and neuro are purchasing the remainder of the equipment.</p> <p>He said they have been notified of a suspected CJD case but there was no requirement for a look back exercise as this was thought to be a sporadic case.</p> <p>5.2 Antimicrobial Utilisation Committee A copy of the minutes of the last AUC meeting were distributed with the agenda and Dr Seaton provided an update on the main points:-</p> <ul style="list-style-type: none"> • With the ongoing shortage of Aztreonam, Temocillin has been used as an alternative to Aztreonam and this has increased significantly. • In relation to the national hospital prescribing data Dr Seaton advised that GGC is performing in line with other boards. • The data for the Point Prevalence Study in 2015 is now complete and also the point prevalence carried out in GRI in January 2016 has been analysed. 36% of patients were on antibiotics and 43% were on IV therapy. The prescribing of antibiotics was deemed to be appropriate and 93% of protected antibiotics overall were appropriate in 2015. Mean duration of IV therapy has increased to 4.2 days in 2015. • With regards to the surgical prophylaxis compliance the focus has been on orthopaedic surgery with 100% compliance with the guidelines for single dose therapy. • Anne Thomson, Lead Prescribing Adviser in NE Glasgow coordinated an intervention across 501 patients receiving long term antibiotics in north east sector. Reduction in usage was achieved in approximately 50%. It is planned to amplify this across other sectors in primary care in GGC. <p>An Audit of Co-amoxiclav Use in QEUH Dr Seaton advised that two AMPs carried out surveillance of co-amoxiclav prescribing across QEUH acute receiving units between January and March 2016. They reviewed 900 patients of whom 42% received an antibiotic on admission. A very small proportion received co-amoxiclav and the vast majority were as per guidance and appropriate. There was a statistical trend in reduction in use over the survey period and it was suggested that this corresponded to targeted interventions amongst prescribers on the QEUH site (survey report circulated).</p>	

Item	Action
<p>Co-amoxiclav, Piperacillin tazobactam and meropenem prescribing Dr Seaton advised that there has been ongoing interventions to reduce prescribing of coamoxiclav and these 2 “protected antibiotics”. Significant reductions have been observed, particularly on QEUH and GRI sites. Increasing use of aztreonam and temocillin have also been observed as expected. Levofloxacin use has also been observed to increase and work is underway to better understand and potentially limit this.</p> <p>Dr Armstrong asked why vancomycin was the most reported antibiotic on Datix and how does this feed into the policy to try to reduce this. Dr Seaton replied that individual serious events highlighted through Datix were followed up by the AMPs. A Vancomycin prescribing, administration and monitoring form is in place across GGC and is currently being reviewed.</p> <p>Dr Armstrong stated that the reduction in antibiotics is impressive and asked Dr Seaton to pass this on as chair of AUC.</p>	
<p>5.3 Acute Infection Control Committee (AICC) The agenda for the Acute Infection Control Committee held in May and the minutes of the meeting in March were distributed with the agenda and noted.</p>	
<p>5.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the Partnership Infection Control Support Group in May was issued. Sandra McNamee reported that at the meeting it was noted that Estate and Facilities were asked a few months ago to carry out HAI scribe in mental health wards and David Pace agreed for this to go ahead. Scott Young agreed to take this forward.</p>	SY
<p>5.5 Recent Outbreaks/Incidents An Outbreak Report from GGC and HPS on the Serratia outbreak at NICU, Royal Hospital for Children were issued to the group. Pamela Joannidis advised that there are a number of recommendations and an action plan to take forward.</p> <p>Discussion is ongoing regarding the screening in NICU as the three sites met but no agreement was reached. Pamela stated that HPS want a group to take this forward nationally. She said the next stage is to revisit the action plan and put the recommendations from the two reports together. Hand hygiene audits are being carried out monthly and Pamela reported that we are working with a volunteer to try to get hand hygiene training for parents. Dr Seaton asked if the antimicrobial prescribing has changed and Dr Inkster said that she will look this.</p>	TI
<p>5.6 CPE Screening The CPE screening has started on 20th June and the lab will now detect CPE/CROs. Dr Inkster advised the leaflets and modules for CPE are also relevant for CRO. She said that the CPE short life working group finished last week.</p>	
<p>5.7 INS Theatres A copy of the minutes from the Neurosurgical SSI meeting held on 22nd April were issued with the agenda.</p> <p>Dr Inkster informed that there had been a water leak in theatres at the Institute and elective procedures had to be postponed.</p> <p>Some audit work will be carried out and a control group is to be set up by the neurosurgeons with a meeting arranged for tomorrow.</p> <p>All theatres in INS were inspected by HFS and HPS and were given the all clear.</p>	

Item	Action
<p>Lee Stewart, Antimicrobial Pharmacist was involved with the neurosurgeons to look at the change in antibiotic surgical prophylaxis. They advised that the change was unnecessary and the neurosurgeons have reverted back to what they were using before. The conclusion was that it was not the surgical prophylaxis that was the issue it was the redosing. Dr Inkster advised that she will ask one of their trainees to link with Lee Stewart to discuss this.</p> <p>Dr Armstrong reported that she met with the neurosurgeons to discuss the ingress of sewage and that they requested that a nurse take forward surveillance with ICT. Dr Inkster replied that a surveillance nurse has been appointed for neurosurgery for a one year secondment.</p>	TI
<p>6. New Business / Documents Received</p>	
<p>6.1 Annual Infection Prevention & Control Programme</p>	
<p>A copy of the above report for 2016/17 was distributed with the agenda and Sandra McNamee provided an update.</p>	
<p>She advised that this is a standard programme and is a summary of the national policy requirements and initiatives. The programme includes the HEAT Targets, Hand Hygiene, Facilities & Estates and the National Point Prevalence Study which Sandra commented will be a huge undertaking to carry out. She said this will be carried out from September to November with half of infection control staff involved in this.</p>	
<p>With regards to the glossary at the back Suzanne Clark asked for the acronyms to be updated and Sandra McNamee agreed to do this. Dr Armstrong also asked for a section to be added regarding a Chief of Medicine being the chair of the SAB group.</p>	SMcN
<p>6.2 IPCAT Summary Report</p>	
<p>As part of the HAI Standards Sandra McNamee reported that we are to undertake audit activity on the audit tool and a summary report was provided to the committee. She said that 165 areas have been audited and the summary report details the numbers for each sector/directorate. Not all wards have been included as it is not a full complete year yet. The audit tool for Outpatient areas and Mental Health wards is being worked on. Sandra advised that the directorate reports issued also includes the audit score and if the action plan has been returned.</p>	
<p>6.3 HIIAT Green Reporting Protocol</p>	
<p>HPS produced a report on the HIIAT Green Reporting System Protocol which means anything reported as green would be informed to HPS, but this excludes norovirus. Sandra McNamee advised that this system started on 1st April but no feedback from HPS has been received.</p>	
<p>6.4 SBAR Chlorhexidine for Pre-Operative Skin Disinfection</p>	
<p>Tom Walsh informed the committee that there was a recommendation to Acute Infection Control Committee to use the licensed product although this would be a cost to the board of £1.5m. Further review of practice in other NHS Boards has provided an opportunity for reflection and in summary:-</p>	
<ul style="list-style-type: none"> - No other NHS Board has yet moved completely to Chlorhexidine 2% in 70% IPA and many have not even considered it; - No other NHS Board has current plans to move completely to Chlorhexidine 2% in 70% Alcohol; - Of those Boards using Chloraprep, the approach appears to be the rolling out of the licensed product only to areas of high risk surgery or with an increase to SSI. 	

Item		Action
	<p>The latter is the approach we have adopted thus far and Tom Walsh now believes this is the option we should continue to pursue pending further development and discussion on the licensing and procurement issues at a national level. Tom Walsh suggested that he recommends this option to the next meeting of AICC, and pursue targeting usage through the SSI surveillance processes.</p>	TW
6.5	<p>Point Prevalence Study</p> <p>The Point Prevalence Study is due to run from September to November and all hospitals in GGC are to be included. Tom Walsh reported that the Scottish Government have given boards money to implement DL (2015) 19. Dr Seaton asked how to translate the money given into hours and Dr Armstrong suggested that he contact Norman Lannigan as he has recently recruited trainees for GP practices. Dr Inkster also commented that she could ask some trainees to assist.</p>	TI
6.6	<p>Draft Vale of Leven Response</p> <p>The draft response to the Vale of Leven Inquiry was issued to the committee. Dr Armstrong reported that the Chairman has asked for all the evidence to be pulled together. She said that one of the recommendations lists mandatory training for medics and she said we should think what training we are asking medics to do. Dr Seaton suggested that there should be a mandate to complete the antimicrobial prescribing module. Dr Armstrong asked for Dr Inkster, Dr Bagnade and Dr Seaton to discuss this further and to maybe have a talk for senior medics which can be discussed with the Chief of Medicine. It was also suggested to raise this with the Education Sub Group.</p>	TI/AS
	<p>Dr Cruickshank suggested that a microbiology representative be part of the membership for AICC and BICC. Tom Walsh replied that he thought it would be more beneficial to have this representation at AICC as they have more operational discussions. The committee agreed this and it was recommended that Tom Walsh raise this with Dr Stewart</p>	TW
7.	<p>Update from Public Health Protection Unit</p> <p>A copy of the update from Public Health Protection Unit was distributed prior to the meeting. Dr Kennedy updated on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • There was a salmonella outbreak with 9 confirmed cases and 7 of these cases were linked to a bakery. An investigation is ongoing and looking into the eggs used in the bakery. • A dentist in Paisley was reported of multiple use of single user instruments. Dr Kennedy commented that in Scotland dentists are not allowed to reuse an instrument on the same patient but this is allowed in England. • As of 1st June the offer of antenatal screening for rubella susceptibility will stop for all women in Scotland. • The Outbreak Control Plan has been updated and signed off at the last MEDVET group and Dr Kennedy advised that this will presented to BICC. • The Joint Health Protection Plan which is a requirement of the 2008 Act is a plan which describes how the Board and Local Authorities deal with the range of health protection topics. Dr Kennedy reported that colleagues in local authority asked GGC to update our plan which will be discussed at the next MEDVET meeting in June. 	

Item	Action
<p>8. Review of Actions</p> <ul style="list-style-type: none"> • Pamela Joannidis to approach Woman & Children directorate to determine if RSV should be entered on their Risk Register. • Tom Walsh to speak with Dr Stewart regarding a Chief of Medicine being chair of the SAB group. • Tom Walsh to draft a letter which would come from chair of BICC recommending nominated clinical leadership for IPC within directorates so SAB action plans can be enacted with local ownership. • In relation to directorate reports Tom Walsh to discuss with Dr Stewart a report for AICC similar to the one used for PICSG. • Dr Seaton to check with Dr MacConnachie regarding the progress of a ward round checklist which will review Adult IV-Oral Antibiotic Switch Therapy (IVOST). • Sandra McNamee to contact NHS Lothian regarding the introduction of a Quality Improvement Facilitator post in their renal unit. • Scott Young to take forward HAI scribes for mental health wards. • With regards to the Serratia outbreak in NICU Dr Inkster to look into the antimicrobial prescribing to see if this has changed. • In INS Dr Inkster to ask one of the trainees to link with Lee Stewart regarding surgical prophylaxis and redosing in neurosurgery. • With regards to the glossary at the back of the Annual Infection Prevention & Control Programme Sandra McNamee to update the acronyms and add a section regarding a Chief of Medicine being chair of the SAB group. • In relation to the use of Chloraprep Tom Walsh to suggest to AICC the roll out of the licensed product only to areas of high risk surgery or with an increase to SSI. • Dr Inkster to ask some trainees to assist with the Point Prevalence Study. • Dr Inkster, Dr Bagrade and Dr Seaton to discuss training for senior medics. • Tom Walsh to discuss with Dr Stewart microbiology representation at AICC. <p>9. AOCB Nil to discuss.</p> <p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 25th July 2016 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2016 Meeting Dates

Date (2016)	Time	Venue
25 th July 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
3 rd October 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
28 th November 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 25th July 2016 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Mr Tom Walsh (Chair)	Infection Control Manager
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Mr Donald Sime	Employee Director
Dr Rosie Hague	Consultant Paediatric ID
Ms Suzanne Clark	Lay Representative
Dr Iain Kennedy	Consultant in Public Health
Mr Kenneth Fleming	Head of Health and Safety
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Mandy Machell	Facilities Project Manager

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Jennifer Armstrong Dr Andrew Seaton Dr Teresa Inkster Ms Rona Wall
Ms Pamela Joannidis Ms Mari Brannigan

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 23rd May 2016 The minutes of the previous meeting held on 23 May 2016 were agreed as an accurate record.</p> <p>Dr Hague asked if there was any supporting evidence for plans to create a datix for any patients that die with a positive blood culture. Sandra McNamee replied that this was part of the Serratia Action Plan as Scottish Government asked us to put in this review to ensure that we are reviewing all positive blood cultures. Dr Hague asked if this relates to NICU only as it is not clear in the minutes and Sandra McNamee agreed to check this.</p> <p>Following on from the meeting Sandra McNamee checked this and the minutes are to be updated with the following:-</p> <ul style="list-style-type: none"> - Page 3, Item 4.3 – should read “All children who have a positive blood culture in NICU and who subsequently die will have a blood culture recorded onto Datix as an incident”. <p>Rolling Actions List A Rolling Actions List template was distributed with the agenda, as requested by Dr Armstrong. Tom Walsh reported that this list will be updated and issued prior to the next meeting.</p>	
<p>3. Matters arising Nil to update</p>	
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) June 2016 The HAIRT report for June 2016 was distributed with the agenda. Tom Walsh reported that the format of the document is being revised as board members feel the presentation and content could be improved.</p>	

Item	Action
<p>Sandra McNamee updated the group on the figures from HPS regarding SABs and CDI for the quarter October – December 2015.</p>	
<p>In relation to <i>Staphylococcus aureus</i> Bacteraemia (SAB) the rate was 36.6 cases per 100,000 AOB and for CDI the rate was 38.8 cases per 100,000 AOB. For Quarter 1 (January – March 2016) Sandra reported that both SABs and CDI have decreased and SABs continued to decrease in Quarter 2.</p>	
<p>Dr Hague commented that it states in the report that the highest proportion of SAB cases were directly related to either a peripheral venous catheter (PVC) or a central venous catheter (CVC). She asked if the sentence should read “associated with” instead of directly related to a PVC or CVC. Sandra McNamee replied that the Infection Prevention & Control nursing teams clinically review the cases and if a case is listed as unknown then this would be referred to the Infection Control Doctor for that site to try and agree a source if at all possible.</p>	
<p>SAB Action Plan</p>	
<p>Sandra McNamee updated that a training video for the insertion and maintenance on PVC was completed and sent to Chiefs of Medicine and Chief Nurses. This video was not to be used in Paediatrics as their care bundles and procedures are different.</p>	
<p>The Quality Improvement Facilitator is carrying out project work in GRI looking at a system for recording care in relation to PVC and CVCs. Sandra advised that recent work was carried out looking at the number of cannulas inserted that had been used within 24 hours. From this it was found that only 50% of the cannulas were used for the patient.</p>	
<p>At the recent AICC meeting it was agreed that they would take direct responsibility for the SAB Action Plan.</p>	
<p>4.2 ASC HAI Report</p>	
<p>Nil to update.</p>	
<p>4.3 IPC Work Plan 2015/16</p>	
<p>A copy of the IPC Work Plan for June 2016 was distributed with the agenda and Sandra McNamee provided an update to the committee.</p>	
<ul style="list-style-type: none"> - The Infection Prevention Control Audit Tool (IPCAT) for mental health in-patient and theatre areas is not completed as there are problems with the IT system and the company have promised to have this by the end of August. This has been entered on to the IPC Risk Register as requested by HEI. - CPE screening has commenced in June and educational sessions are ongoing. - Vascular and colorectal surveillance commenced on 1st July 2016. - The evidence for the online portfolio was uploaded to HEI. 	
<p>4.4 SOPs</p>	
<p>Sandra McNamee updated the group on the following SOPs and advised that the front page of each SOP lists the key changes.</p>	
<p><u>NHSGGC Infection Prevention & Control Education Strategy for Mandatory Education</u></p>	
<p>Some of the training modules for nurses have been changed from mandatory to recommended as per NHS Scotland policy.</p>	

Item	Action
<p>Liz McGovern asked if this document lists staff by speciality instead of type of staff. Sandra replied that there is a separate section for nurses and medics, but that it applied to all healthcare workers. Iain Kennedy commented that names were listed in the document and Sandra confirmed the names will be removed from the document before uploading to the website.</p>	SMcN
<p><u>Loose Stools SOP</u> The Loose Stools SOP was distributed with the agenda and the SOP was approved by the committee.</p>	
<p><u>Norovirus SOP</u> A copy of the SOP was distributed with the agenda. Suzanne Clark made a couple of comments regarding the SOP:-</p> <ul style="list-style-type: none"> - Page 6, 3rd bullet point – sentence should end with SOP. - Page 11, Stool Charts section – should read “....to record type/frequency of stool using the appropriate stool chart”. <p>With these changes to be made the committee approved the SOP.</p>	
<p>4.5 Update of National Infection Prevention and Control Manual This item will be a standing agenda item for future meetings.</p>	
<p>Kenneth Fleming updated on the FFP3 training. He informed that an email was sent to acute Directors to identify staff to be trained as fit testers and this will cover A&E, Children, HDU and Mortuary. A system will be set up once staff have been identified and names have to be returned by the end of July with training to be carried out in September. Mandy Machell asked if this will include Facilities staff and Kenneth replied not initially but they will be trained/tested later.</p>	
<p>5. Exception Reports and Updates</p>	
<p>5.1 vCJD Group</p>	
<p>Dr Kennedy updated that the CJD group met last week.</p>	
<p>He reported that work is ongoing to see if the national guidance on CJD is appropriate in a paediatric setting and also looking at other units across the country. He said that they are waiting on written confirmation from Great Ormond Street for their views.</p>	
<p>At the last BICC meeting Dr Kennedy advised that half of the funding has been released for INS to purchase the instruments they require. Unfortunately the clinicians were later informed that the rest of the money was used to repair for the estate works in neuro theatres. He said that he is concerned that this money which was part of a capital bid was used for estates issues. This now means that half of the instruments that were purchased may be running out of warranty prior to use.</p>	
<p>5.2 Antimicrobial Utilisation Committee</p>	
<p>There was no update to provide as Dr Seaton sent his apologies.</p>	
<p>5.3 Acute Infection Control Committee (AICC)</p>	
<p>The agenda for the Acute Infection Control Committee held in July and the minutes of the meeting in May were distributed with the agenda. Suzanne Clark asked if the draft watermark could be lighter as it covers some of the writing and figures in the minutes. Donald Sime also commented that it would be helpful to have a front page summary of the main points from the Infection Control Committees.</p>	

Item	Action
<p>5.4 Partnership Infection Control Support Group (PICSG) A copy of the minutes for the Partnership Infection Control Support Group in May was issued and Sandra McNamee reported that the meeting scheduled for July was cancelled. At the May meeting Sandra advised that the committee were concerned that HAI scribe had not been carried out in mental health wards and Mandy Machell confirmed that this will happen for inpatient areas.</p> <p>With regards to Dental Services Tom Walsh advised that this will now report through AICC and proposed that there should be a representative from Dental on AICC.</p> <p>5.5 Recent Outbreaks/Incidents Copies of Outbreak Reports were issued with the agenda.</p> <p>Sandra McNamee updated that these included two Influenza outbreaks and one norovirus outbreak where four wards were closed in the north sector. Kenneth Fleming commented that in the Outbreak Description column this was not completed in two of the reports relating to Influenza. Liz McGovern also asked if previous prophylaxis could be listed but Sandra advised that this was too difficult to capture this information.</p> <p>In NICU, Royal Hospital for Children Sandra advised that there has been an increase in serratia. She said that neonatal continue to screen weekly and 8 patients have been identified with serratia within a 4 – 5 week period and there have been three different strains. Of the 8 cases identified 6 patients are in NICU, 1 is in SCBU and the other patient has been discharged. Sandra advised that we are the only board that is carrying out this screening.</p> <p>There has been an increase in SSIs at the Institute at QEUH and Sandra reported that they are looking at theatre practice. Dr Kennedy asked if Infection Control are looking at the physical environment and Sandra confirmed that this was part of the review. Sandra advised that surveillance is ongoing in this area and Neuro have funded a surveillance nurse for this area. She said this area is difficult to benchmark as the coding is difficult as there are a large number of procedures and no validated comparative data is available.</p> <p>At the Beatson, Sandra advised that they have seen an increase in positive blood cultures with VRE over the past two months. The ICD requested that all patients be screened and 9 patients were identified as positive. Some of the patients are in a cohort area and the ICD confirmed that this was not classed as an outbreak.</p> <p>5.6 CPE Screening The CPE screening started on 20th June but there had been some confusion in frontline clinical areas regarding who to screen. This will be discussed at the next IPC Senior Management Team meeting on Thursday, 28th July.</p>	
<p>6. New Business / Documents Received</p> <p>6.1 2016-2017 Outcomes Framework Healthcare Associated Infection (HAI) Programme A copy of the above letter from the Scottish Government was distributed with the agenda.</p> <p>Tom Walsh reported that the letter states that the Scottish Government will provide financial support to a number of posts and specifically for Anti-microbial Pharmacists, Additional Cleaners and monies towards the Infection Control Managers post. He said there is no flexibility on how each board spends this money as Scottish Government will contact boards in September to ask them to confirm that the posts for which the funding has been supplied are all in place.</p>	

Item	Action
<p>6.2 Point Prevalence Study The National Point Prevalence Study is due to run from September to November 2016 and Sandra McNamee confirmed that a programme has been set up. She advised that half of the Infection Control Nurses will be working on this study and audits and education sessions will be suspended during this period with only referrals being carried out.</p> <p>Tom Walsh reported, as part of the study, they have also asked for an indication on the number of Nurses, Infection Control Doctors, Infection Control Nurses, Nursing Assistants, Antimicrobial Stewardship Consultants and the volume of alcohol hand rub consumption. Tom said that we will need to contact Procurement and Workforce Planning to obtain this information.</p>	
<p>7. Update from Public Health Protection Unit Dr Kennedy updated on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • The infant Men C vaccine dose will be discontinued from 5th September and children will continue to be offered the ACWY vaccine at 14 years of age. Dr Hague commented that they have two children in hospital with Men C at the moment. • The MMR vaccine will be reintroduced for S1 children if records show they have not had two doses. • With regards to the shingles vaccine Dr Kennedy advised that they received available updated figures and we are low compared to other boards. • There has been an outbreak of e-coli which appears to be linked to soft cheese. • New draft on the National Guidance on Incident Management has been updated and is out for comments. • The first meeting of the Emerging Threats Group took place and this group came out of the Ebola Preparedness work. The group will meet twice a year and look at various risk assessments from colleagues. • The seasonal flu vaccine in primary care is due to start from 18th August. Liz McGovern stated that they are centralising the procurement of the flu vaccine and GPs have been asked how many deliveries they require. A third party provider is providing the deliveries and boards will be charged for the deliveries at the end of the financial year. 	
<p>8. Review of Actions</p> <ul style="list-style-type: none"> • Sandra McNamee checked that the positive blood cultures being reviewed were for NICU only. • In the Education Strategy Sandra to remove the names listed in the document. 	
<p>9. AOCB Tom Walsh thanked Donald Sime for his contribution to the committee and on behalf of the committee wished him a long and happy retirement.</p>	
<p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 3rd October 2016 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2016 Meeting Dates

Date (2016)	Time	Venue
3 rd October 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
28 th November 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 3rd October 2016 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong	Medical Director
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Dr Andrew Seaton	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
Dr Teresa Inkster	Lead Infection Control Doctor
Ms Rona Wall	Occupational Health Service Manager
Ms Pamela Joannidis	Nurse Consultant, Infection Control
Dr Rosie Hague	Consultant Paediatric ID
Ms Suzanne Clark	Lay Representative
Dr Iain Kennedy	Consultant in Public Health
Mr Kenneth Fleming	Head of Health and Safety
Ms Liz McGovern	Specialist Pharmaceutical Public Health

In Attendance

Ann Lang (minutes)

Apologies received:

Mr Tom Walsh	Mags McGuire	Mary Anne Kane	Scott Young
Peter Milosevic	David Stewart		

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 25th July 2016 The minutes of the previous meeting held on 25 July 2016 were agreed as an accurate record.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and it was noted that the action for Facilities is ongoing with the other actions complete.</p>	
<p>4. Matters arising <u>HEI Criteria for Ward Closure</u> Sandra McNamee reported that HEI issued criteria which outlined when they would close a ward. She said that they would contact the NHS Lead for HAI before closing the ward and Sandra agreed to circulate the document to members.</p>	SMcN
<p>5. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) August 2016 The HAIRT report for August 2016 was distributed with the agenda. Sandra McNamee reported that the report details figures from January to March as we do not have the second quarter's official stats as yet.</p> <p>Sandra McNamee updated the group on the figures from HPS regarding SABs and CDI for the quarter January – March 2016.</p> <p>Local data In relation to CDI indicate that there has been an increase in CDI cases with 121 cases reported for Quarter 3. She informed that Infection Control are working with AMT to promote antimicrobial stewardship in the receiving wards and carrying out awareness sessions at GRI and QEUH.</p>	

Item	Action
<p>Dr Seaton advised that new targets are coming in for antibiotic review to shorten the duration of therapy and there has also been a reduction in C-diffogenic antibiotics. He also commented that there are a lot of community cases. Dr Inkster stated that she reviewed the c-diff cases at GRI and noted that a possible risk factor might be patients with bowel conditions.</p> <p>For Quarter 3 (January – March 2016) there are 116 <i>Staphylococcus aureus</i> Bacteraemia (SAB) cases and Sandra reported that there is a significant amount of initiatives being implemented to try and reduce these cases.</p> <p>With regards to the Surgical Site Infection rate for hip arthroplasty GGC are marginally above the national average with a rate of 0.5% compared to the national SSI rate of 0.3%. Sandra McNamee advised that meetings have taken place at QEUH and RAH and we continue to review with clinical teams any issues in the patients pathway and antimicrobial review.</p> <p>The SSI rate for c-sections has increased in all sites in quarter 2. Meetings have been held with clinical teams and Sandra McNamee reported that we are focusing in on prophylaxis on ladies with high BMI. Ysobel Gourlay carried out an audit of prophylaxis and identified some gaps with regards to patients with high BMIs and excessive blood loss both of whom require a different regime. The Clinical Governance team are looking into this.</p> <p>Peripheral Lines Dr Armstrong updated on a campaign called “Choosing Wisely Canada” which is a campaign to help clinicians and patients to engage in conversations about unnecessary tests, treatments and procedures. She said that at the national group it was reported that 50% of cannulas put in were not used and asked if we should do some work with ED consultants. Sandra replied that HIS have recommended to collect data for six months and to use the DRIFT criteria and advised that we should have six months data by December.</p> <p>Dr Armstrong recommended that a small group be set up to look at the campaign and have ED consultants looking at the data. She suggested Dr Seaton, Dr Hague and Dr Inkster meet up to look at this.</p> <p>A short life working group has been set up to look at the competency based training for nurse practitioners in relation to the insertion and maintenance of PICC and Mid lines and this should be complete by December. These lines can be used for weeks at a time negating the need for multiple PVCs. Sandra said that she is happy to share any information from this with Dr Seaton.</p> <p>5.2 ASC HAI Report – September 2016 A copy of the ASC HAI Report was distributed with the agenda.</p> <p>In the report Sandra McNamee reported that the outbreak section included two episodes of HAI CDI in two wards in two weeks (IPCT Trigger). One episode was at IRH and the other was in ITU at QEUH. She said that we have been asked that if there are two cases of c-diff in a ward that this should be included on the weekly HIIAT report to HPS.</p> <p>In the Regional Services, Burns Unit there were two cases of Group A Strep and Sandra advised that all patients were screened and there were no other cases.</p> <p>The SSI surveillance in neurosurgery has commenced, although Sandra reported that there is no national benchmark for this.</p>	<p>AS/TL/ RH</p>

Item	Action
<p>5.3 IPC Work Plan 2015/16 A copy of the IPC Work Plan for September 2016 was distributed with the agenda and Sandra McNamee provided an update to the committee.</p> <ul style="list-style-type: none"> - The Point Prevalence Study started at the QEUH site and this is now complete and GRI will be the next hospital to be surveyed. HPS also have a list of validation surveys to do and they have carried out two surveys so far. All Infection Control non essential work has stopped to free staff to carry out the survey. Dr Seaton commented that the definitions seem to be more complicated which is a slight concern that not all HAIs will be captured and comparing results from this survey to the last would be inappropriate. - Infection Prevention Control Audit Tool (IPCAT) for partnerships wards has now started. The theatre audit has also commenced. 	
<p>5.4 SOPs Pamela Joannidis updated the group on the following SOPs and advised that the front page of each SOP lists the key changes.</p> <p><u>Whooping Cough</u> In the SOP Pamela reported that the PPE recommendations have been updated. Suzanne Clark advised that on page 5 it mentions measles.</p> <p>Liz McGovern asked if a line could be added to the document regarding primary preventative measure and Pamela asked Liz to send her the details to include and the committee agreed to approve the document with the update.</p> <p>Iain Kennedy advised that the definitions of vulnerable contacts has been changed to a smaller group and asked if an additional reference could be added. He agreed to send Pamela a couple of lines to add to the SOP.</p> <p><u>Procedure for the Development and Approval of IPC Policies, SOPs and Patient Information</u> A copy of the above SOP was distributed with the agenda. Dr Hague commented that the algorithm (Appendix 2) does not mention review by the Paediatric FILES Group. Pamela agreed to add this to the algorithm. With these changes the SOP was approved by the committee.</p>	<p>LMcG</p> <p>IK</p> <p>PJ</p>
<p>5.5 Update of National Infection Prevention and Control Manual Pamela reported that three updates were issued for the manual in July.</p> <ul style="list-style-type: none"> - Alcohol Hand Rub – not to be used on patients who have infections caused by spores. - Gloves – Sterile Gloves are no longer required for wound surgery. Dr Hague asked if all EDs are aware of this recommendation and Pamela agreed to issue this to ED departments. - Occupational Management Exposure Injury – the recommendation is to offer a vaccine for BCG. Rona Wall stated that we are no longer carrying out BCG testing and are using a risk assessment process. Pamela agreed to feedback our concerns to HPS regarding this. 	<p>PJ</p> <p>PJ</p>
<p>6. Exception Reports and Updates 6.1 vCJD Group Nil to update.</p>	

Item	Action
<p>6.2 Antimicrobial Utilisation Committee</p> <p>A copy of the minutes of the last AUC meeting were distributed with the agenda and Dr Seaton provided an update on the main points:-</p> <ul style="list-style-type: none"> • Meeting the targets for the current prescribing guidance in secondary care. • All prescribed antibiotic doses given at 95% target. • Recording of antibiotic duration for June in medical wards is 65% and for surgery 42%. • Stopped reporting on surgical prophylaxis as started surveillance in neurosurgery. Compliance with single dose given is between 55% and 80% of cases. • In relation to primary care this shows a reduction in antibiotic prescribing for the last three consecutive years. • The prescribing volume was 3.3% lower than the previous year and 14.2% lower since 2012-2013. • On trajectory for 50% reduction in overall appropriate prescribing in primary care. • New national indicators for primary care with the same volume prescribing. • Secondary care indicators to reduce overall antibiotic prescribing to have 1% reduction in overall prescribing. • On target for reduction in meropenem, piperacillin and tazobactam. An audit is being carried out on patients who have been in hospital for 72 hours to see if an antibiotic review has taken place. • Slight concern regarding levels of levofloxacin prescribing which is used for penicillin allergies. • Dr Armstrong advised that there is a Clinical Governance review meeting at RAH regarding prescribing patients in renal unit with gentamicin and vancomycin. She suggested that a meeting be arranged to include Dr Seaton, Sandra McNamee and a Pharmacist. Dr Seaton commented that the audits they carry out are only surveyed once a year at RAH. He said there are monitoring prescribing charts which lists all the doses to use. Dr Armstrong reported that there are two or three cases of vancomycin/ gentamicin toxicity and Dr Seaton confirmed that he will speak to Chris Jones about this. 	<p>AS/ SMcN/ Pharmac ist</p> <p>AS</p>
<p>6.3 Acute Infection Control Committee (AICC)</p> <p>The agenda for the Acute Infection Control Committee held in September and the minutes of the meeting in July were distributed with the agenda.</p> <p>In relation to the SAB Action Plan Sandra McNamee reported that Tom Walsh discussed this extensively and the action plan has been reissued for each directorate lead to update.</p> <p>Dr Armstrong suggested that SSI rates for hip arthroplasty and c-sections be kept on the agenda as GGC has one of the highest rates for hips.</p>	
<p>6.4 Partnership Infection Control Support Group (PICSG)</p> <p>A copy of the agenda for the recent Partnership Infection Control Support Group meeting in September was issued and Sandra McNamee reported that the meeting scheduled for July was cancelled.</p> <p>The HAI Scribe in Partnership wards are ongoing and Infection Prevention and Control audits are being carried out in these wards.</p>	
<p>6.5 Recent Outbreaks/Incidents</p> <p>Pamela Joannidis updated that there was an Influenza B outbreak in Lightburn with 10 patients affected.</p>	

Item	Action
<p>There was a review of five cases of VRE at RHC and a meeting held on 4th August. All cases had different typing and further meetings and investigations are ongoing regarding an increase in bloodstream infections.</p> <p>In NICU, Royal Hospital for Children Pamela advised that there have been 12 cases of serratia and three patients remain in the unit in isolation. The unit was decanted and each room and equipment were vapourised. On 12th September there was one further case but no further cases since then.</p> <p>One patient in PICU was identified with serratia and this patient had transferred from NICU. An IMT meeting was held on Tuesday and it was recommended to carry out standard Infection Control precautions. Dr Inkster asked for a review of when the patient came into the room and the water and environment were sampled. The environment screened negative for serratia or pseudomonas and Pamela advised that they are waiting on the water sampling results to be returned. Dr Armstrong asked if this was relating to hand hygiene and if maybe a member of staff were not washing their hands. It was acknowledged that this was a possibility. Dr Inkster commented that there are practice issues with washing equipment in sinks which could potentially be contaminating the environment.</p>	
<p>6.6 CPE Screening</p> <p>In relation to CPE Teresa reported that she did a look back exercise and 146 patients were screened. Four patients were positive for CPE and one patient was a known positive and there were three new cases. She said that screening will be continued.</p>	
<p>7. New Business / Documents Received</p>	
<p>7.1 Point Prevalence Study</p> <p>The National Point Prevalence Study is ongoing until November 2016. Sandra McNamee advised that the definitions have changed significantly and it may be that we are under reporting which might make it difficult to compare data to previous studies.</p> <p>Dr Seaton also stated that there are changes to the definitions for hospital acquired pneumonia and we could be double counting people. As they are being counted if they are being treated for a UTI and then counted again if they have pneumonia.</p> <p>Dr Armstrong asked for this to be brought back to the committee when further information is available.</p>	
<p>8. Update from Public Health Protection Unit</p>	
<p>Dr Kennedy updated on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • There has been an outbreak of e-coli Scotland wide which has been linked to blue cheese. An enforcement action has been taken by Foods Standards Scotland. An IMT meeting is held fortnightly and there are 26 confirmed cases with a cluster of them in Lothian. [REDACTED]. • In Greenock Swimming Pool there is an outbreak of Cryptosporidium and sub typing is awaited. • There have been three discoloured water incidents at RAH and a report was presented to Board members to update them. A debrief meeting has been arranged for 24th October and the report by Drinking Quality will not be available until later in the year. • The flu campaign has started and staff are encouraged to have the vaccine. Liz McGovern stated that there has been a change in the distribution of the seasonal flu and this is being carried out by an external contractor. She said the first delivery has been made and seems to be working well. • HPS issued an alert for Enterovirus D68 with a cluster of cases in Lothian, Fife. The Virus Lab are to carry out batch testing on a fortnightly basis 	

Item	Action
<p>9. Review of Actions</p> <ul style="list-style-type: none"> • Sandra McNamee reported that HEI issued criteria which outlined when they would close a ward. She agreed to circulate the document to members. • Dr Armstrong recommended that a small group be set up to discuss DRIFT criteria and look at the Canada campaign. Dr Seaton, Dr Hague and Dr Inkster meet up. • Liz McGovern to send Pamela Joannidis a line to be added to the Whooping Cough SOP regarding primary preventative measure. • Iain Kennedy advised that the definitions of vulnerable contacts has been changed to a smaller group and asked if an additional reference could be added to the Whooping Cough SOP. Iain to send Pamela the details. • Dr Hague commented that the algorithm for the Procedure for the Development and Approval of IPC Policies, SOPs and Patient Information does not mention review by the Paediatric FILES Group. Pamela agreed to add this to the algorithm. • Sterile Gloves are no longer required for wound surgery and Pamela agreed to issue this to ED departments. • With regards to Occupational Management Exposure Injury – the recommendation is to offer a vaccine for BCG. Rona Wall stated that we are no longer carrying out BCG testing and are using a risk assessment process. Pamela agreed to feedback our concerns to HPS regarding this. • Dr Armstrong advised that there is a Clinical Governance review meeting at RAH regarding prescribing patients in renal unit with gentamicin and vancomycin. She suggested that a meeting be arranged to include Dr Seaton, Sandra McNamee and a Pharmacist. • Dr Seaton to speak to Chris Jones regarding the cases of vancomycin/ gentamicin toxicity. • In relation to SABs Dr Seaton to forward Dr Inkster the information he has regarding the data collected from wards using the exemplar checklist for cannulas. 	
<p>10. AOCB</p> <ul style="list-style-type: none"> • Sandra McNamee advised that the chlorine clean has been implemented in all hospitals now. • With regards to the Rolling Action List and the SAB actions Dr Seaton reported that a ward checklist has been developed with a reminder to review cannulas. Data will be collected from four wards at QEUH using the exemplar checklist and this will be compared with four wards not using this checklist. Dr Seaton agreed to send Dr Inkster the information relating to this. 	AS
<p>11. Date and Time of Next Meeting The next meeting has been arranged for Monday 28th November 2016 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2016 Meeting Dates

Date (2016)	Time	Venue
28 th November 2016	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 28th November 2016 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Teresa Inkster (chair)	Lead Infection Control Doctor
Dr Jennifer Armstrong	Medical Director
Ms Sandra McNamee	Associate Nurse Director, Infection Control
Dr Andrew Seaton	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
Mr Tom Walsh	Infection Control Manager
Dr Iain Kennedy	Consultant in Public Health
Mr Kenneth Fleming	Head of Health and Safety

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Pamela Joannidis	Mags McGuire	Mary Anne Kane	Ms Liz McGovern
Ms Rona Wall	David Stewart	Ms Suzanne Clark	

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 3rd October 2016 The minutes of the previous meeting held on 3 October 2016 were agreed as an accurate record.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting. Dr Seaton commented that with regards to the ward round checklist Dr Alisdair MacConnachie is only collecting data on discharge. He said there may be an opportunity for AMPs to look at whether there are any prescribing differences in other wards but will look at the data for the Point Prevalence Survey first.</p>	
<p>4. Matters arising Nil to update</p>	
<p>5. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) October 2016 The HAIRT report for October 2016 was distributed with the agenda. Sandra McNamee reported that our levels for SAB and CDI figures were above the national Heat Target with a significant increase in the number of CDI cases for Quarter 3.</p> <p>Sandra McNamee updated the group on the local data in relation to SABs and informed that there are 110 cases for this quarter with 70 cases during October and November. With regards to CDI there are 121 cases for Quarter 3 and during the last two months there have been 53 CDI cases which will mean we are below the Heat Target if this trend continues. Dr Seaton stated that the reduction in cases could be related to the prescribing changes. Dr Inkster reported that there is a high use of PPI. She said that she has emailed Dr Stewart and Rachel Green to alert the prescribing group. Dr Seaton commented that alerts are issued from the Drugs and Therapeutic Committee.</p>	

Item	Action
<p>The Surgical Site Infection rate for knee replacement at QEUH has increased and Sandra advised that Infection Control are working with the clinical team.</p> <p>In NICU, Royal Hospital for Children Sandra advised that Dr Inkster and Pamela Joannidis have set up a trigger of three cases of serratia during a two week period and from 6 November there have been no new cases. The environment has been screened and four babies in the unit have been colonised. The HIIAT score is amber and an update is provided to HPS on an ongoing basis</p> <p>5.2 Bi-Monthly Activity Report for Acute Sector A copy of the report was distributed with the agenda.</p> <p>Tom Walsh updated the committee that there are sector and directorate reports and Dr Armstrong asked for an overview of these reports to be provided for acute which is the report provided. He advised that the report identifies three key issues which include:-</p> <ul style="list-style-type: none"> • 52 Infection Prevention and Control Audits were completed during August and September and 59% of clinical areas scored 65% or less in the Quality Improvement section. • A total of 2611 LearnPro educational modules were completed during August and September. 85% were undertaken by nursing and midwifery staff and less than 2% of module completions were in the medical staff group. • There was an increase in the number of CDI cases in NHSGGC during August and September. <p>Tom confirmed that he has arranged individual meetings with sector directorate representatives of AICC and Dr Inkster and Sandra McNamee will also attend these meetings.</p> <p>In relation to the education modules Dr Inkster suggested that we could review this and capture the existing work of the medics. Dr Seaton recommended that there should be mandatory courses for medics and Tom Walsh commented that SICPs module should perhaps be mandatory for all clinical employees.</p> <p>In reference to this report Tom Walsh recommended that this report is presented to the Acute Services Committee.</p>	
<p>5.3 IPC Work Plan 2016/17 A copy of the IPC Work Plan for October 2016 was distributed with the agenda and Sandra McNamee provided an update to the committee.</p> <ul style="list-style-type: none"> - Infection Prevention Control Audit Tool (IPCAT) for mental health and theatre wards has now been implemented. - The section on HAI New Builds and Renovations is outstanding. Tom Walsh informed that he had a meeting with David Loudon and a final draft of the roles and responsibilities for Infection Control Teams has been prepared. 	
<p>5.4 SOPs <u>Meningococcal Disease</u> A copy of the above SOP with distributed with the agenda and the committee approved the SOP.</p>	

Item	Action
<p>5.5 Update of National Infection Prevention and Control Manual Nil to update.</p>	
<p>6. Exception Reports and Updates</p>	
<p>6.1 vCJD Group A meeting of the CJD Group has not been held since last BICC. Dr Kennedy advised that they received one notification of death of a person with query CJD and he said that they are waiting on the paper notes to confirm this but no action is required.</p>	
<p>The CJD Policy is being updated and will be brought to the committees for approval.</p>	
<p>6.2 Antimicrobial Utilisation Committee</p>	
<p>A copy of the draft minutes of the last AUC meeting were distributed prior to the meeting and Dr Seaton provided an update on the main points:-</p>	
<ul style="list-style-type: none"> • New national antibiotic prescribing indicators have been agreed and waiting on sign off by Scottish Government. These targets are for reducing total volume of antibiotics in secondary care and reductions in carbapenem. A 72 hour review for hospitalised patients is also in place. • Co-amoxiclav use is proportionally higher in Clyde sector and focus work is ongoing. Dr Seaton advised that he attended their Clinical Governance meeting on Friday. • Carbapenem prescribing has significantly decreased particularly in the north and south sectors. • Pip/taz use has decreased with less improvement in Clyde but there has been an issue of the supply of Aztreonam for Clyde and this could be the reason for this. Dr Seaton advised that they are promoting the use of Temocillin in Clyde and using this as a substitute. • Levofloxacin use is decreasing across all sectors. • In relation to the Point Prevalence Survey Dr Seaton advised that they have data for the last 8 years. He said there has been a steady increase in the number of patients on antibiotics, increase in antibiotic therapy and the recording of antibiotics has improved. • In Clyde the volume of antibiotics were above GGC average but the antimicrobial ward round on these sites has been withdrawn and this was highlighted as a potential contributory factor. 	
<p>Dr Inkster advised that, as of today, Microbiology in North Glasgow and Clyde has been centralised and the Consultants from Clyde have been transferred to GRI. The microbiology lab at RAH remains there.</p>	
<p>6.3 Acute Infection Control Committee (AICC)</p>	
<p>The agenda for the Acute Infection Control Committee held in November and the minutes of the meeting in September were distributed with the agenda.</p>	
<p>At the meeting Tom Walsh said they discussed the non compliance areas within the SAB Action Plan. He reported that there is an AICC version of the Infection Control programme and representatives have been asked to provide a written update and this will be presented to the next BICC meeting.</p>	
<p>The Adult BMT was discussed as they are considering options for a new unit and meetings have taken place to look at the design of the building at QEUH.</p>	
<p>6.4 Partnership Infection Control Support Group (PICSG)</p>	
<p>A copy of the agenda for the recent Partnership Infection Control Support Group meeting in November was issued and the minutes of the previous meeting held in</p>	

September were distributed with the agenda.

Item	Action
<p>Sandra McNamee reported that the Infection Control audits are being carried out in partnership wards.</p> <p>A meeting is to be arranged to look at the services we provide in Health and Social Care Partnerships and this meeting will include Dr Kennedy, Tom Walsh, Sandra McNamee and Kirsty Ferguson. Kenneth advised that there is a Service Level Agreement describing the level of service H&S provide and Kenneth agreed to send Tom Walsh a copy of this document.</p> <p>The next meeting of CHPM is scheduled for 15th December 2016.</p>	<p>KF</p>
<p>6.5 Recent Outbreaks/Incidents</p> <p>Sandra McNamee provided an update of recent outbreaks and/or incidents:-</p> <ul style="list-style-type: none"> - Serratia cases in NICU, Royal Hospital for Children as discussed earlier. - A decontamination issue at RAH when endoscopy clips were used on another patient. - Two HAI CDI cases in a medical ward at QEUH. 	
<p>7. New Business / Documents Received</p>	
<p>7.1 Revised CRT Process</p> <p>A copy of the report regarding proposed changes to the Clinical Review process for cases of S.aureus bacteraemia (SAB) was issued with the agenda.</p> <p>Sandra McNamee reported that this paper was approved at the recent AICC and PICSG meetings. She said the proposal will ensure that only those SABs considered to be significant or avoidable are reviewed via the established clinical review process which in turn may or may not result in a Significant Incident Review being undertaken. This will be the decision of the clinical service and should ensure that a robust established process is in place and addresses clinical staff concerns about the requirement to review all cases.</p> <p>Dr Kennedy asked what the criteria is to report to the Fiscal as the CMO have said that we should be reporting SAB deaths to the Fiscal. Tom Walsh replied that whoever writes the death certificate should inform the Fiscal and Sandra McNamee suggested that this could be written into the process. Dr Kennedy asked if this is something the ICM network could address and Tom agreed to ask the ICMs how they report this and for this to be an agenda item for the next ICM meeting. He also commented that the review of death certification is being discussed at national level.</p>	<p>TW</p>
<p>7.1 Point Prevalence Survey</p> <p>The National Point Prevalence Survey was carried out from September to November 2016. Sandra McNamee advised that a copy of the local data has been issued with the agenda and advised that the report includes a breakdown by hospitals.</p> <p>Sandra provided an update on the main points of the report:-</p> <ul style="list-style-type: none"> - The prevalence of HAI has decreased in NHSGGC in 2016. - The overall rates have decreased in four hospitals since the 2011 survey, however the Royal Alexandra Hospital noted an increase. - In RHC the HAI rate in 2011 was 6.1% and is now 3.6%. - The rate for QEUH is 4.0% and the rate for GRI is 2.7%. - Pneumonia is the highest diagnosis. <p>Sandra advised that she can provide the data relating to antibiotics and Dr Seaton said to note that there were changes in the definitions since the last survey.</p> <p>Tom Walsh also emailed all staff who participated in the survey to convey his thanks.</p>	

Item	Dr Kennedy, Dr Inkster, Tom Walsh and Ann Kerr are to meet to discuss further analysis of the data.	IK/TI/ TW Action
7.3	<p>Scottish Antimicrobial Resistance and Healthcare Associated Infection – 5 Year Strategic Framework</p> <p>On 1st November 2016 Scottish Government issued the 5 Year Framework and copies of the documentation were issued with the agenda. Sandra McNamee reported that she looked at this on behalf of Infection Prevention and Control Team and provided an update. She said that there could be a resource implication in relation to education resources and decontamination of hospital environment. With regards to the SICPs national monitoring requirement there is a requirement for us to have a standard approach to monitor SICPs, HAI screening and to have a national urinary catheter passport.</p> <p>Tom Walsh advised that no timescales have been given in the report. He proposed to send the paper from Infection Prevention and Control to Dr Seaton and Dr Kennedy for them to provide an update. Following on from this a joint paper from Tom Walsh, Dr Seaton and Dr Kennedy will be presented to BICC in January.</p>	TW
8.	<p>Update from Public Health Protection Unit</p> <p>Dr Kennedy updated on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • Salmonella outbreak in October with 9 confirmed cases. • Cryptosporidium outbreak in a swimming pool in Greenock. Dr Kennedy reported that they are looking at new guidance for Cryptosporidium. • Immunisation of S3-S6 pupils for Men ACWY is ongoing and there are 9,500 pupils in GGC. Dr Kennedy expressed his thanks to PHPU who carry out this work and clinics will be run on 12th December • Reintroduction of MMR vaccine in secondary schools. • As of last Wednesday 9,809 GGC staff received the flu vaccine and management are to encourage staff to receive this if they have not already done so. • Civil contingency work with Police Scotland projects are ongoing regarding counter terrorism and business continuity events. • Changes to the water supply in East Renfrewshire has had no impact to the dialysis patients. • CDC changed their guidance relating to <i>Mycobacterium chimaera</i> in heater coolers. HPS have called meetings to discuss this as CDC have issued a stricter cleaning regime and a Safety Notice was issued on 16th November. NHS England have put a proposal to ministers to have a patient notification exercise. Although there have been no cases in Scotland Dr Kennedy advised that Scotland may take the same approach. Dr Inkster said there are two machines in RHC which could be source contamination and is a concern. Dr Kennedy stated that IMT meetings were held to discuss what to do with the machines we have and discussions are ongoing with Procurement. 	
9.	<p>Draft BICC Meeting Schedule 2017</p> <p>A copy of the meeting schedule for 2017 was distributed with the agenda and noted.</p>	
10.	<p>Review of Actions</p> <ul style="list-style-type: none"> • Kenneth Fleming to send Tom Walsh a copy of GGC Service Level Agreement. • Tom Walsh to ask the ICMs how they report a death to the Fiscal and to have this as an agenda item for the next ICM meeting. • Dr Kennedy, Dr Inkster and Tom Walsh are to meet to discuss further analysis of the Point Prevalence Survey data. • Tom Walsh to send the 5 Year Strategy paper to Dr Kennedy and Dr Seaton. 	
11.	<p>AOCB</p> <ul style="list-style-type: none"> • Dr Armstrong updated the committee on the meeting with Scottish Government and HAI Leads. A presentation was given by Jacquie Reilly from HPS and it was estimated that £168m is spent in Scotland on HAIs. 	

Item	Action
<p>Dr Armstrong advised that HPS are moving from gram positive to gram negative in relation to the target for e-coli. They have carried out some targeted work on e-coli in certain areas and in GP prescribing. She said that Glasgow and Tayside were leading in the implementation of e-coli surveillance. Dr Seaton asked if they mentioned new prescribing targets and Dr Armstrong replied that targets in primary care were good and GGC and Tayside were doing well.</p> <ul style="list-style-type: none"> • Kenneth Fleming reported that Health and Safety Executive have indicated that they will inspect GGC on 14th January 2017. The areas they will look at include Patient Falls, Skin Health and Management of Sharps Injuries. A range of refresher awareness sessions will be available for staff to attend. Kenneth advised that HSE have already visited other boards and served them with improvement notices. Dr Armstrong suggested that Kenneth attend the CMO meeting tomorrow. • New recommendation for CDI in children under 3 is being tested. Dr Inkster advised that diagnostic guidance is being written with the ID physicians and that surveillance data does not need to be provided for the first year. 	
<p>12. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 30th January 2017 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2017 Meeting Dates

Date (2016)	Time	Venue
30th January 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
27th March 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
22nd May 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
31st July 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
9th October 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
27th November 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 30th January 2017 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Teresa Inkster	Lead Infection Control Doctor
Dr Andrew Seaton	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
Mr Tom Walsh	Infection Control Manager
Dr Iain Kennedy	Consultant in Public Health
Ms Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Suzanne Clark	Lay Representative
Mr Scott Young	Corporate Facilities Lead
Mrs Anne Kerr	Lead Nurse Surveillance
Ms Rona Wall	Occupational Health Service Manager

In Attendance

Ann Lang (minutes)

Apologies received:

Sandra McNamee	Mags McGuire	Rosie Hague	Kenneth Fleming
Mari Brannigan	David Stewart	Mary Anne Kane	

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 28th November 2016 The minutes of the previous meeting held on 28 November 2016 were agreed with the following amendment:-</p> <p>Page 1, last para – Suzanne Clark asked if the abbreviation for PPI (Proton Pump Inhibitor) prescribing could be written in full as this could be confused with Public Partner Involvement.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p><u>Actions from the Rolling Action List:</u></p> <ul style="list-style-type: none"> - Dr Inkster to feedback to the next committee on the results of the audit carried out in QEUH in relation to the “Choosing Wisely Canada” campaign. - Dr Kennedy to compare the national guidance for Whooping Cough to the NHSGGC Whooping Cough SOP. - Pamela to contact Lisa Ritchie for an update on the BCG vaccine shortage. 	
<p>4. Matters arising Nil to update</p>	

Item	Action
<p>5. Standing Agenda Items</p> <p>5.1 HAI Reporting Template (HAIRT) December 2016 The HAIRT report for December 2016 was distributed with the agenda. Dr Inkster reported that there was a significant increase in the number of CDI cases for Quarter 3 with no evidence of cross contamination.</p> <p>For Quarter 4 Dr Inkster advised that there are 78 CDI cases which is a 35% decrease from Quarter 3. With regards to SABs there are 104 cases for Quarter 4 which is a 11% decrease. MSSA admission screening is to be implemented in Renal.</p> <p>There is a SSI meeting arranged this week with Ortho clinicians to discuss antibiotic prophylaxis in patients with a high BMI.</p> <p>5.2 Bi-Monthly Activity Report for Acute Sector A copy of the report was distributed with the agenda.</p> <p>Tom Walsh updated the committee that the report included data for October and November and was presented at the last Acute Infection Control Committee (AICC) meeting. From March this report will go to the Acute Operational Divisional Clinical Governance group.</p> <p>The report identifies key issues at the front of the document and these include:-</p> <ul style="list-style-type: none"> • 55 Infection Prevention and Control Audits were completed during October and November. 35% of the clinical areas scored 65% or less in the Quality Improvement section of the audit and this is considered to be a red score. • There were 11 ward closures, due to Norovirus (suspected or confirmed); across five hospitals in October & November. • A total of 2519 LearnPro IPC educational modules were completed in October & November 2016. 84% were undertaken by nursing & midwifery staff and 2.1% completed by medical staff. Work is ongoing via AICC to address the low numbers for medical staff. Suzanne Clark asked if medics completed the Learnpro module does this form part of their portfolio and Dr Seaton confirmed it is mandatory for medics to complete the online Dots training. Tom Walsh said AICC are trying to determine how to capture what Infection Control training medics have completed. It was agreed that Tom Walsh would raise this issue at the next AICC meeting. <p>In relation to the red audit scores Dr Armstrong asked that the Directors of these wards are informed for them to address. Sandra McNamee advised that this information was included in the monthly reports which go to the sector governance committees. From the list, Dr Kennedy commented that the overall pattern is that the environmental cleaning and paperwork did not score well. Scott Young informed that there is a Facilities Governance meeting tomorrow and he will raise this at the meeting.</p> <p>5.3 IPC Work Plan 2016/17 A copy of the IPC Work Plan for December 2016 was distributed with the agenda. Tom Walsh reported that the first draft of the work plan for 2017/18 has been prepared and will be issued to the committee in May.</p> <p>Once the work plan has been finalised Tom advised that the IPC Annual Report will be presented to the committee for approval.</p>	<p>TW</p> <p>SY</p>

Item	Action
<p>5.4 SOPs</p> <p><u>Toy Cleaning SOP</u> A copy of the above SOP was distributed with the agenda and Pamela Joannidis advised that this is an existing document.</p> <p><u>CDI (Paediatrics) SOP</u> Pamela reported that this SOP was a new document and relates to children 3 – 16 years of age. She said that there is a difference in terms of treatment and assessment compared to adults and education is in place to promote this SOP. Liz McGovern suggested that on page 6 regarding the treatment there could be a link to the Therapeutics Handon. Dr Seaton advised that the manual does not cover Paediatrics and it was agreed that this SOP would be presented to the Paediatrics AMT and then forwarded to AUC.</p> <p>The committee approved both SOPs.</p>	
<p>5.5 Update of National Infection Prevention and Control Manual</p> <p>Pamela Joannidis advised that there is a recommendation for updated hand hygiene technique for theatre scrubs. She said that theatre staff raised concern regarding the technique in the national manual and this will be raised at the next AICC.</p>	
<p>6. Exception Reports and Updates</p>	
<p>6.1 vCJD Group</p> <p>The next meeting of the CJD Group is scheduled in two weeks time. Dr Kennedy reported that he was asked for an update regarding the procurement for neuro instruments. He said that he is awaiting national guidance to see if the NICE guidance should be implemented or not. At the moment in GGC the NICE guidance is being implemented in Paediatrics but not adults. Dr Armstrong asked who is taking this forward and Dr Kennedy replied that this has been raised at the chairs meeting.</p>	
<p>6.2 Antimicrobial Utilisation Committee</p> <p>Dr Seaton reported that the next meeting of the committee is in March and this will be his last meeting as chair of the committee but he will be staying on as lead AMT.</p> <p>He provided an update of the ongoing work in AMT:-</p> <ul style="list-style-type: none"> • Ongoing stock shortage of Aztreonam and available stock is being used for CF patients. • Temocillin is being used more and is very expensive but this is to keep meropenem at a low level. • There have been a few instances where patients have been incorrectly managed for SABs. A letter has been issued to clinicians at QEUH to inform them of this and to note that the relapse rate at six months is 23%. A letter will also be issued to clinicians in other hospitals. Ann Kerr asked what the reason was for the incomplete treatment and Dr Seaton replied that the management recording of information was poor. Dr Armstrong requested that the information is recorded in the HAIRT and to note that 20% of SABs are reactivation and a high number of cases are repeats. <p>Dr Seaton asked for the agenda item to be renamed as Antimicrobial Management Team instead of Antimicrobial Utilisation Committee.</p>	
<p>6.3 Acute Infection Control Committee (AICC)</p> <p>The agenda for the Acute Infection Control Committee held in January and the minutes of the meeting in November were distributed with the agenda.</p>	

Item	Action
<p>At the meeting Tom Walsh said the committee have a focus on the SAB Action Plan and an Acute Work Programme has been created. They also discussed the HEI inspection at QEUH in December and January.</p>	
<p>6.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the recent Partnership Infection Control Support Group meeting in January and the minutes of the previous meeting held in November were distributed with the agenda. Dr Kennedy reported that he attended the last meeting</p>	
<p>6.5 Recent Outbreaks/Incidents Dr Inkster provided an update of recent outbreaks and/or incidents:-</p> <ul style="list-style-type: none"> - RSV outbreak in the Beatson in Ward B4 with 4 patients affected and 12 patients in Ward B7. The HIIAT was scored as red due to the impact on the service. - Ward 3, GRI closed due to an outbreak of Influenza A but the patients were unable to be isolated due the nightingale style of ward. The ward reopened on 24th January. 	
<p>7. New Business / Documents Received</p>	
<p>7.1 Role of Infection Control Teams in New Builds A copy of the above document was distributed with the agenda. Dr Inkster reported that this document was created due to the issues with the new build and was an abbreviation of the SHFN 30 document.</p>	
<p>The document was approved by the Director of Facilities and Dr Inkster advised that it states that Infection Prevention & Control (IPC) should be involved at all stages of a project, from the initial planning through to completion and handover. When near completion of a build IPC should be able to have a walkround and visit at handover stage.</p>	
<p>Dr Armstrong stated that this document is very abbreviated and asked if there was a need for specialist expertise in ventilation beyond ICT. Scott Young advised that the SHFN is applicable and undertaken in accordance with standards and specification in place. Dr Seaton stated that a larger document was in place when the QEUH was being built and Scott Young agreed to cross reference this document to the larger document and update it for the next meeting.</p>	SY
<p>7.2 Draft National HAI Reporting Documents The draft Chapter 3 documents of the national Infection Prevention & Control manual were issued by HPS.</p>	
<p>Dr Inkster updated on some of the changes :-</p> <ul style="list-style-type: none"> - The definitions have been expanded and include:- Two or more linked cases with the same infectious agent associated with the same healthcare setting over a specified time period; or A higher than expected number of cases of HAI in a given healthcare area over a specified time period. - There is a new version of the HIIAT which will be tested over the next two months. - All green HIIAT scores are reported to HPS every Monday and the final decision to release a press statement is the decision of the chair of the Incidence Management Team (IMT). - HIIORT is more user friendly and has been tested. - Appendix 15 is a new alert organism/condition list. - Appendix 6 is the Hot Debriefing document which is new. 	

Item	Action
<p>Dr Kennedy provided some comments on the report and suggested that the language be harmonised throughout the document.</p> <ul style="list-style-type: none"> - The HIIAT has been changed to risk of transmission which refers to Public Health risk. - In the algorithm whose surveillance is to be used is it our board or Scottish Government as the tone is different whether it is board or Scottish Government that have invoked the framework. <p>Dr Inkster agreed to forward the comments received to HPS.</p>	TI
<p>7.3 National Healthcare Associated Infection and Antimicrobial Prescribing Prevalence Survey 2016</p> <p>Ann Kerr provided a presentation on the recent survey and updated on the main points:-</p> <p>She said that every board in Scotland had to participate in the Point Prevalence Survey which lasted for a period of three months and the last survey was in 2011. The detail provided in the presentation was an overview of local results and has not been validated by HPS.</p> <p>To carry out the survey there were 8 Antimicrobial Pharmacists and 26 IPC staff and Admin bank support was provided to input the data from the forms collected. The daily roster included 4 wards surveyed by six members of staff which resulted in:-</p> <ul style="list-style-type: none"> • 10 Hospitals surveyed = 224 wards • 3834 patient forms completed • 1344 total hours data collection <p>For this survey the HAI rate was 3.4% compared with 4.7% for the last survey in 2011. The highest HAI identified was pneumonia with a rate of 23% and Dr Inkster and one of the microbiology trainees are going to look at the patients with pneumonia.</p> <p>With regards to the antimicrobial prescribing there was a different data set since the last survey. In total there were 1346 antimicrobials prescribed and 61% of patients had one antimicrobial prescribed. The most commonly prescribed antibiotic was Amoxicillin & Co-amoxiclav.</p> <p>Dr Armstrong stated that there is good data to learn from and asked where we should take this. Tom Walsh replied that Ann will be providing a presentation at the next Acute Infection Control Committee. Dr Seaton advised that every year they carry out a point prevalence survey which includes the number of patients receiving antibiotics. He said they are going to look at the Vale of Leven and Glasgow Royal Infirmary sites as their rates came out high. Dr Armstrong suggested the information is shared with the Quality Improvement Group.</p> <p>On taking this data forward Tom reported that he is going to meet with Dr Inkster, Sandra McNamee, Ann Kerr and Pamela Joannidis to discuss this.</p>	
<p>8. Update from Public Health Protection Unit</p> <p>Dr Kennedy updated on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • To date, 10,338 NHS GGC staff (26.3%) have been recorded as being vaccinated during this year's staff flu vaccination programme (not including those vaccinated at their GP practice or peer immunisation). The nursing and midwifery category was low at 20% and the best performing site was Stobhill. NHS GGC staff who have not yet been vaccinated against flu can still access the vaccine through Occupational Health. Rona Wall commented that Dumfries & Galloway sent a letter to all of their staff to remind them to get vaccinated but with a board our size this is not possible. 	

Item	Action
<ul style="list-style-type: none"> Update on the <i>Mycobacterium chimaera</i> in heater coolers. HPS have arranged weekly meetings to discuss the patient notification exercise and it was agreed that the best method would be for clinical teams to contact the patients they treated. Public Health Protection Unit were recently informed of a healthcare worker who has been performing exposure procedures, when infected with a blood-borne virus. An incident meeting has been arranged to discuss the next steps in the local investigation and risk-assessment prior to formal engagement with UKAP. 	
<p>9. Review of Actions</p>	
<ul style="list-style-type: none"> Tom Walsh said Infection Prevention & Control are trying to determine how to capture what Infection Control training medics have completed. It was agreed that Tom Walsh would raise this at the next AICC meeting. In relation to the red audit scores Dr Armstrong asked that the Directors of these wards are informed for them to address. From the list, Dr Kennedy commented that the overall pattern is that the environmental cleaning and paperwork did not score well. Scott Young informed that there is a Facilities Governance meeting tomorrow and he will raise this at the meeting. In relation to the New Builds document Scott Young agreed to cross reference this document to the larger document that was in place when the QEUH was being built. Dr Inkster to forward to HPS the comments received on the draft Chapter 3 documents for the Infection Prevention & Control manual. 	
<p>10. AOCB</p>	
<ul style="list-style-type: none"> Suzanne Clark asked how the HEI inspection at Princess Royal Maternity went. Pamela Joannidis replied that there was an issue regarding breast milk and environmental cleaning. The Chief Nurse invited the inspectors back in and they were happy with the improvement. 	
<p>11. Date and Time of Next Meeting</p>	
<p>The next meeting has been arranged for Monday 27th March 2017 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2017 Meeting Dates

Date (2016)	Time	Venue
27th March 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
22nd May 2017 . Date changed to 15 th May 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
31st July 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
9th October 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH
27th November 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 27th March 2017 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Teresa Inkster	Lead Infection Control Doctor
Ms Sandra McNamee	Associate Nurse Director Infection Prevention & Control
Ms Elaine Love	Chief Nurse for Professional Governance & Regulation
Dr Iain Kennedy	Consultant in Public Health
Ms Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Suzanne Clark	Lay Representative
Kenneth Fleming	Head of Health and Safety

In Attendance

Ann Lang (minutes)

Apologies received:

Tom Walsh	Mags McGuire	Rosie Hague	Rona Wall
David Stewart	Scott Young		

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 30th January 2017 The minutes of the previous meeting held on 30 January 2017 were issued. The committee queried the rate of 61% in the Point Prevalence Survey on page 5. The sentence on page 5, item 7, para 5 – should read “In total there were 1346 patients prescribed antibiotics and of these 61% were prescribed one antibiotic”.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting. Scott Young emailed an update of his action points prior to the meeting. The committee approved the wording, provided by Scott Young, to go into the general notes for the new build document. Dr Armstrong asked if more information could be provided regarding the point prevalence survey on the number of pneumonia patients and the high number of antibiotics being prescribed. At the recent Health and Safety inspection Kenneth Fleming said HSE looked at the safety training on sharps and noted it was inconsistency what training staff had received. Dr Armstrong suggested that a meeting be set up with Lindsay Donaldson, Kenneth Fleming, Dr Armstrong and Sandra McNamee to discuss this and provide an update at AICC first and then BICC. Dr Inkster reported that Diagnostics are carrying out a pilot exercise on what training medics have received and Rachel Green is leading on this. At the NHS Statutory Mandatory Training Group meeting earlier today Pamela Joannidis advised that they are looking at the training module and how to capture data on who has completed what and also looking at reporting timescales.</p>	<p>JA/ KF/ SMcN</p>

Item	Action
<p>Dr Armstrong recommended that a note is drafted to Lyndsay Lauder to say this issue was raised at BICC and for a meeting to be set up with Lyndsey's group, Rachel's group and the Health and Safety Group.</p>	
<p>4. Matters arising</p>	
<p>Nil to update</p>	
<p>5. Standing Agenda Items</p>	
<p>5.1 HAI Reporting Template (HAIRT) February 2017</p>	
<p>The HAIRT report for February 2017 was distributed with the agenda. Dr Inkster reported that the data is not yet complete for Quarter 1. As of today's date, she advised there are 104 SAB cases and for CDI there are 87 cases. HPS commented that for Quarter 3 the data was static and all boards were the same.</p>	
<p>Local improvement actions within orthopaedic surgery procedures are ongoing with surgeons.</p>	
<p>Dr Armstrong commented that the Board remain unhappy regarding the rate for SABs and said it would be helpful to have the HPS report stating that we are static.</p>	
<p>Sandra McNamee reported that an algorithm was created to try and address the failure with compliance. She said she proposes to raise this at the next Chief Nurses meeting for approval. Dr Inkster said a daily SAB round could be introduced but there is a resource issue with this and other boards have employed Bacteraemia Nurses to look at SAB cases. Elaine Love said that they are trying to focus on the Lead Nurses time and Pamela advised that a group are updating the Vascular Access Policy to try and simplify the policy.</p>	
<p>Dr Armstrong stated that in 2014 our rates were better and then increased in 2015. She asked why we performed well that year and Sandra agreed to ask Ann Kerr to send data as requested to Ian Kennedy for further analysis.</p>	SMcN
<p>5.2 Bi-Monthly Activity Report for Acute Sector</p>	
<p>A copy of the report for December and January was distributed with the agenda.</p>	
<p>Sandra McNamee provided an update on the report and advised that this was presented at the last Acute Infection Control Committee (AICC) meeting.</p>	
<p>The report identifies key issues at the front of the document and these include:-</p>	
<ul style="list-style-type: none"> • 47 Infection Prevention and Control Audits were completed during December and January. 60% of the clinical areas scored 65% or less in the Quality Improvement section of the audit and this is considered to be a red score. • Continue to look at the number of SAB cases with the north having a rate of 33.6% and the GGC rate is 27.2%. From the Point Prevalence Survey it was noted that GRI use more PVCs. • A total of 2519 LearnPro IPC educational modules were completed in October & November 2016. 84% were undertaken by nursing & midwifery staff and 2.1% completed by medical staff. • There were 14 ward closures, due to Norovirus (suspected or confirmed); across five hospitals in December and January. There was also an outbreak of Influenza A in a ward at GRI. 	
<p>In relation to the number of SAB cases Dr Armstrong recommended that we look at the north to see why this sector is higher.</p>	

Item	Action
<p>Sandra McNamee replied that there are more medicine for the elderly and cardiology wards in GRI and they also use more PVCs. Dr Kennedy commented that the graph shows the north SABs are driven by community and suggested maybe looking to see if this is a recurring feature.</p>	
<p>5.3 IPC Work Plan 2016/17 A copy of the IPC Work Plan for March 2016 was distributed with the agenda. Sandra McNamee reported that this document is complete apart from the new build section, but as the committee approved the wording earlier for this document the Work Plan is now complete.</p> <p>The work plan for next year is in draft format until the IPC Annual Programme has been approved.</p>	
<p>5.4 SOPs</p> <p><u>CJD</u> Pamela Joannidis reported that this SOP has been revised to make it easier to read.</p> <p><u>Scabies</u> A copy of the above SOP was distributed with the agenda and noted.</p> <p><u>Group A Streptococcus</u> Dr Kennedy advised that in relation to Group A Strep the Public Health guidance has been interim guidance since 2004. New guidance is being introduced which could mean a significant change to the policy and this is being discussed with the national group at the end of April.</p> <p>The committee agreed to approve all SOPs and noted that these can be reviewed if the guidance is changed.</p>	
<p>5.5 Update of National Infection Prevention and Control Manual Pamela Joannidis advised that Chapter 3 of the manual is being introduced on 3rd April. This will be mandatory for all health boards to implement. A link to the new chapter will be put on Staffnet.</p>	
<p>6. Exception Reports and Updates</p> <p>6.1 vCJD Group The last meeting of the CJD Group was in February. Dr Kennedy reported that the second half of the money for the procurement for neuro instruments had originally been identified but was used for other work. He said that funding from the end of year spend has been identified and most of the money should now be available to buy the instruments. This would mean that GGC would be the first board in Scotland to implement the NICE guidance.</p> <p>6.2 Antimicrobial Management Team Liz McGovern reported that there is the development of an antimicrobial section on the cardex.</p> <p>6.3 Acute Infection Control Committee (AICC) The agenda for the Acute Infection Control Committee held in March and the minutes of the meeting in January were distributed with the agenda. Dr Armstrong noted that there was a verbal update regarding the HEI report for QEUH and wondered why the report was not included with the papers. Sandra McNamee replied that this was the first time we have had to do an escalation statement from an HEI visit and the action plan had to be turned around in a short timescale. She said a meeting is being held with Elaine Burt tomorrow and HPS have been involved in looking at the areas that HEI were concerned about.</p>	

Item	Action
<p>6.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the recent Partnership Infection Control Support Group meeting in March and the minutes of the previous meeting held in January were distributed with the agenda and noted.</p> <p>6.5 Recent Outbreaks/Incidents Dr Inkster provided an update on the recent outbreak at the Beatson:-</p> <ul style="list-style-type: none"> - 12 patients identified as having RSV infection from ward B7; 3 of which were asymptomatic carriers. 1 patient who was confirmed as having RSV sadly died. - 3 patients identified as having RSV infection from ward B4, 11 staff members across B7 & B4 reported symptoms but were not tested. <p>She said there was significant disruption as there were two wards closed.</p>	
<p>7. New Business / Documents Received</p> <p>7.1 Draft 2017/18 Infection Prevention & Control Programme The draft IPC Programme was distributed with the agenda and Sandra McNamee reported that this is completed every year. She said that a new item on key performance indicators for CPE screening has been included and this will be tagged on to the MRSA question. Additional items to look at include new training modules, SPCs for surgical procedures and SSI requirements and to try to be more innovative regarding SABs by carrying out some follow up work. Sandra said to note the Heat Target for SABs and CDI will be reviewed in October and work will be carried out when this is released.</p> <p>Dr Armstrong recommended that mandatory training is included in the IPC Programme which links to the Education Strategy.</p> <p>7.2 CNO Letter DL (2017) 2 - Carbapenemase-producing Enterobacteriaceae (CPE) Policy Requirement / HPS Letter - Prevention of CPE Infections and Containing AMR Dr Inkster updated on the two letters that were issued with regards to CPE. She informed that GGC are fully compliant with the recommendations, especially compared to other health boards.</p> <p>7.3 HPS – Patient Notification Exercise A Patient Notification Exercise (PNE) resulting from the identification of mycobacterial infections associated with the use of heater cooler units within cardiothoracic surgery is to be carried out. Dr Inkster reported that there are 170 patients in Royal Hospital for Children who have had surgery and a further 48 patients have been identified that were not on the list. With the launch of the exercise Dr Inkster stated that there were fewer calls to the Helpline number than was expected and there have been no confirmed cases in Scotland. Dr Armstrong asked if anyone was collecting the figures associated with this and to provide an update at a future meeting. Dr Inkster commented that the data being collected is for confirmed cases and wondered whether we should be collecting the data for suspected cases also. Dr Kennedy stated that he will check this.</p> <p>7.4 HPS HAI Digest 16 March 2017 - NIPCM Launch of Chapter 3 – ‘Healthcare Infection, Incidents, Outbreaks and Data Exceedence ‘ As discussed earlier.</p>	IK
<p>8. Update from Public Health Protection Unit Dr Kennedy updated on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • With regards to the water issue at RAH Scottish Water are producing a report. • There have been questions regarding the waste disposal of sharps in the community. 	
Item	Action

- A death occurred in the Halls of Residence at Glasgow University. This was being looked into as a query meningitis case, but the death certificate cited aneurysm as the cause of death. Dr Armstrong requested that this be brought back to the committee as a learning exercise.
- An outbreak of norovirus was confirmed in three restaurants and this was linked to oysters sourced from Poole Harbour.
- Work is ongoing regarding the staff flu vaccination to try to identify an increase in uptake.
- Scottish Government have agreed the HPV vaccine for men aged 16 – 45 years and HPS and NHS GGC are currently looking at the best way to deliver this programme.
- There is an issue with CBRN suits in A&E which are going out of date as they have a lifespan of 10 years. If there are any expired suits these should be replaced but there is only one manufacturer to produce these.
- The Joint Health Protection Plan has been signed off by the Director of Public Health.
- A potential patient notification exercise is being looked at regarding a BBV in a Healthcare worker. Dr Kennedy said they are in the process of looking at notes for 4,500 patients to see if they have had any infections. UCAP's view is the patient notification exercise is required due to the interaction of the virus and the risk of transmission. He said with the transfer of records to the records management system Public Health no longer have access to the archive system to look at cases between 2008 – 2010. Dr Armstrong advised that this be raised at the next EHealth Strategy Board meeting.
- Liz McGovern reported that there is a universal Hep B vaccination immunisation programme for new born babies but no date has been set yet.

9. Review of Actions

- At the recent Health and Safety inspection Kenneth Fleming said HSE looked at the safety training on sharps and noted it was inconsistent what training staff had received. Dr Armstrong suggested that a meeting be set up with Lindsay Donaldson, Kenneth Fleming, Dr Armstrong and Sandra McNamee to discuss this and provide an update at AICC first and then BICC.
- Dr Armstrong stated that in 2014 our SAB rates were better and then increased in 2015. She asked why we performed well that year and Sandra agreed to ask Ann Kerr to look at the data in more detail over the years.
- Dr Kennedy to check if suspected cases are to be included in the Patient Notification Exercise for mycobacterial infections associated with the use of heater cooler units

10. AOCB

Nil to update.

11. Date and Time of Next Meeting

The next meeting has been arranged for Monday 15th May 2017 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.

2017 Meeting Dates

Date (2017)	Time	Venue
15 th May 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
31st July 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
9th October 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
27th November 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 15th May 2017 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Andrew Seaton	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
Dr Rosie Hague	Consultant Paediatric ID
Scott Young	Corporate Facilities Lead
Tom Walsh	Infection Control Manager
Rona Wall	Occupational Health Service Manager
Dr Teresa Inkster	Lead Infection Control Doctor
Ms Sandra McNamee	Associate Nurse Director Infection Prevention & Control
Ms Suzanne Clark	Lay Representative
Kenneth Fleming	Head of Health and Safety
Ms Pamela Joannidis	Nurse Consultant Infection Prevention & Control

In Attendance

Ann Lang (minutes)

Apologies received:

Iain Kennedy Mags McGuire David Stewart Liz McGovern

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 27th March 2017 The minutes of the previous meeting held on 27 March 2017 were agreed with the following amendments:-</p> <p>Page 2, Item 5.1, third para – this sentence should read “Dr Armstrong commented that the Board remained focussed ...” Page 2, Item 5.1, fifth para – this sentence should read “Dr Armstrong stated that in 2014 our rates were better” Page 5, sixth bullet point – this sentence should read “The Joint Health Protection Plan is being prepared and will go to the Director of Public Health for sign off once complete”.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <ul style="list-style-type: none"> • Kenneth Fleming confirmed that he has a meeting arranged with Lindsay Donaldson next week regarding safety training on sharps for medical staff. • Dr Inkster reported that Dr Kennedy looked at the SABs using a software package and reported that he had not seen any change or particular trend. He will continue to look into this. • Dr Seaton advised that there are a lot of suspected cases regarding mycobacterial chimera infections and the ID unit have received a large number of queries and could have approximately 10 referrals in one day. Dr Inkster commented that the helpline closed a week ago. Dr Armstrong suggested that Dr Seaton, Dr Kennedy and Dr Inkster meet to discuss this. 	AS/ IK/TI

Item	Action
<p>4. Matters arising Nil to update</p>	
<p>5. Standing Agenda Items</p> <p>5.1 HAI Reporting Template (HAIRT) – April 2017 The HAIRT report for April 2017 has not been issued due to the postponement of the NHS Board meeting. Dr Inkster reported that for Quarter 4 there were 104 SAB cases and for Quarter 1 there are 114 cases. HPS reported that for 2015-2016 the data was static for all boards.</p> <p>With regards to CDI there were 87 cases and for Quarter 1 there are 94 cases. Dr Inkster commented that there are a lot of patients on PPI. She said she spoke with Dr Seaton and Ysobel Gourlay about this as our rates are high compared to NHS Lothian and the reason for this may be the prevention prescribing data. She said this has been raised with colleagues in Gastro and will go to the Regional Gastro Group to work with GPS to try and rationalise PPI prescribing.</p> <p>The SSI rates remain within acceptable limits.</p> <p>5.2 Bi-Monthly Activity Report for Acute Sector A copy of the report for February and March was distributed with the agenda.</p> <p>Tom Walsh provided an update on the report and advised that this was presented at the last Acute Infection Control Committee (AICC) meeting.</p> <p>The report identifies key issues at the front of the document and these include:-</p> <ul style="list-style-type: none"> • 41 Infection Prevention and Control Audits were completed in February 2017. • There were 15 ward closures, due to Norovirus (suspected or confirmed). • A total of 2761 LearnPro IPC education modules were completed in February 2017 & March 2017. 81.5% were undertaken by nursing & midwifery staff. 2.7% of module completions were in the medical staff group. <p>Dr Seaton commented that Infection Control training for medical staff is not mandatory. Kenneth Fleming advised that following the HSE inspection HSE expect that sharps training is mandatory. Dr Armstrong asked that the email issued by Lyndsay Lauder regarding the Provision of Statutory and Mandatory Training and Education to all NHSGGC Staff is issued to BICC members.</p> <p>Dr Armstrong mentioned that the reports that are produced for AICC and BICC have limited focus on what actions are being taken. She said if reports show sub standard audits there needs to be a way to capture improvements to demonstrate this. Sandra McNamee stated that actions are presented at sector/directorate governance meetings and Action Plans are developed. Dr Seaton suggested to present outcome data of red audits and revisit this in six months. Sandra updated that we are in the early stages of the new audit process and Chief Nurses can already view their wards score.</p> <p>For future meetings Dr Armstrong requested that we start to develop reports identifying high risks and record how we are addressing these.</p>	

Item	Action
<p>5.3 IPC Work Plan</p> <p>A copy of the IPC Work Plan for April 2017 was distributed with the agenda. Sandra McNamee reported on some of the work that is ongoing:-</p> <ul style="list-style-type: none"> • An algorithm has been developed to map against Chapter 3 of the IPC national manual. • The Outbreak SOP is to be updated. • With regards to Person Centred Care the IPCNs are carrying out follow up visits to patients that are in isolation for extended periods of time. Patient stories for the sectors will be shared at AICC meetings. • Propose a process to follow-up on poor compliance with CVC and PVC bundles following an IPCAT audit or a SAB case. Sandra said she drafted an algorithm but this was rejected by the Chief Nurses as there was no medic contribution. She said she emailed Dr Stewart and he agreed that this is something the medics might be involved in. <p>Suzanne Clark stated that this is the first time she has seen pneumonia listed as the highest HAI in the Point Prevalence Study. Dr Inkster confirmed that there is no cross transmission between patients with pneumonia and Dr Armstrong suggested that we rethink our terminology and a lot of the patients are end of life care. Sandra agreed to add in a explanation for this.</p> <p>Dr Armstrong reported that there is a view that the HEI Steering Group should be reformed in light of the inspection at QEUH. Tom Walsh advised that he and Sandra had met with Elaine Love as the lead for HAI and Older People inspections and the proposal is to reinstate the group. Terms of Reference for the Group have been drafted and the primary purpose of the group is to ensure that all clinical areas are compliant with the HAI Standards. Tom Walsh also commented that this was discussed at AICC and the feedback was positive.</p> <p>Scott Young informed that at their Facilities meeting they had a detailed discussion regarding lessons learned from inspections and how practice should be across the board and not different in sectors.</p>	
<p>5.4 SOPs</p> <p><u>MRSA</u></p> <p>Pamela Joannidis reported that there are no changes to this SOP and the committee approved this.</p> <p><u>Shingles</u></p> <p>The SOP for Shingles has been aligned to the recommendations regarding FFP3 masks in the national manual. The committee agreed to approve this SOP.</p> <p><u>Respiratory</u></p> <p>A copy of the new SOP was distributed with the agenda and the objective of the SOP was to ensure that patients infected with respiratory viruses are cared for appropriately and actions are taken to minimise the risk of cross-infection.</p> <p>Dr Hague reported that children can have multiple viruses and the interpretation of samples can be complex. She said there appears that advice is being issued when there is no infrastructure in clinical areas for fit testing for FFP3 masks. Kenneth Fleming confirmed that 90 staff have been trained and should be able to do the fit testing and there are trainers in PICU. Dr Inskter advised that she has a meeting arranged with Conor Doherty, Consultant in Paediatrics and the Lead Infection Prevention & Control Nurse for Paediatrics and could extend this meeting to invite Dr Hague and Pamela Joannidis. Dr Seaton stated that he thought the SOP was well worded.</p>	

Item	Action
<p><u>Cystic Fibrosis MAB / PA & BC</u> Pamela Joannidis reported that this SOP was created as she received comments from clinical colleagues to give more clarity and guidance to staff in wards regarding isolation of these patients. The committee approved the SOP.</p> <p><u>CDI SOP</u> As HPS are updating their guidance on CDI Pamela Joannidis asked the committee for approval to extend the existing SOP for a further six months until new guidance is received. This was approved.</p> <p>5.5 Update of National Infection Prevention and Control Manual Pamela Joannidis advised that Chapter 3 of the manual was launched last month. This is now being used and the Hot Debrief tool has been used a couple of times for outbreaks.</p> <p>5.6 Surgical Site Infection Update A revised SSI Surveillance Protocol was issued in April 2017 and Sandra McNamee reported that this now includes four mandatory procedure categories. The addition of large bowel and major vascular surgery was included following identification of a higher incidence of SSI in these surgeries in the 2011 national HAI Point Prevalence Survey. The mandatory procedure categories are:-</p> <ul style="list-style-type: none"> • caesarean section • hip arthroplasty • large bowel surgery - (elective presentation to theatre only) • vascular surgery - (elective presentation to theatre only) <p>Hip arthroplasty remains mandatory however, surveillance is now extended to 90 days readmission due to implant <i>in situ</i>.</p> <p>In preparation for the proposed mandatory requirement for the additional procedure categories of large bowel surgery and major vascular surgery NHSGGC commenced standard inpatient and 30 day readmission surveillance in July 2016. Sandra advised that we also carry our local surveillance for cranial surgery and spinal surgery.</p> <p>The Scottish Government are visiting our board on 9th June and Dr Armstrong said that she would like this information to be shared with them.</p>	
<p>6. Exception Reports and Updates</p> <p>6.1 vCJD Group Nil to update.</p> <p>6.2 Antimicrobial Management Team Dr Seaton provided an update of the ongoing work in AMT:-</p> <ul style="list-style-type: none"> • A global shortage of piperacillin tazobactam and it could be September before GGC receives more supplies. Dr Seaton reported this drug is being preserved for patients with greater needs. • Trial of the antimicrobial section on the cardex which is hoped will be used to limit antibiotic use. • Work is ongoing regarding prescribing in the Emergency Department as 20-40% prescribing is not given to inpatients. Dr Seaton said they are going to investigate our pre packs and the amount that is issued to see if this can be limited. <p>Dr Armstrong commented that she would be interested to see if GGC can make a saving from changing the pack sizes and if our wastage will go down. She said she will ask Janet Watt to speak to Dr Seaton regarding the wastage.</p>	

Item	Action
<p>Dr Seaton reported that they are looking at different antibiotic guidelines and there may be an overlap which could mean room for improvement to remove redundant antibiotics. He said liquid antibiotics are very expensive and there is a high usage in primary care and chloramphenico is the most expensive antibiotic.</p>	
<p>6.3 Acute Infection Control Committee (AICC)</p>	
<p>The agenda for the Acute Infection Control Committee held in May and the minutes of the meeting in March were distributed with the agenda and noted.</p>	
<p>6.4 Partnership Infection Control Support Group (PICSG)</p>	
<p>A copy of the agenda for the recent Partnership Infection Control Support Group meeting in May and the minutes of the previous meeting held in March were distributed with the agenda. Pamela Joannidis reported that they discussed the new CPE draft guidelines at the meeting. She said a group, which Iain Kennedy chairs, will create a CPE document for community patients.</p>	
<p>Tom Walsh informed the committee that Scottish Government are holding a series of meetings to explore the impact of Health and Social Care Integration on existing Infection Prevention and Control and Public Health services. A meeting has been arranged for 25th May and this will be led by Abigail Mullings.</p>	
<p>As Mari Brannigan is retiring in September a new chair for the PICSG is being sought.</p>	
<p>6.5 Recent Outbreaks/Incidents</p>	
<p>Copies of two Hot Debriefing documents were distributed with the agenda and Dr Inkster provided an update on these.</p>	
<p>The first report is regarding an increase incidence of endophthalmitis following intravitreal injection within the outpatient clean treatment room, Gartnavel General Hospital in January 2017. Four cases were identified and no commonalities were identified except for the treatment room. There was early engagement of services, in particular attendance at IMT and review of the SOP for Administration of Intravitreal Therapy in an Outpatient Treatment Room.</p>	
<p>Ophthalmology Service were quick to respond and relocate services, to ensure that impact on treatment of patients was minimised and work started in the treatment room last week to upgrade the facility. Hand hygiene education was also carried out.</p>	
<p>The second report related to a Rotavirus/Astrovirus Outbreak in Ward 2A, RHC in April 2017. The outbreak lasted 13 days in total with significant disruption to the service. 10 patients were affected in total with 6 patients testing positive for Rotavirus and 4 patients testing positive for Astrovirus. Following the implementation of infection control measures there was no onward transmission of Rotavirus or Astrovirus. There was also good attendance at IMTs and engagement of all staff.</p>	
<p>There were a few concerns regarding cleaning and professional cleaners were utilised. Hand hygiene compliance was low and urgent education was undertaken of medical staff and domestics. Concern was expressed regarding nursing staff resource to implement infection control precautions particularly at weekends. Scott Young asked what the outcome was regarding the domestic resource and Dr Inkster informed him that they are looking at more hours for domestic staff. She said she met with Billy Hunter and the domestic issue has been addressed but not sure about the nursing resources. Dr Hague said she felt that the appropriate patients are not getting into the wards that they should be in and feel the ward is understaffed. Dr Armstrong recommended that there is an internal review and Jen Rodgers is informed of this. She asked Sandra McNamee to raise the issues identified with Jen Rodgers to make sure these are being addressed.</p>	SMcN

Item	Action
<p>7. New Business / Documents Received</p> <p>7.1 Scottish Infection Prevention & Control Education Pathway (SIPCEP) Pamela Joannidis informed the committee of the new education pathway from NES which will replace the Cleanliness Champions programme. The Chief Nursing Office is launching this in June and the programme will be available from summer onwards.</p> <p>This pathway will provide flexible access to learning for students and staff as appropriate to their role and adopts a modular structure. The content is contemporary and suitable for wide multi-professional clinical and non-clinical audiences, in all health and social care settings. The pathway will comprise three layers – Foundation, Intermediate and Improvement. It will provide a progression path for health and social care staff.</p> <p>Dr Seaton commented that for nurses the cleanliness champions module is equivalent to the foundation layer and antimicrobial stewardship is intermediate level. He said the uptake for the antimicrobial stewardship programme for nurses is poor in GGC and would like to promote this in Infectious Diseases, acute oncology and acute nursing. He has a meeting arranged with Mags McGuire to see if this can be discussed with a particular nursing group. Sandra McNamee advised that she discussed this with the Chief Nurses and they were not happy with any proposal that would make nurses responsible as this is not a nursing role.</p> <p>7.2 HPS Annual Report Dr Inkster provided an update on the Annual Report from HPS:-</p> <ul style="list-style-type: none"> • CDI remains stable and the interventions that have been put in place are very successful. • There was a year on year increase between 2012 and 2016 in SAB of 1.9%. • With regards to surgical site infections the year on year trend between 2012 and 2016 in overall SSI incidence to day 30 did not change. • E-coli has increased by 3.9% and a third of these are urinary tract infections. • Outbreaks have increased but this may be due to the mandatory reporting of green scores. <p>Moving forward Dr Inkster advised that a new programme on built environment is being created. Mary Anne Kane will be the chair and Dr Inkster will be the depute.</p> <p>Dr Armstrong asked if we were using the NSS Discovery website and Dr Inkster informed that we do use it as it can give comparable board information. She said that HPS provided a demonstration of the system and Dr Armstrong asked if BICC could have a demo of the system at the next meeting.</p>	
<p>8. Update from Public Health Protection Unit As Dr Kennedy was unable to attend the meeting he provided an update prior to the meeting on some of the ongoing work in PHPU which the committee noted.</p> <p>Dr Inkster reported that in relation to the two confirmed cases of MDR TB one patient was transferred to GRI as they have 7 negative pressure rooms there. Dr Armstrong advised that we are waiting on advice from HPS whether the rooms at QEUH are appropriate for these type of patients and if not they will be transferred to GRI.</p>	
<p>9. Review of Actions</p> <ul style="list-style-type: none"> • Dr Seaton advised that there are a lot of suspected cases regarding mycobacterial chimera infections and the ID unit have received a large number of queries and could have approximately 10 referrals in one day. Dr Armstrong suggested that Dr Seaton, Dr Kennedy and Dr Inkster meet to discuss this. • Dr Armstrong recommended that there is an internal review of Ward 2A and Jen Rodgers is informed of this. She asked Sandra McNamee to raise the issues identified with Jen Rodgers to make sure these are being addressed. 	

Item	Action
<p>10. AOCB</p> <p>Dr Seaton stated that he wrote a joint memo to the Chief of Medicines regarding the latest audit of patients with SABs. He said this has been cascaded to the Lead Nurses and Pharmacists. A SAB sticker has been created and the patient information will be entered in the patient casenotes.</p> <p>Rona Wall informed the committee that there has been a supply issue with Hepatitis B vaccination from manufacturers.</p> <p>In relation to HSE skin surveillance there has been a failure to attend rate and nurses now have to do this which could have an impact on resources.</p>	
<p>11. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 31st July 2017 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2017 Meeting Dates

Date (2017)	Time	Venue
31st July 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
9th October 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
27th November 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 31st July 2017 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr David Stewart (chair)	Deputy Medical Director
Dr Rosie Hague	Consultant Paediatric ID
Elaine Love	Chief Nurse, Professional Governance and Regulation
Tom Walsh	Infection Control Manager
Iain Kennedy	Consultant, Public Health
Sandra McNamee	Associate Nurse Director Infection Prevention & Control
Suzanne Clark	Lay Representative
Kenneth Fleming	Head of Health and Safety
Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Ann Kerr	Lead Nurse, Surveillance

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Andrew Seaton Rona Wall Liz McGovern Mari Brannigan Jen Rodgers

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Demonstration of NSS Discovery Ann Kerr, Lead Nurse Surveillance provided an overview of the NSS Discovery system. She said the system is from ISD and contains a wide variety of clinical information. Dr Stewart commented that this system is also used for unscheduled care. Ann reported that there are three levels of access and HPS are now using this platform for the enhanced SAB information.</p> <p>The system also allows us to view information for all other boards and data can be downloaded to excel. The group agreed the system was a useful tool.</p>	
<p>3. Minutes of the meeting held on 15th May 2017 The minutes of the previous meeting held on 15 May 2017 were agreed as an accurate record.</p>	
<p>4. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <ul style="list-style-type: none"> • Sandra McNamee updated that she attended the Facilities Governance meeting and the funding for HAI Scribe may not be feasible due to the financial constraints within the board. • Dr Inkster and Pamela Joannidis met with Lyndsay Lauder to discuss Infection Control training for medics. Pamela advised that a meeting has been arranged with Jonathan Todd from IT as they have a product management system providing denominators. • Kenneth Fleming confirmed that he met with Lindsay Donaldson to discuss the issue of sharps training for medical staff and said this training will be mandatory. 	

Item	Action
<ul style="list-style-type: none"> Work is ongoing in Ward 2A with hand hygiene and SICPs training for medics and the ward is being reviewed on an ongoing basis. Dr Hague commented that the cubicles had fungal counts in them and there were also high counts in the teenage cancer area. Sandra McNamee advised that the areas had been cleaned and re-sampled with acceptable results. 	
<p>5. Matters arising Nil to update</p>	
<p>6. Standing Agenda Items</p>	
<p>6.1 HAI Reporting Template (HAIRT) – June 2017 The HAIRT report for June 2017 was distributed with the agenda. Tom Walsh reported that for Quarter 4 GGC reported a SAB rate of 30.1 per 100,000 AOB against a national rate of 32.9, which is outside the Heat Target rate of 24.</p> <p>In relation to CDI for Quarter 4 GGC reported a rate of 23.7 per 100,000 AOB against the national rate of 26.6, which is below the Heat Target of 32.</p> <p>For Quarter 1 (January – March) the SAB rate is 32.9 against the national rate of 24 and for CDI the rate is 28.1 against the national rate of 26.4, which is below the Heat Target of 32. Tom reported that with the recent rise in CDI cases these have been sent to the Reference Lab for typing.</p> <p>The SSI rates remain within acceptable limits.</p> <p>There has been an unannounced HEI/HAI inspection at Glasgow Royal Infirmary and Stobhill Hospital which resulted in six requirements.</p>	
<p>6.2 Bi-Monthly Activity Report for Acute Sector A copy of the report for April and May was distributed with the agenda.</p> <p>Sandra McNamee provided an update on the report and advised that this was presented at the last Acute Infection Control Committee (AICC) meeting.</p> <p>The report identifies key issues at the front of the document and these include:-</p> <ul style="list-style-type: none"> 44 Infection Prevention and Control Audits were completed in April and May 2017. Almost half of applicable clinical areas scored 65% or less in the Quality Improvement section. 7 Infection Prevention and Control audits in theatre areas were undertaken. There were 7 ward closures across 5 hospitals in April and May and this was due to suspected Norovirus or Rotavirus/Astrovirus. In relation to SABs North Glasgow is an outlier with a rate of 40.6 per 100,000 occupied bed days. Sandra commented that PVC use is used more at this site compared to other sites. With regards to CDI for July there were 45 cases and by mid July there were 34 cases. Sandra reported that Ann Kerr did an analysis of these to see if the cases were community or healthcare acquired. The analysis was sent to HPS and they reported that they are not seeing any linked cases. Sandra stated that the data will be typed but there does not appear to be a particular area or ward to identify and 67% of the patients are on PPI. <p>6.3 IPC Work Plan A copy of the IPC Work Plan was distributed with the agenda. Sandra McNamee reported on some of the work that is ongoing:-</p> <ul style="list-style-type: none"> A CJD module on Learnpro has been agreed and one of the Lead Nurses is leading on this. Dr Kennedy recommended waiting until new guidance is issued in October. 	

Item	Action
<ul style="list-style-type: none"> An audit of all Infection Prevention and Control (IPC) documentation for 20 patients was carried out and submitted to the IPC Senior Management Team. An IPC Newsletter was completed and is available via Staffnet. 	
<p>6.4 SOPs Pamela Joannidis updated on the following SOPs:-</p> <p><u>Hand Hygiene</u> Changes include document name change from policy to an SOP and aligned to National Infection Prevention & Control Manual (NIPCM).</p> <p><u>Influenza</u> Added word 'seasonal', removed word 'adult' and removed Appendix 1 and replaced with link to PPE section of NIPCM.</p> <p><u>Chicken Pox</u> Updated wording and added reference to the NIPCM.</p> <p><u>TB</u> References were updated.</p> <p><u>Cleaning of Near Patient Equipment</u> Removal of column indicating who does which cleaning tasks in Appendix 2 as cleaning is different in QEUH. Dr Stewart asked if this variation at QEUH is acceptable and Sandra McNamee replied that she will raise this at the next Facilities Governance meeting.</p> <p><u>Development and Approval</u> Addition of SOPs submitted to BICC for approval via the IPC Decontamination sub-group.</p> <p>Dr Kennedy stated that there was wording missing in one of the SOPs and he agreed to forward the wording to Pamela to update.</p> <p>The committee agreed the SOPs subject to the above amendments.</p>	<p>SMcN</p> <p>IK</p>
<p>6.5 Decontamination Group SOPs There was concern regarding the governance of the decontamination documents and it was agreed to have these as SOPs and to be approved and cascaded via the Infection Prevention & Control committees. Sandra McNamee reported that the enclosed SOPs have already been approved at the Acute Infection Control Committee.</p> <p>She said there is a system in place whereby a question can be emailed to the Decontamination Group for any advice relating to machines/kit.</p> <p>The Theatres and Associated Rooms Ventilation Systems SOP was distributed and Sandra updated that this is part of the Theatre User and Maintenance Managers (TUMM) group and Estates have written this SOP. At the last HEI visit theatres were able to give the inspectors the theatre validation results.</p> <p>The committee approved the above SOPs.</p>	
<p>6.6 Update of National Infection Prevention and Control Manual Pamela Joannidis reported that there have been four updates to the national manual which include:-</p> <ul style="list-style-type: none"> Category of 'mandatory' included in the NIPCM development process. SBAR on donning, doffing (PPE) and decontamination of powered respirators. 	

Item	Action
<ul style="list-style-type: none"> - Interim competency framework for PPE for Infectious diseases of high consequence. - Surgical scrub with ABHR now on line. 	
<p>7. Exception Reports and Updates</p>	
<p>7.1 vCJD Group</p>	
<p>The group meet three times a year. Dr Kennedy reported that there was one sporadic CJD case but no look back exercise was required.</p>	
<p>7.2 Antimicrobial Management Team</p>	
<p>The minutes of the last AUC meeting held on 24 May 2017 were distributed with the agenda.</p>	
<p>As Dr Seaton sent his apologies for the meeting, Tom Walsh updated that he had sent an email to say there are new Scottish Government Hospital Prescribing Indicators. The indicators are supported by a 72 hour review process which the AMPs will be auditing and feeding back nationally and locally on. Dr Seaton will provide an update at the next BICC meeting.</p>	
<p>7.3 Acute Infection Control Committee (AICC)</p>	
<p>The agenda for the Acute Infection Control Committee held in July and the minutes of the meeting in May were distributed with the agenda. Tom Walsh said to note that Dr Chris Jones, Chief of Medicine in Clyde will now chair these meetings. He said that flu planning for the acute sector was discussed but it is unclear who is leading on this. Dr Stewart asked if this was a business continuity approach and should Marie Farrell be involved. It was agreed that Tom will discuss this with Marie Farrell.</p>	
<p>Suzanne Clark asked why the antibiotic use in GG&C hospitals is increasing and Tom Walsh suggested that Dr Seaton would be the best person to answer that question but unfortunately sent his apologies. She also asked why there is a change from positive to negative pressure rooms in Ward 2A. Sandra McNamee replied that the building specification was for equal negative pressure rooms but as there are bone marrow transplant patients in Ward 2A these need to be changed over</p>	<p>TW</p>
<p>7.4 Partnership Infection Control Support Group (PICSG)</p>	
<p>A copy of the agenda for the recent Partnership Infection Control Support Group meeting in July and the minutes of the previous meeting held in May were distributed with the agenda. Tom Walsh informed that Mari Brannigan is retiring and he will chair the next PICSG meeting in September until Mari's replacement has started.</p>	
<p>He said there is a focus piece of work ongoing with the overlap between Infection Prevention & Control and Public Health. A meeting was held on 25th May and led by Abigail Mullings to explore the impact of Health and Social Care Integration on existing Infection Prevention and Control and Public Health services.</p>	
<p>7.5 Recent Outbreaks/Incidents</p>	
<p>Copies of two documents were distributed with the agenda and Sandra McNamee provided an update on these.</p>	
<p>The first report is an update regarding an increase incidence of endophthalmitis following intravitreal injection within the outpatient clean treatment room, Gartnavel General Hospital in January 2017. It was determined that the increase was not in relation to the physical environment.</p>	
<p>The second report was minutes of the meeting held on 16th June 2017 to discuss Whole Genome Sequencing <i>M abscessus</i> isolates. Sandra McNamee confirmed that GGC sent samples to the Reference Lab to see if there were any links and they informed that some are linked but not sure of the mode of transmission. More national guidance is awaited. Lothian and Aberdeen Hospitals have also seen cases.</p>	

Item	Action
<p>Dr Kennedy advised that the key things to note were there were no local incident cases in 2017 and HPS are happy that this is not an ongoing incident and there are no actions for the board. HPS have asked for copies of our SOPs to share with other boards.</p>	
<p>8. New Business / Documents Received</p>	
<p>8.1 Annual Infection Prevention & Control Report 2016/17</p>	
<p>A copy of the report was distributed with the agenda. Tom Walsh stated that this report is mandatory and has been presented to the other committees and the group approved the report.</p>	
<p>In relation to the Emerging Pathogens section Tom Walsh advised that Diagnostics are processing more sensitive specimen typing and said that we might need to consider what our alert organisms are in future.</p>	
<p>8.2 Scottish Infection Prevention & Control Education Pathway (SIPCEP)</p>	
<p>Pamela Joannidis informed the committee of the new education pathway which has been developed by NES and launched in June 2017 with two further layers available by 2018. She said the first layer includes ten elements of SICPs plus the 'Chain of Infection' and 'Why Infection Control Matters' self-directed learning modules. The CNO letter issued in June 2017 recommends that the foundation layer be part of the nursing student undergraduate programme and to be completed before the first clinical placements. NES continue to work with dental, medical and AHP undergraduate course leads on embedding elements of the foundation layer into student programmes.</p>	
<p>NES have also developed an HAI education matrix which recommends which modules are considered relevant to healthcare workers dependant on their role. NHS GGC Infection Prevention and Control Education group are currently updating the HAI Education Strategy to reflect these new learning opportunities and this will be tabled at the next BICC in October for approval.</p>	
<p>8.2 HPS CDI and SAB Report (Q1: January – March 2017)</p>	
<p>As discussed earlier.</p>	
<p>9. Update from Public Health Protection Unit</p>	
<p>Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p>	
<ul style="list-style-type: none"> • A paper was published from Ayrshire & Arran in relation to an Infection Control incident regarding a healthcare worker with BBV in a dental practice and this involved the look back of over 2,000 people. He said that there is a difference in the regulations for dental equipment in Scotland compared to the rest of the UK. Further changes in the regulations mean that unannounced inspections can be carried out in dental practices. • In relation to blood borne viruses and sexual health Dr Kennedy reported that pre-exposure prophylaxis is being run out of Sandyford with approximately 20-30 patients attending monthly. • With regards to HepB immunisation Dr Kennedy said that from 1st October they are moving from 5:1 to 6:1 vaccine for all babies born on or after 1st August 2017. PHPU are to run a series of Immunisation Update Seminars for colleagues involved in delivering immunisations. • There is an international issue regarding heater cooler units used for bypass machines. BICC took the view not to notify people in October NHS England and CDC took a different view due to the increase number of patients. A UK wide patient notification exercise was carried out but a small number of people received notification although they were not at risk as it was not checked it see if the cardiac machines were used for these patients. 	

Item	Action
<p>There are regular series of sampling of the water from the machines and the positive tests were sent to the Reference Lab for confirmation. A number of the samples came from the ECMO machines. Dr Kennedy advised that discussions are ongoing with HPS and a PAG will be held in the next couple of weeks.</p>	
<p>10. Review of Actions</p>	
<ul style="list-style-type: none"> • As cleaning is different in QEUH Dr Stewart asked if this variation at QEUH is acceptable and Sandra McNamee replied that she will raise this at the next Facilities Governance meeting. • Dr Kennedy stated that there was wording missing from one of the SOPs and he agreed to forward the wording to Pamela to update. • Tom Walsh to speak to Marie Farrell regarding flu planning as discussed at the recent AICC. 	
<p>11. AOCB</p>	
<p>Nil to update.</p>	
<p>12. Date and Time of Next Meeting</p>	
<p>The next meeting has been arranged for Monday 9th October 2017 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2017 Meeting Dates

Date (2017)	Time	Venue
9th October 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
27th November 2017	12 noon – 2.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 9th October 2017 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Andrew Seaton	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
Liz McGovern	Specialist Pharmaceutical Public Health
Tom Walsh	Infection Control Manager
Iain Kennedy	Consultant, Public Health
Kate Hamilton	Lead Infection Control Nurse, North
Kenneth Fleming	Head of Health and Safety
Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Ann Kerr	Lead Nurse, Surveillance
Scott Young	Corporate Facilities Lead

In Attendance

Ann Lang (minutes)

Apologies received:

Sandra McNamee	Rona Wall	Suzanne Clark	Jen Rodgers
Dr Rosie Hague	Elaine Love		

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 31st July 2017 The minutes of the previous meeting held on 31 July 2017 were agreed with the following amendment:- Page 2, Item 6.3 – should read “... issued in November”.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <ul style="list-style-type: none"> • HAI Scribes in mental health wards to be carried out: Scott Young informed that that there is an issue regarding funding as they have been unable to secure monies. He said this is an issue being progressed nationally. Dr Armstrong commented that ownership of this lies with Mental Health governance. Tom Walsh was asked to take this forward at PICSG. • With regards to the “Choosing Wisely Campaign” and audits of PVCs Dr Seaton updated that Beth White is on maternity leave. Dr Armstrong asked if there was a need for Dr Chris Deighan at GRI to be involved and Dr Seaton advised that Chiefs of Medicine need to give clinical leadership on the management of PVCs. Kate Hamilton reported that she is meeting with Dr Deighan and Ann Frances Fisher to discuss the practice and culture in wards at GRI and Dr Seaton asked to be included in this meeting. From the reports issued this morning Ann Kerr commented that QEUH is an outlier regarding SABs. Dr Armstrong asked that a Core Brief be prepared setting out the issues and actions required for the management of vascular access devices. 	<p style="text-align: right;">TW</p> <p style="text-align: right;">AS/ TW</p>

Item	Action
<ul style="list-style-type: none"> Discussion took place at AICC regarding what Infection Control training medics have completed. Pamela Joannidis informed that she is working with Lyndsay Lauder and Lyndsay Donaldson to discuss Learnpro and other systems and discussions are ongoing. 	
<p>4. Matters arising</p> <p>Dr Armstrong reported that she has received a number of emails concerning the ventilation and negative pressure rooms in QEUH and RHC. She said a meeting was held last week to progress a range of issues.</p> <p>In Ward 2A there were two cases of <i>Stenotrophomonas maltophilia</i> in July and one of the patients died. It was noted that this patient had very serious underlying health conditions which were set out in the death certificate. Pamela advised that Infection Control have been monitoring this ward closely, and had undertaken focused work with ward and facilities staff on environmental cleanliness and clinical practice. Dr Armstrong asked about line infections and Pamela advised that work is underway to review line care and Tim Bradnock, Consultant Paediatric Surgeon is assisting with this. Dr Kennedy and Dr Seaton were asked to look at the line infections for this area to see what else can be done and to discuss if the line infections should be entered on Datix. Pamela Joannidis stated that Jen Rodgers, Chief Nurse, is supporting a Quality Improvement group on line care. Dr Armstrong requested Ward 2A be an item on the agenda for the next meeting and asked that Jen Rodgers provide an update on the issues in this ward.</p>	
<p>5. Standing Agenda Items</p> <p>5.1 HAI Reporting Template (HAIRT) – August 2017</p> <p>The HAIRT report for August 2017 was distributed with the agenda. Tom Walsh reported that GGC have not received any revisions to the Heat Targets. HPS have confirmed that the denominators have changed to all occupied bed days. With this change Ann Kerr reported that healthcare associated cases will incorporate cases of over 48 hours and community cases will be based on the population. She also said that we will not have sight of all community cases until they are published and Ann said this could mean a difference in what we are reporting locally to what is in the HPS reports. Tom advised that the ICM network are discussing this with Scottish Government.</p> <p>In PHPU Dr Kennedy reported that they are notified of CDI cases and receive a monthly report from the Lab. He said this report is to look at any incidents in care homes etc.</p> <p>The Enhanced SAB report for September has been issued today and Ann advised that there are 36 <i>Staphylococcus aureus</i> Bacteraemia patient cases and 78% of these were hospital acquired infections. 15 of the hospital acquired infections were IV access device related. Dr Seaton requested a copy of the quarterly report from HPS.</p> <p>5.2 Bi-Monthly Activity Report for Acute Sector</p> <p>A copy of the report for June and July was distributed with the agenda.</p> <p>Tom Walsh provided an update on the report and advised that this was presented at the last Acute Infection Control Committee (AICC) meeting which he chaired.</p> <p>The report identifies key issues at the front of the document and these include:-</p> <ul style="list-style-type: none"> 51 Infection Prevention and Control Audits were completed in June and July 2017. Over half of applicable clinical audits scored 65% or less in the Quality Improvement section and the committee were concerned regarding this. Kate Hamilton reported that PVC sweeps have been carried out to identify any problems and work is ongoing with Senior Charge Nurses to address any issues. She said they also check if a Care Plan is in place and Pamela Joannidis commented that they are trying to identify what parts of the Care Plan are not completed and for these to be raised at the huddles or safety brief meetings. 	

Item	Action
<ul style="list-style-type: none"> Tom Walsh confirmed that this is being addressed via the HEI Steering Group and Dr Chris Deighan is involved in this. Dr Armstrong said she is concerned that 78% of the cases are hospital acquired and that maybe the implementation is not fully embedded. Discussion took place on whether this could be included in the huddle or ward round. Kate Hamilton said that she can ask what is discussed at huddles and Dr Seaton said to make sure a senior doctor is aware of this. It was agreed that this could be included in the Core Brief. 	KH
<p>5.3 IPC Work Plan</p> <p>A copy of the IPC Work Plan was distributed with the agenda. Pamela Joannidis reported on some of the work that is ongoing:-</p> <ul style="list-style-type: none"> The recommendations of the HPS Chapter 3 review have been incorporated in the board SOPs and processes. A CJD training module on Learnpro is being developed. An improvement plan is being developed from the output of the IPCAT audits with three key deliverables every 6 months. HEI inspection visits will now be followed up by IPC and clinical staff visiting each area to ensure any recommendations or requirements identified at the inspected site are also in place for equivalent areas across NHS GG&C. The HAI Education Strategy has now been updated following the launch of the new NES SIPCEP by the CNO in June 2017. It will be tabled at the next meeting of all the IPC committees for approval. The first of two IPCT documentation audits (20 patients per sector) has been completed providing assurance that IPCNs are responding to alert organisms notified to them. The findings of this report have been tabled at the IPC Senior Management Team with recommendations. 	
<p>5.4 SOPs</p> <p>Pamela Joannidis updated on the following SOPs:-</p>	PJ
<p><u>Head Lice</u></p> <p>A review of the literature was updated and the SOP was approved.</p>	
<p><u>Outbreak</u></p> <p>Pamela Joannidis and Dr Kennedy reported that this SOP still requires to be updated with the outbreak guidance to be put as an Annexe. Dr Armstrong suggested that this is reissued to the groups for comments with the changes listed.</p>	TW
<p><u>Urinary Catheter</u></p> <p>The SOP has been changed in line with the Acute Adult Safety Programme and HPS Bundles. Pamela advised that the word "adult" has been removed so that the SOP covers Paediatrics also. Dr Armstrong requested an addition that this should be discussed at the huddle and to say that the process has changed. Tom Walsh offered to write to Acute Infection Control Committee to recommend what should be included in the huddle.</p>	
<p><u>Occupational Related Illness</u></p> <p>The guidance has been updated with regards to the change in incubation period for mumps. Dr Kennedy commented that the SOP should say that that a healthcare worker should be excluded for 5 days. This had already been discussed with Pamela and changes made. This was approved with this change.</p>	
<p><u>Proposed Removal of Laundry & Last Office SOPs</u></p> <p>Pamela reported that it is proposed to remove the NHS GG&C Last Office and Laundry SOPs as addendums to the National IPC Manual are not required. This was approved.</p>	

Item	Action
<p>5.5 Decontamination Group SOPs Nil to update.</p> <p>5.6 Update of National Infection Prevention and Control Manual Pamela Joannidis reported of a number of changes pending for the National IPC Manual:-</p> <ul style="list-style-type: none"> - a review of Chapter 2, Transmission Based Precautions as it would apply to non-acute areas. In future Section 2 will include advice for both acute and non-acute. - a review of respiratory protective equipment / PPE for respiratory pathogens - 54 new organisms have been added to the A-Z section of the manual - A review of respiratory protective equipment (FFP3) / PPE for respiratory pathogens with new guidance for pandemic influenza. Dr Armstrong asked what do we do if we do not agree with HPS. Pamela informed that boards are given the opportunity to provide feedback to any NIPCM changes at the National Hospital Consensus group. IK and PJ agreed to review proposed changes to the NIPCM and feedback to the consensus group. Dr Armstrong also recommended that this be raised at the Public Health and Infection Control Managers networks. 	PJ/IK
<p>6. Exception Reports and Updates</p> <p>6.1 vCJD Group Dr Kennedy reported that there was one notification of a CJD case but no look back exercise was required. He said there is an algorithm included in the National Guidance and will check if this is useful for staff.</p> <p>6.2 Antimicrobial Management Team The minutes of the last AUC meeting held on 23 August 2017 were distributed with the agenda and noted.</p> <p>Dr Seaton updated on some of the points raised at the meeting:-</p> <ul style="list-style-type: none"> • Scottish Government has approved a national hospital antimicrobial prescribing quality indicator, developed by SAPG in collaboration with AMTs. They agreed to have this as an indicator and not a target and the new quality indicators will support reduction in unnecessary hospital antibiotic use through promoting review of IV therapy within 72 hours. The target for this quality indicator is an annual 1% reduction in total antibiotic use with 1% reductions in piperacillin-tazobactam and carbapenem use compared with 2015 use. Dr Seaton reported that our denominator is acute admission and these have been redefined therefore could have an impact on GGC. He reported that data collection has started. A national group are looking at this. • Total volume of prescribing in primary care has reduced for the last 4 consecutive years and the rate of prescribing has reduced by 1.43%. • In relation to hospital discharges Dr Seaton said that if a patient attends our hospital and transferred to the community the antibiotic given at admission is counted as our denominator. He stated that work is ongoing nationally with EDs to look at the pre packs that are issued as a week of antibiotics are issued when the patient may only need 3 days of antibiotics. • There is a shortage of gentamicin which has been a challenge and work is ongoing regarding a contingency plan. • Liz McGovern suggested looking at what the top prescribing issues are and stated that there should be a good reason why the patient has been prescribed this and not what the patient prefers. <p>6.3 Acute Infection Control Committee (AICC) The agenda for the Acute Infection Control Committee held in September and the minutes of the meeting in July were distributed with the agenda. Tom Walsh said that flu planning for the acute sector was discussed and the winter planning group used to facilitate this but it no longer exists. He spoke to Jonathan Best and Gillian Penrice regarding this and they are going to take this forward.</p>	

Item	Action
<p>Dr Armstrong suggested that Tom contact Neil Ferguson as he is writing a winter plan.</p> <p>Dr Chris Jones, Chief of Medicine in Clyde is now chair of the Acute Infection Control Committee and a pre meeting was held with Tom, Sandra McNamee and Professor Brian Jones to discuss the format of AICC. Tom reported that there is now a nomination for a Chief of Nurse to attend the BICC meetings.</p>	TW
<p>6.4 Partnership Infection Control Support Group (PICSG)</p> <p>A copy of the agenda for the recent PICSG meeting in September and the minutes of the previous meeting held in July were distributed with the agenda. As Mari Brannigan has retired Tom Walsh informed that he chaired this meeting. Elaine Love is interim replacement for Chief Nurse for Health & Social Care Partnerships until a new appointment has been made.</p> <p>The national direction of Health and Social Care Integration with existing Infection Prevention and Control and Public Health services has not been reported.</p>	
<p>6.5 Recent Outbreaks/Incidents</p> <p>Pamela Joannidis provided an overview of recent outbreaks and incidents:-</p> <ul style="list-style-type: none"> • Two cases of <i>Stenotrophomonas maltophilia</i> in a ward at RHC. One patient died and this was recorded on Part 1c of the death certificate. Meetings were held and HPS were informed. The HIIAT for this was RED and then Green. Both isolates were different types and no further cases were reported. The incident was closed on 15th August. • 14 cases of Exophiala have been identified in CF patients and this has been linked to the dishwashers. An IMT meeting was held on 22nd September and the HIIAT for this was Amber. . The engineer from the manufacturers has visited the site to review the plumbing and cleaning regimes for these dishwashers. In discussions with HPS, this has now been re-assessed as HIIAT Green. • 4 cases of <i>E.coli</i> (Gentamicin resistant) identified in RHC. Two patient cases match and were together in the same room in a different Health Board. The HIIAT for this was green and this was closed on 14th September. This was discussed with HPS and they were happy with the actions agreed. 	
<p>6.6 HEI Steering Group</p> <p>The HEI Steering Group has reconvened and Tom Walsh reported that the group are looking at the themed approach from the HEI inspections to NHS boards. A copy of the notes of the last meeting held on 17th August were distributed with the agenda.</p> <p>In house audits will continue and will be themed on things that could be better. Pamela Joannidis advised that if there are any requirements or recommends from inspections Infection Control, Chief Nurse and Lead Nurse will carry out an inspection in that site.</p>	
<p>7. New Business / Documents Received</p> <p>7.1 Healthcare Environment Inspectorate - Introduction of Thematic Inspections</p> <p>A new methodology for thematic inspections of urinary catheter care has been developed by the Healthcare Environment Inspectorate. The new methodology has been developed with the support of NHS Highland and NHS Forth Valley and tested in NHS Highland. The inspections build on the established core practices of the inspectorate and the new methodology will focus on the management of urinary catheter care and will not follow the existing safe and clean style of inspections.</p> <p>Pamela Joannidis reported that a new UUC information hub had been created on the IPC web page and all related tools posted for staff to access, including the HEI tools. A new UUC care plan completion tool had been created by the IPCT. It is proposed that all wards are surveyed in NHS GGC be end of December.</p>	

Item	Action
<p>The IPCT are also monitoring the uptake of the NES catheter management module by staff.</p> <p>The committee noted that thematic inspections to boards may involve inspection of more than one hospital per visit.</p>	
<p>7.2 HEI - Urinary Catheter Management As per above.</p>	
<p>7.3 Guidance on prevention and control of Clostridium difficile infection in health and care settings in Scotland This guidance is a revision of the 'Guidance on Prevention and Control of <i>Clostridium difficile</i> Infection (CDI) in Healthcare Settings in Scotland' issued in October 2014. This provides easily accessible advice covering key aspects of prevention, control and treatment of CDI. Pamela Joannidis reported that the guidance has added algorithm for the treatment of children.</p> <p>She noted that the latest guidance document suggests that one or more markers of severity should be classed as a severe case. It has been policy in NHS GGC that one or more severity markers ensure that the patient is treated clinically as a severe case as per the treatment algorithm but that the IPCT ask for a clinical review if the patient has 2 or more severity markers. Dr Seaton confirmed that patients are treated as severe with 1 or more severity markers. PJ will table the updated NHS GGC CDI SOP for approval at the next committee.</p>	
<p>8. Update from Public Health Protection Unit Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • The flu vaccination programme has commenced and Dr Kennedy reported that there are a number of peer people coming forward. He said as of the end of last week 10% of staff have received their vaccination. • With regards to Cystic Fibrosis patients there have been discussions regarding <i>m abscessus</i> and advice has been given to Head Teachers in schools when they have more than one CF patient. • The non acute CPE Toolkit has been published by HPS. • In relation to <i>M. chimaera</i> at RHC Dr Kennedy reported that they are waiting for national agreement on air monitoring schedules for ECMO machines. A cleaning process has been agreed for these machines. • There are no Hep B vaccines available as there has been a problem with the manufacturer. Recommendations are being issued to all clinical staff. • Environmental Health contacted PHPU to say there was an outbreak of flu colitis in a group of people that were holidaying in Tayside. 	
<p>9. Review of Actions</p> <ul style="list-style-type: none"> • Tom Walsh was asked to take forward of HAI Scribes in mental health wards and for Mental Health governance to take ownership of this. • Dr Seaton and Tom Walsh to prepare a note for clinical staff regarding the number of SAB cases. • Kate Hamilton to ask what is discussed at huddles in the wards. • Pamela Joannidis to reissue the Outbreak SOP. • Tom Walsh to write to the Acute Infection Control Committee to recommend what should be included in the huddle. • Pamela Joannidis and Dr Kennedy to look at the issues relating to FFP3 masks. • Tom Walsh to contact Neil Ferguson regarding the flu plan. 	

Item	Action
<p>10. AOCB</p> <ul style="list-style-type: none">• HPS have requested that boards produce a weekly surveillance report on the number of wards that have been closed over the week instead of the number of wards closed on a Monday.• The Royal College of Obstetricians have produced new guidance on Group B Strep. Dr Seaton stated that any woman who goes into labour before 37 weeks of pregnancy should be offered antibiotics to prevent a possible transmission of Group B Strep. Dr Alan Mathers is taking this forward with the Guidelines Group.	
<p>11. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 27th November 2017 at 12 noon and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

Ward 2A Update for BICC: November 2017

The Purpose of this paper is to update the BICC on actions underway in ward 2A in regards to:

1. Service
2. Infection Control
3. Domestic
4. Estates

1. Service

A. Quality Improvement Group to Reduce Line Associated Bacteraemia

The CVL QI Project Steering Group was formed in May 2017 following an upsurge in central line infections in the unit. The Group was formed to draw together frontline members of staff working on 2A, with other key stakeholders, including surgeons, anaesthetists, intensivists, radiologists, oncologists and local experts in QI methodology, to work collaboratively and share expertise. The primary aim of the project is to reduce the central line associated blood stream infection (CLABSI) rate in ward 2A and 2B to 1 per 1000 *total* line days by Dec 31st 2018. This is benchmarked against Cincinnati Childrens Hospital in Ohio.

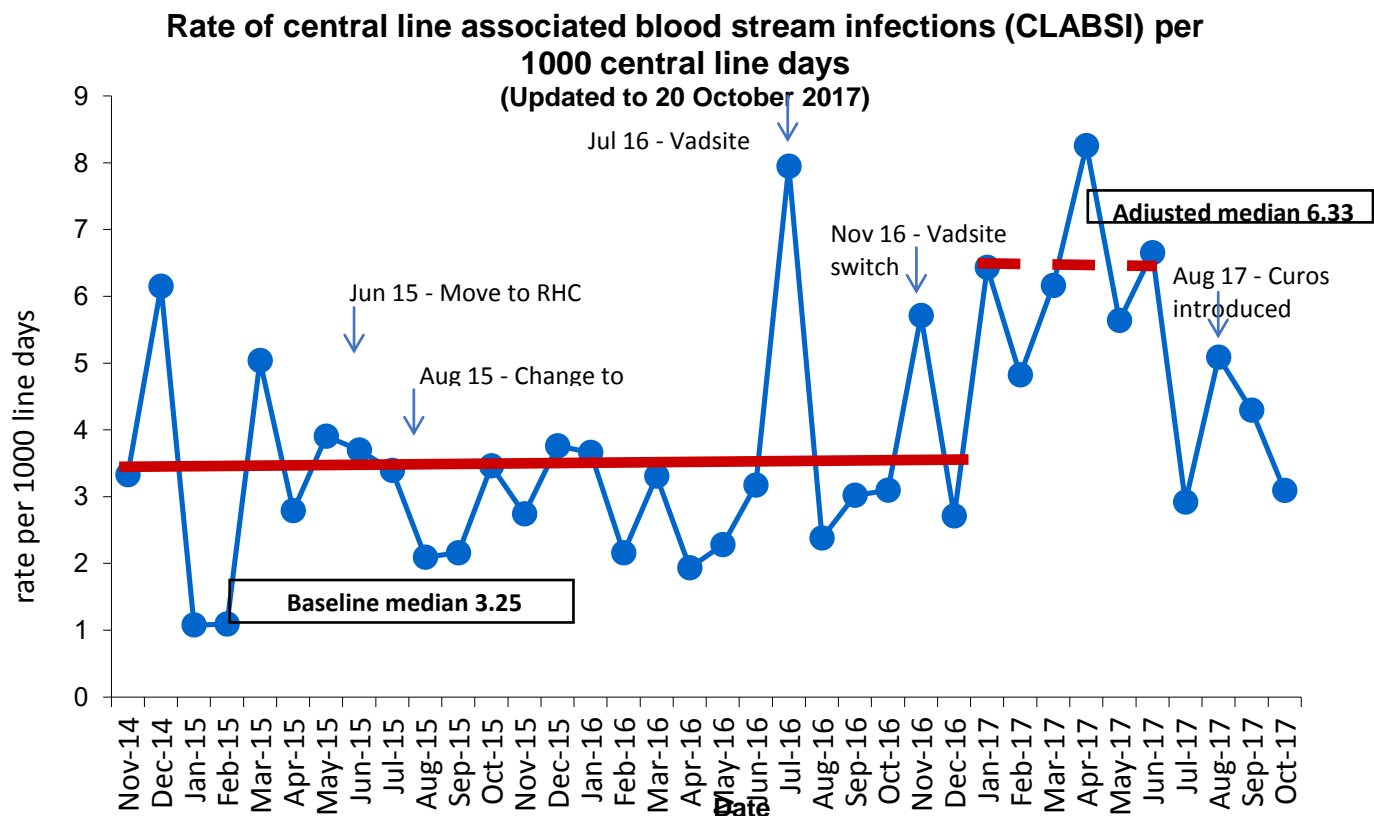
The group collects data on CLABSI prospectively on a week by week basis. CLABSI is defined according to the CDC classification (Appendix 1) as:

'A CLABSI is a primary BSI in a patient that had a central line within the 48-hour period before the development of the BSI and is not bloodstream related to an infection at another site. However, since some BSIs are secondary to other sources other than the central line (e.g., pancreatitis, mucositis) that may not be easily recognized, the CLABSI surveillance definition may overestimate the true incidence of CRBSI'

It is important to note this data only includes lines that are inserted in RHC site. The reason for this is that we were keen to evaluate the whole package of care from insertion through to access and maintenance. Lines inserted elsewhere were excluded as we had no ownership of the insertion or initial access episodes. It is our intention to collect this data separately.

The data also includes all patients within the haemato-oncology cohort, so inclusive of those cared for at home by the outreach nurses, those attending day care and those who are inpatients in ward 2A including Bone Marrow Transplant, and teenage cancer patients.

Two years' worth of retrospective data were collected and presented in the form of a run chart. The initial baseline CLABSI rate per 1000 total line days was 3.25. The group first met in May 2017 following multiple discussions and attempts to improve practice locally. In June 2017 the adjusted median had increased to 6.33. The last 4 months (July to October) have shown some improvement in the CLABSI rate and these data points remain below the amended baseline.



The group is following four main work streams for improvement:

1. Line Insertion and access in theatre.

- This group comprises of a surgeon, 2 anaesthetists and a Quality Improvement Senior Nurse.
- The remit is to examine barriers to best practice around line insertion and access in theatre, to seek to standardise insertion practice.
- It is now mandated that masks are worn by all staff in theatre during line insertion.
- The theatre is 'closed' during line insertion limiting access to only essential staff.
- All patients must now be bathed in the 24 hours prior to line insertion surgery.
- Work is ongoing to include these changes in an amended line insertion bundle.

2. Access and Maintenance

- Change of dressing from Mepitel film to IV3000. This was advised by tissue viability due to superior moisture and secretion handling with IV3000.
- Trial of Griplock dressings to minimize sutures along exit site and facilitate cleaning.
- Curot port protectors were introduced on the 14th August 2017. The device contains a 70% isopropyl impregnated sponge which covers the end of the hub when not in use and provides passive disinfection, which removes the human variation associated with active disinfection processes such as 'scrub

the hub'. Curoso reduces bacterial count by 100,000 times within 3 minutes of application.

- Focused review of practice with key stakeholders on 21st November 2017 to ensure standardised ANTT approach to all line care and delivery of training.
- Review, supervision and support for every member of staff accessing lines.
- Work ongoing to minimise line access episodes.

3. Staff Education

- Training for Curoso undertaken for all staff in 2A, 2B, theatres and CT.
- Enhanced supervision and peer audit weekly (Appendix 2)
- Additional support for core 2A/2B education team has been put in place.

4. Patient and Parent engagement

- Introduced the concept of patients and carers as line guardians
- Each admission pack will include a best practice sheet outlining optimal central venous line care and invites patients and their carers to challenge any deviation from that.
- Formalised record of parent and patient training on line care and Curoso added to the discharge checklist

Next Steps

- From 1st December 2017 every CLABSI will be subject to rigorous review utilising Event Cause Analysis methodology within 72 hours of a reported CLABSI.

B. Medical

- There have been robust and ongoing arrangements in place with the senior haematology oncology medical team and microbiology doctors to discuss matters affecting the unit. Medical staff are fully engaged in the PAG process.
- All haematology oncology consultant medical staff working within the unit have completed hand hygiene training. The need for refresher training of this group is monitored on an ongoing basis.
- All doctors visiting the unit are reminded of the need for correct hand hygiene techniques to be used at all times. Open challenge is encouraged.

C. Nursing

- There has been an increase in acuity compared to the same period last year.
- In October 2017 the average daily patient numbers were 21.6 of which 16.6 (76%) were high dependency.
- In October 2016 the average patient daily numbers were 17.29 of which 11.84 (68%) were high dependency.
- On 30th October 2017 5 new Registered nurses joined the 2A nursing workforce. This takes the ward to funded workforce and leaves them with a maternity leave pressure of 4 wte. These backfill posts are currently out to advert.
- In October 2017 the average day time staffing levels were 12.26 nurses on duty, of those 9.8 were registered and 2.45 non registered

- A successful appointment was made to the Senior Charge Nurse post on the 8th November 2017.

2. Infection Control

Since April this year ward 2A has received enhanced support from the infection control team. The benefits of this collaboration have been demonstrated in a marked improvement in the IPCAT audit from 74% in June 2017 to 94% in November 2017. This support is set to continue with the following actions ongoing:

- The Paediatric and Infection Control Lead Nurses complete weekly joint visits observing practice and the clinical environment. Weekly joint ward visits with the Paediatric Lead Nurse and the Infection Control Learning points are fed back and acted on in real time.
- Regular staff education sessions underway with a focus on Standard Infection Control Procedures.
- The ward SCN is undertaking weekly SCIPS audit, latest audit 93%.
- The design of a unit focussed infection control patient information leaflet is underway. The final draft version will be tabled at the next IPC SOP group meeting.
- The infection control nurses are delivering learning sessions to families within the unit.
- Wardrobe units are now in place in patient rooms in an effort to minimize clutter and aid cleaning.

3. Domestic

In recognition of the complexities within the ward environment domestic hours have been increased. Appendix 3 provides a summary of the existing domestic staffing arrangements within Ward 2A and an outline of tasks and duties associated with each post. In addition the following actions are in place to facilitate improved monitoring and standards compliance:

- Cleanliness Monitoring has been increased to a weekly frequency.
- Access to Clean: Facilities Integrated Supervisors and Domestic staff are required to document any issues relating to 'access to clean', which are brought to the attention of the Senior Charge Nurse, in order to facilitate regular access. If any issues arise the Facilities supervisor and SCN will agree and initiate a plan to ensure required cleaning is achieved.
- All domestic staff have been retrained utilizing the British Institute of Cleaning Sciences (BICSc) lesson plan.
- Facilities Interface: The Deputy Site Facilities Manager liaises with the SCN on a weekly basis to review cleaning arrangements and any other relevant business.
- Domestic Audit score average 91.5% over last 4 week period.

4. Estates

While the BMT cubicles were built to the appropriate standards and have been in use a decision was taken earlier in the year in conjunction with Microbiology and Estates to upgrade them to a higher specification. Timing of this works had to be considered against the work plan of an exceptionally busy and successful transplant programme. The work will be split into two phases and involve changes to four of the cubicles. Phase 1 commenced on Sunday the 19th November 2017 on rooms 19 & 20 with a programmed time scale of 6

weeks. Stage 2 will commence on rooms 17 & 18 in January 2018 and involve a similar time frame. During these works contingency plans are in place for the BMT service

The following issues with rooms have been remedied:

- Room 1, had been closed since Friday 27/10/2017 due to a high fungal count, ventilation plant & filtration systems are operating within design parameters. An SBAR has been produced for the TCT by ICD which required further review and agreement via a PAG. Fungal tests now satisfactory. Reopened week of 13th November 2017.
- Room 19, continues to have high samples and has been closed since the middle of September 2017, refurbishment is currently underway and therefore the room remains closed (along with room 20).
- Room 24 (HEPA/PPVL) closed due to cracks becoming evident on the wall, it has since been painted and deep cleaned and was air sampled on 24/10/2017, reopened 2/11/2017.
- Room 25 (HEPA/PPVL) is closed due to a leak of water from the ceiling in the room, it has since been fixed, painted and air sampled on 24/10/2017, reopened 2/11/2017.
- Room 22 (HEPA/PPVL) was out of service due to a lighting issue, a repair was complete d on 3/11/2017, followed by a clinical clean and the room was reopened later the same day.

Appendix 1



CDC

bsi-guidelines.pdf

Appendix 2



Audit Tool

Schiehallion CVAD.pdf

Appendix 3

Post	Shift	Hours	Outline of Duties
1	Mon – Fri	7.30-3.30	Patient rooms, clean & dirty utilities, parents kitchen & sitting room
2	Mon – Fri	9.00- 1.00	TCT, strict isolation rooms, corridors
3	Mon – Fri	4.00-8.00	Second isolation cleans, discharge cleans, patients kitchen, waste collection and toilets
4	Sat & Sun	7.30 -4.00	Patient rooms, clean & dirty utilities, parents kitchen & sitting room
5	Sat & Sun	7.30 – 11.30	TCT, strict isolation rooms, corridor
6	Sat & Sun	4.00-8.00	Second isolation cleans, discharge cleans, patients kitchen, waste collection and toilets

NHS GGC
Acute Division
Women and Children - Hospital Paediatrics and Neonatology

Papers for Noting



CLABSI Cincy QI.pdf A_Hospital-wide_Qu
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<https://www.ncbi.nlm.nih.gov/pubmed/?term=Reduced+central+line+infection+rates+in+children+with+leukemia+following+caregiver+training%3A+A+quality+improvement+study>.

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 27th November 2017 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Rosie Hague	Consultant in Paediatrics ID
Dr Andrew Seaton	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
Jennifer Rodgers	Chief Nurse, Paediatrics & Neonates
Tom Walsh	Infection Prevention & Control Manager
Iain Kennedy	Consultant, Public Health
Dr Chris Jones	Chief of Medicine
Kenneth Fleming	Head of Health and Safety
Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Suzanne Clark	Public Partner
Elaine Love	Chief Nurse, Governance & Regulation
Brian Jones	Head of Microbiology
Sandra Devine	Associate Nurse Director, Infection Prevention & Control

In Attendance

Calum MacLeod (minutes)

Apologies received:

Dr David Stewart Rona Wall Liz McGovern

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. Update on Ward 2A by Jennifer Rodgers, Chief Nurse, Paediatrics & Neonates</p> <p>Jennifer Rodgers gave an update on the situation in Ward 2A, RHC regarding work being undertaken to reduce central line associated blood stream infections (CLABSI). The group first met in May 2017 and have focussed on 4 main sections Service, Infection Control, Domestic and Estates.</p> <p>The group collects data on CLABSI on a week to week basis within the RHC site, including haemato-oncology patients cared for at home by the outreach nurses and patients attending day care. The initial CLABSI rate per 1000 total line days was 3.25 but the median increased to 6.33 in June 2017. The last 4 months (July to October) have shown some improvement in the CLABSI rate and these data points are below the amended 6.33 median baseline.</p> <p>The group introduced Curoport protectors tips on 14th August 2017. The device contains 70% isopropyl impregnated sponge which covers the end of the hub when not in use and provides passive disinfection, removing the human variation associated process such as scrub the hub.</p> <p>From the 1st of December every CLABSI will be subject to a rigorous review utilising Event Cause Analysis methodology within 72 hours of a reported case. Sandra Devine has asked if this tool could be used in the future within the adult sector if this is successful.</p>	

Dr Kennedy informed the group that he had visited the unit and they had reported that there had been a lot of change at once regarding staff, new equipment being introduced and also making sure all staff are adhering to decontamination/line care, but that this was contributing to the improvements.

Dr Kennedy raised concerns regarding a small IV prep room that he believes is being used as a treatment room at the weekend. There is a treatment couch present within the room. He also said that there are a lot of the antibiotics being used on patients which are being made up in this area. Dr Kennedy has asked that from the action plans drawn up from this group that there is clear evidence that each action has been closed off as HEI Inspectors have been looking into closure of action plans from previous action groups.

Dr Armstrong requested that any action plans created from PAGs/IMT should be taken to the AICC first then onto the BICC to make sure all actions have been completed and closed off.

JR

Dr Armstrong asked if Jennifer Rodgers could investigate if the median of 6.33 is the same rate as other BMT wards in the UK. Brenda Gibson is currently looking into this to compare against other health boards across the UK.

Dr Rosie Hague raised her concerns that are we confident that other cubicles within Ward 2A are up to specification. Sandra Devine informed Dr Hague that every PPVL room is validated on a yearly basis as set out in SHTM 04-01. The IPCT is currently awaiting testing for several areas. At the moment there is no negative pressure rooms within RHC. Dr Armstrong has asked that a contingency plan be drawn up in case any future patients that are positive for MERs/MDR TB. At the moment the QEUH has a contingency plan set in place.

JR

Jennifer Rodgers is to check that all rooms comply with testing as per SHTM 04-01. Jennifer Rodgers was asked if contingency was in place in the same way as the adult hospital.

JR

3. Minutes of the meeting held on 9th October 2017

The minutes of the previous meeting held on 9th October 2017 were agreed with the following amendment:-

Page 4, Item 6.2 – Dr Andrew Seaton is going to reword this section and send his amendments to the minute taker.

AS

4. Rolling Actions List

A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.

- Cleaning differences in QEUH we discussed. There are differences in each hospital as domestics and HCSW clean different items within different hospitals. Pamela reiterated that all cleaning carried out is agreed locally and adheres to the national cleaning specifications. Elaine Love said that Mary Anne Kane is looking at roles and responsibilities of domestics between each hospital site. IPCT can say how an item should be cleaned but cannot say who cleans the item. This will be brought up at the next AICC meeting in January 2018.

EL

5. Matters arising

The group had no matters arising.

Item	Action
<p>6. Standing Agenda Items</p>	
<p>6.1 HAI Reporting Template (HAIRT) – October 2017</p> <p>The HAIRT report for October 2017 was distributed with the agenda. Tom Walsh reported that GGC have not received any revisions to the Heat Targets which are historically based on the best performing health boards of CDI and SAB rates from 5 years ago. HPS have confirmed that the denominators will change to all occupied bed days in May 2018.</p> <p>Dr Andrew Seaton has requested that Ortho Spinal SSI rates should be represented in this report for an antibiotic review perspective. Sandra Devine informed Dr Seaton that Neuro Institute provide funds for surveillance nurses but will ask if they are willing to share resources with Ortho Spinal surveillance.</p> <p>Dr Kennedy informed the group that he saw that HEI may be introducing gram negative surveillance of all ECOLI Bacteraemia. Sandra Devine informed the group that if this was to become government policy then extra funding or other surveillance would need to be cut back.</p>	SD
<p>6.2 Bi-Monthly Activity Report for Acute Sector & SAB Action Plan</p> <p>Dr Armstrong requested that the IPCT activity report and SAB action plan should be discussed together.</p> <p>A copy of the Bi-monthly Activity report for August and September and updated SAB Action Plan was distributed with the agenda.</p> <p>Sandra Devine provided an update on the report and advised that the two papers were presented at the last Acute Infection Control Committee (AICC) meeting which Dr Chris Jones chaired.</p> <p>The report identifies key issues at the front of the document and these include:-</p> <ul style="list-style-type: none"> • Dr Armstrong raised her concerns that the North Sector had a much higher rate than other hospitals at 52.5% local occupied bed day rates for CDI. An Antimicrobial review was carried out but came back as very good. It was agreed that a look back on the point prevalence study of the Glasgow Royal Infirmary will be looked into. Recurrence rates of CDI are still low. • 2 CDI trigger tools were identified at the GRI. One of the triggers came back as the same type the other didn't • All HAI CDI have come back as different types and from different areas in June - July. • Outpatient audits have has been rolled out to all GG&C hospitals. During August & September 36 audits were carried out of which 16 scored gold, 14 green and 6 amber. 	SD
<p>Pamela Joannidis visited Ayrshire and Arran health board last week regarding their low SAB rates and to see if there is anything they do in which GG&C could incorporate into their SAB action plan. A draft report is currently being written up and will be disseminated to the group once it has been completed.</p>	PJ

Item	Action
<p>6.3 IPC Work Plan</p> <p>A copy of the IPC Work Plan was distributed with the agenda. Pamela Joannidis reported on some of the work that is ongoing:-</p> <ul style="list-style-type: none"> • Pamela Joannidis has been working on Urethral Urinary Catheter (UUC) care due to recent thematic HEI inspection which looked at UUC standards and methodology surrounding this. • A UUC Hub has been created on the IPCT website where guidelines about UUC care from partnerships and NES can be found. The IPCT are currently reviewing the partnerships guidelines to see if it can be used in acute care. • The IPCT across GG&C are undertaking UUC sweeps of all wards to see if care plans are being adhered to and also to identify areas where practice is not up to standard so that training can be arranged to these areas first. 	
<p>6.4 SOPs</p> <p>Pamela Joannidis updated on the following SOPs:-</p> <p><u>HAI Education Strategy</u></p> <p>The Cleanliness Champions course has been removed from Learnpro. There are now 15 separate foundation care pathway modules on Learnpro. The IPCT has recommended that only the Senior Charge Nurse should undertake all 15 modules. All other staff should complete the mandatory SICPs and CDI module. Pamela has created a table at the back of the education SOP to outline what modules are mandatory. The BICC approved the paper but would like Pamela Joannidis to contact Jonathan Best and Chiefs of Medicine about this as well.</p>	PJ
<p>Kenneth Fleming has asked that within the SICPs module a section regarding skin health should be introduced so staff know who to contact. Pamela has included the hand hygiene audit from SIPCEP into the SICPs module which will need to be completed every 3 years but staff need to score 80% in the assessment to pass</p>	PJ
<p><u>CDI SOP</u></p> <p>There was a slight delay in updating this SOP as IPCT were waiting on HPS to update their guidelines. It has now been approved by the BICC</p>	
<p><u>CPE SOP</u></p> <p>This was developed for staff for ease of use surrounding transmission based precautions for query and positive CPE patients. The SOP was approved by the group.</p>	
<p><u>Patient Fact Sheet Group A Strep, Influenza & VRE</u></p> <p>These three fact sheets were developed on the back of the “what matters to you” feedback. Staff found it easier to print off than the current leaflets. Dr Hague and Jennifer Rodgers noted some typing errors on the fact sheets. Once the sheets have been checked for accuracy the group were happy for them to be used within the wards.</p>	
<p>6.5 Decontamination Group SOPs</p> <p>Nil to update.</p>	

Item	Action
<p>6.6 Update of National Infection Prevention and Control Manual Pamela Joannidis reported of a number of changes pending in Appendix 11 within the National IPC Manual:-</p> <ul style="list-style-type: none"> - Fluid resistant masks instead of surgical masks are to be used. Pamela informed the group that the surgical masks already in use are fluid resistant - Proposed change to advice on FFP3 mask for patients with chicken pox and TB. Now advised to wear FFP3 for routine care as well as Aerosol Generating Procedures. <p>Dr Armstrong has requested that any aspects of the national manual that GG&C do not follow should be discussed at the AICC then brought to the BICC. In turn this should then be documented and sent to HPS explaining why GG&C are not going to adhere to certain aspects of the National Manual.</p>	PJ
<p>7. Exception Reports and Updates</p>	
<p>7.1 vCJD Group Dr Kennedy reported that there were two new notifications of CJD cases since the last meeting. A look back exercise was carried out and it was found that 2 of the cases were in the same post code but were not related to each other. Dr Kennedy is hoping for the vCJD group to meet up before the year end.</p>	
<p>7.2 Antimicrobial Management Team The minutes of the last AUC meeting held on 23 August 2017 were distributed with the agenda and noted.</p> <p>Dr Seaton updated on some of the points raised at the meeting:-</p> <ul style="list-style-type: none"> • National quality indicators saw a 14.4% increase in antibiotic use since 2014/15. Dr Seaton informed the group at present there is no penalty for achieving the targets. • Total volume of prescribing had reduced for the past 4 years by 1.43% however the costs continue to increase. • A 1% reduction in CPE prescribing has been achieved. • A rapid review of the SABs in Quarter 3 is currently being finalised and Dr Seaton stated that this should be ready for the next BICC. First initial findings have found out that 91% of patients received an ECHO, 85% completed 2 weeks of antibiotics. These numbers do not include palliative/self discharged patients. • 1 in 5 patients did not have the SAB sticker within their notes. Of the patient notes that did have the sticker 38% of them were completed. 	
<p>7.3 Acute Infection Control Committee (AICC) The minutes for the Acute Infection Control Committee held in September were distributed to the group. Dr Chris Jones chaired his first AICC on the 6th November and is currently reviewing the minutes. Dr Armstrong has requested that instead of providing minutes of the AICC meeting at the BICC a summary of actions/decisions made should be used instead.</p>	CJ
<p>7.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the recent PICSG meeting in September and the minutes of the previous meeting held in November were distributed with the agenda. Elaine Love is interim replacement for Chief Nurse for Health & Social Care Partnerships until a new appointment has been made. Dr Armstrong informed the group that there is no finance to run HAI scribes.</p>	

Item	Action
<p>7.5 Recent Outbreaks/Incidents</p> <p>Sandra Devine provided an overview of recent outbreaks and incidents:-</p> <ul style="list-style-type: none"> • NICU in Glasgow Royal Infirmary reported 7 blood cultures with coag neg staph thought by clinical team to be contaminants. No new cases have been reported since the start of November. HIIAT was Green and an action plan is in place. • Orthopaedics, QEUH identified 3 patients with pseudomonas aeruginosa in wounds. 1 Non-HAI CRO, 2 HAI. 2 Wards within the QEUH and 1 in the GGH were closed and terminally cleaned as patients are moved downstream into wards following their operations. The wards have since reopened as typing has come back different for all 3 cases. • An increase of Exophiala positive patients in Wards 7A and 7D QEUH reported by Microbiology. Microbiology have sampled the dishwashers which have come back positive for Exophiala but this is common in the general environment. The dishwashers have been serviced and cleaned. It has been agreed that catering will take responsibility of cleaning the dishwashers. Waiting on re-swabbing of the dishwashers before they can be re-used. • Menopenem pseudomonas found in the burns unit ITU at the GRI. No new patients for a week. All other patients and environments swabbing has come back negative. HIIAT was Amber due to a positive blood culture. All typing has come back the same. 	
<p>7.6 HEI Steering Group</p> <p>The HEI Steering Group are meeting next in December. It was agreed that the group will get in contact with Lothian Hospitals that have already had their themed approach HEI inspection so that we have an idea on what certain aspects they look for.</p>	
<p>8. New Business / Documents Received</p> <p>Nil to update.</p>	
<p>9. Update from Public Health Protection Unit</p> <p>Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • Supporting HPS in response to a UK wide outbreak of Salmonella Infantis. Total of 50 cases, 8 within Scotland with 2 of these being in GG&C. No obvious links found in standard surveillance and trawling questionnaires will be administered to any new cases. The GGC cases have had significant hospital contact around their onset dates and PHPU have liaised with the relevant IPC teams. • Norovirus levels are increasing, with a higher number of care home outbreaks in October and November compared to 2016/2015. There is currently no indication of this being a worse year, nor any particular signal in the genomics information. • PHPU are investigating an outbreak of Invasive Group A Strep in homeless accommodation. There are 2 confirmed cases and one other confirmed GAS case within 30 days. IMT is being held on 27/11/2017. • Demand for Pre-exposure Prophylaxis for HIV continues. Approximately 200 prescriptions dispensed in GG&C since June 2017 • Hepatitis B vaccine shortage continues. Guidance has been issued on how to obtain stock. • Staff flu vaccination rates is currently at 31.6%. An additional 2500+ vaccinations through peer immunisation still to be recorded and added to this figure. • Hayley Kane from HPS is to visit a RHC Theatre to look at the issue of Mycobacterium Chimaera found on ECMO machines within RHC theatres. There is no agreed cleaning regime for these machines. 	

Item	Action
10. Review of Actions	
<ul style="list-style-type: none"> Jennifer Rodgers is to check with other UK health boards that have Paediatric BMT units to compare GG&C CLABSI median rate of 6.33. 	JR
<ul style="list-style-type: none"> A contingency plan is to be drawn up for any MERS/MDR TB patients that are admitted into the RHC. 	JR
<ul style="list-style-type: none"> Jennifer Rodgers to check if all rooms within Ward 2A are tested to SHTM 04-01. Cleaning difference between hospitals is to be brought up at the next AICC meeting. 	JR/ EL
<ul style="list-style-type: none"> Sandra Devine is to see if the Neuro Surveillance nurses can also work on Ortho Spinal rate infections so they can be included in the monthly surveillance report. 	SD SD
<ul style="list-style-type: none"> A look back at the CDI rates from the point prevalence study of the Glasgow Royal Infirmary will be undertaken. 	
<ul style="list-style-type: none"> Pamela Joannidis will write up a report from her visit to Ayrshire & Arran visit regarding SABs. 	PJ
<ul style="list-style-type: none"> Pamela Joannidis will liaise with Jonathan Best & Chiefs of Medicine regarding the new proposed HAI Education Strategy for staff. 	PJ
<ul style="list-style-type: none"> It was agreed that any agreements made locally by the IPCT not to adhere to the national manual must go through the AICC then the BICC and written out and sent to HPS as to why. 	PJ
<ul style="list-style-type: none"> An action plan table outlining agreements at the last AICC is to be used for future BICC meetings. 	CJ
11. AOCB	
<ul style="list-style-type: none"> Jennifer Rodgers mentioned that the RSV numbers for RHC have surpassed last year's numbers. 	
12. Date and Time of Next Meeting	
<p>The next meeting has been arranged for Wednesday 31st January 2018 at 1400 and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Wednesday 31st January 2018 at 2.00pm in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Tom Walsh	Infection Prevention & Control Manager
Dr Iain Kennedy	Consultant, Public Health
Dr Chris Jones	Chief of Medicine
Elaine Love	Chief Nurse, Governance & Regulation
Sandra Devine	Associate Nurse Director, Infection Prevention & Control
Dr Andrew Seaton	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Liz McGovern	Specialist Pharmaceutical Public Health
Ann Kerr	Lead Nurse, Surveillance
Alan Stewart	Head of Decontamination
Dr Teresa Inkster	Lead Infection Control Doctor

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Rosie Hague Rona Wall Suzanne Clark Mags McGuire

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 27th November 2017</p> <p>The minutes of the previous meeting held on 27th November 2017 were agreed with the following amendment:-</p> <p>Page 5, Item 6.6 – should read “Dr Armstrong has requested that any aspects of the national manual that GG&C have an amendment to should be discussed...”</p> <p>Page 5, Item 7.2 – Dr Andrew Seaton is going to reword this section and send his amendments to the minute taker.</p> <p>Page 5, Item 7.4 – should read “Scott Young informed the group that there is no finance to run HAI scribes”.</p> <p>Page 6, Item 9, last bp – should read “...ECMO machines within RHC theatres. Two types of machines are in use at RHC. The older machine does not have a validated cleaning regime for this scenario. As these machines are nearing the end of their operational lifespan, plan has been made to replace them early with the more modern heater/cooler units.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p>	

Item	Action
<p>Actions Update</p> <ul style="list-style-type: none"> A contingency plan for children is to be drawn up for any MERS/MDR TB patients that are admitted into the RHC. <u>Update</u> – Dr Inkster confirmed that there are 2 rooms potentially suitable and she will discuss this with Jen Rodgers. Dr Armstrong asked for an update regarding the quote for the negative pressure room in QEUH. Alan Stewart agreed to check this with Mary Anne Kane. Sandra advised that the rooms in ITU are to be modified and Dr Seaton commented that he would prefer 2 negatively pressured rooms rather than 1. Jennifer Rodgers to check if all rooms within Ward 2A are tested to SHTM 04-01. Cleaning difference between hospitals is to be brought up at the next AICC meeting. <u>Update</u> – Ian Powrie confirmed that all isolation rooms in Ward 2A are tested to SHTM04-01. The cleaning differences across the board were discussed at AICC and it was confirmed that there are different arrangements in place in different sites and that there has been a risk assessment done. Sandra Devine is to check if the Neuro Surveillance nurses can also work on Ortho Spinal infection surveillance. <u>Update</u> – Sandra Devine reported that the Neuro Surveillance Nurses contracts have been extended for one month only and that even so they did not have the resources to add this surveillance work stream onto the existing one. 	<p>TI</p> <p>AS</p>
<p>4. Matters arising</p> <p>SAB Presentation</p> <p>Ann Kerr, Lead Nurse Surveillance provided a presentation regarding SAB cases in GGC.</p> <p>She stated that local data is available from July 2010 and the chart demonstrated appears to be stable with limited variability. In 2014 there was a decrease in the number of SAB cases but this increased in 2015 and Ann said this could be due to the reconfiguration of services.</p> <p>A graph detailing the published data from HPS was shown and Ann talked the group through the chart. The data for quarter 4 will be published in April 2018 and Ann reported that for the last quarter (October – December) for number of SAB cases is 116. Dr Seaton asked with regard to the variation in the last column with the total cases reported by HPS compared to local GGC reporting, should it be more favourable for us as we have patients using more services e.g. renal and haematology? Ann replied that she has requested to meet with HPS to ask to have sight of these cases.</p> <p>The data from NSS Discovery, where enhanced SAB data is fed into, was shown and this includes data from 2015 – 2017. One of the charts shows the 3 most common entry sources by year and these include vascular access device, not knowns and skin and soft tissue. Of the entry sources 19.1% of these cases were not known as there is no obvious source for cause of bacteraemia. To try to address these, discussions take place with the clinical teams and ICDs to try to determine the source.</p> <p>A slide showing the origin of the SAB cases for quarter 4 was shown. Of the 116 cases, 44% were hospital acquired, 31% were healthcare associated and 25% were community cases. Avoidable harm SAB cases were also looked into and the devices related to urinary catheter and vascular access devices. Ann reported that in quarter 4 there were 141 devices in situ in 87 patients at time of / prior to SAB. She said if a SAB is deemed to be an avoidable harm this will be entered on Datix.</p> <p>Areas for further improvement include:-</p> <ul style="list-style-type: none"> Reduce amount of contaminated blood cultures. Infection Control Doctor to carry out a review of all “unknown” cases (HAI/HCAI only). <p>Ann stated that the community cases are challenging and that we continue to work with Public Health on this.</p>	

Item	Action
<p>A SAB sticker has been created which the ICNs place in the medical notes of every patient they first visit. They also check if the patient is an inpatient on day 14 after SAB identification and check to see if they have received 14 days of antibiotics.</p> <p>A chart is produced for every sector to show the number of SAB cases and Ann reported that the largest number of cases is in South Glasgow, with the lowest being in Clyde. She said there is also a SPC chart of all SAB cases from December 2015 to December 2017 which is stable and in control.</p> <p>Dr Jones asked, with regards to the sector targets and what they are based on. Ann replied that the targets have been based on historic data from 2010 and achievable targets were looked at. The target for GGC is to have 75 SAB cases or less per month to reach the Heat Target. Dr Jones commented that there should be focus on SABs associated with invasive devices at the sector governance meetings and to maybe focus on the hotspots. Dr Seaton advised that the number of beds has decreased, but the activity has increased and the duration of stay is much shorter which means the overall rate is not changing due to the increase in activity.</p> <p>Tom Walsh stated that there needs to be operational clinical ownership of the Action Plan and recommended that the SAB group is reformed and Dr Inkster stated the group should be chaired by a senior clinician. It was agreed that a small group be set up to include Tom Walsh, Dr Inkster, Dr Jones, Dr Seaton, Dr Kennedy, Sandra Devine, Pamela Joannidis and Ann Kerr to look at the Action Plan and how this links to AICC. Dr Armstrong suggested that a Gastroenterologist be part of the group.</p>	TW
<p>5. Standing Agenda Items</p>	
<p>5.1 HAI Reporting Template (HAIRT) – December 2017</p>	IK
<p>The HAIRT report for December 2017 was distributed with the agenda. Tom Walsh reported that for Quarter 2 the CDI rate for GGC was 31.8, with a national rate of 27.6 and the Heat Target of 32. The SAB rate for GGC was 34.3, with a national rate of 31.3 and the Heat Target of 24. With regards to Quarter 4 there has been a 27% reduction in the number of CDI cases compared to Quarter 3.</p>	
<p>The CRA compliance for MRSA Screening for Q2 (July - September 2017) in GGC was 89%.</p>	
<p>Caesarean section procedures for Quarter 2 had a lower SSI rate than the national average. Between April - June 2017, the SSI rate of 1.6% for hip arthroplasty was above the national average of 0.7%, but within GGC confidence intervals.</p>	
<p>Tom Walsh stated that his management team met with one of the non Executive Board members to discuss and explain the HAIRT. The member was pleased and assured by the meeting and wrote to the Chairman and Dr Armstrong to express his thanks for the update and Tom said that his team would be happy to meet with any other non executive colleagues.</p>	
<p>Dr Armstrong reported that Linda deCaestecker, Director of Public Health is providing a presentation to the Board on flu. She asked that the information contained in the presentation is consistent with the information in the HAIRT and Dr Kennedy agreed to look at this.</p>	
<p>5.2 Bi-Monthly Activity Report for Acute Sector</p>	IK
<p>A copy of the Bi-monthly Activity report for October and November was distributed with the agenda.</p>	

Item	Action
<p>Sandra Devine provided an update on the report and key issues are identified at the front of the document which include:-</p> <ul style="list-style-type: none"> • 48 audits were undertaken in October and November 2017. There was one red audit for the Labour Suite at PRM and a meeting was arranged with the Lead Nurse and this area will be reaudited in three months. • A total of 3799 modules were completed in October & November 2017 for topics related to Infection Prevention & Control. <p>In the report Dr Seaton remarked that the 8th floor at QEUH does not feature in the report. Ann replied that every quarter the sector report includes a rolling year SAB pareto chart which includes this information and is sent to the Chief Nurses.</p> <p>5.3 IPC Work Plan</p> <p>A copy of the IPC Work Plan was distributed with the agenda and a final report will be produced for the meeting in March.</p> <p>Sandra Devine reported on some of the work that is ongoing:-</p> <ul style="list-style-type: none"> • Pamela Joannidis has been doing some work on Urethral Urinary Catheter (UUC) care and completed an audit of compliance with a report being prepared. Pamela updated that a UUC Hub has been created on the IPCT website. The national group have developed a UUC passport and this is being looked at by the Chief Nurses on how to roll this out. <p>5.4 SOPs</p> <p><u>Influenza SOP</u></p> <p>The Influenza SOP has been approved by AICC and PICSG committees. Pamela Joannidis reported that a list of the key changes are listed at the front of the SOP. She said the national guidance states that a positive patient should remain in a single side room for 24 hours and our guidance states 48 hours but this has now been updated to 24 hours. The Aide Memoire is a one page summary of what staff should do with a patient with Influenza and is added as an appendix.</p> <p>Dr Seaton requested that under the section on Treatment and Prophylaxis if the sentences could be reversed with the second sentence listed first and the contact information second.</p> <p>Pamela Joannidis reported that she was asked to create an Emergency Cohort document which has been approved by HPS and PHPU. This document will be presented to the next round of committees for approval. Dr Armstrong said it would be useful to have the Emergency Cohort document with the Influenza SOP and to have this as an appendix. Tom Walsh commented this document was for emergency use only and Dr Seaton suggested it could be mentioned in the SOP that this document exists.</p> <p>With regard to point of care testing Dr Armstrong recommended this was included in the SOP or have this as interim and prepare this for the winter period. Pamela agreed to look at all the points raised.</p> <p><u>The Role of the Infection Control Team in New Builds and Refurbishments</u></p> <p>A late amendment of the above document was issued prior to the meeting. Tom Walsh asked for this document to be approved by the committee and proposed this be reviewed in 2 years. The committee agreed to approve this.</p> <p>5.5 Update to Existing National Infection Prevention and Control Manual</p> <p>Pamela Joannidis reported that currently consultation regarding Appendix 11 is ongoing regarding isolation and respiratory advice as this will have an impact on the use of PPE going forward.</p>	<p>PJ</p>

Item	Action
<p>She said the key changes are in relation of when to wear a FFP3 mask with a patient with TB. She said she is not sure when the changes will come into force but this will have a significant impact on our board. Tom Walsh asked the committee to note the impact in relation to this. Dr Seaton reported that Erica Peters and Alisdair MacConnachie are working on this. Elaine Love advised that Woman & Children directorate are thoughtful about this advice as staff on the front door would be wearing equipment all the time.</p>	
<p>6. Exception Reports and Updates</p>	
<p>6.1 vCJD Group</p> <p>Dr Kennedy reported that the last meeting of the group was cancelled. He said there has been one notification of CJD and a look back exercise is ongoing.</p>	
<p>6.2 Antimicrobial Management Team</p> <p>The next AUC meeting is scheduled to take place in a couple of weeks and a copy of the AUC update for the Area Drugs and Therapeutics Committee (ADTC) was distributed with the agenda.</p>	
<p>Dr Seaton provided an update on the report and some of the work of the Antimicrobial Management Team:-</p> <ul style="list-style-type: none"> • There is a series of drug shortages and Dr Seaton said he prepared a log and there are shortages in 20 key drugs UK wide. • The overall Antimicrobial use in Primary and Secondary care is reducing, but secondary care continue to use more antibiotics. • In relation to “4C” antibiotics Co-amoxiclav in acute sectors has reduced and is used more in Paediatrics, Woman & Children directorate. Cephalosporin is on level. • Trying to target Piperacillin and Tazobactam (Pip-Taz) for restricted use and the levels have come down, but this may due to the shortage of these antibiotics. • Meropenem use is at a low level, but GGC is the second highest user in Scotland for Meropenem. Dr Seaton advised this could be due to more frequent use in Regional Services. • There is a slight increase in the use of Gentamicin. • Temocillin use has increased and there is an initiative to reduce this as it is very expensive with a cost of approximately £600,000 per quarter. Dr Jones asked if there was a reason this has increased so much and Dr Seaton advised that two wards at GRI converted to Temocillin as they no longer use Piperacillin and Tazobactam. • The variation in antibiotic prescribing in Scotland has increased and GGC is higher than other boards, but overall we use more antibiotics. • Difficult to get Aztreonam antibiotic and this has been removed from the guidelines. • The Point Prevalence data is carried out every year with every hospital reviewed which includes approximately 3,000 patients. An overview of all the data was included with the report from AMT. • Data is collected on mixed doses and fed back to governance committees. • There is a national target to reduce antibiotic prescribing by 1% per year. There has been a 14% increase with the volume increasing and discussions are ongoing in ED departments regarding their prescribing and education is being carried out to try to reduce this. • Hospitals are trying to reduce Carbapenem and Pip-Taz prescribing by 1% per annum. Dr Seaton reported that Carbapenem has decreased by nearly 20% in 2017 and Pip-Taz has decreased by 42% in 2017. • An audit of 200 patients on antibiotics was carried out. The review included how many patients switched from oral to antibiotics on day 3. 	

Item	Action
<p>It was noted that $\frac{3}{4}$ of the patients were still on antibiotics on day 3 and Dr Seaton said he would expect this figure to be about 50%. 30% of the patients had no reason for this and no evidence of an antibiotic review. He said they will carry out improvement work to address this. Dr Armstrong suggested the SAB group could look at this and Dr Seaton stated this was discussed at AICC.</p> <ul style="list-style-type: none"> • In Primary Care there has been a reduction in prescribing for the last four consecutive years, which has led to overall reduction in prescribing. • The volume of prescribing in HSCP has reduced and the primary care volume trend in 4C Antibacterials is sustained. Dr Seaton reported that they prescribe a fixed course of duration and work is ongoing nationally on how to address this. <p>Dr Jones asked with regards to the whiteboard is there any way to find out how many patients have a PVC or IV. Elaine Love informed that this information might be available. She said she will discuss this with the Chief Nurses. Dr Armstrong requested that this is fed back to the SAB group.</p>	EL
<p>6.3 Acute Infection Control Committee (AICC) The minutes for the Acute Infection Control Committee held in November and the agenda for the meeting in January were distributed to the group and noted.</p> <p>6.4 Partnership Infection Control Support Group (PICSG) The group noted the minutes of the PICSG meeting in November.</p> <p>6.5 Recent Outbreaks/Incidents Sandra Devine provided an overview of recent outbreaks and incidents:-</p> <ul style="list-style-type: none"> • In the Burns Unit, Glasgow Royal Infirmary there were 3 cases of Meropenem Resistant Pseudomonas Aeruginosa and all patients have been discharged. • There were two cases of possible CPE in relation to Klebsiella in Ward 64, QEUH. The patient who was the index case had been abroad in 2014 and was positive for CPE and then was transferred to QEUH from Ayrshire & Arran but this information was not passed to medical staff at time of admission. All contacts of the patients were screened and they all tested negative. A meeting was held to discuss this and HPS were in attendance by teleconference and it was agreed to screen the patients that were discharged. The HIIAT for this was green. • PICU had two cases of Pseudomonas and the antibiograms looked similar. The HIIAT for this has now been classed as green as both patients are better. <p>6.6 HEI Steering Group There have been no recent inspections and Tom Walsh advised that the inspectors are reviewing their methodology regarding the themed approach to HEI inspections.</p>	
<p>7. New Business / Documents Received</p> <p>7.1 Scottish One Health Antimicrobial Use and Antimicrobial Resistance Report 2016 The documents relating to the above report were distributed with the agenda.</p> <p>Dr Seaton reported that this is the first report from Health Protection Scotland that describes a range of AMR and antimicrobial use (AMU) data in human, and for the first time, animal infections. He commented that the data regarding animal infections is not well developed and has no relevance to us in human health.</p> <p>7.2 HPS Quarterly Reports Copies of the quarterly reports for SAB and CDI from Health Protection Scotland were issued with the agenda.</p> <p>Tom Walsh stated that the memo issued from HPS describes the detail associated with the new denominators.</p>	

Item	Action
<p>The new harmonised denominators for SAB, CDI and ECB was implemented for data collected from 1 April 2017. SAB & ECB cases that have been categorised as community infection and unknown origin of infection will be grouped together and standardised by population size. Unknown cases for CDI will be included in the Healthcare Associated Infection rate which is measured against occupied bed days. Sandra Devine will produce a summary of these cases for discussion at AICC.</p> <p>Dr Kennedy reported that he looked at our long term trend on CDI and reviewed 33 cases on Portal. From this he was able to remove a further 4 cases which brought the total down to 29 and 19 of these cases had enough prescribing information to look at the risk factors. Only 40% were over 65 years of age and had other co-morbidities.</p> <p>A meeting will be held with HPS on 5th February regarding the exclusion of these cases and to seek clarification regarding the change of data in denominators.</p> <p>7.3 Clinical & Care Governance Committee – Report on Concerns Raised re QEUH and RHC</p> <p>A copy of a report that was presented to the Clinical & Care Governance Committee was issued with the agenda. Dr Armstrong stated that three Consultant Microbiologists raised concerns in relation to rooms at QEUH and RHC.</p> <p>Sandra Devine reported that the key themes raised by the Consultants included:-</p> <ul style="list-style-type: none"> - Positive Pressured Ventilated Lobbied (PPVL) Isolation Rooms. - Royal Hospital for Children (RHC) – Protective Isolation – Haematology Oncology Unit. - RHC – HEPA filters in Paediatric Intensive Care Unit (PICU). - Queen Elizabeth University Hospital (QEUH) – Ward 4B – Upgrade to the Haematology Ward. - Single Room Specification and Location of Areas that can be used for Protective Isolation. - Cleaning of QEUH, RHC and Office Block - Cleaning of Dishwashers in QEUH and RHC linked to a potential outbreak of Exophiala - Water Quality and Water Testing - Plumbing in the Neurosurgical Block - Decontamination of Respiratory Equipment - Structure of the Infection Prevention and Control Team <p>A meeting was held on 4th October 2017 with Board and Acute Directors including the Board Director of Facilities, the Chief of Medicine for Diagnostics and members of the IPCT Senior Management team to discuss the concerns of the Consultants. An action Plan setting out the current situation and the steps taken to address the issues was implemented. Sandra also confirmed the minutes of the meeting were tabled at the Board Clinical Governance and Clinical & Care Governance Committees.</p> <p>With regards to the air changes mentioned in Item 17 on the Action Plan Dr Inkster said that she will look at the points in the document and this will be presented to the AICC meeting in March.</p>	
<p>8. Update from Public Health Protection Unit</p> <p>The committee noted the report from PHPU which was distributed prior to the meeting.</p>	
<p>9. Review of Actions</p> <ul style="list-style-type: none"> • Dr Inkster to discuss with Jen Rodgers the two rooms available for MERS/MDR TB patients. • Dr Armstrong asked for an update regarding the quote for the negative pressure room in QEUH. Alan Stewart agreed to check this with Mary Anne Kane. 	<p>TI</p>

Item	Action
<ul style="list-style-type: none"> • The SAB group is to be reformed and it was agreed that a small group be set up to include Tom Walsh, Dr Inkster, Dr Jones, Dr Seaton, Dr Kennedy, Sandra Devine, Pamela Joannidis and Ann Kerr. Tom Walsh to arrange this. • Dr Kennedy to check the information contained in the presentation to the board by Director of Public Health regarding flu is the same as the information in the HIART. • Dr Jones asked with regards to the whiteboard is there any way to find out how many patients have a PVC or CVC. Elaine Love informed that this information is available and will discuss this with the Chief Nurses. • With regards to the air changes mentioned in Item 17 on the Action Plan Dr Inkster said that she will look at the points in the document and this will be presented to the AICC meeting in March. • Tom Walsh to arrange for the Surveillance Nurses to have access to BadgerNet. 	
<p>10. AOCB</p> <ul style="list-style-type: none"> • Sandra Devine said that she has requested several times for the Surveillance Nurses in her department to have access to BadgerNet but this is proving difficult. She said she has spoken to Kevin Hill and Michelle McLaughlin but the nurses still do not have access and she said this may prove difficult if they cannot access this for notes. Tom Walsh agreed to take this forward. 	TW
<p>11. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Wednesday 28th March 2018 at 2.00pm and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Wednesday 28th March 2018 at 12.00noon in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Iain Kennedy	Consultant, Public Health
Dr Chris Jones	Chief of Medicine
Elaine Burt	Chief Nurse
Sandra Devine	Associate Nurse Director, Infection Prevention & Control
Mary Anne Kane	Associate Director of Facilities
Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Liz McGovern	Specialist Pharmaceutical Public Health
Dr Teresa Inkster	Lead Infection Control Doctor
Suzanne Clark	Lay Representative

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Rosie Hague	Rona Wall	Tom Walsh	Mags McGuire
Elaine Love	Dr Andrew Seaton	Alan Stewart	Kenneth Fleming

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 31st January 2018 The minutes of the previous meeting held on 31st January 2018 were agreed as an accurate record.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p>Actions Update</p> <ul style="list-style-type: none"> Jennifer Rodgers is to check with other UK health boards that have Paediatric BMT units to compare GG&C CLABSI median rate of 6.33. <u>Update</u> – Data has been received from other centres and it was agreed to ask Jen Rodgers for an update. Dr Armstrong asked for an update regarding the quote for the negative pressure room in QEUH. Alan Stewart agreed to check this with Mary Anne Kane. <u>Update</u> – Mary Anne Kane reported that Ian Powrie did have costs associated with the two additional rooms in Ward 2A but there has been nothing identified in the Capital Plan. This was discussed at the Acute Directors meeting and funding has been approved by SMT. She said that she will forward the update to Ann Lang to issue to the group within the next 2 weeks The SAB group is to be reformed. <u>Update</u> – A meeting was scheduled for 20th March 2018 but was cancelled due to the weather and Tom Walsh to arrange another meeting. 	<p>TI</p> <p>MAK</p> <p>TW</p>

Item	Action
<ul style="list-style-type: none"> • Dr Jones asked with regards to the whiteboard is there any way to find out how many patients have a PVC or CVC. Elaine Love informed that this information is available and will discuss this with the Chief Nurses. <u>Update</u> – Sandra Devine advised that this was going to be discussed at the SAB group meeting. Elaine Burt agreed to raise this at the next Chief Nurses meeting on 9th April and Dr Jones advised that he will take this to the Chiefs of Medicine meeting. It was agreed that the implementation of the white board would take precedence to enable patients with cannulae to be clearly identified • With regards to the air changes mentioned in Item 17 on the Action Plan Dr Inkster said that she will look at the points in the document and this will be presented to the AICC meeting in March. <u>Update</u> – Dr Inkster reported that a paper was sent to the Microbiologists and AICC regarding all issues raised. A risk assessment and other pertinent information have now been added to the document. 	EB/ CJ
<p>4. Matters arising Nil.</p>	
<p>5. Standing Agenda Items</p>	
<p>5.1 HAI Reporting Template (HAIRT) – February 2018</p>	
<p>The HAIRT report for February 2018 was distributed with the agenda. Sandra Devine reported that for Quarter 3 (July – September 2017) GGC were below the national rate with 106 cases. For Quarter 4 there are 116 cases although this data has not been validated.</p>	
<p>In relation to CDI GGC had 132 cases which is above the national rate and HEAT requirements and for Quarter 4 there are 95 cases.</p>	
<p>HPS emailed to say that GGC have been highlighted as an exception in community associated E. coli bacteraemias and above the 95% confidence interval upper limit for this quarter and the last. An Action Plan was drawn up with Public Health and a SBAR was submitted to HPS as requested.</p>	
<p>Caesarean section procedures this quarter had a lower SSI rate than the national average. For hip arthroplasty GGC was above the national average but within the national confidence intervals.</p>	
<p>The CRA compliance for MRSA Screening for Q4 (October – December 2017) in GGC was 89%.</p>	
<p>Dr Kennedy commented that the detailed prescribing information for Quarter 3 was approved by the GP Prescribing Group.</p>	
<p>With regards to future copies of the HAIRT Dr Armstrong requested that a copy of the draft report is issued to the group for comments prior to being submitted to the NHS Board. Sandra agreed to look into this, but commented that embargoed data from HPS cannot be included until after the embargoed date.</p>	SD
<p>5.2 Bi-Monthly Activity Report for Acute Sector</p>	
<p>A copy of the Bi-monthly Activity report for December 2017 and January 2018 was distributed with the agenda.</p>	
<p>Dr Jones provided an update on the report and key issues are identified at the front of the document which include:-</p>	
<ul style="list-style-type: none"> • 22 ward closures across 6 hospitals, 18 in December 2017 and 4 in January 2018. • 41% of all hospital acquired SABs reported in December and January were associated with an IV access device and 29% of these cases have no known source. 	

Item	Action
<ul style="list-style-type: none"> A total of 3762 Learnpro modules were completed for topics relating to Infection Prevention & Control. 83% of these modules were undertaken by nursing and midwifery staff. Dr Armstrong reported that some of the modules are mandatory for all staff and said that discussion needs to take place on how the rate for doctors can be increased. Dr Jones agreed to table this at the next Chiefs of Medicine meeting and highlight how few doctors are completing the training. Dr Jones would report back on the discussions. 	CJ
<p>5.3 IPC Work Plan</p> <p>A copy of the new IPC Work Plan for 2018/19 was distributed with the agenda and Sandra Devine reported that this includes some new initiatives.</p> <p>The Work Plan includes some work on Urethral Urinary Catheter (UUC) care and a UUC passport is being looked at by the Chief Nurses on how and if this will be rolled out in acute care.</p> <p>Dr Armstrong suggested that the water issue is included in the Work Plan and to include the terms of reference for the Water Group and how it reports to BICC and Health and Safety group. Mary Anne Kane recommended also putting in a review of structures on what sub groups are reported to BICC.</p> <p>Liz McGovern suggested that the Whiteboard is also entered into the Work Plan or included in the SAB Action Plan.</p>	SD
<p>5.4 SOPs</p> <p><u>CDI SOP</u></p> <p>A copy of the CDI SOP for Children aged 3-16 years was distributed with the agenda.</p> <p>Pamela Joannidis reported that a note of the key changes are listed at the front of the SOP and stated this SOP was in draft format awaiting updated guidance from HPS. She said there are minor changes to the wording in section 3, additional sections and the inclusion of an Aide Memoire are incorporate in the SOP.</p> <p>Suzanne Clark requested that on page 10 under the section on Reporting of Severe Cases of CDI to take out the second wording of "Deaths due to CDI (Underlying or Contributing)".</p> <p>With this change the committee approved the SOP.</p> <p><u>Decontamination SOP</u></p> <p>The wording in the Decontamination SOP has been updated with regards to the use of single - use and single patient use equipment. The committee approved the SOP.</p> <p><u>Education Strategy</u></p> <p>The Education Strategy has been updated with the addition of a new self directed learning module on Standard Infection Control Training as part of Statutory and Mandatory training for NHS GGC staff. It also includes changes to modules available for on-line training and recommendations aligned to NES Staff Groups Matrix</p> <p>Pamela Joannidis reported that you can now go back into the assessment to see what sections a person may have failed on in the module as it now details all the questions that were asked. There is some debate that the module might not be relevant for some staff.</p>	

Item	Action
<p>5.5 Update to Existing National Infection Prevention and Control Manual (NIPCM) In relation to the National Infection Prevention and Control Manual Pamela Joannidis reported that a number of changes have been made to the Aide Memoire for application of Transmission Based Precautions (TBPs) in Appendix 11 and Chapter 2 of the Manual published on 9th February 2018. She said that no impact assessment was carried out nationally and it is anticipated that the cost of respiratory protective equipment (RPE) and domestic services will increase with the introduction of this update.</p> <p>In light of the comments received, HPS have issued an email to amend parts of Appendix 11 which includes the removal of the requirement to carry out twice daily cleans. HPS have added in wearing masks for routine care whereby in the past the manual said to carry out a risk assessment. Sandra Devine commented that this will have implications in Paediatrics where all staff would need to wear a mask much more frequently. She did point out that this refers to acute care and not GP practices and outpatients. Dr Kennedy also stated that there will be a cost implication regarding the number of masks being used and for the fit testing to be carried out for this. There seemed to be a lack of evidence and risk assessment for this policy</p> <p>Sandra confirmed that all comments from GGC were sent to HPS but GGC received no response. She said that she is a representative on the SEND Group and Dr Inkster chairs the Consensus Group. Dr Kennedy stated that he could ask the CPHM group to write nationally to the Consensus Group about this. Dr Inkster, Sandra Devine and Dr Kennedy would report back to the BICC on this issue.</p>	<p>IK TI/SD/ IK</p>
<p>6. Exception Reports and Updates</p> <p>Update on Water Incident at QEUH and RHC Dr Inkster provided an update on the water incident at QEUH and RHC.</p> <p>In GGC water testing is fully compliant with national guidance Dr Inkster said that the microbiologists receive all the results both routine and those requested during outbreaks of water borne bacteria. The board also carries out a yearly risk assessment for areas that are not included in the guidance but who might benefit from additional water testing. On this occasion it was a routine investigation into a unusual type of bacteria found in a clinical case that lead to additional testing and the finding of positive results in Ward 2a. Dr Inkster said initially the focus was on testing the water in Ward 2A but the issue is now widespread and they have positive results for RHC hospital and in Ward 4B, QEUH.</p> <p>The background to this incident was that there was a Cupriavidus bacteria isolated from a blood culture in a patient who had received antibiotic prepared in the Aseptic unit in January. Dr Inkster reported that this organism is a water borne pathogen and the focus was to start sampling in the aseptic unit which was found to be negative. Further investigation revealed that this patient had been nursed in Ward 2A. Cupriavidus was found in the water samples from Ward 2A and the taps and the outlets. Dosing of the unit with a chemical sanitiser was completed.</p> <p>From 15th March onwards four patients developed Stenotrophomonas and three of these patients were in Ward 2A and one patient in PICU. There was no link regarding the patient in PICU and this patient was deemed to be not part of the investigation.</p> <p>Dr Inkster reported that positive water results have been identified in every floor in RHC and Ward 4B, QEUH. Scottish Water results were negative and there were negative results from the main storage tank. Dr Inkster advised that initial thoughts are that this could have come from the time of commissioning the hospital and the flushing of taps at the beginning.</p>	

Item	Action
<p>With regards to the epidemiology there have been three cases of Cupriavidus since the hospital opened in 2015. Dr Inkster reported that Stenotrophomonas has definitely spiked in March. She said there appears to be a strong link to the water in the showers.</p> <p>Dr Inkster advised that they are waiting on typing to come back from the reference lab in Colindale. HPS and Dr Kennedy are looking at the epidemiology and waiting on further guidance from HPS. She said they are also looking at other organisms and comparisons with other boards as it is unusual to have this level of bacteria in a hospital water supply.</p> <p>Mary Anne Kane reported that the taps we are using were evaluated with HPS and HFS prior to being fitted in QEUH. There have been issues subsequently identified with flow straighteners, however the types of taps that GGC have the flow straighteners cannot be removed and the whole tap would need to be replaced. She said they are working with the manufacturer on how to address this if the whole unit needs to be changed.</p> <p>Ongoing work includes extra precautions in place with bottled water available and portable sinks were brought in. Shower heads were changed and filters were installed in the outlets. A meeting was held yesterday and Mary Anne confirmed the filters are working on the outlets so the control measures were lifted. Advice from HPS and HFS is being sought regarding short and long term solutions. Dr Armstrong asked if there was a clear process going forward. Mary Anne replied that she and Dr Inkster met with HPS and HFS to discuss both short and long term solutions. She advised that in terms of a long term strategy dosing of the system may be an option but a feasibility study and tender will need to be agreed for this. It has been agreed to do monthly replacement of the filters in Wards 2A and 4B and in BMT this will be carried out weekly. Dr Armstrong suggested admin support is required for this work and to have involvement with Public Health and Infection Control. Dr Inkster stated that they want an external expert to come on board to help with the recommendations and information will be presented to the relevant board governance structure and the Acute Services Committee. Once all information is gathered Dr Armstrong requested that Mary Anne Kane keeps the executive team and the board updated on progress.</p>	MAK
<p>6.1 vCJD Group</p> <p>Dr Kennedy reported that they have received four notifications of possible CJD. Three of these cases have been closed and one case is being looking into.</p> <p>He said that he met with Aileen Campbell to discuss the nursing documentation and to maybe look at asking the question regarding CJD in Ophthalmology.</p>	
<p>6.2 Antimicrobial Management Team</p> <p>There was no update to provide as Dr Seaton sent his apologies for the meeting.</p>	
<p>6.3 Acute Infection Control Committee (AICC)</p> <p>The last meeting of the Acute Infection Control Committee in March was postponed due to the weather.</p> <p>A copy of the minutes for the meeting in January was distributed to the group. Dr Armstrong commented on the number of apologies given and noted that there were no representatives from north and south to discuss any issues.</p> <p>Dr Jones confirmed that future meetings of AICC have been rescheduled with the date and time being changed and he said they are also looking at having webex available for these meetings.</p>	

Item	Action
<p>6.4 Partnership Infection Control Support Group (PICSG) With regards to the membership of PICSG Sandra Devine reported that since Mairi Brannigan retired there has not been a representative to chair this meeting and this has recently been chaired by Infection Control. Dr Kennedy noted that there was no representation from five HSCPs at the last meeting.</p> <p>Dr Armstrong advised that the Chief Officers Group meet on the fourth Thursday of the month and she recommended that Tom Walsh write to this group or maybe attend one of their meetings as this is a risk if there is not proper representation at PICSG meetings.</p>	<p>TW/ SD</p>
<p>6.5 Recent Outbreaks/Incidents As discussed earlier in meeting.</p>	
<p>6.6 HEI Steering Group The group have not met recently as there have been no inspections. Pamela Joannidis advised that there is no update regarding the inspectors reviewing their methodology on themed approach to HEI inspections. The next meeting is scheduled for 12th April.</p>	
<p>7. New Business / Documents Received</p>	
<p>7.1 Annual Infection Prevention & Control Programme The draft Annual IPC Programme was distributed with the agenda and Sandra Devine reported that this is completed every year. She said the Annual Report will be brought to the next committee and this details on how we have progressed during the last year.</p> <p>Sandra said to note that there is a change to the denominators and there will not be a Heat Target anymore. This will start to be reported in the next HAIRT.</p>	
<p>7.2 Patient Pathway for MDRTB/MERs, RHC A copy of an SBAR for patient pathway in RHC was discussed.</p> <p>Dr Inkster reported that the patient pathway is similar to the one for adult patients. She stated that there was concern regarding the suitability/safety of positive pressure ventilated lobby (PPVL) isolation rooms in RHC for patients with airborne infections.</p> <p>CDC have recommended that a MERS patient would need a negative pressure room. Dr Inkster said she had discussions with Dr Hague regarding the risks and to maybe move Paediatric patients elsewhere but it was agreed to continue to nurse a Paediatric patient with MERS at the room at the front door. She informed that two rooms are planned to be upgraded to negative pressure rooms and these will be in CDU and PICU.</p> <p>Dr Kennedy stated that in the HPS document regarding a MERS patient, the transfer should only be for clinical reason. He said that he met with Dr Erica Peters, Consultant Physician and Lynn Pritchard, Lead Nurse Infection Control to discuss how to get the pathways that have already been agreed and to look at a broader pathway. He suggested that the Emerging Pathogens Group should discuss this and take this to the appropriate governance and the timescale to do this is before August. Dr Armstrong recommended that there is a link with Woman & Children directorate and AICC regarding this.</p>	<p>IK</p>
<p>7.3 Water Group – Terms of Reference A copy of the Terms of Reference for the Water Group were issued with the agenda and noted. It was agreed that these would be reviewed as part of the annual work programme and take account of any local or national advice on water safety.</p>	

Item	Action
<p>8. Update from Public Health Protection Unit</p> <p>Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • Staff flu vaccination rate is currently at 40.5%. A final report regarding the flu will be presented to the Corporate Management Team on 13th April. • There have been changes to the recommendation on prophylaxis in that if a patient had any cephalosporin they would not require prophylaxis. • In England convalescent serology (enhanced surveillance for under 5s) is being carried out and Dr Kennedy will look into this. • With regards to the fire in Sauchiehall Street Public Health have provided assurance regarding the risk of asbestos. • There has been a norovirus outbreak in a residential home and the responsibility for this has transferred to HSCP. Dr Kennedy is to meet with Social Work at Glasgow City Council at the end of April to discuss this. 	
<p>9. Review of Actions</p> <ul style="list-style-type: none"> • Dr Inkster to ask Jennifer Rodgers for an update on the data received from other UK health boards that have Paediatric BMT units to compare GG&C CLABSI median rate of 6.33. • Mary Anne Kane to forward the information regarding the quote for the negative pressure rooms in QEUH as a matter of urgency. • Due to the last SAB meeting being postponed Tom Walsh to arrange another meeting. • Elaine Burt to raise with the Chief Nurses how many patients have had a PVC or CVC which is available on the whiteboard. Dr Jones to also take this to the Chiefs of Medicine meeting. • Sandra Devine to look at future draft copies of the HAIRT being presented to BICC prior to submission to the NHS Board for approval. • Dr Jones to table the mandatory training for medics at the next Chiefs of Medicine meeting and report back on the discussions. • The water issue to be included in the Work Plan as well as the Terms of Reference for the Water Group and how it reports to BICC and Health and Safety Group. • Dr Kennedy to ask the CPHM group to write nationally to the Consensus Group regarding wearing masks for routine care and the cost implication for these. Dr Inkster, Sandra Devine and Dr Kennedy to report back to the BICC on this issue. • Mary Anne Kane to keep the executive team and the board updated on progress with the water issue. • With regards to the chair of PICSG and representation at these meetings Tom Walsh is to write or attend the Chief Officers Group to discuss this. • Dr Kennedy to discuss the patient pathway for a MERS patient with the Emerging Pathogens Group. 	
<p>10. AOCB</p> <p>Nil.</p>	
<p>11. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Wednesday 23rd May 2018 at 2.00pm and will be held in Meeting Room D, Ground Floor, J B Russell House, GRH.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Wednesday 23rd May 2018 at 2.00pm in
Meeting Room 1, West House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Iain Kennedy	Consultant, Public Health
Dr Chris Jones	Chief of Medicine
Tom Walsh	Infection Control Manager
Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Liz McGovern	Specialist Pharmaceutical Public Health
Dr Teresa Inkster	Lead Infection Control Doctor
Dr Rosie Hague	Consultant in Paediatrics ID
Kate Hamilton	Lead Infection Control Nurse
Kenneth Fleming	Head of Health & Safety
Dr Andrew Seaton	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
Alan Stewart	Head of Decontamination
Jen Rodgers	Chief Nurse Neonatal, Children and Young People's Services

In Attendance

Ann Lang (minutes)

Apologies received:

Sandra Devine Suzanne Clark Mags McGuire Rona Wall

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 28th March 2018 The minutes of the previous meeting held on 28th March 2018 were agreed as an accurate record with the following amendment:-</p> <p>Page 1, Item 3, bp2 – should read “Ian Powrie did have costs associated with the additional rooms in CDU, 2C and PICU”</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p>Actions Update</p> <ul style="list-style-type: none"> Jennifer Rodgers is to check with other UK health authorities that have Paediatric BMT units to compare GG&C CLABSI median rate of 6.33. Data has been requested from other centres and it was agreed to ask Jen Rodgers for an update. <u>Update</u> – Jen Rodgers informed that she does not have a contact willing to provide this level of data. It was agreed that any agreements made locally by the IPCT not to adhere to the national manual must go through the AICC and BICC and submitted in writing to HPS. <u>Update</u> – The TB SOP is being reviewed in line with the new guidance and has been sent to Erica Peters for comments and will be sent to the next round of committees for approval. Pamela Joannidis advised that there is nothing in writing to say that Appendix 11 is mandatory and this has been fed back to the Policy Unit. 	

Item	Action
<ul style="list-style-type: none"> • Dr Armstrong asked for an update regarding the quote for the negative pressure room in QEUH. Alan Stewart agreed to check this with Mary Anne Kane. <u>Update</u> – This has been incorporated into the Acute Capital Plan and will be completed this year. Dr Inkster confirmed that 7 additional rooms have been agreed with 4 in Adults and 3 in Paediatrics. • Dr Jones asked for an update on using whiteboards to record patients with a PVC or CVC. Elaine Love informed that this information is available and will discuss this with the Chief Nurses. <u>Update</u> – Jen Rodgers updated that the Chief Nurses agreed this in principle and she will follow this up on what process was agreed. Dr Armstrong reported that she met with the Chief Executive last night and said we need to understand why this information is not being put onto the whiteboard. Dr Seaton commented that this needs high level leadership e.g. medical and nursing stewardship. At the SAB group it was agreed to prepare a business case as NHS Grampian, Tayside, Dumfries and Galloway and Lothian all have nurse practitioners responsible for antimicrobial stewardship. This post would be a board wide appointment and would act as a link for all areas. Dr Armstrong asked Dr Seaton to discuss with Janice Watt to prepare case. She also suggested that Dr Seaton, Dr Jones, Dr Inkster, Dr Kennedy, Jen Rodgers and Pamela Joannidis do a BT meet me call to discuss possible savings and use this to develop a case for nurse practitioner. • Dr Jones to table the mandatory training for medics at the next Chiefs of Medicine meeting and report back on the discussions. <u>Update</u> – The training for medics was not discussed at the last Chiefs of Medicine meeting. It was noted that 136 medics have completed the mandatory SICPs learning module. Kenneth Fleming advised that Jonathan Best issued an email regarding mandatory training for medical staff and agreed to forward this to Dr Jones. • Water Safety to be included in the Work Plan as well as the Terms of Reference for the Water Group and how it reports to BICC and Health and Safety Group. <u>Update</u> – Water Safety has been included in the Work Plan. Dr Armstrong asked that the lessons learned from recent water issues were reviewed and a plan prepared to address these for review at the Board Water Group then BICC. • Dr Kennedy to ask the CPHM group to write nationally to the Consensus Group regarding wearing masks for routine care and the cost implication for these. Dr Inkster, Sandra Devine and Dr Kennedy to report back to the BICC on this issue. <u>Update</u> – Dr Kennedy advised that the CPHM are meeting on 14th June and this issue is on the agenda. HPS will also be attending the meeting. • With regards to the chair of PICSG and representation at these meetings Tom Walsh is to write and/or attend the Chief Officers Group to discuss this. <u>Update</u> – Tom Walsh reported that the Chief Nurse for East Dunbartonshire will take this forward and that he had written to HSCPs Chief Officers to confirm representation. 	<p>JR</p> <p>AS</p> <p>AS/CJ/ TI/JR/TI /PJ</p> <p>KF</p>
<p>4. Matters arising Nil.</p>	
<p>5. Standing Agenda Items</p>	
<p>5.1 Draft HAI Reporting Template (HAIRT) for NHS Board Meeting – 26th June 2018 The draft HAIRT report for the next NHS Board meeting on 26th June 2018 was distributed with the agenda. Tom Walsh reported that this report is in draft format until it has been approved at the NHS Board meeting.</p> <p>He said there is a change to the format due to the change in HPS reporting denominators. The rates for SAB and CDI will be split into healthcare associated infection and community infection and the reports will now be published in the new format.</p>	

Item	Action
<p>Tom Walsh reported that for the quarter October – December 2017 the SAB rate for healthcare associated infection is 20.1 per 100,000 occupied bed days and the rate for the community associated cases is 9.6 per 100,000 population. With regards to the HEAT Targets for SABs GGC's rate is 34.5 compared to the national rate of 32.3 and the LDP rate is 24.0. The CDI rate for healthcare associated infection is 15.3 and for community associated cases the rate is 7.5.</p> <p>With regards to norovirus Tom Walsh stated that we are still seeing more than expected for this time of year.</p> <p>The SSI rate is above the national average but within the confidence intervals.</p> <p>In the most recent national report on the National Cleaning Specification all areas within GGC scored green.</p> <p>Dr Kennedy stated that on page one in the last paragraph regarding CDI this should say acute bed days instead of non acute bed days. Tom Walsh asked if there are any other comments regarding this document to let him know.</p> <p>It was noted that GGC are second highest for the SAB rate in Scotland and Dr Armstrong said that there needs to be more narrative regarding trends and to describe how we intend to address this. Dr Seaton asked if we were possibly carrying out more blood cultures and that is why we are detecting more SABs.</p> <p>Tom Walsh reported that a SAB Summit has been arranged for 22nd June with NHS Lothian and NHS Ayrshire & Arran. SABs will also be discussed at the next Clinical & Care Governance Committee on 12th June with Dr Jones attending.</p> <p>Dr Armstrong said that it would be helpful to have the first quarter results and perhaps for Dr Iain Kennedy to attend the next NHS Board meeting.</p>	
<p>5.2 Monthly Activity Report for Acute Clinical Governance Committee</p> <p>A copy of the Monthly Activity report for the Acute Clinical Governance Committee was distributed with the agenda.</p> <p>Pamela Joannidis provided an update on the report and key issues are identified at the front of the document which include:-</p> <ul style="list-style-type: none"> • 23 Safe IPC Practice in Acute Care audits were undertaken in March 2018. 1 ward scored red in the Safe Patient Environment (SPE) section of the IPCAT. • 58% of applicable clinical audits scored 65% or less in the Quality Improvement section of the Infection Prevention and Control Audit (IPCAT) and this is considered to be a red score. <p>In relation to the return of Action Plans Dr Kennedy asked how many Action Plans were completed. Pamela Joannidis replied that the Synbiotix system that produces the Action Plans issues a copy to the Ward Manager and a reminder email is also sent. The reporting timeline of closing off action plans is reported in the monthly activity report which is distributed to managers throughout GG&C.</p>	
<p>5.3 IPC Work Plan</p> <p>A copy of the IPC Work Plan for 2018/19 was distributed with the agenda and Pamela Joannidis updated on the following:-</p> <ul style="list-style-type: none"> • The Decontamination Tool is almost complete and will be tested in June. • Agreed Terms of Reference and Work Plan for reconvened <i>Staphylococcus aureus</i> bacteraemia (SAB) Steering Group. • An SBAR for SABs has been completed and will be presented to the Clinical & Care Governance Committee. 	

Item	Action
<ul style="list-style-type: none"> • Visited HPS to demonstrate the Synbiotix audit tool. The NHS Scotland National (IPC) Monitoring Framework has yet to be issued by HPS. • The Standard Infection Control Precautions (SICPs) has been revised and will be reviewed in 3 months time instead of 6 months time. • With regards to Excellence in Care quality improvement work has been undertaken in ARU. • A new topic is Water Safety Group and the Terms of Reference are included in the Work Plan. The next meeting of the group is scheduled for the end of the month. • To develop SOPs in relation to Appendix 13 of the national manual. • New LDP standard to consider a plan to reduce e-coli bacteraemia cases by 50%. • Evaluate the resource impact on collecting additional mandatory data regarding <i>Klebsiella</i> and <i>Pseudomonas</i> bacteraemias. 	
<p>5.4 SOPs</p> <p><u>RSV SOP</u> A copy of the Respiratory syncytial virus (RSV) SOP was distributed with the agenda.</p> <p>Pamela Joannidis reported that a note of the key changes are listed at the front of the SOP and the wording to sections on PPE, Precautions Required Until, Screening and Specimens have been updated.</p> <p>Additional wording to the Risk Assessment in Appendix 1 has been added.</p> <p>With regards to FFP3 respirators it states these should not be removed until 20 minutes following an aerosol generating procedure, but in RHC and QEUH tower this should be 2 hours. Dr Armstrong queried why it is 2 hours in RHC and QEUH and only 20 minutes in other hospitals. Dr Inkster updated that the only guidance available is CDC definitive which states 1 hour for 6 air changes, but she agreed to look into this. Dr Kennedy said that he has a document on bronchoscopy which relates to this and will forward this to Dr Inkster. Dr Armstrong asked for Dr Inkster/Dr Kennedy to review and issue a conclusion.</p> <p><u>Staff Screening SOP</u> The wording in the Staff Screening SOP has been updated with regards to the rationale for screening and the screening process. The committee approved the SOP.</p> <p><u>Influenza SOP (with cohorting)</u> The Committee approved the Influenza (FLU) Cohort Nursing Aide Memoire which will be included at the back of the Influenza SOP.</p> <p><u>Minimising the Risk of Pseudomonas Aeruginosa Infection from Water</u> Pamela Joannidis reported that the above SOP is reviewed every year.</p> <p>The changes include:-</p> <ul style="list-style-type: none"> - An additional comment regarding the cleaning of humidification tanks. - A change from water sampling in all high risk areas to 'Those high risk areas in NHS GGC which have flow straighteners on water outlets in patient areas'. - Revised Pseudomonas Aeruginosa audit / checklist <p>The committee approved the SOP.</p> <p><u>Risk Assessment Form Water Safety</u> The Risk Assessment Form was approved by the committee.</p>	<p>TI IK</p> <p>TI/IK</p>

Item	Action
<p>6. Exception Reports and Updates</p> <p>6.1 vCJD Group</p> <p>The CJD Group met yesterday and Dr Kennedy said they updated on the implementation of the NICE guidance in adult neuro. The surgeons have said that have looked at the volume and space required and cannot start this until the new theatres are available. Dr Inkster confirmed that Infection Control have signed off the plans for the new theatres and Dr Kennedy said they are due to open in April.</p> <p>At the CJD meeting discussion took place regarding education and training and to have a Learnpro module on CJD.</p> <p>6.2 Antimicrobial Management Team</p> <p>Dr Seaton provided an update on some of the ongoing work of the Antimicrobial Management Team. He said the last meeting was cancelled due to the weather and the next meeting is scheduled for tomorrow.</p> <ul style="list-style-type: none"> - The IV to oral switch guidelines have been agreed and were launched in the last couple of weeks. This has been issued via the Chiefs of Medicine, Pharmacy and the nursing network. - There is focus on expenditure of antibiotics as a lot more is being spent on IV agents. PPS reports have highlighted that in 2017 patients were on antibiotics for approximately 4.7 days and the median has gone up to 3 days. - Quality improvement work is ongoing in wards on the acute sites to promote 72 hour review of patient's antibiotics. Since this has started in wards there has been a progressive improvement in reviews being carried out. Dr Armstrong commented that at a recent COM meeting, one of the COM asked that if you start IV on a Thursday or Friday how does the review of this work at the weekend as this needs to be done systematically. Dr Jones suggested this was discussed at the handover and is something that can be picked up via the SAB Group. Dr Seaton proposed to trial this in a few areas and to have criteria for IV led switch and suggested this was discussed at the huddle on a Friday which would cover the weekend. Dr Jones and Dr Seaton to develop a proposal with the SAB Group. <p>6.3 Acute Infection Control Committee (AICC)</p> <p>A copy of the agenda and minutes for the meeting in April were distributed with the agenda.</p> <p>Dr Jones reported that they discussed antibiotic prophylaxis re-dosing of patients during bowel operations that last over 4 hours. He said our rates are poor for this and Infection Prevention and Control are looking into this.</p> <p>Looking at the attendance for this meeting Dr Armstrong recommended that there needs to be a requirement for other Chiefs of Medicine to attend this meeting given the issues of IC. Tom Walsh advised that each Director for each sector had nominated a representative to attend.</p> <p>6.4 Partnership Infection Control Support Group (PICSG)</p> <p>The membership for this group is being confirmed and Tom Walsh reported that there will be a different chair for this meeting.</p> <p>6.5 Recent Outbreaks/Incidents</p> <p>Nil to update.</p>	<p>CJ / AS</p>

Item	Action
<p>6.6 HEI Steering Group The group have not met recently as there have been no inspections. Pamela Joannidis advised that there is no update regarding the inspectors reviewing their methodology on themed approach to HEI inspections. The next meeting is scheduled for 14th June.</p>	
<p>6.7 Water Incident at QEUH and RHC Dr Inkster provided an update on the water incident at QEUH and RHC. She said they met with UK experts on water and they carried out two site visits. Dosing of both sites will be carried out but this needs to go out to tender. There was agreement to change taps to the lower risk model and the filters will be kept on for 1-2 years to control the water. Ian Powrie is finalising all this and information should be available next Friday. Dr Armstrong recommended that the Corporate Management Team are advised of this and a report with the approximate costings should also be put to the Informal Directors meeting on Monday. Alan Stewart confirmed that Mary Anne Kane is leading this group and has met with the Directors and is drafting the costs involved.</p>	
<p>6.8 SAB Steering Group As discussed earlier a SAB Summit has been arranged for 22nd June and the SAB Steering Group meeting will be held on 12th June. Dr Jones reported that a SBAR has been prepared and he can share this with the Chief Nurses and Chiefs of Medicine. Dr Seaton advised that ID are going to revisit the work done by Beth White regarding peripheral cannula use in ED. Ongoing ground work is taking place in Emergency Departments, but Dr Seaton advised that no data is available. Dr Armstrong recommended that SABs be on the agenda for the Senior Management Group and the Corporate Management Team.</p>	CJ
<p>6.9 Ward 2A Update In relation to the increase in cases in Ward 2A Jen Rodgers reported that the rate of CLABSI went from 3.25 to 6.21 and in April the rate came back down to 2.15. She said that a Quality Improvement Group was started and workstreams were put in place until 1st March. All patients have been cohorted or sent home and one patient was from Dundee. Jen Rodgers commented that the hospital in Dundee do not use Curo caps and this was discussed at the MSN meeting. Dr Hague commented that the staffing levels in the ward are not ideal as there are a lot of junior nurses. Jen Rodgers replied that education is being carried out, a new SCN has been appointed, hand hygiene training and refresher courses have been carried out. Medical staffing is good and with regards to nursing there are 12.96 equivalent staff on duty every day. She said they are working closely with Infection Prevention and Control and every Friday there is a walkround of Ward 2A to look at staff practice. An ICN is also on the ward every day. The last hand hygiene audit carried out scored 95% and the staff knowledge was good. Sessions with families will take place and they are going to introduce laundry bins in the bathrooms. The last IPCAT audit was in November with a score of 94% and it was agreed that another audit should be carried out. With regards to Infection Prevention and Control Dr Inkster confirmed that there appears to be more incidences and outbreaks in RHC compared to the Yorkhill site. Cleaning is still an issue and has not been resolved. She said the cleanliness of the kitchen that the parents use could be improved and this has been escalated to Mary Anne Kane.</p>	

Item	Action
<p>There also seems to be a lot of people in the ward and on one day there were 90 visitors in the ward and this needs to be monitored. It was decided to use hydrogen peroxide vapour over 7-10 days, to declutter the area, have a single box for toys and to restrict the visitors to 2 a day.</p> <p>Pamela Joannidis commented that the layout of the unit and design of the rooms can be a challenge and Jen Rodgers stated that there is also a lack of surface space. Dr Armstrong advised that Jen Rodgers has done some working on central lines which is much appreciated and asked that the staff are supported to make the required changes.</p> <p>Dr Seaton asked if there was any value of the senior team looking at another hospital and Dr Inkster informed that they are trying to go to Alder Hay hospital. Jen Rodgers suggested that a nurse and medic from Wards 2A or 2B also attend and she asked to be kept involved of the visit. Dr Armstrong stated that this was urgent to ensure all actions are agreed and progressed.</p>	JR
<p>7. New Business / Documents Received 7.1 HPS – HAI Annual Report 2017</p>	
<p>A copy of the above report from HPS was distributed with the agenda. An executive summary of the main points is available on page 9.</p> <p>Tom Walsh reported that GGC were a significant outlier for community E-coli bacteraemias and an Action Plan was submitted to HPS.</p>	
<p>8. Update from Public Health Protection Unit</p>	
<p>Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • HALT-3 report is a point prevalence survey of healthcare associated infections and antimicrobial use in long term care facilities. HPS are concerned that the healthcare associated infection rate of 5.9% is high. • Public Health Reform: A meeting is scheduled to discuss this on Monday and Tom Walsh is chair for the Strategic Advisory Group for Public Health Protection. 	
<p>9. Review of Actions</p>	
<ul style="list-style-type: none"> • With regards to the whiteboard Jen Rodgers updated that the Chief Nurses agreed this in principle and she will follow this up on what process was agreed. • Dr Seaton to discuss with Janice Watt to prepare a business case for a nurse practitioner for antimicrobial stewardship. • Dr Seaton, Dr Jones, Dr Inkster, Dr Kennedy, Jen Rodgers and Pamela Joannidis to do a BT meet me call to discuss possible savings and use this to develop a case for nurse practitioner. • Kenneth Fleming advised that Jonathan Best issued an email regarding mandatory training for medical staff and agreed to forward this to Dr Jones. • Dr Inkster to look into the FFP3 respirators where it states these should not be removed until 20 minutes following an aerosol generating procedure, but in RHC and QEUH tower this should be 2 hours. Dr Inkster and Dr Kennedy to review and issue a conclusion. • Dr Kennedy to forward Dr Inkster the document relating to bronchoscopy. • Dr Jones and Dr Seaton to develop a proposal with the SAB Group regarding the promotion of 72 hour review of patient's antibiotics. Dr Seaton proposed to trial this in a few areas and to have criteria for IV led switch and suggested this was discussed at the huddle on a Friday which would cover the weekend. • An SBAR for the SAB Steering Group has been prepared and Dr Jones to share this with the Chief Nurses and Chiefs of Medicine. • Jen Rogers to ensure all actions are currently implemented in Ward 2A. 	

Item	Action
10. AOCB Nil.	
11. Date and Time of Next Meeting The next meeting has been arranged for Wednesday 25 th July at 2.00pm and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.	

Ward 2A Update for BICC: May 2018

The Purpose of this paper is to update the BICC on actions underway in ward 2A in regards to:

1. Service
2. Infection Control
3. Domestic
4. Estates

1. Service

- a) Quality Improvement Group to Reduce Central Line Associated Bacteraemia Infections

Background

The CVL QI Project Steering Group was formed in May 2017 following an upsurge in central line infections in the unit. The Group was formed to draw together frontline members of staff working on 2A, with other key stakeholders, including surgeons, anaesthetists, intensivists, radiologists, oncologists and local experts in QI methodology, to work collaboratively and share expertise. The primary aim of the project is to reduce the central line associated blood stream infection (CLABSI) rate in ward 2A and 2B to 1 per 1000 *total* line days by Dec 31st 2018. This is benchmarked against Cincinnati Childrens Hospital in Ohio.

The group collects data on CLABSI prospectively on a week by week basis. CLABSI is defined according to the CDC classification (Appendix 1) as:

'A CLABSI is a primary BSI in a patient that had a central line within the 48-hour period before the development of the BSI and is not bloodstream related to an infection at another site. However, since some BSIs are secondary to other sources other than the central line (e.g., pancreatitis, mucositis) that may not be easily recognized, the CLABSI surveillance definition may overestimate the true incidence of CRBSI'

It is important to note this data only includes lines that are inserted in RHC site. The reason for this is that we were keen to evaluate the whole package of care from insertion through to access and maintenance. Lines inserted elsewhere were excluded as we had no ownership of the insertion or initial access episodes. It is our intention to collect this data separately.

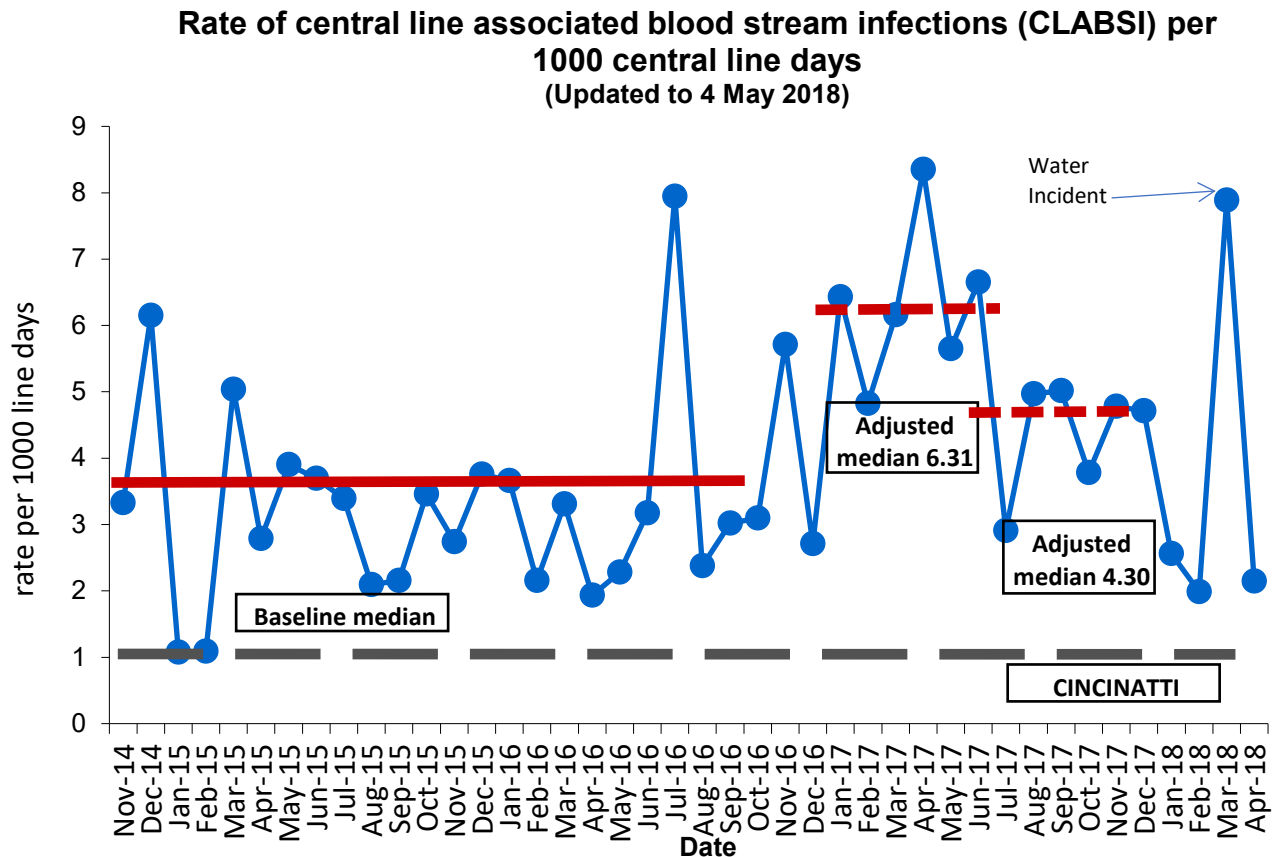
The data also includes all patients within the haemato-oncology cohort, so inclusive of those cared for at home by the outreach nurses, those attending day care and those who are inpatients in ward 2A including Bone Marrow Transplant, and teenage cancer patients.

Two years' worth of retrospective data were collected and presented in the form of a run chart. The initial baseline CLABSI rate per 1000 total line days was 3.25. In June 2017 the adjusted median had increased to 6.33. The group first met in May 2017 following multiple discussions and attempts to improve practice locally.

Current Position

Following the implementation of four defined QI work streams (Line Insertion and access in theatre; Access and maintenance; Staff education; Patient and parent engagement) the data from July 2017 improved and in December 6 data points below the median

demonstrated a shift downwards to an improved rate of 4.3 cases per 1000 line days. January and February data witnessed continued improvement.



From the 1st of March 2018 an issue with the water supply was identified and measures were put in place to limit the use of tap water and showers until the issue could be resolved. Measures included patients not having showers, washing with wipes or portable sinks. Staff washing hands with bottled water and portable sinks with an additional alcohol gel step. There was a subsequent impact on ability to deliver SCIPS. April's data has seen an improvement with a rate of 2.15. The full report detailing the water incident can be found in Appendix 1.

b) Medical

- There have been robust and ongoing arrangements in place with the senior haematology oncology medical team and microbiology doctors to discuss matters affecting the unit. Medical staff are fully engaged in the process.
- All haematology oncology consultant medical staff working within the unit have completed hand hygiene training. The need for refresher training of this group is monitored on an ongoing basis.
- All doctors visiting the unit are reminded of the need for correct hand hygiene techniques to be used at all times. Open challenge is encouraged.

c) Nursing

- Ward Occupancy and acuity remains high with approximately 70% of patients being reported each day as high dependency.
- The ward has no vacancies and a mat leave pressure of 3 wte registered nurses.
- In April 2018 the average day time staffing levels were 12.96 nurses on duty, of those 10.23 were registered and 2.73 non registered

2. Infection Control

a) Incidents (from April 2018)

- *Water*: All outlets now have filters in place which are currently being changed weekly. A plan is underway to expand the changes to every 30 days based on advice from 2 external water experts. Outlets on 2A are tested weekly. To date there has been one failure in the treatment room. This fault is thought to be due to a fault in the fitting of the filter (testing carried out by the manufacturer found no fault with the filter components). IPCT continue to monitor for blood cultures associated with the organisms found in the water.
- *Astrovirus*: 5 confirmed cases positive for Astrovirus. The first case was confirmed on the 26th of March with the last new case confirmed from a sample taken on the 4th of April. A PAG was held on the 9th (following bank holiday weekend) and HIIAT graded Amber. Full outbreak control measures were in place which included limiting admissions to the unit (cases by case assessment based on clinical requirement for chemo/BMT). Following negative virology results for symptomatic, the ward was fully terminally cleaned on Tuesday 17th April and control measures discontinued on completion.
- *VRE*: An increase in VRE cases reported from the beginning to end of April. A total of 10 cases were identified, 6 of which were HAI. The usual run at around 1-2 HAI per month). The hypothesis is that there was increased loose stools due to an outbreak of Astrovirus which generated an increase in testing resulting in an increase in recorded cases. There were no clinical infections with VRE, all were stool colonisations.
- *Enterobacter cloacae* in blood cultures: 4 positive blood cultures between 28th April and 14th May. 2 are HAI by the 48 hour rule. 2 are non HAI but these 2 have had day visits to 2B in the days preceding the positive blood cultures. This is an enteric organism and not one associated with water.
- *Stenotrophomonas* in blood cultures: 3 patients with positive blood cultures since 4th May. No new cases reported. 1 case is confirmed HAI and 2 are non HAIs by the 48 hour rule. The 2 non HAIs have had visits to 2B prior to positive isolates although it is plausible that the source of the steno in the 2 non HAIs is external to the healthcare environment.

b) Infection Control Team Input

The infection control team have been working closely with the clinical team in ward 2a since April 2017.

- An infection control nurse currently visits ward 2a between two and four times per week. As of the 21st of May visits will be daily. The purpose of the visit is to provide additional support to both staff and families. The visits also aim to raise awareness and provide opportunity to observe practice and work collaboratively to make improvements where required.
- One visit per week includes the Paediatric Lead Nurse, Infection Control Lead Nurse and Domestic Services Representative. The purpose of the joint visit is to scrutinise nursing,

infection control and domestic practice, equipment cleaning and patients care plan documentation. Learning points are raised with the team for action in real time as well as documented and logged.

- The latest hand hygiene audit carried out on the 12th April 2018 achieved a compliance score of 95% for opportunities taken. The Combined Compliance Score was 85% - this score is based on staff taking the opportunity *and* utilising the Correct Technique Criteria. Immediate action was taken.
- Staff knowledge as assessed by infection control is reported to be high. Continued education sessions underway for staff and parents with a focus on Standard Infection Control Procedures.
- IPCAT 94% Gold November 2018
- The design of a unit focussed infection control patient information leaflet is underway and will be tabled at the next AICC.
- The infection control nurses are delivering learning sessions to families within the unit.
- Wardrobe units are now in place in patient rooms in an effort to minimize clutter and aid cleaning.
- Laundry bins to be purchased for rooms.

3. Domestic

- In recognition of the complexities within the ward environment domestic hours have been increased to 2 wte from 1.5 wte.
- Further additional domestic hours were added during the recent Astrovirus outbreak on ward 2A which total 4 hours from 1pm until 5pm daily. This will remain in place in addition to the 2 WTE and will be reviewed regularly by domestic managers.
- Access to Clean: Facilities Integrated Supervisors and Domestic staff are required to document any issues relating to 'access to clean', which are brought to the attention of the Senior Charge Nurse, in order to facilitate regular access. If any issues arise the Facilities supervisor and SCN will agree and initiate a plan to ensure required cleaning is achieved.
- Parent poster in place
- Parent/ Carer poster updated to emphasise minimise clutter and ensure items are removed from floors and surfaces to allow for cleaning.
- Cleanliness Monitoring has been increased to a weekly frequency.
- Facilities Interface: The Deputy Site Facilities Manager liaises with the SCN on a weekly basis to review cleaning arrangements and any other relevant business.
- Latest Domestic Audit score 94%

4. Estates

- There remains very close working relationships with facilities colleagues
- There has been successful capital works recently completed in the ward e.g. upgrading of 4 BMT rooms
- More capital works are required over the next 12 months. Planning processes are in place to take this forward with Facilities, capital planning and infection control.
- There is also a robust maintenance programme with estates colleagues and close links with SCN on unit

- There has been a repeated concern raised about the temperature and humidity in the unit, this is currently under review
- Scoping underway to undergo Hydrogen Peroxide Vapour in all rooms.

Appendix 1



Full report water
incident.docx

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Wednesday 25th July 2018 at 2.00pm in
Meeting Room B, JB Russell, Gartnavel Royal Hospital**

Present:

Dr Teresa Inkster (Chair)	Lead Infection Control Doctor
Pamela Joannidis	Nurse Consultant Infection Prevention & Control
Suzanne Clark	Public Partner
Dr Kamaljit Khalsa	Senior Registrar Microbiology
Dr Iain Kennedy	Public Health Consultant
Kenneth Fleming	Head of Health & Safety
Sandra Devine	Associate Nurse Director, Infection Prevention & Control

In Attendance

Calum MacLeod (minutes)

Apologies received:

Dr Jennifer Armstrong	Dr Rosie Hague	Alan Stewart
Professor Brian Jones	Mags Maguire	Liz McGovern
Dr Andrew Seaton	Mary Anne Kane	Tom Walsh
Rona Wall		

Item	Action
<p>1. Welcome and Apologies Dr Inkster welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 23rd May 2018 The minutes of the previous meeting held on 23rd May 2018 were agreed as an accurate record with the following amendment:-</p> <p>Page 2, bullet point 5 Update section should read - Dr Kennedy advised that the National CPHM group are meeting on 14th June 2018.</p> <p>Page 3, point 5.2, last paragraph – The reporting of the time limit of closing off action plans is reported in the monthly activity report which is distributed to Managers throughout GG&C.</p> <p>Page 7, paragraph 1, 2nd line should read - It was decided to use hydrogen peroxide vapour.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p>Actions Update</p> <ul style="list-style-type: none"> Jennifer Rodgers is to check with other UK health boards that have Paediatric BMT units to compare GG&C CLABSI median rate of 6.33. <u>Update</u> – Hospitals out with Scotland are not willing to share data with GG&C. There is a planned visit to the children's hospital in Leeds in September. HPS are carrying out their own comparison using combined data from Aberdeen and Edinburgh children hospitals in relation to CLABSI rates. 	

Item	Action
<ul style="list-style-type: none"> • It was agreed that any agreements made locally by the IPCT not to adhere to the national manual must go through the AICC then the BICC and written out and sent to HPS as to why. <u>Update</u> – TB SOP will be reviewed at the next BICC meeting as no ID clinicians were present at Julys BICC. In the meantime it was agreed that the existing interim document will be used which aligns with appendix 11. Dr Inkster will send out SBAR in relation to Respiratory Protection Equipment for patients with mycobacterium tuberculosis complex. • The SAB group is to be reformed and it was agreed that a small group be set up to include Tom Walsh, Dr Inkster, Dr Jones, Dr Seaton, Dr Kennedy, Sandra Devine, Pamela Joannidis and Ann Kerr. Tom Walsh to arrange this. <u>Update</u> – SAB summit meeting was held on 22nd June with delegates from Ayrshire & Arran and Lothian health boards. • Dr Kennedy to discuss the patient pathway for a MERs patient with the Emerging Pathogens Group. <u>Update</u> – pathway is nearly complete with just a few minor adjustments required. Dr Inkster will disseminate to the group once complete. In the meantime an interim version will be loaded onto the IPC website. Posters informing the public will also be displayed highlighting the risk of MERs. • Dr Inkster to look into the FFP3 respirators where it states these should not be removed until 20 minutes following an aerosol generating procedure, but in RHC and QEUH tower this should be 2 hours. Dr Inkster and Dr Kennedy to review and issue a conclusion. <u>Update</u> – Reviewed by Dr Kennedy and Dr Inkster. In keeping with CDC recommendation and advice from PHE (Peter Hoffman) 1hr is required for rooms with 6ACH and 2 hrs for rooms with 3 ACH Pamela Joannidis spoke about the practicalities regarding this as it affect patients with Chicken pox, measles and TB where polices have already been approved and currently in operation. If any patient with these three organisms undergo an aerosol procedure then that means the room could be out of use for 2 hours at the QEUH & RHC and 1 hour for everywhere else based on that the other hospitals have 6 air changes per hour. This is assuming that rooms within other hospitals are still up to their original design specification with regards to their air changes. Dr Inkster is to find out from estates regarding air changes for rooms for hospitals around GG&C. • Dr Kennedy to forward Dr Inkster the document relating to bronchoscopy. <u>Update</u> – Dr Inkster has written an SBAR surrounding this which is currently under review. Bronchoscopy carried out in the QEUH and RHC sites are not affected as they are carried out in a theatre environment but implications could affect other hospitals where air changes are not up to a specific rate. This could lead to certain time limits the rooms cannot be used or the possibility of certain scope procedures being carried out at certain hospital sites only. • Dr Jones and Dr Seaton to develop a proposal with the SAB Group regarding the promotion of 72 hour review of patients antibiotics. Dr Seaton proposed to trial this in a few areas and to have criteria for IV led switch and suggested this was discussed at the huddle on a Friday which would cover the weekend. <u>Update</u> – Dr Inkster is to email Dr Seaton in relation to the promotion of 72 hour review of antibiotics. 	TI
<p>4. Matters arising</p> <p>There were no matters arising.</p>	
<p>5. Standing Agenda Items</p> <p>5.1 Draft HAI Reporting Template (HAIRT) for NHS Board Meeting – 21st August 2018 The draft HAIRT report for the next NHS Board meeting on 21st August 2018 was distributed with the agenda. Sandra Devine reported that this report is in draft format until it has been approved at the NHS Board meeting.</p> <p>Dr Armstrong has asked that the BICC and AICC are to look at the draft HAIRT before being sent to the board.</p>	

Item	Action
<p>First quarter of the HAIRT has been published with the new dominators in place. HCAI SABs are currently at 22.1 which is above the national average of 18.7.</p> <p>Healthcare associated CDI cases is currently at 13.1 which is below the national average of 13.7.</p> <p>There have been no targets set due to the new denominators but they are expected to be issued in October 2018.</p> <p>Sandra Devine highlighted that there has been an increase in SSI in relation to ortho operations carried out at the Glasgow Royal Infirmary and Inverclyde Royal Hospitals. Incident Management Team meetings have been arranged to discuss reasons behind this increase. Initial typing results from SSI cases at the GRI looks different. Dr Inkster suggested this could be an emerging problem and the increase raises the possibility of bringing in MSSA screening for patients before they are operated on as per WHO recommendations.</p> <p>Sandra Devine has asked for any comments/suggestions on the way the HAIRT is reported and would welcome any feedback.</p>	
<p>5.2 Monthly Activity Report for Acute Clinical Governance Committee</p> <p>A copy of the Monthly Activity report for the Acute Clinical Governance Committee was distributed with the agenda.</p> <p>Sandra Devine provided an update on the report and key issues are identified at the front of the document which include:-</p> <ul style="list-style-type: none"> • There were 9 ward closures in 4 hospitals in May 2018. All 9 were closed due to suspected or confirmed Norovirus. The outbreaks affected 66 patients and 30 staff, with the wards being closed for a total of 49 days. • 33% of the 15 hospital acquired SABs were related to an IV access device. There was one red ward sweep after an IV access device related SAB. <p>Sandra Devine is in current talks with clinical directors on how they would like to have this data presented to them.</p>	
<p>5.3 IPC Work Plan</p> <p>A copy of the IPC Work Plan for 2018/19 was distributed with the agenda and Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> • When wards score red in sections of their IPCAT audits, the IPCT will add in rapid assessment actions where additional work will be undertaken. • Urinary Catheter passport is currently being tested for patients who are about to be discharged in ward 1 and ward 2 at the Victoria Infirmary. Staff within the ward identified patients who were being discharged home and would have a urinary catheter still in place 4 weeks after discharge. Community nurses will follow this up with the patient. Staff may see these catheter passports if patients are re-admitted. Once evaluation is complete it is planned to roll this out. Its main focus is on alternative continence aids so that patients can avoid having a urinary catheter in place. The passport does not record any antibiotics the patient receives. • The Decontamination audit tool is complete and is being uploaded on to the Synbiotix system for use. 	

Item	Action
<p>5.4 SOPs</p> <p><u>Terminal Clean of Isolation Room/Ward</u> A copy of the Terminal Clean of isolation room/ward SOP was distributed with the agenda.</p> <p>Slight changes were made with regards to mopping procedures as the QEUH and RHC use a slightly different mopping system.</p> <p>This document was approved once the wording on the first bullet point on page one has been amended.</p> <p><u>Twice Daily Clean of Isolation Room</u> Same as above and Facilities have been asked to check the procedure they use.</p> <p>This document was approved.</p> <p><u>TB SOP</u> Dr Inkster has requested this is deferred until some ID clinicians are present as HPS have devised a SBAR on what they recommend and a clinician perspective is required regarding this.</p> <p>The SBAR says the 3 air borne organisms (Chicken Pox, Measles and TB) say FFP3 needs to be worn as well as the full PPE. Appendix 11 in the national manual is not mandatory.</p> <p>Dr Inkster will circulate the SBAR and SOP ahead of next meeting.</p> <p>In the meantime the existing interim SOP will be used which is in line with Appendix 11.</p> <p><u>IPC General Patient Information Leaflet</u> This leaflet has been designed and drafted by the IPCT at the RHC due to recent activity within wards at the RHC. The guidance is for the public which includes what GG&C staff expect patients and parents to comply with.</p> <p>The idea is that the patients' parents/guardians read this and sign it to say that they understand it and will follow this.</p> <p>This document was approved.</p>	<p>TI</p>
<p>6. Exception Reports and Updates</p> <p>6.1 vCJD Group Dr Kennedy informed the group that the CJD question that is in the admission document was audited during the last MRSA KPI. Initial findings found that some areas had a very good uptake where other areas were not so good.</p> <p>A lot of the areas where there was poor uptake were in acute receiving wards where it's not the best place to ask the question so some refine is required regarding what patients/wards need to report on.</p> <p>Some areas were very good and regional scored 95%, south 85% and the overall rate was 88%. Clyde brought it down with 45% compliance. It was noted the 45% rate may not accurately represent what is happening in Clyde as in patients are being admitted.</p> <p>The group are getting all areas to audit and review current processes.</p>	

Item	Action
<p>Ophthalmology notified the group where on two occasions patients had been sent for surgery where the CJD question had not been discussed. An informal look at the notes to see how often this happens is going to be conducted for specific optic nerve and back of the eye tissue procedures (approximately 180 similar cases have been identified). The look back exercise has brought up about 180 cases in similar operations.</p>	
<p>6.2 Antimicrobial Management Team Nil to report.</p>	
<p>6.3 Acute Infection Control Committee (AICC) The BMT wards from Gartnavel have moved over to Ward 4B at the QEUH on the 30th June.</p>	
<p>6.4 Partnership Infection Control Support Group (PICSG) The PICSG met last week and was chaired by Wilma Hepburn who will carry this on until her retirement. They are currently trying to find a replacement for the previous chair person Mary Brannigan.</p>	
<p>Sandra Devine reported that ICNs are getting requests to look over building scribes from council led health care facilities. IPCNs have had no training and require clarity on their role regarding non NHS projects that have healthcare.</p>	
<p>There have been numerous requests from non NHS departments looking for access to Learnpro so that staff can undertake Infection Control training. Pamela Joannidis has supplied copies of our stat man presentation but said it would only be useful if someone was there to give them training.</p>	
<p>Dr Kennedy will raise these two points at his next Departmental meeting.</p>	IK
<p>6.5 Recent Outbreaks/Incidents Dr Inkster provided an update on the CPE Klebsiella patients within the Spinal Unit at the QEUH. The IPCT were alerted to a patient who had tested positive for CPE Klebsiella from a urine and blood culture in June 2018. The first identified patient had not had any healthcare abroad so did not fit the criteria of being screened when patient was admitted. Subsequent screens of all in-patients and contact screening of patients who have been discharged from the Spinal units have come back with 3 more positive patients.</p>	
<p>This brings the total number of patients to 4. All samples were sent for typing which has come back as ST147, a strain never found in Scotland before. After further investigation it was found that one of the patients had been an inpatient in a healthcare facility in Portugal. It is believed that the initial CPE screens for this patient when admitted to the QEUH was not picked up by the labs due to low level colonisation with the CPE organism.</p>	
<p>The IPCT have established a cohort use of the communal gym and weekly screening of patients is being undertaken. Patients have also been restricted in their use of Horatio's communal garden.</p>	
<p>Dr Inkster also highlighted a high incidence of Klebsiella ESBL mainly from urine samples from August 2017 within the Spinal Unit. Results from recent environmental screening found it present in the drains which have since been cleaned.</p>	
<p>IPCT have also worked closely with patients and staff on hand hygiene and SICPs practice.</p>	

Item	Action	
<p>6.6 HEI Steering Group Nil to report.</p> <p>6.7 Water Incident at QEUH and RHC Dr Inkster provided an update on the water incident at QEUH and RHC.</p> <p>The water incident has been declared over. A report outlining the incident will be presented at the next AICC.</p> <p>There have been no bacteraemias related to the organisms found in the water for the past two months. Regular drain cleaning and the use of filters on the taps remain in place.</p> <p>Dr Inkster and members from the water group are meeting with experts regarding the implementation of dosing the water supply to the RHC and QEUH with Chlorine Dioxide. They are hoping to start the dosing of the water in November and once the dosing has got to a specific level within the water supply the roll out of replacement taps will begin. It is still to be confirmed if the tap replacement will be carried out in all wards or just high risk wards. Dr Inkster will ask Mary Ann Kane for an update on this for the next BICC.</p>	TI	
<p>6.8 SAB Steering Group A SAB summit was held at the QEUH campus on Friday 22nd June. Delegates from Ayrshire and Arran and Lothian health boards attended. The main focus was to combine ideas on what has been done to decrease SAB numbers in health boards and what works and what doesn't work.</p> <p>A modified PVC care plan is being trialled at Ward 9A, QEUH where more focus on getting a line removed rather than maintaining it. Dr Seaton has been working on this ward where it is being led by the clinician team.</p> <p>Dr Inkster is going to look into the possibility of funding a Microbiologist to carry out ward rounds for all SAB patients within each hospital giving advice on antibiotic etc.</p> <p>If a patient is diabetic or an IV drug user then they will be referred on in relation to specific services regarding their condition.</p> <p>There will be a summary of the SAB summit that will be presented to the group in the near future.</p>		
<p>6.9 Ward 2A Update Dr Inkster provided an update on ward 2A, RHC which has seen a lot of outbreaks recently in addition to the recent water incident.</p> <p>So far the ward has been cleaned twice with Hydrogen Peroxide Vapour, drain cleaning has been introduced, filters have been added onto taps, the number of staff/traffic coming into the ward has been limited, daily visits by the Paediatric IPCT are being undertaken with feedback and general clutter of the ward has been improved.</p> <p>Dr Inkster has recently identified issues with dusty vents and the regular cleaning of the vents which is being looked into by estates managers. Overall Dr Inkster said that she has seen a vast improvement within ward 2A, RHC.</p> <p>There is a planned visit to Leeds to look at any good practice they do regarding line care and specific policies in relation to that specific group.</p>		

Item	Action
<p>7. New Business / Documents Received Nil to report</p>	
<p>8. Update from Public Health Protection Unit Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <p>Change to rabies recommendations – new endorsed rapid prophylaxis in terms of rabies, change from 5 doses to 4 doses.</p> <p>Guidance has been sent to all emergency departments responding to patients potentially exposed to Novichok nerve agent. The guidance is reassurance in relation to what PPE staff should wear in relation to caring for anyone who has been exposed to Novichok and what cleaning should be undertaken. There is separate guidance going to GPs. Dr Kennedy informed that this guidance did not mean that the threat level to the country had changed.</p> <p>The Needle Stick policy is being updated and Public Health are looking for some guidance regarding where it should be signed off i.e. Health and Safety or Public health.</p> <p>There has been an increase in Pertussis cases where a healthcare worker was identified within a GP practice and one case in the RHC have been reported.</p> <p>Local health boards will be notified of anyone who is returning from areas where an Ebola outbreak has been active.</p>	
<p>9. AOCB SAB Update Sandra Devine discussed the SAB update document which was distributed to the group.</p> <p>A report regarding PVC related S. Aureus Bacteraemia SPC charts was circulated. Sandra reported that some work was carried out in relation to PVC related SABs. Specific question asked was what are Clyde doing well that the QEUH are not. It was noted that patients are much more complex at the QEUH in relation to the BMT unit and also Renal moved over to this site.</p> <p>Dr Iain Kennedy thinks that a denominator in relation to the SAB graphs is required. It was noted that with the South Sector reported a much higher number of SABs and this could be due to the increase number of patients that are seen there compared to other hospitals.</p>	
<p>10. Review of Actions</p> <ul style="list-style-type: none"> • Dr Inkster is to find out from estates regarding air changes for rooms for hospitals around GG&C. • Dr Inkster is to circulate the SBAR and TB SOP ahead of the next BICC meeting. • Dr Kennedy to discuss at his next departmental meeting issues about IPCT being requested to comment on scribes involving council led health care facilities projects and also staff from councils asking for IPC training. • Dr Inkster to ask Mary Ann Kane for an update for next BICC on the tap replacement if this is to be carried out in all wards or just high risk wards after the dosing of the water supply. 	
<p>11. Date and Time of Next Meeting The next meeting has been arranged for Wednesday 26th September at 2.00pm and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Wednesday 26th September 2018 at 2.00pm in
Meeting Room 2, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Iain Kennedy	Consultant, Public Health
Dr Chris Jones	Chief of Medicine
Sandra Devine	Associate Nurse Director, Infection Control
Liz McGovern	Specialist Pharmaceutical Public Health
Dr Rosie Hague	Consultant in Paediatrics ID
Ann Frances Fisher	Chief Nurse, North Sector

In Attendance

Ann Lang (minutes)

Apologies received:

Kenneth Fleming	Suzanne Clark	Tom Walsh	Dr Andrew Seaton	Dr Teresa Inkster
Pamela Joannidis	Alan Stewart	Mags McGuire	Rona Wall	

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p> <p>As there were a number of apologies Dr Armstrong asked for a review of attendance at the BICC meetings and asked Ann Lang to prepare a list of who has attended the meetings in the last year. She also stated that the committee should have representation from Estates or Facilities at these meetings. Sandra Devine commented that attendance at the AICC meetings is also inconsistent.</p>	AL
<p>2. Minutes of the meeting held on 25th July 2018 The minutes of the previous meeting held on 25th July 2018 were agreed as an accurate record with the following amendment:-</p> <p>Page 5, first para – delete the wording in brackets “(approximately 180 similar cases have been identified)”.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p>Actions Update</p> <ul style="list-style-type: none"> Jennifer Rodgers is to check with other UK health authorities that have Paediatric BMT units to compare GG&C CLABSI median rate of 6.33. Data has been requested from other centres and it was agreed to ask Jen Rodgers for an update. <u>Update</u> – As UK units are not willing to share their data Dr Armstrong asked for this to be escalated. She asked Dr Kennedy to take this forward in discussion with Professor Brenda Gibson and raise this through Public Health England or if Professor Gibson could raise this at a national level through haemato – oncology networks. Dr Hague stated that all hospitals should be collecting data to improve CLABSI rates. Dr Armstrong asked what the latest rate was for CLABSI given the recent issues and Dr Kennedy replied that the rates are staying low. 	IK

Item	Action
<ul style="list-style-type: none"> • It was agreed that any agreements made locally by the IPCT not to adhere to the national manual e.g. TB this must go through the AICC and BICC and submitted in writing to HPS. <u>Update</u> – HPS have referred the issues with TB to the CLO. HPS have had meetings with the TB network and together they will look at the evidence base together. Sandra Devine confirmed that an interim TB SOP has been produced and agreement was reached with the Respiratory Consultant that when a non pulmonary TB patient is admitted an individual assessment will be made by the clinician regarding precautions required. Pamela Joannidis has also prepared a Risk Assessment for RSV in children. It was agreed for this to be discussed once more at AICC. • Dr Armstrong asked for an update regarding the quote for the negative pressure rooms in QEUH. Alan Stewart agreed to check this with Mary Anne Kane. <u>Update</u> – Dr Armstrong asked for an update to be provided by Mary Anne Kane. • Dr Jones asked for an update on using whiteboards to record patients with a PVC or CVC. Elaine Love informed that this information is available and will discuss this with the Chief Nurses. <u>Update</u> – Dr Jones confirmed this was discussed with the Chief Nurses and Ann Frances Fisher said that it is difficult to get the information onto the ward view system as this is not up-to-date. Dr Armstrong stated that advice from AICC is to go with the trial at QEUH of the PVC Care Plan. Pamela Joannidis to provide an update when the trial finishes and forward this to the Chief Nurses. Sandra Devine commented that the trial is receiving positive feedback. • Dr Inkster to look into required air changes after a AGP is performed. <u>Update</u> – Dr Inkster is waiting on information from Estates regarding the air flow changes at other sites. Dr Inkster and Dr Kennedy to update at the next meeting. • SAB Steering Group progressing an SBAR for an antimicrobial nurse. <u>Update</u> – Dr Seaton is looking into this role to try and obtain funding for this. 	<p>AS/ MAK</p> <p>PJ</p> <p>TI/IK</p> <p>AS</p>
<p>4. Matters arising Nil.</p>	
<p>5. Standing Agenda Items</p> <p>5.1 Draft HAI Reporting Template (HAIRT) for NHS Board Meeting – 16th October 2018 As information only came through yesterday from HPS regarding the national data there was no HAIRT report for this committee. Sandra Devine informed that a draft report for October has been prepared for the Board Clinical Governance Forum on Monday.</p> <p>Sandra provided an update on some of the information contained in the report:-</p> <ul style="list-style-type: none"> • 105 SAB cases were reported for April to June 2018 with a Healthcare Associated rate of 21.3 cases per 100,000 bed days. • 96 CDI cases, in ages 15 and over, were reported for April to June 2018 with a Healthcare Associated rate of 18.0 cases per 100,000 bed days. This is above the national rate of 15.7. • There was an increase in the number of hip arthroplasty SSIs reported over the quarter. Five cases were at GRI; three cases at IRH; three cases at QEUH and one case at RAH. Of the five cases at GRI these were typed and found to be different SPA types. Dr Jones said the clinicians are struggling to find a reason for this as there appears to be no common factors. 	

Item	Action
<p>The increased incidence of SSI within this procedure category has been highlighted as an exception in the Q2-2018 epidemiological data by HPS. The IPCT have already undertaken a prospective review of all cases and will complete and return an action plan to HPS.</p>	
<p>Dr Armstrong asked for the draft HAIRT to be sent to members of BICC for comments.</p>	SD
<p>5.2 Monthly Activity Report for Acute Clinical Governance Committee A copy of the Monthly Activity report for the Acute Clinical Governance Committee was distributed with the agenda.</p>	
<p>Sandra Devine provided an update on the report and key issues are identified at the front of the document which include:-</p> <ul style="list-style-type: none"> • There were 9 theatre audits undertaken this month. 7 scored gold, 1 scored green and 1 scored red. • A total of 2961 modules were completed in July 2018 for topics related to Infection Prevention & Control • There were 5 ward closures across 3 hospitals in July 2018 due to suspected or confirmed Norovirus. • 35 SAB cases were reported in July 2018 with 15 of these Hospital Acquired Infections. 9 of these hospital acquired SABs were related to an IV access device. • 24 Safe IPC Practice in Acute Care audits were undertaken in July 2018. <p>Dr Jones said with regards to the audits he is trying to get medical staff to engage more. Sandra Devine stated that the Senior Charge Nurses take ownership of the audits. She said her team will meet with the ward staff to provide education and target areas where they can help the ward if they have scored a red audit.</p> <p>Dr Armstrong suggested this is discussed at the SAB Group and AICC and asked if the ward dashboard is being developed. Dr Jones agreed to look into this and come back to the committee with a proposal.</p> <p>In relation to the Learnpro modules Dr Armstrong noted while many nurses had completed these modules, there seemed to be less doctors. She also asked for this to be discussed at AICC to review all clinical staff.</p>	
<p>5.3 IPC Work Plan A copy of the IPC Work Plan for 2018/19 was issued and Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> • Lead on the development of a focussed quality improvement process for the safe care and maintenance of indwelling UUCs. This has not been progressed as there has been a delay with the Acute guideline which is being led by Practice Development. Sandra reported that Pamela Joannidis has discussed this with Elaine Love and Margaret Connolly. • The Annual Surgical Site Infection (SSI) Report will be prepared and issued for information. • Two SOPs are being developed and will be presented to the next BICC for approval. These are Environmental Organisms in High Risk Areas and Multi Drug Resistant SOPs. • The E-coli Bacteraemia Plan is not available but will be presented at the next meeting. 	CJ

Item	Action
<p>5.4 SOPs</p> <p>The following SOPs were issued to the committee for approval:-</p> <ul style="list-style-type: none"> • Loose Stools SOP • Norovirus SOP • Measles SOP • Mumps SOP • Rubella SOP <p>With regards to the use of PPE in the SOPs and having to wear masks for some procedures Dr Hague reiterated that they have an issue with this in Paediatrics. She said she would like HPS to inform how much this prevention is costing as there appears to be no evidence to support the wearing of masks. Sandra Devine replied that a Risk Assessment for RSV was carried out and she said we challenge HPS when appropriate.</p> <p>Dr Armstrong asked about escalation plans for influenza and norovirus and Sandra Devine confirmed that these are in place. Dr Jones confirmed that clinical teams are aware they can cohort patients and admit to closed wards if the presenting complaint is noro or influenza.</p> <p>The committee approved all SOPs and noted the comments from Dr Hague.</p>	
<p>6. Exception Reports and Updates</p> <p>6.1 vCJD Group</p> <p>The CJD Group met recently and Dr Kennedy reported that the Ophthalmology review was ongoing.</p> <p>In relation to Paediatrics, Dr Kennedy said there was some discomfort with the CJD Policy applying in a Paediatric setting. He said that they have received policies from Great Ormond Street and Birmingham hospitals and a meeting is being set up with Jen Rodgers to take forward the nursing documentation as this is different in adults and children.</p> <p>Discussions are ongoing with Cowlairs and for them to be more proactive with the national CJD group.</p> <p>Dr Armstrong reported that CJD was mentioned at the Ophthalmology West of Scotland Group meeting this morning. It may be helpful to review the pre op policy with the CD. With the cataract surgery Dr Kennedy said they get asked “do you have a risk of CJD” at the Pre Op Assessment and that is the extent of the screening.</p> <p>6.2 Antimicrobial Management Team</p> <p>As Dr Seaton sent his apologies for the meeting Liz McGovern provided a brief update. She said the team are looking at patients who are allergic to penicillin and to delabel some patients if this is no longer the case. A paper will go to the next ADTC regarding this.</p> <p>There is good compliance with the indicator rate but the 72 hour review of patient’s antibiotics is not quite so good.</p> <p>At the recent AICC meeting Dr Jones said it was noted that the antibiotic use is down in a number of practices. The 4C prescribing is up in Clyde and this has been raised with the Clinical Directors and they will look into this in more detail. AMT are also going to drop the eGFR threshold and increase the use of Gentamicin. Liz McGovern advised that patients are given a Patient Information Leaflet for Gentamicin but this might be changed and only given to long term patients.</p>	

Item	Action
<p>6.3 Acute Infection Control Committee (AICC) A copy of the agenda for the last meeting in August and the minutes of the meeting held in June were distributed with the agenda.</p> <p>Dr Jones reported that discussion took place regarding SAB deaths cited on death certificates.</p>	
<p>6.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the meeting held in September and the minutes of the previous meeting were noted.</p> <p>Sandra Devine said the group discussed the use of FFP3 masks if there is a flu outbreak and the fit testing for these masks.</p>	
<p>6.5 Recent Outbreaks/Incidents Nil to report apart from the ongoing water incident (please see 6.7)</p>	
<p>6.6 HEI Steering Group The HEI group have not met recently as there have been no inspections. It was agreed that the group would only meet if there had been an inspection. Pamela Joannidis is checking all the reports from the Boards that have had visits from HEI and will cascade information as required.</p>	
<p>6.7 Water Incident at QEUH and RHC Sandra Devine informed the committee of 3 cases of bacteraemia reported since August 2018 which have been caused by gram negative organisms which have also been isolated from the drains at some point in time. As a result of this an IMT meeting was convened. Another 3 cases were identified and this brought the case numbers to 6 in total in this period. The drains were cleaned as part of the agreed action plan from earlier in the year but there appears to be biofilm starting to show in the sinks which could be causing the bacteraemia rate to increase again.</p> <p>At present BMT children from Ward 2A/B are in the process of decanting to Ward 4B in the adult hospital. The rest of the children will go to another ward in the adult hospital. This will allow the external contractors to review all drains and determine if there are any problems. Dr Kennedy pointed out that the drains are the reason for the decant and the adult hospital has not had any cases attributed to water. HPS are due to provide a report and epidemiology information but this is still outstanding. Sandra Devine advised that there should be a long term plan for controlling bacteria in the water system by the end of October, beginning of November.</p> <p>Dr Hague expressed her concern at the move and said there could be significant clinical risks. Dr Armstrong assured Dr Hague that all the risks were weighed up and the IMT discussed all the options that were available. Dr Kennedy informed that several options were given to the Executive Group, which included the Chief Executive and Board Directors, to discuss. Dr Armstrong asked for Tom Walsh to ensure the Risk Assessment of all the issues/options have been written up formally and shared with the acute IC and Acute CG committee. It was noted that none of the patients were affected during the decant period.</p> <p>Dr Armstrong recommended that a meeting is set up with Scottish Government/HAI Policy Unit, HPS and GGC to discuss fully the incident and ensure there were no further measures which we should be adopting. Dr Armstrong will request this formally in the next few days.</p>	<p>TW</p> <p>JA</p>

Item	Action
<p>6.8 SAB Steering Group</p> <p>The SAB group met last week. Dr Jones updated that a SAB summit was held on 22nd June which included representatives from NHS Lothian and NHS Ayrshire & Arran to discuss their approach to SABs.</p> <p>He said there was no definable action to take and in their Board when someone does have a SAB there is input from Microbiology and the ICD but these Boards have smaller numbers compared to our site.</p> <p>They also discussed the PVC insertion pack used in Ayrshire & Arran. Sandra Devine said she had contacted procurement regarding the possibility of using something similar in GGC.</p> <p>Dr Jones said the SAB group are to look at better engagement with PVCs and they are considering putting a PVC slide out to all clinical meetings. This could be circulated through the clinical leads to highlight safe PVC use and reduce harm with PVC. He said he has been invited to the South clinical meeting and will also attend the clinical meeting in the North and if this is well received could be rolled out to all sites.</p> <p>The highest risk of SABs seem to be associated with Diabetes and Dr Jones informed that he has been invited to the Diabetes management team meeting. He is also waiting to hear back from Cardiology to attend one of their meetings.</p> <p>In QEUH they have a SAB ward round and Dr Jones reported that he is looking to speak to the under graduate trainees to speak about safe PVC insertion. Ann Frances Fisher commented that newly qualified nurses are starting next week and she will ensure PVC and SABs are part of their induction.</p>	AFF
<p>6.9 CDI Rates</p> <p>Sandra Devine reported that in August the number of CDI cases rose to 51 cases across the Board, which is a 59% increase on last month. Dr Inkster carried out a review and Dr Seaton and Ysobel Gourlay were asked to review PPI prescribing. There were two linked cases in ITU in the QEUH but these were different types.</p>	
<p>So far for the month of September Sandra advised that there are 31 cases and looking at the same quarter for the previous years the number of cases were:-</p> <ul style="list-style-type: none"> - 113 cases for this quarter this year. - 131 cases for this quarter last year. - 120 cases for this quarter for the previous year. <p>Dr Kennedy commented that we do not know what the incubation period is for CDI. HPS are doing a review of seasonal trends but this information has not been published yet. Sandra stated that a snapshot of cases was carried out and this resulted in different types identified.</p>	
<p>7. New Business / Documents Received</p>	
<p>7.1 The draft NHS Scotland National (IPC) Monitoring Framework for auditing has been issued and Sandra Devine reported that comments have been returned by GGC. The Short Life Working Group (SLWG) concludes October 2018.</p>	
<p>8. Update from Public Health Protection Unit</p>	
<p>Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • A new community ARHAI programme is being created and will be led by Abigail Mullings. This will concentrate on care homes and care at home where no previous work has been completed. • The Joint HP Plan has been signed off by all local authorities. • The staff flu vaccination is starting with a target of 60%. It was noted that in England the vaccine will be available to over 65 years of age, whereas in Scotland it will only be available to over 75 years of age. 	

Item	Action
<ul style="list-style-type: none"> • Two Meningococcal meningitis cases were identified in university students with one case being investigated and the other case is PCR negative. Dr Armstrong asked if university students get vaccinated and Dr Kennedy replied that fresher vaccination is only carried out in England but not in Scotland. • HPS have released a Briefing Note regarding monkey pox cases in the UK. • A Briefing Note was also released from HPS relating to the current outbreak of Ebola Virus Disease in the Democratic Republic of Congo. 	
<p>9. Review of Actions</p> <ul style="list-style-type: none"> • Ann Lang to prepare a list of who has attended the BICC meetings in the last year. • As other UK units are not willing to share their CLABSI rates data Dr Armstrong asked for this to be escalated. She asked Dr Kennedy to take this forward in discussion with Professor Brenda Gibson and raise this through Public Health England or if Professor Gibson could raise this at a national level through haemato oncology networks. • Mary Anne Kane to provide an update regarding the quote for the negative pressure rooms in QEUH. • Pamela Joannidis to provide an update when the trial of the PVC Care Plan is completed in QEUH. • Dr Inkster is waiting on information from Estates regarding the air flow changes at other sites. Dr Inkster and Dr Kennedy to update at the next meeting. • Dr Seaton is looking into the Antimicrobial Nurse role and to try and obtain funding for this. • A copy of the draft HAIRT to be sent to members of BICC for comments. • Tom Walsh to make sure a Risk Assessment of all the issues and options regarding Ward 2A/B were written up formally. • Dr Armstrong to request a meeting with the Scottish Government/HAI Policy Unit in the new few days. • Ann Frances Fisher to ensure that PVC and SABs are part of the induction for the newly qualified nurses starting next week. 	
<p>10. AOCB</p> <ul style="list-style-type: none"> • Sandra Devine updated that the Clinical Risk Assessment (CRA) compliance for GGC in Q2 (July-September 2018) for MRSA KPIs has dropped to 72% and the national target for this is 90%. A review of possible causes of this reduction was undertaken and it was identified that a change in the formatting of the nursing admission documentation question set may have led to this reduction. Elaine Burt is going to look into this and draft a new document. A SBAR report was issued to the Chief Nurses and a review of the formatting will take place as soon as possible. • Dr Armstrong advised that she received a complaint from a member of the public who was visiting their mother in QEUH. He said that most of the soap dispensers were all empty and he asked how this was going to be addressed. She said she has asked the South Sector to address the issues raised. Sandra Devine also commented that Infection Control can have this as theme of the week when speaking to wards. 	
<p>11. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Wednesday 26th November at 2.00pm and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Wednesday 28th November 2018 at 2.00pm in
Meeting Room 2, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Dr Iain Kennedy	Consultant, Public Health
Kenneth Fleming	Head of Health & Safety
Tom Walsh	Infection Control Manager
Sandra Devine	Associate Nurse Director, Infection Control
Liz McGovern	Specialist Pharmaceutical Public Health
Cathy Harkins	Lead Midwife
Pamela Joannidis	Nurse Consultant, Infection Control
Suzanne Clark	Lay Representative
Dr Alison Balfour	Infection Control Doctor
Tom Steele (present for Agenda Items 6.7, 6.10)	Director of Facilities and Estates

Teleconference

Dr Andrew Seaton (teleconference)	Lead Antimicrobial Management Team/ Consultant in Infectious Diseases and General Medicine
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In Attendance

Ann Lang (minutes)

Apologies received:

Dr Rosie Hague Dr Chris Jones Dr Teresa Inkster Mags McGuire

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 26th September 2018 The minutes of the previous meeting held on 26th September 2018 were agreed as an accurate record with the following amendment:- Page 4, Item 6.2 – should read” There is good compliance with the indication rate but ...”.</p>	
<p>3. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p>Actions Update</p> <ul style="list-style-type: none"> Attendance at BICC meetings. <u>Update</u> – Dr Armstrong asked that Mags McGuire and Dr Hague endeavour to send a depute if they are unable to attend these meetings. She asked for clarification when a Chief Nurse attends these meetings if they are attending on behalf of Mags McGuire or representing the Chief Nurses. <p>Cathy Harkins updated that Mags McGuire has issued an email with a list of meetings for 2019 and asked for representation for these meetings.</p> <p>Kenneth Fleming advised that between him and Rona Wall they will ensure that one of them attends these meetings.</p>	

Item	Action
<ul style="list-style-type: none"> • Jennifer Rodgers is to check with other UK health authorities that have Paediatric BMT units to compare GGC CLABSI median rate of 6.33. Data has been requested from other centres and it was agreed to ask Jen Rodgers for an update. <u>Update</u> – Dr Kennedy reported that in Scotland there is no standard rate of what is acceptable in a Paediatric unit. In England this information is published for English trusts and Woman and Children with a 12 month rolling rate. From this he said that GGC are in the middle of the four applicable English trusts. Dr Armstrong asked for this information to be shared with the Woman and Children’s governance team. Scottish Government have advised that Imperial College, London can act as a benchmark for GGC. • Dr Armstrong asked for an update regarding the quote for the negative pressure rooms in QEUH. Alan Stewart agreed to check this with Mary Anne Kane. <u>Update</u> –Tom Steele confirmed there will be 4 rooms in the adult hospital and 2 rooms in the children’s hospital. He said that the rooms that had been built in the adult hospital failed validation and will not be available to use until February. Mitigation pathways have been put in place and patients are being transferred to Monklands Hospital and Glasgow Royal Infirmary in the meantime. • Dr Jones asked for an update on using whiteboards to record patients with a PVC or CVC. Elaine Love informed that this information is available and will discuss this with the Chief Nurses. <u>Update</u> – The PVC Care Plan is due to be implemented on 1st December and Pamela Joannidis stated that a Newsletter will be issued to raise awareness of this. A sheet with instructions has been created and a toolbox talk will be carried out. It was felt by Chief Nurses that the white boards would not be the most appropriate place for this information. • Dr Inkster to look into required air changes after a AGP is performed and is waiting on information from Estates. • SAB Steering Group progressing an SBAR for an antimicrobial nurse. <u>Update</u> – Dr Seaton confirmed that he had a meeting with Mags McGuire and she said this post could not be funded. It was agreed that Pharmacy would provide 6 month enhanced funding from January to focus on IV to oral switch. Dr Armstrong asked if someone was assessing this pilot and Dr Seaton replied that surveillance is ongoing and will be monitored and feedback will be provided. This pilot will take place in GRI as there is a different strategy in QEUH. • A Risk Assessment of all the issues and options regarding Ward 2A/B are written up formally. <u>Update</u> – Tom Walsh confirmed that this has been shared with IMT and the HAI Policy Unit. 	
<p>4. Matters arising</p> <p><u>Infectious Diseases Unit</u></p> <p>Kenneth Fleming provided the background to a complaint that was sent to the Health & Safety Executive.</p> <p>He reported that HSE contacted GGC on 14th November to attend Ward 5C, GGH on 15th November. HSE spoke to a number of individuals on the ward and they requested information regarding training records for refit testing and the dates when RPE was required and no longer required. They then served an Improvement Notice regarding face fit testing for medical staff in Wards 5C and 5D. An Action Plan is to be produced and GGC have until 31st January 2019 to comply with this Improvement Notice.</p> <p>It was noted that a number of staff have been tested and in total 295 staff are face fit testers and 105 of these are on QEUH site. Kenneth Fleming advised that a number of staff failed the test but it is not clearly reported when they failed the test and what happened next.</p> <p>A Contravention Letter was issued regarding the policies and procedures for don and doffing of equipment. A meeting has been arranged for next week to include colleagues from Infection Control, Health and Safety and Occupational Health. An action plan will be created and GGC have until 28th December 2018 to comply with the letter.</p>	

Item	Action
<p>Dr Seaton informed that staff have been tested and passed the testing. If a staff member has a beard they are on restricted duties or a hood has to be purchased as there is no requirement to face fit test for these staff as they would fail. Sandra Devine pointed out that as the TB SOP has been to this committee for approval the recommendation is to wear a mask for a patient known to have TB and if the clinicians consider a patient to be low risk e.g. extrapulmonary TB there is no requirement to wear a mask.</p> <p>Kenneth Fleming is to issue an audit form to categorise high risk areas and to ask the wards/departments where they are with regards to fit testing for staff. He said he would like to know how many staff there are, how many have been tested and how many failed and what the area has done if staff have failed the test. Dr Armstrong said it would be useful to include Finance so they are aware of the costs.</p> <p>With regards to wearing the masks Erica Peters reported at AICC she was going to write to HPS to raise her concern regarding the TB guidance and to raise this at the TB network for it to be discussed nationally. Dr Armstrong requested that Tom Walsh prepare a paper on the current position within GGC and to also note the clinicians opinion and to write formally to HPS on what our position is regarding masks.</p>	TW
<p>5. Standing Agenda Items</p> <p>5.1 Draft HAI Reporting Template (HAIRT) for NHS Board Meeting</p> <p>A copy of the draft HAIRT for December was issued with the agenda.</p> <p>Sandra Devine provided an update on some of the information contained in the report:-</p> <ul style="list-style-type: none"> • 105 SAB cases were reported for April to June 2018 with a Healthcare Associated rate of 21.3 cases per 100,000 bed days. For Quarter 3 (July – September) for local surveillance there are 91 reported cases. There have been 7 device related SAB cases and 5 healthcare associated cases for October. • The PVC Care Plan is being rolled out in December and the Chief Nurses and Chief of Medicines have agreed to do twice daily care checks. A meeting was held with Procurement regarding the PVC packs that Ayrshire & Arran have and Procurement will evaluate the feasibility of purchasing these for GGC. • 116 CDI cases were reported for April to June 2018 with a Healthcare Associated rate of 18.0 cases per 100,000 bed days. For Quarter 4 28 CDI cases were reported locally in October 2018 and 17 of these were healthcare associated and 11 were community associated. <p>5.2 Monthly Activity Report for Acute Clinical Governance Committee</p> <p>A copy of the Monthly Activity report for the Acute Clinical Governance Committee was distributed with the agenda.</p> <p>Sandra Devine provided an update on the report and key issues are identified at the front of the document which include:-</p> <ul style="list-style-type: none"> • 1 audit in the Physio Department scored red. • A total of 2803 modules were completed in October 2018 for topics related to Infection Prevention & Control. • The CPE screening compliance for Quarter 2 (July – September) is 73%. • There was a MRSA outbreak attributed to the Ward 45, Burns Unit and ITU at GRI. 7 cases were identified with 3 HAI to ICU and 3 HAI to Ward 45. 6 of the 7 MRSA isolates were of the same spa type. 2 of the patients also had MDRO <i>Pseudomonas aeruginosa</i> with one HAI to Ward 45 and one HAI to ICU but both the same type. Environmental screening was carried out and was negative. Weekly screening of all patients took place but this has now stopped. 	

Item	Action
<p>5.3 IPC Work Plan</p> <p>A copy of the IPC Work Plan for 2018/19 was issued and Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> • With regards to the implementation of the NHS Scotland National (IPC) Monitoring Framework Pamela Joannidis is to carry out a mapping exercise to identify gaps in the existing audit process. • As we do not have the Community Catheter Guidance the work in relation to QI cannot be done. This has still to go to the Partnership Clinical Governance Committee for approval. • The plan to reduce e-coli bacteraemias by 50% in HAI cases and 10% in all cases is in draft format and will be presented to IPC Senior Management Team. • A Decontamination tool was required and this was completed in September. Sandra commented that this is an Infection Control tool and not an environmental monitoring tool. 	
<p>5.4 SOPs</p> <p>The following SOPs were issued to the committee for approval and Pamela Joannidis reported that she received some comments which are detailed below.</p> <ul style="list-style-type: none"> • Meningococcal Disease SOP <ul style="list-style-type: none"> • The vaccine now covers Men C cases and Dr Balfour agreed to send Pamela narrative for this. • Updated wording in section 3: clinical waste, linen, hand hygiene. • Removal of procedure restrictions, Risk Assessment, Vaccinations in section 3. • Toy Cleaning SOP <ul style="list-style-type: none"> • Updated wording, 'child' changed to 'patient' throughout. • Updated wording in section 3 criteria. • Updated wording in section 4 Toys and Games. • Updated wording in Section 5 cleaning procedure. • The link on the front page is not working and to be checked. • It was agreed to keep the word 'prior' in. • Whooping Cough SOP <p>Pamela updated that late comments were received for this SOP.</p> <ul style="list-style-type: none"> • Updated links for linen management and last offices • Rewording of linen management section • NIPCM link added to evidence base section • Updated link to CDC isolation guidelines • The contact number for Public Health to be added and include out of hours. • A notifiable case should not wait for lab confirmation. • Remove 'Outbreak Control Team' and add in 'IMT'. • Page 7 should read 'Serology (a clotted blood sample) is performed'. • Environmental Organisms in High Risk Areas SOP <p>As this is a new document no comments were received for the above SOP.</p> • Multi-Resistant Organisms (MDRO) SOP <p>This is also a new SOP and no comments were received.</p> • Clostridium Difficile Fact Sheet <ul style="list-style-type: none"> • Clostridium difficile to now be called Clostridioides difficile • Keep in the phrase 'single side room'. • Change wording from 'reviewed by medical staff' to 'to be seen by medical staff'. • Last sentence to remove the word 'you'. 	AB

Item	Action
<ul style="list-style-type: none"> • MRSA Fact Sheet No comments were received. <p>The committee approved all the SOPs and Fact Sheets with the changes noted above.</p>	
<p>6. Exception Reports and Updates</p>	
<p>6.1 vCJD Group</p>	
<p>The next CJD Group meeting is scheduled for 18th December 2018. Dr Kennedy reported that the Ophthalmology review was ongoing and of the 35 casenotes requested 14 were not available.</p>	
<p>6.2 Antimicrobial Management Team</p>	
<p>Dr Seaton provided an update on some of the ongoing work of the Antimicrobial Management Team.</p>	
<p>He said the team are focusing on two areas of work which include i) IV to oral switch with funding to support this and ii) to reduce Temocillin use and hopefully the cost savings come from Pharmacy initiative.</p>	
<p>The total use of antibiotics in acute had increased and this initiated the Antimicrobial Pharmacists to carry out a review of all pre packs and targeting ED departments as some of the antibiotics given out are not tailored for the patient's condition. New pre packs are being created for GGC sites and this has seen a significant reduction in antibiotic use. ED are now looking at all pre packs and working with Pharmacy colleagues to rationalise the antibiotics used. Dr Seaton said one example of antibiotics that are not required in QEUH is that they stock Calpol although they do not treat any children and are now looking to try to reduce waste.</p>	
<p>For Quarter 3 he reported that there has been a significant reduction in overall use of antibiotics which has resulted in a reduction in the last four quarters.</p>	
<p>Dr Seaton reported that the challenge is IV antibiotic use and at the AUC meeting it was noted that GGC is an outlier. He said there needs to be more communication to promote IV to oral switch.</p>	
<p>Antibiotic prescribing in primary care has had another year of reduction in antibiotic use. He said that 82% of prescribing in GGC is in primary care instead of secondary care with the indication coming down in secondary care. Dr Armstrong commented that this could be publicised more. Dr Seaton was requested to keep PPSU appraised of the developments</p>	AS
<p>In relation to SABs Dr Seaton said he discussed this with Pete Thomson, Renal Physician as the number of SAB cases in this area in Regional Services was flagged up. A business case for a Specialist Vascular Device Nurse was rejected and this was raised at the SAB group. He asked the committee to support this as this could be an improvement initiative to reduce vascular device infections. Dr Armstrong asked for Sandra Devine and Dr Inkster to discuss this with Scott Morris and the renal team. Sandra commented that Dr Inkster has already set up a meeting with Renal Consultants to discuss SABs.</p>	TI
<p>6.3 Acute Infection Control Committee (AICC)</p>	
<p>A copy of the agenda for the last meeting in October and the minutes of the meeting held in August were distributed with the agenda and noted.</p>	
<p>As there have been no HEI inspections Tom Walsh said that he had written to Elaine Love to ensure that corporate inspections were taking place. Pamela Joannidis has also issued reports from other Boards that have had visits from HEI.</p>	

Item	Action
<p>6.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the meeting held in November and the minutes of the previous meeting were noted.</p> <p>The committee approved the Adult Care Plan for Mental Health.</p> <p>In terms of governance Tom Walsh reported that the Chief Nurse for HSCP is now a member of the committee and they are reviewing membership and representation at these meetings.</p> <p>Dr Armstrong asked that when looking at FFP3 fit testing to ensure that HSCP are included.</p>	
<p>6.5 Recent Outbreaks/Incidents Sandra Devine provided an update on the recent CPE outbreak in GRI. In total 6 CPE positive patients were identified from contact screening. When looking at all the patients one CPE positive patient has since been identified as a CPE contact from the index case during a previous admission in July 2018. It emerged that the patient had been in Pakistan this year and did not inform staff.</p> <p>Dr Kennedy reported that in total there were 61 contacts with 54 of these community contacts. 8 patients have been readmitted since first phase screening and all cases appear to be negative. The second phase of screening is ongoing. 24 of the patients are from the new index case as at the first admission they were not screened as there was no evidence of cross transmission. He said they obtained unvalidated results from the Reference Lab and there is discussion to determine whether to inform patients just before Xmas or wait until January. Dr Armstrong recommended that as this happened in October we should be sending letters to inform patients now.</p> <p>In GRI there was an outbreak of MRSA with 7 cases identified. 6 of these cases were identical and some of the cases were attributed to ITU. All the patients were being screened weekly but this has now stopped. Environmental sampling carried out was negative.</p>	
<p>6.6 HEI Steering Group The HEI group have not met recently as there have been no inspections.</p>	
<p>6.7 Water Incident at QEUH and RHC Tom Steele informed the committee of ongoing works for Wards 2A and 2B. A list of remedial actions has been drawn up and this includes changing the clinical taps, changing the lights and flooring and works will be completed in December which he said is achievable.</p> <p>The ventilation system is being looked at and the implication for this and discussions are ongoing with clinicians. Tom Steele said when finished the area will have 8 beds in terms of ENT beds and they will have their own domestic water system. This work should be able to be carried out overnight.</p> <p>With regards to the chlorine dioxide he said that there is a wider plan to carry this out in the adult hospital on 24th and 27th January, where the system will need to be shut down.</p> <p>The Scottish Government are being kept informed of the work and communications are ongoing. Dr Armstrong reported that the Scottish Government are to present the water report to the Cabinet Secretary and then to Parliament.</p>	

Item	Action
<p>6.8 SAB Steering Group The SAB Steering group are looking at Care Plans and packs. Ward rounds for SABs have also been introduced.</p>	
<p>6.9 MRSA & CPE Summary Quarter 2 July – September 2018 A copy of the MRSA and CPE CRA compliance for Quarter 2 (July – September 2018) was distributed with the agenda.</p> <p>Sandra Devine reported that our CRA compliance is 72%.</p> <p>With regards to the NAD document Sandra said that she and Pamela met with the authors to ask if the document could be changed back to the way it was before as some of the questions are being missed. This will need to wait on the next print run before this can be reintroduced and Sandra said that we will not be able to demonstrate an improvement until then. Information is feedback to directorates and she said this will be continued to be monitored.</p>	
<p>6.10 Cowlairs CDU Dr Balfour reported that following an inspection by our independent quality assurance advisers, Cowlairs decontamination unit was temporarily closed on 16th November 2018.</p> <p>The inspection highlighted a number of issues with the fabric and mould in the facility but these issues did not directly relate to the unit's processes for sterilising equipment. Tom Steele advised that the repairs to the ceiling were carried out and a further testing regime and resilient measures were put in place. He said that part of the ceiling has a flat roof and suspects that rain water overwhelmed this area as when this was removed the rest of the area was dry.</p> <p>On 22nd November our quality assurance advisers confirmed reinstatement of the Certification for the Cowlairs Decontamination unit. Tom Steele said this is a very busy unit with over 59,000 trays being processed with approximately 12,000 trays processed a day. He said our system for using trays needs to be looked. The instruments from theatres are now going back to Cowlairs within 2 hours. Dr Armstrong stated that all trays are barcoded and sterilised and had to be sent all over the country during this closure. Tom Steele assured that they have a system in place to know where all trays are if they are being transported off site.</p> <p>Tom Walsh said the mould in the clean room had to be addressed first and sampling took place regarding the fungal growth. Further testing will be arranged for Thursday.</p> <p>Lessons learned from this incident and especially the resilient plan will be looked at as Tom Steele advised that nationally this is poor. This will form part of a formal report.</p>	
<p>7. New Business / Documents Received</p>	
<p>7.1 Winter Planning (inc POC Testing) The Point of Care testing is at the Procurement phase. Tom Walsh advised that Rory Gunson, Consultant has written to Dr Inkster to ask where this is in place. Tom commented that the point of care testing will not populate our ICNET system and is not linked to Telepath. Dr Inkster is in discussions with Rory Gunson to determine if the information can be imported from Telepath. She is also pursuing a way to standardise this across all sites. Dr Balfour advised that RSV and Point of Care testing is carried out in RHC and is linked to the Telepath system.</p>	

Item	Action
<p>7.2 HPS SBAR Dyson Fans</p> <p>There was discussion as to whether BICC was the correct place for this item and agreed it should be presented to AICC for approval and for them to make assessment of this.</p>	
<p>7.3 Norovirus/Influenza Escalation Plan</p> <p>A copy of the draft IPC Norovirus/Influenza Escalation Plan was issued with the papers. Sandra Devine reported that in the plan it states that when three wards are closed on the same site this will identify a trigger for action and an Incident Management Team (IMT) will be convened.</p> <p>Dr Kennedy asked for more clarification if it means three wards closed for both Norovirus and Influenza or 3 wards closed for the one organism.</p> <p>Under bullet point 4, Dr Kennedy asked if the sentence “The group should consider issuing a public health media statement” could be removed.</p> <p>With the above amendments to be made the committee agreed the plan.</p>	
<p>7.4 National Monitoring Framework to Support Safe and Clean Care Audit Programmes</p> <p>In 2015, the Chief Nursing Officer (CNO) asked that Health Protection Scotland (HPS) consider the need for a national monitoring system for equipment decontamination.</p> <p>HPS wrote to all NHS board Infection Control Managers and requested their current IPC audit tools. A gap analysis was undertaken to assess their content in terms of methodology and approach as well as ascertain what IPC data fields are used across Scotland. Findings from this showed a consistent approach in terms of IPC audit content. However, there was variation in terms of methodology including scoring and weighting of scores; re-audit and none used a QI approach within the action planning process. Following discussion with Scottish Government, it was agreed to alter the deliverable from development of a National IPC Monitoring Tool to a National Monitoring Framework.</p> <p>Pamela Joannidis reported that she will meet with Kirsty Ferguson, Lead Infection Control Nurse to discuss this as she is the Lead Nurse for the IPC Audit Group.</p> <p>On Page 7, it was noted that the remit of the HAI Executive Lead was not consistent with the role within GGC. It was agreed that Tom Walsh should check the HAI Executive role with colleagues at Scottish Government and report back to the committee.</p> <p>It was agreed that Pamela Joannidis will check the HAI Executive Lead role and Dr Armstrong stated that she was not happy to sign off this document unless this was updated.</p>	TW
<p>8. Update from Public Health Protection Unit</p> <p>Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • The staff flu vaccination has an uptake target of 60%. The target is ahead of where we are this time last year. Peer immunisation and roving teams are providing the vaccination. • Public Health are in the process of reviewing the Outbreak Control Plan and this will be presented in March. The Managing Public Health Incidents have been updated. • They have received a couple of notifiable diseases and organisms and a couple of near misses. He said they are preparing a document for Labs and it is not the responsibility of Infection Control to notify Public Health of any of these. 	

Item	Action
<ul style="list-style-type: none"> The Emerging Pathogens Group met on 1st November. The group looked at MERS and have an interim MERS document. There have been a few issues with staff not following the pathway and they discussed fit testing and training. This document has not been published yet. 	
<p>9. Draft BICC Meeting Schedule 2019 A copy of the meeting schedule for 2019 was distributed with the agenda and noted.</p>	
<p>10. Review of Actions</p> <ul style="list-style-type: none"> Tom Walsh to prepare a paper on the current position within GGC regarding FFP3 masks and to also note the clinicians opinion and to write formally to HPS. In relation to the Meningococcal Disease SOP and the vaccine that now covers Men C cases Dr Balfour agreed to send Pamela Joannidis narrative for this. As antibiotic prescribing in primary care has reduced Dr Armstrong asked Dr Seaton to keep PPSU appraised of developments Dr Inkster to provide an update regarding the meeting with Renal Consultants to discuss the number of SABs in this area. It was agreed that Tom Walsh will check the HAI Executive Lead role in the National Monitoring Framework. 	
<p>11. AOCB</p> <ul style="list-style-type: none"> As the next meeting of the Board Water Safety Group meeting is next week Dr Kennedy said he will discuss this separately with Pamela Joannidis. 	
<p>12. Date and Time of Next Meeting The next meeting has been arranged for Monday 28th January 2019 at 2.00pm and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

2019 Meeting Dates

Date (2019)	Time	Venue
28 th January 2019	2.00pm – 4.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
25 th March 2019	2.00pm – 4.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
3 rd June 2019	2.00pm – 4.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
29 th July 2019	2.00pm – 4.00pm	Board Room, Admin Building, GRH
7 th October 2019	2.00pm – 4.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
25 th November 2019	2.00pm – 4.00pm	Board Room, Admin Building, GRH

Board Infection Control Committee 25/03/19
Minutes: 12-22

Minutes of the
**NHS GREATER GLASGOW AND CLYDE
 BOARD INFECTION CONTROL COMMITTEE**
 held on
**Monday 25th March 2019 at 2.00pm in
 Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Mary Anne Kane	Acting Associate Director of Facilities Management
Dr Andrew Seaton	Consultant in Infectious Diseases and General Medicine
Pamela Joannidis	Associate Nurse Director, Infection Control
Suzanne Clark	Lay Representative
Dr Teresa Inkster	Lead Infection Control Doctor
Kenneth Fleming	Head of Health & Safety
Sandra Devine	Acting Infection Control Manager
Dr Iain Kennedy	Consultant, Public Health Medicine
Mags McGuire	Nursing Director
Christina McKay	Chief Nurse, Clyde

In Attendance

Ann Lang (minutes)

Apologies received:

Liz McGovern Dr Rosie Hague Dr Chris Jones Rona Wall

Minute	Action
<p>12. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>13. Minutes of the meeting held on 28th January 2019 The minutes of the previous meeting held on 28th January 2019 were agreed as an accurate record.</p>	
<p>14. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p>Actions Update</p> <ul style="list-style-type: none"> • Tom Walsh to prepare a paper on the current position within GGC regarding FFP3 masks and to also note the clinician's opinion and to write formally to HPS. <u>Update</u> – Pamela Joannidis reported that a meeting has been arranged with HPS for 2nd April 2019 to discuss the comments raised regarding the national manual. Kenneth Fleming and Pamela Joannidis to discuss further if Kenneth Fleming should attend this meeting. 	<p>PJ/KF</p>

Minute	Action
<ul style="list-style-type: none"> Jennifer Rodgers is to check with other UK health authorities that have Paediatric BMT units to benchmark NHS GGC CLABSI median rate of 6.33. Data has been requested from other centres and Jen Rodgers will be asked for an update . Dr Kennedy reported that in Scotland there is no standard rate of what is acceptable in a Paediatric unit. In England limited data is published for English Hospital Trusts with a 12 month rolling rate for <i>Klebsiella</i> and <i>Pseudomonas</i> bacteraemia. From this he said that rates within GGC are in the middle of the four applicable English trusts. Dr Armstrong asked for this information to be shared with the Woman and Children’s governance team. Scottish Government have advised that Imperial College, London can act as a benchmark for GGC. <u>Update</u> – Dr Inkster reported that the rates for bacteraemias in relation to water have decreased. She said that although Imperial College in London would be good to act as a benchmark she said that there is not much to benchmark against. Dr Armstrong commented that it would be a good idea to link with them to do the benchmark and to look at their practice. Mags McGuire stated that HPS have offered to assist and asked if we can provide them with a list of questions we would like them to answer. Sandra Devine agreed to write up the list of questions. Mags also commented that after discussion with Jackie Reilly she said that she was very supportive of the work that has been carried out but said that we need to present things that have gone well and report that we have some of the sickest patients in Scotland which she feels is not being played out. A note has been sent today to the Directors and Chiefs of Medicine to give them all the information we have for QEUH campus and RHC. 	<p>TI</p> <p>SD</p>
<p>Dr Kennedy said that he had spoken with colleagues in Northern Ireland and said that maybe he can ask one of them to do an analysis of the data. The IPC Director in Great Ormond Street said that they would be keen to do some comparator work with us.</p>	<p>IK</p>
<p>With regards to the visit to Leeds Dr Armstrong asked for an update and Dr Inkster reported that the water incident has taken priority but she will contact Brenda Gibson to visit Leeds.</p>	<p>TI</p>
<p>To improve confidence in our hospitals Dr Armstrong said that she would like to draw all these things together and to report the positive things to present at the Board meeting on 16th April 2019.</p>	
<ul style="list-style-type: none"> Dr Seaton is looking into the Antimicrobial Nurse role and funding is now being sought via Pharmacy. <u>Update</u> – Dr Seaton reported that funding has been confirmed for a temporary Pharmacist to do 1 or 2 sessions per week, although they are trying to get this for a longer period. After the first month in post Dr Seaton stated that they have made £125,000 in savings in intravenous drug costs. With regards to the use of Temocillin this has been successful to reduce this although there is a slight increase in the use of other antibiotics used instead of Temocillin. He said they are trying to broaden the remit of all antibiotics and to have the nurses involved in the process. 	
<p>There is now a national prescribing indicator for the reduction in antibiotic use in Scotland. Dr Seaton reported that this is a focus for our Board as we are 50% higher than anywhere else. He also stated that IV therapy is also coming down.</p>	
<ul style="list-style-type: none"> HSE Inspection - Infectious Diseases Unit. <u>Update</u> - Kenneth Fleming updated that HSE served an Improvement Notice on our board which is now fully complied with. They have asked for other issues to be addressed and Kenneth said that Health & Safety are working through these. They are ensuring that FFP3 fit testing is rolled out to other areas and they are looking at the process for staff who have failed the fit testing and how to set up a system for this. A meeting was held on Friday and they are working through the actions required. Mags McGuire commented that HIS would expect our board to be compliant with this across the board and be able to provide the evidence for this. 	

Minute	Action
<ul style="list-style-type: none"> Dr Inkster to provide an update regarding the meeting with Renal Consultants to discuss the number of SABs in this area. <u>Update</u> – A meeting was held with Renal Consultants on 30th January 2019. There appears to be a practice issue regarding the dressings and vascular dressings and this has been tabled at the SAB Group to address. 	
<p>15. Matters arising <u>Appendix 11, National Meeting</u> In relation to Appendix 11 of the national manual a comparison document was issued with the agenda. Pamela Joannidis reported that she did a benchmark exercise with our own SOPs against the national manual to determine the differences particularly with use of FRSM and FFP3 masks. Dr Armstrong recommended that a further column be added on the decisions made if we are not following the national manual with clear reasoning. This should be reviewed at Acute and Partnerships Infection Control Committees and then at Board Infection Control Committee.</p> <p>A meeting will be held with HPS to discuss this and Dr Armstrong asked Pamela and Dr Kennedy to meet prior to the meeting with HPS. She also asked for this document to be issued to AICC after the meeting with HPS.</p>	PJ/IK
<p>16. Standing Agenda Items</p> <p>(a) Draft HAI Reporting Template (HAIRT) for NHS Board Meeting A copy of the draft HAIRT report for April was issued with the agenda.</p> <p>Sandra Devine provided an update on some of the information contained in the report:-</p> <ul style="list-style-type: none"> For Quarter 3 there were 90 validated <i>Staphylococcus aureus</i> Bacteraemia (SAB) cases which is a Healthcare Associated rate of 16.2 cases per 100,000 bed days which is below the national rate. The community associated rate for GGC is 7.8 cases per 100,000 bed days. For Quarter 4 the unvalidated data for the local surveillance reports 103 SAB cases and this is an increase from the previous quarter of 90 cases. 88 of the 103 cases were categorised as Healthcare Associated/Hospital Acquired. With regards to IV access device SABs in GGC the variation is smaller and numbers are stable. For the period January to March 2019 there have been 107 SAB cases to date, however 33 of these cases were community cases. Samples of the PVC packs are currently being evaluated and initial feedback has been positive. There is only one supplier for these and a further pilot in a clinical area i.e. ED or Hospital at Night is being considered. John Stuart tabled a poster at the AICC which will be put on the case note trolley as an immediate reminder for staff to remove PVCs. The MRSA Clinical Risk Assessment (CRA) compliance for GGC in Q4 (January – March 2019) has remained at 69%. The updated My Assessment Record (MAR) is still in the process of being rolled out. In the meantime during their weekly visits the IPCNs do a Topic of the Week and will check the admission documents and report any poor compliance with the completion of the assessment to the Nurse in Charge. Compliance with CRAs will also be added to the Infection Prevention and Control Audit Tool (IPCAT). Compliance is also reported to the Acute Services Division Clinical Governance Forum. The deteriorating compliance with MRSA CRA was published as a “Hot Topic” on StaffNet. For Carbapenemase-Producing Enterobacteriaceae (CPE) compliance in Quarter 4 GGC had a rate of 78% which is an improvement from last quarter. 111 validated <i>Clostridioides</i> (formerly <i>Clostridium</i>) <i>difficile</i> (CDI) cases in ages 15 and over were reported for July to September 2018 and local surveillance confirms a decrease in CDI cases for Quarter 4 with 93 cases reported in total. Local surveillance for the first quarter of 2019 is still underway and to date there are 71 cases for Quarter 1. A letter has been issued to clinicians regarding best practice 	

Minute	Action
guidance for the use of antibiotics and PPI.	
<ul style="list-style-type: none"> 6 SSIs were detected for major vascular surgery procedures in January. Dr Seaton reported that there is agreement to amend the vascular surgery antibiotic prophylaxis as the Vascular Surgeons prefer not to use gentamicin, although this is in the guidelines. He said they have promoted good antibiotic surgical prophylaxis issues regarding skin prep and have agreement with Infection Control to amend the guidelines. 	
(b) Monthly Activity Report for Acute Clinical Governance Committee	
A copy of the Monthly Activity report for the Acute Clinical Governance Committee was distributed with the agenda and noted.	
Sandra Devine updated on some of the points in the report:-	
<ul style="list-style-type: none"> This is the first report that includes an update on all incidents. The IPCAT audit now lists items in red which have scored lower results than the previous audit. A total of 1861 modules were completed in January 2019 for topics related to Infection Prevention & Control. 	
(c) IPC Work Plan	
A final copy of the IPC Work Plan for 2018/19 was issued and Sandra Devine updated that there are two issues still outstanding. These include:-	
<ul style="list-style-type: none"> Support the development and update of guidelines to promote high standards of practice for patients with indwelling urinary catheters including in-patient and community care. Acute and Partnerships guideline has now been circulated for wider consultation before being presented to the Board Clinical Governance for final approval. Explore the possibility of obtaining data from GPs with regards to community <i>Clostridioides difficile</i> infection (CDI) to identify possible risk factors. PHPU and IPCT have agreed a letter to be sent to GPs of patients with CDI at discharge. 	
Both of these issues will be transferred to the new Work Plan which will be available for the next BICC meeting.	
With regards to page 12 and the governance of the water group Dr Inkster asked who is the joint chair for this group and it was agreed it should be the Director of Facilities.	
(d) SOPs	
The following SOPs were issued to the committee for approval and Pamela Joannidis provided an update on the following:-	
<ul style="list-style-type: none"> Procedure for the Development and Approval of Infection Prevention Control Policies, SOPs and Patient Information in NHSGGC <ul style="list-style-type: none"> In Section 2 the sentence regarding Clinical Governance Committee has been removed. Additional information in Section 3 has been added on 'IPC News and Updates page' on GGC IPC web site The committee approved the SOP. 	
<ul style="list-style-type: none"> Group A Streptococcus SOP <ul style="list-style-type: none"> Change to PPE for respiratory tract infection with addition of fluid resistant surgical mask for direct care to align with the national manual. This SOP was approved. 	
<ul style="list-style-type: none"> Shingles SOP <ul style="list-style-type: none"> The reference in the SOP has been updated. The Shingles SOP was approved. 	

Minute	Action
<ul style="list-style-type: none"> • IPC Precautions for Patients with Cystic Fibrosis SOP <ul style="list-style-type: none"> - There was a request to merge both of the Cystic Fibrosis SOPs into one document and the committee approved this. <p>Dr Armstrong commented that we sent our CF data to HPS and never received a response. Pamela Joannidis informed that HPS have produced a guidance document from their short life working group and the group are meeting to discuss this. Dr Armstrong requested Pamela gain a response.</p>	PJ
<p>17. Exception Reports and Updates</p>	
<p>(a) vCJD Group</p> <p>The CJD Group are in the process of trying to fully implement the 2006 NICE guidelines. Dr Kennedy advised that the NICE guidance is under review in that new guidance is out for consultation and should be available in late 2019/2020.</p> <p>HPS carry out an annual survey on the number of patients with CJD and Dr Kennedy said this is cross checked against our database.</p>	
<p>(b) Antimicrobial Management Team</p> <p>Dr Seaton provided an update on some of the ongoing work of the Antimicrobial Management Team.</p> <ul style="list-style-type: none"> - With regards to primary care prescribing Dr Seaton reported that we are now 5 years with sustained reduction in antibiotic use and it is at its lowest since it started. - The 4Cs antibiotic use is at its lowest. - In relation to patients in hospital the rate of antibiotic use is decreasing from 5-6% to 1-2%. Dr Seaton stated that they are looking at prepacks for patients and this has led to a significant reduction in EDs and this will now be a focus in other areas. - Our rate of increase in antibiotic use is still at 3% increase. Mags McGuire asked if we are using more antibiotics and Dr Seaton replied that the highest use is in ED departments and the AMPs are looking into this to try and shorten the duration of antibiotics. - PHE produced guidance to say patients can have shorter use of antibiotics which is reducing the duration of antibiotics - IPC had a meeting to amend the guidelines in neurosurgery regarding surgical practice. - SAPG are looking into patients who declare they have an allergy to Penicillin. Dr Seaton stated that 10% of hospital patients identify with an allergy. At the moment he said they are focusing on QEUH site and piloting this on various patients and will also look at patients in Neurosurgery, Renal and in the Beatson. 	
<p>(c) Acute Infection Control Committee (AICC)</p> <p>A copy of the agenda for the last meeting in March and the minutes of the meeting held in January were distributed with the agenda and noted.</p> <p>The issues of fans was discussed and it was noted that Golden Jubilee have identified fans that cost £12.99 and can be cleaned which is being looked into.</p>	
<p>(d) Partnership Infection Control Support Group (PICSG)</p> <p>A copy of the agenda for the meeting held in March and the minutes of the previous meeting were noted.</p> <p>The PICSG discussed fit testing for FFP3 masks.</p> <p>They also discussed the issues regarding the flushing of taps but an operational group are looking into this.</p>	

Minute	Action
<p>(e) Recent Outbreaks/Incidents</p> <p>An update on the recent incidents were provided as follows:-</p> <ul style="list-style-type: none"> <p>Cryptococcus, QEUH</p> <p>Dr Inkster provided an update on the investigations continuing into the cases of Cryptococcus within the Queen Elizabeth University Hospital. She said the incident has been de-escalated to green.</p> <p>The Expert Advisory Group continue to meet but she said it is proving difficult to find the reasons why the Cryptococcus cases occurred. Dr Seaton commented that he is not certain that one of the cases was acquired here as the patient had been in Brighton previously where this is endemic. Dr Armstrong asked that all relevant information be shared with the SCI team. Dr Inkster stated that outbreaks are so rare and there is very limited literature regarding this.</p> <p>Dr Armstrong asked for this section in the HAIRT to be elaborated more to include the uncertainties surrounding this.</p> <p>Staphylococcus aureus bacteraemia, Princess Royal Maternity, GRI</p> <p>Dr Inkster confirmed that there were 13 cases of <i>Staphylococcus aureus</i> bacteraemia in NICU at Princess Royal Maternity. 10 patients are colonised and unfortunately 3 babies died and bloodstream infection was cited on the death certificate. 5 babies are now in the unit and are all colonised. Control measures are in place with enhanced cleaning, hand hygiene, enhanced supervision, Infection Control input and screening of staff. Dr Inkster stated that she carried out a walkround of the unit today with Lisa Ritchie, Nurse Consultant, HPS. She said they identified, in some areas, a high level of dust, with the area very cluttered and busy. The cleaning of the equipment is carried out by the nurses but they are not getting a chance to clean these as the unit is so busy. Mags McGuire said she will have discussions regarding nursing staff and Jen Rodgers will speak to Alan Mathers to decide whether to reduce the admissions to the unit. Dr Armstrong suggested that the directorate team devise a plan as this is urgent and Sandra Devine said they are looking at a joint post for a Housekeeper.</p> <p>The next IMT meeting is scheduled for next Friday and HPS are to provide a report on their findings.</p> <p>Renal</p> <p>A renal patient had visited Pakistan and Dr Inkster informed there was cross transmission of CPE from this patient to two other patients. The focus in the ward is on hand hygiene, environment and cleaning. She said they are following the HPS CPE toolkit and screening all patients for 4 weeks and the screening of community patients will be carried out with the assistance of Public Health. A risk assessment was not carried out on admission of the patient and the ward had to be closed. Screening of patients was carried out on a weekly basis for 4 weeks and the control measures included hand hygiene and cleaning. A total of 139 patients will be written to due to this.</p> <p>Murcomycosis ICU, QEUH</p> <p>A copy of a Hot Debrief report was distributed with the agenda Dr Inkster provided the background to this.</p> <p>Two patients in Intensive Care Unit in QEUH were referred to IPCT on Friday 18th January with mucoraceous mould (mucor) in clinical samples by a consultant microbiologist.</p> 	<p>MMcG</p>

Minute

Action

- **Group A Streptococcus (GAS) – Stobhill Campus Mental Health Service wards**

The Hot Debrief report for this incident was distributed with the papers and Dr Inkster provided an update on the four cases of GAS identified in Stobhill campus.

Two patients that were in Jura Ward sampled positive for GAS between 21st January and 5th February 2019. Jura ward is a Mental Health Service 20 bedded organic elderly admissions ward on the Stobhill campus. Sadly one of the elderly patients died and GAS was cited on the death certificate and this was entered on Datix.

Two of the other patients were attributed as HAI to Skye House which is an adolescent psychiatric unit for young people aged 11 to 18 with psychiatric illness.

Typing results from 3 out of the 4 cases identified different strains. Dr Inkster stated that the unit had environmental issues regarding cleaning, hand hygiene, storage and failure to comply with uniform policy.

(f) HEI Steering Group

There was a recent HEI inspection to wards and theatres RAH which resulted in 8 requirements and 2 recommendations. The 16 week follow up Action Plan is due mid May and Sandra Devine reported that actions from the inspection are being worked through.

The report from the QEUH & RHC inspection in January detailed 14 requirements and 1 recommendation. In addition to the Action Plan there is also a Board Action Plan being created with some of the actions having a month's turnaround.

In the report Mags McGuire pointed out that they mention undertaking observation but do not say how often someone was observed. Also in relation to fans we could not demonstrate how to clean these and these had to be removed from areas.

(g) Water / Ventilation Issues at QEUH and RHC

Dr Inkster reported that the taps and sinks in Ward 2A/B were changed and the filters will be kept on long term in the Haematology unit as fungi was identified there. She said they also picked up low levels of legionella, though not clinically significant. She said discussions are underway to determine if the taps should be removed from other critical care areas.

The Water Technical Group meets every two weeks to discuss all these issues.

With regards to ventilation the work was carried out for the HAI Scribe.

Ward 4C will be looked at to see if they can get an upgrade for here but the work to change the rooms to negative pressure has started. Dr Kennedy asked what the timescale for this is and Mary Anne Kane replied that these will be signed off at the end of April / beginning of May. She said they have until the end of June to carry out the work but only if they can gain access to the area. A weekly report will be provided to Mary Anne Kane with an update on the works carried out.

(h) SAB Steering Group

The SAB Steering group are continuing to meet as discussed earlier.

Minute	Action
<p>(i) Cowlairs CDU Dr Inkster reported that there was an issue with high counts of mould in CDU. She said she visited the area with Mary Anne Kane and they identified practice issues with hand hygiene and PPE. Mary Anne said they are going to look at the layout of the area but she is concerned that the counts are going up. She said they have carried out a detailed review of domestic and cleaning schedules. With regards to Infection Control she requested their input for decontamination and Dr Armstrong suggested that Mary Anne and Sandra Devine meet to discuss this.</p> <p>(j) Update from Water Group The Water Group met yesterday to review outstanding rolling actions and they agreed to increase the frequency of these meetings. The Terms of Reference for the group will also be updated.</p> <p>Mary Anne Kane advised that significant work has been taken forward on ice machines and water coolers with support from clinical colleagues. Notification has been issued that water coolers are not permissible in high risk areas.</p> <p>Dr Armstrong requested that Infection Control, Public Health and Estates meet to discuss all the water issues and she said she would like to have summary reports regarding this formally considered at the Board Water Group with the Director of Estates. A summary of this could come back to the relevant meeting of BICC.</p>	<p>MAK/ SD</p> <p>SD/IK/ MAK</p>
<p>18. New Business / Documents Received</p>	
<p>(a) CNO Letter – HAI Guidance The CNO issued a letter dated 11th February 2019 to all NHS Boards. The letter states that :-</p> <p>It is a requirement for all infection incidents/outbreaks that the Incident management Team (IMT):</p> <ul style="list-style-type: none"> • Communicate with all patients affected and where appropriate their families; • Communicate with all other patients and where appropriate families who may be affected or concerned e.g. those in the same ward/unit as patient(s) affected; • Prepare a press statement (holding or release) for all HIIAT amber or red assessed outbreaks/incidents. If a proactive media communication is planned then this should be undertaken in consultation with HPS and Scottish Government communication team colleagues. <p>Sandra Devine advised that she discussed this with Lisa Ritchie, Nurse Consultant, HPS and this will be carried out in our board as part of the governance issues within Infection Control.</p> <p>(b) Report on Concerns Raised re. Queen Elizabeth University Hospital and Royal Hospital for Children A report was issued to the Clinical & Care Governance Committee on 5th February 2019 regarding concerns raised by Microbiologists at QEUH and RHC in 2017. Dr Armstrong asked the committee to review this report and said it will be issued to AICC, PISCG and Sandra Devine will take this to the Acute & Board Clinical Governance Forums. Any issues should be raised with Dr Inkster, Lead Infection Control Doctor.</p> <p>(c) NHSGGC Water System Safety Policy The Board Water System Safety Policy will be presented at the next Health & Safety Forum to ask for an extension regarding practical and operational issues and the guidance surrounding SHTMs.</p>	

Minute	Action
<p>19. Update from Public Health Protection Unit Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • There has been final approval of the Joint Health Protection Plan. • The Outbreak Control Plan will be reviewed in April and will go to the Med-Vet group in June for approval. • New guidance on Public Health Incidents has been issued. • The Emerging Pathogens group are scheduled to meet tomorrow. • New version of the MERS document guidance is restricted at the moment and when it is available Dr Kennedy agreed to issue this. 	
<p>20. AOCB</p> <p>(a) Health and Sport Committee A meeting of the Health and Sport Committee took place last week.</p> <p>(b) Internal Review The internal review is ongoing and includes colleagues from Capital Planning, Clinical Governance and Estates. A paper will be pulled together with a summary of the issues.</p> <p>(c) External Review Dr Andrew Fraser and Dr Brian Montgomery have been asked to chair the External Review into the issues at QEUH and RHC. Dr Armstrong said that they will be visiting her at the end of April and will be looking at the commissioning of the hospital/new build.</p> <p>As this develops Dr Armstrong agreed to keep BICC members informed.</p>	
<p>21. Review of Actions</p> <ul style="list-style-type: none"> • Pamela Joannidis reported that a meeting has been arranged with HPS for 2nd April 2019 to discuss the comments raised regarding the national manual. Kenneth Fleming and Pamela Joannidis to discuss further if Kenneth Fleming should attend this meeting. • Dr Inkster reported that the rates for bacteraemias in relation to water have decreased. She said that although Imperial College in London would be good to act as a benchmark she said that there is not much to benchmark against. Dr Armstrong commented that it would be a good idea to link with them to do the benchmark and to look at their practice. • Mags McGuire stated that HPS have offered to assist with the rates for bacteraemias in relation to water and asked if we can provide them with a list of questions we would like them to answer. Sandra Devine agreed to write up the list of questions. • Dr Kennedy said that he had spoken with colleagues in Northern Ireland and said that maybe he can ask one of them to do an analysis of the data regarding bacteraemias in relation to water. • Dr Inkster to contact Brenda Gibson regarding the visit to Leeds. • Pamela Joannidis and Dr Kennedy to meet prior to the meeting with HPS to discuss Appendix 11 of the national manual. • Pamela Joannidis to contact HPS regarding the CF data we sent to them. • Mags McGuire to have discussions regarding nursing staff not being able to clean equipment at PRM as they are very busy. • Mary Anne Kane and Sandra Devine to meet to discuss Infection Control input for decontamination issues. • Infection Control, Public Health and Estates to meet to discuss all the water issues and to provide summary reports to be considered at the Board Water Group meeting. 	

Minute**Action****22. Date and Time of Next Meeting**

The next meeting has been arranged for Monday 3rd June 2019 at 2.00pm and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.

2019 Meeting Dates

Date (2019)	Time	Venue
3 rd June 2019	2.00pm – 4.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
29 th July 2019	2.00pm – 4.00pm	Board Room, Admin Building, GRH
7 th October 2019	2.00pm – 4.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
25 th November 2019	2.00pm – 4.00pm	Board Room, Admin Building, GRH

Board Infection Control Committee 03/06/19
Minutes: 23-32

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE**
held on
**Monday 3 June 2019 at 2.00pm in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Mary Anne Kane	Associate Director of Facilities Management
Dr M Maguire	Nurse Director
Pamela Joannidis	Associate Nurse Director, Infection Control
Dr Teresa Inkster	Lead Infection Control Doctor
Kenneth Fleming	Head of Health & Safety
Sandra Devine	Acting Infection Control Manager
Dr Iain Kennedy	Consultant, Public Health Medicine
Ms M Gardner	Chief Nurse South Sector
Dr R Hague	Paediatric Consultant Infectious Diseases
Liz McGovern	Specialist Pharmaceutical Public Health

In Attendance

Ann Lang (minutes)

Apologies received:

Dr David Raeside Dr Andrew Seaton Dr Julia Egan Suzanne Clark

Minute	Action
<p>23. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>24. Minutes of the meeting held on 25 March 2019 The minutes of the previous meeting held on 25 March 2019 were agreed with the following amendments:</p> <p>Page 2 Update – SD commented that as requested she had contacted HPS regarding other possible indicator rates and after some discussion it was agreed that there is not sufficient clinical information available to make any comparison or analysis meaningful. SD had thanked HPS and HPS have confirmed that they would be happy to help in the future if additional support was requested.</p> <p>Page 4 – should read “vascular surgeons queried the dose of gentamicin” not “vascular surgeons prefer not to use gentamicin”.</p> <p>Page 6- change “unfortunately” for tragically in paragraph 1 of the PRM update.</p> <p>Page 6 – change “cluttered” to there is a large amount of necessary clinical equipment required around each cot space and this can look cluttered. All non- essential equipment is removed from the cot space as soon as possible. Paragraph 1 PRM update.</p> <p>Page 6 – change “a high level of dust” to “there was some dust in high levels”. Paragraph 1 PRM update.</p>	

Minute	Action
<p>25. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p>Actions Update</p> <p>Minute 15 Meeting with HPS re Appendix 11. This meeting took place with HPS agreeing that some of the wording was ambiguous and that staff found the guidance difficult to understand. GGC and HPS agreed to write a joint paragraph highlighting the need to undertake a risk assessment when deciding on appropriate PPE. It was also noted that PH England and Wales were undertaking a parallel literature review process which may influence what happens in Scotland.</p> <p>Minute 16(d) CF Data – HPS held a CF task and finish group on the 2nd May 2019. CF clinicians, microbiologists, physiotherapists and specialist nurses were in attendance. The consensus was that the Addendum on CF in the NIPCM was not required as it duplicated SICPs and TBPs. The focus should have been on appropriate management of patients with CF who have <i>Mycobacterium abscessus</i>, <i>Pseudomonas aeruginosa</i> and <i>Burkholderia cepacia</i> given the impact of these organisms on patient outcomes.</p> <p>HPS have now removed the addendum from the NIPCM. <i>Mycobacterium abscessus</i> will be added to the A-Z section in the NIPCM. Additional information will be made available in the A-Z section for <i>Pseudomonas</i> and <i>Burkholderia</i> in relation to CF/chest physiotherapy. With regard to the equipment list of specialist respiratory equipment, the group agreed that this was not required as part of the manual.</p> <p>Minute 17 (e) Equipment PRM. MM confirmed that there were no issues re staffing in PRM and that the cleaning of equipment is highlighted at the routine meeting with staff and the Chief Nurse.</p> <p>Minute 17 (i) SD and MAK confirmed that there is at the moment a microbiologist who is providing input into CDU. He is being supported by the NCIPC.</p> <p>Minute 17 (j) SD and MAK suggested that this topic should now be included as an agenda item of the Infection Control in the Built Environment Group and MAK agreed to ensure that this is in the TOR.</p> <p>Minute 03 Information from other paediatric haematology units. This is proving to be extremely difficult to obtain. TI agreed to discuss with Prof. Gibson if she is able to use her contact with colleagues in other units to obtain comparable information.</p>	<p>PJ</p> <p>SD/ MAK</p> <p>TI</p>

Minute	Action
<p>26. Matters arising</p> <p>Report on concerns raised regarding QEUH and RHC</p> <p>The committee noted this report. Update TI confirmed that 6 negatively pressured rooms had been validated and signed off this week. Three in QEUH and three in RHC.</p>	
<p>27. Standing Agenda Items</p>	
<p>27.1 Draft HAI Reporting Template (HAIRT) for NHS Board Meeting</p> <p>A copy of the draft HAIRT report for June was issued with the agenda.</p> <p>Sandra Devine provided an update on some of the information contained in the report, she asked the committee to note that data for quarter 1 had not been released so this draft contained the same national data as the previous report:-</p> <ul style="list-style-type: none"> • For Quarter 3 there were 90 validated <i>Staphylococcus aureus</i> Bacteraemia (SAB) cases which is a Healthcare Associated rate of 16.2 cases per 100,000 bed days which is below the national rate. The community associated rate for GGC is 7.8 cases per 100,000 bed days. • Quarter 1 the un-validated data reports 45 SAB cases in January (31 healthcare associated and 14 community). February noted a slight reduction with 40 cases (24 healthcare associated and 16 community). There was a further reduction in March with 30 cases in total (25 healthcare associated and 5 community). There have been 80 healthcare associated cases in this quarter which is a reduction from the previous quarter (n=88). • PVC insertion packs are currently being trialled in the Institute of Neurological Sciences, the Immediate Assessment Unit and by the Hospital at Night team in the QEUH. Feedback thus far has all been positive. A report on the trial will be available by the end of June 2019. • Mandatory Clinical Risk Assessment (CRA) compliance for GGC in Q1 (April-June 2019) is 92%. This is a substantial improvement on recent reporting quarters and is fully compliant with national reporting requirements. The presumption is that the update to the My Admission Record (MAR) has led to this improvement, this is also the case for CPE (94%). • 111 validated <i>Clostridioides</i> (formerly <i>Clostridium</i>) <i>difficile</i> (CDI) cases in ages 15 and over were reported for July to September 2018. In quarter 1 2019 we have reported 30 CDI cases in January (20 healthcare associated and 10 community). February noted a slight reduction with 24 cases (18 healthcare associated and 6 community) and there are 25 cases for March (18 healthcare associated and 7 community). There have been 56 healthcare associated cases in this quarter which is a reduction from the previous quarter (n=67). • For the last published reporting quarter the SSI rate for caesarean-section remained lower than the national dataset SSI rate. There has also been a sustained reduction in the number of hip arthroplasty SSIs this quarter, with three cases reported in total. The SSI rate of 0.8% is marginally higher than the national rate however remains within national confidence intervals (CI). 	

Minute

Action

27.2 Monthly Activity Report for Acute Clinical Governance Committee

A copy of the Monthly Activity report for the Acute Clinical Governance Committee was distributed with the agenda and noted.

Sandra Devine updated on some of the points in the report:-

- No red audits reported this month.
- Three ward closures due to norovirus
- The group were informed that a review of the IPCAT process was ongoing.

27.3 IPC Work Plan

- It was noted that the 18/19 plan was now complete with the approval of the Urinary Catheter Care Guideline.
- Action plan regarding skin and soft tissue infections and how they impact on rates of SAB.
- 19/20 Dr Armstrong asked for the following to be included:
 - OD event IPCT/EFM
 - Support for staff during external review process.
 - How we interrogate some of the information from NSS Discovery platform.

5.4 Annual Infection Prevention and Control Programme

The programme was approved. Progress with the contents will be measured via the IPCT work plan.

27.4 SOPs

The following SOPs were issued to the committee for approval and Pamela Joannidis provided an update on the following:-

- MRSA – No significant changes from the previous version so this SOP was approved.
- Scabies - No significant changes from the previous version so this SOP was approved
- Cleaning of Near Patient Equipment. The issue about the specific instructions for discharge clean of single rooms in the QEUH was discussed by the group who questioned why this site had significant differences in terms of roles and responsibilities. MAK reported that this site was different in that the domestic services did all of the discharge clean and that was not the cases on other sites. MMG had concerns about this and stated that it should be the same on each site. Decision was taken to take out any site specific information and that this SOP should be applied in the same way on every site. This SOP was approved with the site specific section removed. Dr Armstrong suggested that facilities and clinical staff on each site develop a site specific protocol outlining the responsibilities for cleaning but which aligns to the IPC Cleaning SOP. It was also noted that the ICBEG may have more of a role to play in this type of SOP in the future.

Minute	Action
<p>28. Exception Reports and Updates</p> <p>28.1 vCJD Group Dr Kennedy updated the group on the ongoing incident in the INS (SBAR issued in December). Instruments were used from the wrong decontamination stream which meant that this instruments now had to go into the main stream and new instruments purchased and the cost of this was significant. Dr Kennedy continues to meet with representatives from INS in order to put processes in too try and prevent this reoccurring, including alerts via OPERA. Dr Kennedy also informed the group that the CJD NICE guidance was due to be updated and that he had sought advice regarding the level of risk from the ACDP in order to inform the action plan but this was still awaited.</p> <p>28.2 Antimicrobial Management Team Liz McGovern provided an update on some of the ongoing work of the Antimicrobial Management Team.</p> <p>Overall the use of antibiotics has reduced in GGC. There is still some variability across sites. There is some work ongoing regarding allergy to penicillin with a possible reduction of 10% of notifications after the presence of a true allergy was explored.</p> <p>28.3 Acute Infection Control Committee (AICC) A copy of the agenda for the last meeting in March and the minutes of the meeting held in January were distributed with the agenda and noted.</p> <p>28.4 Partnership Infection Control Support Group (PICSG) A copy of the agenda for the last meeting in March and the minutes of the meeting held in January were distributed with the agenda and noted.</p> <p>28.5 Recent Outbreaks/Incidents An update on the recent incidents were provided as follows:-</p> <p><i>Cryptococcus neoformans</i></p> <p>There have been no further cases of <i>Cryptococcus neoformans</i> infection in patients since the identification of the two cases in late November/ early December 2018.</p> <p>High-risk patients continue to be prescribed appropriate antifungal prophylaxis and work is ongoing to create more protective isolation rooms which are sealed, under positive pressure and have HEPA filtered air. These are the key infection control measures moving forward.</p> <p>(Note: IMT for this has been stepped down) The report will be issued from the expert advisory subgroup chaired by Dr John Hood for the Senior IPCT, AICC, Acute Clinical Governance Forum and BICC for review. Multiple hypotheses being explored. Recommendation is likely to be around providing HEPA filtration for high risk patient groups and the use of antifungal prophylaxis.</p>	

Minute		Action
	<p>28.5 Recent Outbreaks/Incidents Contd</p> <ul style="list-style-type: none"> <p>• Staphylococcus aureus bacteraemia, Princess Royal Maternity Dr Inkster confirmed that there were 15 cases of <i>Staphylococcus aureus</i> bacteraemia in NICU at Princess Royal Maternity. One baby remains on the unit. This baby is colonised and not infected and is due to go home in the next few days.</p> <p>No new cases were identified from 20th March until 29th April. One case was identified from screening after the 29th. This baby was colonised and not infected and was discharged home on the 2 May. One further case was identified from a screening specimen taken on the 13th May. There have been no new cases since 13th May.</p> <p>Screening will continue until the last positive baby is discharged home and for four weeks thereafter. Four rounds of screening of the environment has now been completed and this bacteria has never been isolated from the environment.</p> <p>Staff screening was repeated during the week beginning the 13th May. Positive staff members were excluded from work until they were decolonised and had two negative screens.</p> <p>• Renal CPE Two patients in the QEUH have tested positive for CRO <i>Acinetobacter baumannii</i>; the index case was a patient in QEUH who was admitted to a single room and screened immediately after it was established that they had been in hospital abroad. One case of cross transmission was identified from this index case and an IMT was held on the 15 March 2019. A screening protocol and action plan were implemented which led to additional patients being screened as per HPS CPE Toolkit which indicates that all patients who have had contact with the case during this admission period are screened. Two additional cases were found on screening, one patient had been transferred to IRH and remains an in-patient and the other patient had been discharged but attended the QEUH as an out-patient for dialysis. Three were colonised and one was treated for infection. A total of 61 patients were offered screening and there have been no further cases since 24 April 2019.</p> <p>• Murcomycosis ICU, QEUH Hot debrief document was submitted. Dr Armstrong asked that all the actions should be closed off with IPCT, EFM and the Sector SMT as soon as possible.</p> <p>28.6 HEI Steering Group GGC continues to submit the monthly action plan for QEUH. A peer audit based on the recommendations from the QEUH report will be undertaken at the request of the Acute Clinical Governance Group. A report on the findings will be submitted to this group.</p> <p>28.7 Water / Ventilation Issues at QEUH and RHC Chlorine dioxide dosing of the water is now in place. Filters are now on all outlets where high risk patients are located. Planned tap replacement programme ongoing. TI commented that the ventilation in non-theatre areas group has met and this group will review ventilation validation reports throughout GGC. SD commented that the output from this group should be submitted to the Built Environment Group which will then report exceptions to the AICC.</p>	

Minute	Action
<p>28.8 SAB Steering Group The SAB Steering group are continuing to meet as discussed earlier.</p>	
<p>28.9 Cowlairs CDU There are now two ICD sessions dedicated to this facility per week. Fungal mould counts are down in clean room gowning area. The NCIPC will also provide support to this area.</p>	
<p>28.10 Update from Water Group The Water Group continue to meet monthly. MAK noted that chlorine dosing is complex and results from water testing are reviewed at this group. Some issues re reliability of external lab testing and return of results which is being addressed. Updated water policy should be issued next week for consultation.</p> <p>MAK also reported that a safety action notice will be issued in the next couple of weeks re: water coolers.</p>	
<p>29. New Business / Documents Received</p>	
<p>29.1 Guidance for Fans Guidance reviewed by AICC who requested that the guidance be updated with clearer guidance on how to clean and chose a fan. This guidance will now be resubmitted to AICC & PICSG for approval.</p>	
<p>29.2 HPS Healthcare Associated Infection Annual Report 2018 and GGC SBAR The SBAR was developed to explain why NHSGGC were noted as exceptions in three areas of this report. It was also noted that of the three areas only one was noted in the quarterly reports. SD explained that more data was available for the yearly reports therefore the confidence intervals were more precise and therefore we breeched the upper confidence intervals.</p>	
<p>29.3 Quarterly epidemiology commentary on CDI, E coli, SAB and SSI Was tabled for noting.</p>	
<p>29.4 Report regarding cryptococcal infections This report is still awaited.</p>	
<p>30. Update from Public Health Protection Unit</p>	
<p>Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • Work is ongoing nationally re pathways for patient with infections of high consequence. There were some issues with a neighbouring board not having staff trained in the use of appropriate PPE which necessitated a SAS SORT transfer to NHS Lothian. • Public Health Scotland. Paper is out for consultation and Dr Kennedy encouraged everyone to participate in this. • Consultation about a new HPS/HFS Centre of Excellence. Issues around if this becomes a regulatory body where would boards go for advice. Paper will be prepared for consultation during June 19. 	

Minute	Action
<p>31. AOCB</p> <p>Water Safety – HPS have issued a water survey which has to be completed by all boards. This has to be returned by the end of June. EFM and IPCT will complete this document on behalf of NHSGGC.</p>	
<p>32. Date & Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 29th July 2019 at 2.00pm and will be held in Boardroom, Admin Building, GRH.</p>	

2019 Meeting Dates

Date (2019)	Time	Venue
3 rd June 2019	2.00pm – 4.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
29 th July 2019	2.00pm – 4.00pm	Board Room, Admin Building, GRH
7 th October 2019	2.00pm – 4.00pm	Meeting Room B, Ground Floor, J B Russell House, GRH
25 th November 2019	2.00pm – 4.00pm	Board Room, Admin Building, GRH

Board Infection Control Committee 29/07/19
Minutes: 33-42

Minutes of the
**NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE**
held on
**Monday 29th July 2019 at 2.00pm in
Boardroom, Admin Building, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Sandra Devine	Acting Infection Control Manager
Ann Kerr	Lead Nurse Surveillance
Dr Iain Kennedy	Consultant, Public Health Medicine
Liz McGovern	Specialist Pharmaceutical Public Health
Dr Andrew Seaton	Consultant in Infectious Diseases
Elaine Burt	Chief Nurse, Regional Sector
Pamela Joannidis	Acting Associate Nurse Director, Infection Control
Kate Hamilton	Acting Nurse Consultant, Infection Control
Dr Scott Davidson	Deputy Medical Director
Tom Steele	Director of Facilities & Estates
Kenneth Fleming	Head of Health & Safety

In Attendance

Calum MacLeod (minutes)

Apologies received:

Evelyn Frame	Dr Rosie Hague	Dr Chris Jones	Lynsay Gracie
Dr Julia Egan	Rona Wall		

Minute	Action
<p>33. Welcome and Apologies Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>34. Minutes of the meeting held on 3rd June 2019 The minutes of the previous meeting held on 3rd June 2019 were agreed with the following amendments: Page 1, Attendance – Remove Suzanne Clark from the apologies list.</p>	
<p>35. Rolling Actions List A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p> <p>Actions Update</p> <p><u>Minute 15 & Minute 03</u> Joint paragraph by GGC & HPS regarding carrying out a risk assessment for best practice guideline regarding the use of respiratory protective equipment when undertaking certain procedures. This paragraph has been sent to Jackie McIntyre so it is added as a footnote to Appendix 11 in the NIPCM.</p>	

Minute	Action
Actions Update (contd)	
<p>Dr Armstrong will circulate a letter to the group that she had received from HPS saying they had received a lot of Cystic Fibrosis data from an Infection Control Doctor who chairs the HPS SLWG for CF. After review by Cystic Fibrosis respiratory clinicians in Scotland no further action was taken and this did not inform national policy. Pamela informed Dr Armstrong that Cystic Fibrosis addendum had been removed from the NIPCM as there wasn't a need for a specific section for Cystic Fibrosis.</p>	
<p>Sandra Devine is to agree with Tom Steele whether the water technical group or the board water group will report into the newly established Built Environment Group.</p>	SD/TS
<u>Minute 03</u>	
<p>Awaiting to see if Prof Brenda Gibson can receive information from other UK units. Dr Iain Kennedy has forwarded on the methodology regarding ward 2A/2B to fellow Public Health colleagues in Northern Ireland to see if they have any knowledge/experience regarding this. The data from ECOSS was not robust enough to offer any additional information.</p>	
36. Matters Arising	
<p>Nil to report</p>	
37. Standing Agenda Items	
(a) Draft HAI Reporting Template (HAIRT) for NHS Board Meeting	
<p>A copy of the draft HAIRT report for August was issued with the agenda.</p>	
<p>Sandra Devine provided an update on some of the information contained in the report:-</p>	
<ul style="list-style-type: none"> • GG&C had 111 validated SAB cases during January – March 2019 with a Healthcare Associated rate of 18.7 cases per 1000,000 bed bays. This is above the national average of 15.6 cases. Sandra Devine spoke to Andy Crawford regarding the charts who informed her that they were in control and looked stable. GG&C are going to work with the highest risk groups to try and bring down some of the numbers. • All adult areas within GG&C have had the new PVC care plan rolled out which contains the new DRIFT criteria and promotes the switch from IV antibiotics to oral. • PVC packs have been trialled in 3 areas within the QEUH. Feedback has been positive and Pamela Joannidis is currently completing an SBAR for their implementation. • 77 validated cases of CDI in ages 15 and over were reported from January – March 2019 resulting in a rate of 15 cases per 100,000. This is a reduction in CDI cases from the previous quarter, however it is still above the national rate of 11.8. • Traditionally during August/September there is a spike of CDI cases. In previous years IPCT have carried out an investigation regarding prescribing, typing etc but cannot find a commonality. • No CPE/MRSA data available as we are still working on this quarter. Update will be available for next HIART. • Dr Armstrong has requested that under the Outbreaks/Exceptions Cryptococcus neoformans section it should mention that the negative pressure rooms have been completed within QEUH Critical Care. • Any future Staphylococcus aureus spa type t11164 found in GGC will be alerted to the IPCT. 	

Minute	Action
<ul style="list-style-type: none"> • Ward 6A, QEUH increase in gram negative bacteraemias. One more case of M.chelonae from a blood culture, bringing the total number of cases to 2 within a 2 year period. Water samples positive with M.chelonae have been sent away for whole genome sequencing, (single nucleotide polymorphisms (SNPs)) and are compared with the positive M.chelonae samples of the two patients. Point of use filters have been put in place in all the areas that the haematology/oncology patient may use for any length of time. Another IMT is arranged for end of this week. • Dr Armstrong is looking for more context from Public Health input into the water issues at the QEUH/RHC to provide advice regarding water risks. Sandra Devine, Dr Kennedy & Dr Inkster are to create a briefing note clearly outlining known facts and the hypothesis and to be prepared prior to the next board meeting. • HEI - Latest feedback from QEUH sent in 9th July 2019. GGC had not received any comments back from the action plan. The IRH had an unannounced inspection on 15th and 16th of July. During their time they looked at 7 wards including the A&E department. The draft report will be available on 28th August with the final report being published on 25th September 2019. 	SD/IK/TI
<p>(b) Monthly Activity Report for Acute Clinical Governance Committee</p> <p>A copy of the Monthly Activity report for the Acute Clinical Governance Committee was distributed with the agenda and noted.</p> <p>Sandra Devine updated on some of the points in the report:-</p> <p>The IPC are currently developing a new audit tool to be used after the acute clinical governance have requested support from results of IPC audits where more focus will be given on areas which have scored amber/red. The first draft of this audit will be sent out for consultation by the end of August 2019 to Chief Nurses for initial comment.</p> <p>Dr Armstrong has requested this new audit tool should be sent to HEI for any feedback/concerns they would like to give to ensure the tool meets their needs for scrutiny. This will also give GG&C a fall back plan in case they raise any concerns about the new audit tool during any future visits.</p>	
<p>(c) IPC Work Plan</p> <p>A copy of the IPC Work Plan for 2019/20 was issued and Sandra Devine updated the group:-</p> <p>Dr Iain Kennedy is leading on a new piece of work regarding VHF.</p> <p>Dr Armstrong suggested that the work plan could be more focussed and should include more detail on what the IPC are doing regarding problems rather than say IPC are attending meetings. It should focus on how IPC are going to lower infection rates and what is planned to achieve this. It should also mention the new built environment group and how IPC are going to work with estates/facilities to provide improvements.</p> <p>If anyone has any comments/suggestions please forward them onto Pamela Joannidis. Pamela will circulate a revised version of this work plan once it has been updated.</p>	

Minute	Action
<p><u>Isolation Room Maintenance & Verification</u></p> <p>This SOP will be sent back to Colin Purdon and microbiologists as it involves a more technical aspect rather than nursing. It will be agreed through the Built Environment Group due to its technical background.</p> <p><u>PVC Patient Information leaflet</u></p> <p>The committee approved this leaflet</p> <p><u>TB SOP</u></p> <p>A link has been inserted for staff to gain information on how to get FIT tested for FFP3 masks.</p> <p>The IPC Data Team will contact the patients GP if a positive result is returned but the patient has since been discharged.</p> <p>The committee approved this SOP.</p>	
<p>38. Exception Reports and Updates</p>	
<p>(a) vCJD Group</p> <p>Dr Kennedy has not been notified of any further incidents regarding the Paediatric patients being moved into Stream 2 instruments due to lack of Neuro Surgery theatre equipment.</p>	
<p>(b) Antimicrobial Management Team</p> <p>There is reduction in the latest antibiotic use with a 6-10% reduction in the last quarter compared to the same quarter last year. This has resulted in a saving of £1.1 million largely due to the reduction in Temocillin by using alternative drugs and using more oral antibiotics. Funding for the promotion of this reduction has since stopped but it is hoped that some pharmacy technicians can be utilised to check on patient antibiotic duration resulting in the reduction of prolonged courses of antibiotics.</p>	
<p>Dr Armstrong has requested a paper to capture this significant cost saving and the reduction in the antibiotic usage so she can present this at the next FIPs meeting on the 21st August.</p>	<p>LMcG</p>
<p>(c) Acute Infection Control Committee (AICC)</p> <p>The trial of 60 PVC packs has been completed with initial feedback being positive by the majority of staff. The packs themselves are cost neutral compared to buying the items individually.</p>	
<p>(d) Partnership Infection Control Support Group (PICSG)</p> <p>Discussion regarding the flushing of infrequently used outlets and how this could be accomplished. The Board Water group are aware of these issues.</p> <p>The new chair of the committee Karen Jarvis has asked for a review of the agenda to make it more relevant to the partnership group as it currently mirrors the AICC agenda.</p>	

Minute	Action
<p>(e) Recent Outbreaks/Incidents An update on the recent incidents were provided as follows:-</p> <ul style="list-style-type: none"> • Stenotrophomonas maltophilia, RAH 3 cases of <i>Stenotrophomonas maltophilia</i> in the RAH ITU from respiratory specimens all obtained within a one week period. Typing results of the 3 samples came back identical <p>A new case of <i>S.maltophilia</i> colonisation was identified on 22/02/19, after almost 4 weeks since the last positive sample for the patient in ICU. The patient had been in ICU since 02/02/19. All ICU patients had moved to the new ICU ward on 19/02/19 and the last IMT was held on 27/02 and the incident was closed.</p> <p>(f) HEI Steering Group Pamela Joannidis and Rosie Cherry have drafted terms of reference regarding the reintroduction of corporate inspections.</p> <p>(g) Water / Ventilation Issues at QEUH and RHC On the back of picking up positive water pre filter results on Ward 6A, QEUH an increase dose of chlorine dioxide was undertaken to the water supply but still within WHO standards. A shock dose treatment of the water supply to Ward 6A is currently being considered, however post water results were negative.</p> <p>Current samples taken on the 8th of July are looking specifically for mycobacterium, these results will not be available until the middle of August. One of the theories as to why mycobacterium is showing up in the water is that its is resistant to chlorine and with the introduction of the Chlorine dioxide it has eliminated other types of organisms which is selecting out more unusual types of bacteris. Dr Kennedy will pull together what is available in public literature with the help of Sandra Devine and Tom Steele who can help with more technical aspects.</p> <p>The upgrade plan for Ward 2A/2B, RHC has got out to tender.</p> <p>Phased annual program for the validation of critical care ventilation is currently underway.</p> <p>The Health & Safety Executive (HSE) were provided with information last week regarding decision making at IMTs over the past year. Interviews have already commenced with most of them being undertaken this week. They have asked for some additional dates in August to interview IMT staff involved with the RHC/QEUH water incident and also staff who were involved with ventilation as well. This has amounted to 71 staff in total.</p> <p>(h) SAB Steering Group Nil to report as last meeting was cancelled.</p> <p>(i) Cowlairs CDU Lloyds Register Quality Assurance (LRQA) are currently carrying out a planned audit of Cowlairs and have not been informed of any issues. A microbiologist is currently working as an Infection Control Doctor to support Cowlairs CDU.</p>	<p>IK/SD/ TS</p>

Minute	Action
<p>(j) Update from Water Group All bottled water coolers are currently being removed with the group looking at alternative ways to supply chilled drinking water. The proposal to remove chilled water coolers is not compulsory. It was agreed that due to the impact this would have Scott Davidson will take this forward at the next AICC where there is a much greater clinical representation so that feedback/discussion surrounding this proposal can be discussed.</p>	
<p>39. New Business / Documents Received</p>	
<p>(a) Guidelines for Fans This did not go through the AICC at it requires more information to identify fans that can be ordered through procurement. It should also state that manufacturers guidelines re cleaning should be adhered to.</p>	
<p>(b) HPS Situational Assessment Wards 2A/2B Royal Hospital for Children This report compiled by HPS has limitations as it is based on lab analysis of cases where a proportion could be contaminated and/or the hospitals used in the comparison are very different in relation to the QEUH/RHC. Sandra Devine will raise our concerns regarding wording of the document and ask about the status of the recommendations at the end of the report. If anyone has any comments/concerns regarding the document can you please email Sandra Devine and she will provide an update at the next meeting.</p>	SD
<p>(c) Quarterly epidemiological commentary on CDI, E-Coli, SAB & SSI This report was disseminated to the group which outlined the CDI, Ecoli SAB and Staph during January to March 2019. It showed that during January – March 2019 none of the Scottish health boards were above the 95% confidence interval upper limit for healthcare associated infections.</p>	
<p>(d) SBAR Changes to the format of quarterly SAB and CDI data previously made available by HPS All reporting formats are now in alignment and awaiting Local Delivery Plan standards on any future reduction recommendations with the possibility that E-Coli Bacteraemia's may be included.</p>	
<p>(e) Report regarding Cryptococcal Infections Dr John Hood is currently pulling together the conclusions from data gathered during the last few months. A draft report will be ready in the next few weeks.</p>	
<p>(f) NSS Managing the Risk of Contamination of Ventilation Systems by Fungi from Bird Droppings & letter from CNO Confirmation that estates/facilities are adhering to the recent interim guidance from Health Facilities Scotland regarding the management of risk of contamination of ventilation systems by fungi from bird droppings.</p>	

Minute	Action
<p>(g) HPS Alert - MERs COV</p> <p>All information and up to date guidance is currently held on the IPC webpage under the MERS Hub. Public health has circulated this alert to GPs to inform patients about pre travel and post travel precautions.</p> <p>A specific isolation room within the QEUH has been identified for any patient who is admitted with query MERs.</p> <p>(h) CNO Letter regarding Alcohol Based Hand Rub</p> <p>Pamela Joannidis worked with estates to formulate a response regarding this stating we make sure we have enough Alcohol Based Hand Rub that is strategically placed throughout the QEUH. We have requested the company that makes the dispensers to create stickers so they can be placed on each public dispenser requesting members of the public to inform a member of staff if it is empty. Tom Steele reiterated that there was no shortage of alcohol hand rub gel within clinical areas, only public areas.</p>	
<p>40. Update from Public Health Protection Unit</p> <p>Dr Kennedy provided an update on some of the ongoing work in PHPU:-</p> <p>There will be a process to be aware of emerging pathogens for returning traveller from countries which are high risk of VHF/Ebola. Scotland currently has 4 category one people within Scotland that sit in the lowest risk as they have just come back this week. They will be monitored for another 21 days.</p> <p>Recent incident in a separate board to highlight FFP3 mask and PPE and ensuring protocols are up to date. Meeting on Thursday to discuss how patient transfers can be carried out between health boards. The new PPE ensemble which can deal with airborne and contact stuff should be arriving shortly and training regarding the use of this new PPE will be undertaken for staff.</p>	
<p>41. AOCB</p> <p>Public Health England have started immunisation of pertussis for healthcare workers. A Chief Nursing Officer letter will be released shortly regarding this.</p>	
<p>42. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 7th October 2019 at 2.00pm and will be held in Meeting Room B, Ground Floor, J B Russell House, GRH.</p>	

Board Infection Control Committee 07/10/19
Minutes: 43 - 52

Minutes of the
**NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE**
held on
**Monday 7th October at 2.00pm in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Dr Jennifer Armstrong (chair)	Medical Director
Sandra Devine	Acting Infection Control Manager
Liz McGovern	Specialist Pharmaceutical Public Health
Angela Oneill	Deputy Director of Nursing
Christina McKay	Chief Nurse, Clyde
Pamela Joannidis	Acting Associate Nurse Director, Infection Control
Kate Hamilton	Acting Nurse Consultant, Infection Control
Dr Scott Davidson	Deputy Medical Director
Tom Steele	Director of Facilities & Estates
Rona Wall	Occupational Health Service Manager
Kenneth Fleming	Head of Health & Safety
Ysobel Gourlay	Lead Antimicrobial Pharmacist
Saranaz Jamdar	Infection Control Manager

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Andrew Seaton Suzanne Clark Dr Iain Kennedy Mags McGuire

Minute	Action
<p>43. Welcome and Apologies</p> <p>Dr Armstrong welcomed everyone to the meeting and apologies were received from the above mentioned.</p>	
<p>44. Minutes of the meeting held on 29th July 2019</p> <p>The minutes of the previous meeting held on 29th July 2019 were agreed with the following amendments:</p> <p>Page 3, 2nd para – should read “Dr Armstrong asked for additional Public Health advice into the water issues...”.</p> <p>Page 3, 2nd last para – should read “...the IPC are doing regarding problems rather than focus on meeting attendance processes. It should focus on how IPC can develop plans to reduce infection rates and what is planned to achieve this. It should also mention the new built environment group and how IPC are going to work with estates/facilities to ensure improvement”.</p>	
<p>45. Rolling Action List</p> <p>A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p>	

Minute	Action
<p>Actions Update <u>Minute 38(b) – 29th July 2019</u> Ysobel Gourlay updated that money was available to employ a Pharmacist for the winter months but this funding is running out. She said they only have enough money to employ someone to cover the GRI and Clyde but not QUEH. Dr Armstrong advised that there should be urgent dialogue with PPSU team and senior management to review this and set out clearly the case for the QUEH and sources of funding through the drug savings which had been made.</p> <p>With regards to Temocillin, Ysobel Gourlay reported that the difference in spend between Q1 – Q3 in 2018 to Q1 – Q3 in 2019 is £371,000. Dr Armstrong suggested that Ysobel send this paper regarding savings to Janice Watt to ensure that these spend to save initiatives which also improve patient care were clearly articulated and put forward for FIP schemes.</p> <p><u>Minute 16d – 25th March 2019</u> Dr Armstrong tabled an email that she had received from HPS with a conclusion to a process which GGC had requested a national view on CF data. HPS had set up a SLWG comprising Infection control as well as expert clinicians. After review by Cystic Fibrosis respiratory clinicians in Scotland no further action was taken and this did not inform national policy. Pamela Joannidis informed that GGC have an Isolation SOP and this organism was added to this document.</p> <p><u>Minute 03 – 25th January 2019</u> An IMT is being held tomorrow to discuss the re-opening of Ward 6A. Dr Armstrong reported that there appears to be a difference in opinion on the epidemiology and data. GGC keen that we take the correct risk based action for patient safety and had requested external expertise to review. Sandra Devine agreed to contact Dr Kennedy regarding benchmarking against other boards. The report from HPS is due to be issued soon.</p>	<p>YG</p> <p>SD</p>
<p>46. Matters Arising</p>	
<p>Nil to report</p>	
<p>47. Standing Agenda Items</p>	
<p>(a) Draft HAI Reporting Template (HAIRT) for NHS Board Meeting</p>	
<p>A copy of the draft HAIRT report for October was issued with the agenda. Sandra Devine provided an update on some of the information contained in the report:-</p>	
<ul style="list-style-type: none"> • GG&C had 102 validated SAB cases during April – June 2019 with a Healthcare Associated rate of 20 cases per 100,000 bed bays. This is above the national average of 16.6 cases. • 83 validated cases of CDI in ages 15 and over were reported from April – June 2019 resulting in a rate of 16.9 cases per 100,000 bed days. This is an increase in CDI cases compared to the previous reporting quarter. With regards to community associated cases the rate for GGC is 4.12 per 100,000 population with the national rate of 4.9. GGC had to provide an exception report as the number of CDI cases is above the upper control limit compared to the rest of the boards. There were two triggers investigated during this quarter both in wards at Glasgow Royal Infirmary. A trigger is where there are two cases of hospital acquired CDI in a two week period. The typing has confirmed that these were different types and therefore not linked to each other. • The SAB Group continues to meet and work is ongoing to reduce the amount of avoidable healthcare associated cases. 	

Minute	Action
<ul style="list-style-type: none"> • In relation to the PVC insertion pack an SBAR has been submitted to the SAB Group and Chief Nurses for final approval with recommendations for adoption in clinical practice. • Work is ongoing with Tissue Viability Nurses to try to replicate a process they developed for the rapid assessment and escalation of significant harm due to vascular ulcers. Kate Hamilton is preparing a Pro Forma for this and the intention is to replicate this for SABs. • The Clinical Risk Assessment (CRA) compliance for MRSA screening is 87%, which is down from the last quarter. The CPE compliance rate is 93% which is 1% down from the last quarter. • There have been no further cases of <i>Cryptococcus Neoformans</i>. The report from John Hood, chair of the Cryptococcus IMT Expert Advisory Group should be available by the end of October. • Since April to date there have been 12 confirmed cases and 3 possible cases of gram negative bacteraemia in Ward 6A, QEUH. An IMT is being held tomorrow with HPS attending and they have commissioned an external analysis of available data by the Mathematics and Statistics Department of Strathclyde University. The hypothesis included potential dripping from chilled beams and patients being exposed to unfiltered water outwith the patient pathway. The chilled beams have been modified and are being cleaned 6 weekly instead of annually. Filters have been put on all outlets on the patients pathway. There has been no link to environmental sampling which has been extensive. Pamela Joannidis reported that a process for reviewing each case with the clinical team is being put in place (RCA). Sandra Devine reported that HPS asked for a SBAR focusing on what assurances can be given to clinicians on the way forward. <p>Tom Steele updated on the work carried out by Facilities and Estates. He said with regards to the domestic water system, point of use filters have been put in as previously stated. Two events occurred in June regarding the chilled beams dripping and the system was reprogrammed to set the dew point a level above what it was originally. A SOP was produced to increase the cleaning frequency. Mobile HEPA filters have been installed in each bedroom and the remainder are due to be delivered on 24th October and will be fitted as soon as possible. Cleaning of the drains is carried out with actichlor on a weekly basis.</p> <p>Dr Armstrong advised that the Cabinet Secretary met with the families and spoke to clinicians. Some of the children have been treated in Edinburgh and Aberdeen hospitals. HPS are working on the review of the data but there does not appear to be a link to anything in the environment at this point in time. The directorate team are dealing with many of the issues. She asked for the HAIRT to be updated after IMT tomorrow.</p> <ul style="list-style-type: none"> • Whooping Cough was identified in a child in PICU at RHC which had been transferred from a healthcare worker. An IMT was held which Public Health chaired. 5 patients were treated as high risk contacts and were screened and all were negative. 54 healthcare workers were given chemoprophylaxis. The HIIAT for this was initially assessed as Amber and then Green when results came in. • In RAH there were 6 confirmed Salmonella cases from the end of August with the last case on 1st September 2019. All patients have now been discharged. • There were two wards closed in GRI with Norovirus from July – August 2019. • In relation to surgical site infections there were 0 hip arthroplasty SSIs reported during April – June quarter. The SSI rate for caesarean section remained lower than the national dataset. With regard to the cleaning compliance at QEUH Tom Steele reported that this is lower than the previous month. He said the cleaning in the Langlands Building is provided by a third party contractor and the poor performance here is affecting the overall total. 	

Discussions have taken place with the contractor to address these issues.

- At the last Board meeting members asked for the hand hygiene scores to be added and these have been included in the report.
- Ysobel Gourlay agreed to forward information regarding the 4Cs for the report.

Sandra Devine advised that we are waiting on new LDP Targets which means we will be given a reduction to target against ourselves and not other boards.

If anyone has any comments to forward them to Sandra Devine before Thursday.

(b) Monthly Activity Report for Acute Clinical Governance Committee

A copy of the Monthly Activity report for the Acute Clinical Governance Committee was distributed with the agenda and noted.

Sandra Devine stated that the ACG meeting took place this morning and updated on some of the points:-

- The IPC are currently developing a new audit tool to be used and this should be available from 1st January after discussions with the Chief of Nursing have taken place.
- There have been no ward closures in August.
- 39 SAB cases were reported in August 2019 and 4 of these were related to an IV access device.

(c) IPC Work Plan

A copy of the IPC Work Plan for 2019/20 was issued and Pamela Joannidis updated the group:-

- The SAB ward rounds are not taking place due to staff shortages. A Pro Forma for the completion of SABs has been developed.
- The action to gather feedback from patients on their experience of source isolation and the quality of the information they receive to be postponed to 2020.
- The workforce plan is not started yet.

Any comments/suggestions are to be returned to Pamela Joannidis.

(d) SOPs

The following SOPs were issued to the committee for approval and Kate Hamilton provided an update on the following:-

Clostridioides Difficile SOP

There was a minor change to the addition of links to HPS documents.

The group approved the SOP.

Occupational Management of Healthcare Workers SOP

Updates were made to Section 2 with regards to the exposure of chicken pox. It was agreed to include the vaccination regarding Whooping Cough.

Once the vaccination has been included the group agreed to approve the SOP.

Vancomycin Resistant SOP

This is a new SOP and the committee approved this.

Minute	Action
<p><u>Head Lice SOP</u></p> <p>Kate Hamilton reported that she was asked to have this as a single page or as an aide memoire instead of a SOP. She also asked if we maybe need a separate one for Adults and Paediatrics. On page 5, Liz McGovern queried the section on treatment and asked if this should be for everyone.</p> <p>Dr Armstrong requested that SOPs are presented to AICC and PICSG for approval and should go to the BICC if there are any issues and this committee should note these.</p> <p>(e) Review of Organisational Arrangements</p> <p>A paper was tabled by Dr Armstrong regarding the review of organisational arrangements to support integrated and multidisciplinary working between Infection Control, Microbiology, Estates and Facilities.</p> <p>The background to this paper was that there has been considerable focus on the relationship between Infection Control and Estates and Facilities and there is now a requirement to review our organisational approach in order to ensure the continued provision of high quality healthcare to all patients. In developing the paper a short life working group looked at a number of key drivers and some of these included:-</p> <ul style="list-style-type: none"> - Recommendations from external agencies e.g HEI, HPS, HIS. - The requirement to fulfil and meet the obligations and recommendations from the Vale of Leven Inquiry Report. - Communication between Infection Control and Estates and Facilities. <p>The review also embedded the principles of the Blueprint for Good Governance and looked at best practice in IPC management in other boards. In some boards they have the Infection Control Team reporting to the Medical Director or another executive director whereas other boards Infection Control Teams report to Diagnostic or other directorates. The aim of the paper is to review and develop a structure and streamline the service for Infection Control.</p> <p>At present there is no substantive Lead ICD although there are arrangements in place to provide cover and there is an interim ICM. Therefore both of these posts will need to be advertised. Angela Oneill commented that she has never seen an ICM post reporting to the Director of Diagnostics. There are benefits to support from a diagnostics management team with direct escalation.</p> <p>A diagram of the proposed new structure was included in Appendix 2. This will include a new post of Deputy Clinical Director for Microbiology and Infection Control and this post will report to the Infection Control Manager.</p> <p>Dr Jamdar reported that they are proposing to restart the ICD meetings.</p> <p>The paper is still in the stages of development and other views will be sought including the CMT.</p>	
<p>48. Exception Reports and Updates</p> <p>(a) vCJD Group</p> <p>The last meeting of the vCJD Group was held two weeks ago but Dr Kennedy was not in attendance today to update the group on this meeting.</p>	

Minute	Action
<p>(b) Antimicrobial Management Team</p> <p>A copy of the AMT report that was issued to the last AICC meeting was distributed with the agenda. Ysobel Gourlay provided a summary of the report.</p> <ul style="list-style-type: none"> • Antibiotic Point Prevalence is carried out in all hospitals to look at the antibiotic use. This has been carried out in GRI, IRH, GGH, RAH and VOL and the QEUH will be started in November with the Beatson to follow in December. From the results it was noted that a third of all patients are on antibiotics and all had the indication of antibiotics recorded. • The main indications for antibiotic treatment were 40.2% for respiratory tract infection. • Antibiotic choice was appropriate in 90.6% of cases. • Patients on a 4C antibiotic has decreased. • Of the patients on antibiotics 38.8% were on IV antibiotics. • Most IVOST occurs on a Monday and work is ongoing to promote the IVOST policy. Discussion took place regarding junior doctors carrying out the IVOST policy and to maybe do more teaching with them. Dr Jamdar commented that junior doctors would not be involved in this as it would be the Registrars decision of when to start and stop antibiotics. Scottish Government are issuing a new target regarding IV antibiotic use and Ysobel Gourlay has prepared information to go to the doctors once this target is issued. Dr Armstrong suggested to work with Chris Deighan on this and for Ysobel Gourlay to produce an Action Plan. • Pharmacists are looking at patients on antibiotics for more than 72 hours with 91.9% considered appropriate. • Currently IV antibiotic use in GGC is higher than other health boards in Scotland with GGC using 1.7 times more IV antibiotics compared to NHS Lothian. It was noted that NHS Lothian do not have the same specialities that GGC has and also have more patients that are unwell. 	YG
<p>(c) Acute Infection Control Committee (AICC)</p> <p>At the last Acute Infection Control Committee the group discussed alcohol hand gel.</p> <p>The last HEI report for QEUH was submitted to Healthcare Improvement Scotland as this was a monthly update until July 2019.</p> <p>Waste Management was discussed.</p>	
<p>(d) Partnership Infection Control Support Group (PICSG)</p> <p>A copy of the agenda for the meeting held in September and the minutes of the previous meeting were noted.</p>	
<p>(e) Recent Outbreaks/Incidents</p> <p>As discussed earlier.</p>	

Minute	Action
<p>(f) HEI Steering Group</p> <p>Pamela Joannidis reported that there was an unannounced HEI inspection at Inverclyde Royal Hospital on 15th and 16th July 2019 and the final report was published on 25th September 2019. This inspection resulted in four requirements and these requirements included the following:-</p> <ul style="list-style-type: none"> - IPCT must have oversight of IPC ward level audits. - The PVC care bundle must be completed in the ward /department where it was inserted and allow all staff to record all insertion criteria. - Patient environment and equipment is clean and ready for use to reduce risk of infection. - The patient environment is suitably monitored to ensure it is maintained to allow effective cleaning to ensure effective IPC. <p>54 patient questionnaires were returned. Patients reported that the standard of cleanliness was always good and the equipment used was always clean.</p> <p>Pamela advised that she is to meet with Rosie Cherry, Interim General Manager Facilities to plan on how to implement corporate inspections again.</p>	
<p>(g) Water / Ventilation Issues at QEUH and RHC</p> <p>With regards to ventilation and water at QEUH and RHC Tom Steele updated on the following:-</p> <ul style="list-style-type: none"> - The air handling units have passed their annual verification tests. - Refit of Ward 2A/2B project is ongoing and will carry on until the end of March. - GGC Continue to dose the water system and assurances have been made from the Authorised Engineer that the water is safe. Tom advised that they are working with three different advisers and HFS to see what technology is available. At the moment there is pre filtered water and the point of use filters takes out any organisms but it was noted that these are only for high risk patients. <p>John Hood is working on the report from the Cryptococcus IMT Expert Advisory Group and should be available at the end of October.</p> <p>Dr Armstrong reported that there are some reviews that are ongoing. She said the Board commissioned a review of QEUH and this review includes:-</p> <ul style="list-style-type: none"> - Clinical – Jennifer Armstrong leading on this - Estates issues – Tom Steele leading on this - Capacity and Planning – Jonathan Best <p>An external review of the QEUH is to be carried out and Dr Armstrong agreed to forward the slides relating to this.</p> <p>With regards to the Health & Safety Executive (HSE) report Kenneth Fleming advised that he has spoken with the Head of Operations two weeks ago and interviews with staff have been completed. HSE have said it will take them approximately six weeks to go through the documentation and Kenneth said he expects the final report to be available in about 4 weeks time and hopes to have an indication of the outcome before it is sent to the Fiscal.</p>	JA
<p>(h) SAB Steering Group</p> <p>The SAB Group continue to meet and antimicrobial prescribing was discussed at the last meeting.</p>	

Minute		Action
	<p>(i) Cowlairs CDU</p> <p>There was an ongoing incident in the Endoscopy Processing Unit at GGH. This was in relation to identification of AFB in rinse water samples obtained from automated endoscope reprocessors and clinical hand wash basins. As of Friday afternoon 4 out of 4 machines were positive. Chlorine dioxide of the water was carried out and no fungal isolates have been identified since 1st January 2019. Scopes are being reprocessed on other sites and there are no patient issues related to this incident.</p> <p>(j) Update from Water Group</p> <p>The Board Water Safety Policy was updated and Tom Steele advised that this will be approved by the Built Environment Group.</p> <p>All bottled water coolers are being removed and mains fed water coolers will replace the bottled ones, with the exception of high risk areas where these are not allowed.</p>	
<p>49. New Business / Documents Received</p>	<p>(a) Guidelines for Fans</p> <p>Kate Hamilton produced Guidelines for the use of Bladed Fans across GGC. She said comments have been received from Chief Nurses and wards. This has already been approved by the Acute Infection Control Committee.</p> <p>Christina McKay stated that it would be useful to have a patient information leaflet that can be given to high risk patients as they are not allowed fans. Kate agreed to do this.</p> <p>(b) SBAR Outcome of PVC Insertion Pack Trial</p> <p>An SBAR regarding the trial of the PVC insertion packs was approved at the SAB Steering group and the Acute Infection Control Committee. The group noted this paper.</p> <p>(c) MERS Guidance</p> <p>The MERS Guidance has been updated by Dr Erica Peters. Pamela Joannidis informed that this is a pathway document and agreed to forward the document to the group for approval.</p>	<p>KH</p> <p>PJ</p>
<p>50. Update from Public Health Protection Unit</p>	<p>As Dr Kennedy sent his apologies for the meeting there was no update from PHPU.</p>	
<p>51. AOCB</p>	<p>A letter was received from Healthcare Improvement Scotland (HIS) to note that they have been reviewing their safety and cleanliness inspections. They have been developing an inspection model (and will be testing soon) which will look more closely at patient outcomes and the patient experience. There will now be a single inspection team visiting a hospital and a single inspection report will be produced for HAI and OPAH. Sandra Devine to issue a copy of the letter from HIS to the group.</p>	<p>SD</p>
<p>52. Date and Time of Next Meeting</p>	<p>The next meeting has been arranged for Monday 25th November 2019 at 2.00pm and will be held in the Board Room, Admin Building, Gartnavel Royal Hospital.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 20 January 2020 at 2.00pm in
Meeting Room B, J B Russell House, Gartnavel Royal Hospital**

Present:

Professor Marion Bain	Director of Infection Prevention and Control
Dr Chris Deighan	Depute Medical Director (Corporate)
Sandra Devine	Acting Infection Control Manager
Liz McGovern	Specialist Pharmaceutical Public Health
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Dr Iain Kennedy	Consultant in Public Health Medicine
Dr Andrew Seaton	ID Consultant/Lead AMT
Dr Scott Davidson	Depute Medical Director Acute Services
Angela O'Neill	Deputy Nurse Director, Acute Services
Kate Hamilton	Acting Nurse Consultant, Infection Prevention & Control
Gerry Cox	Assistant Director Property & Estates
Brian Jones	Head of Microbiology
Suzanne Clark	Public Representative

In Attendance:

Ann Lang (minutes)

Apologies received:

Rona Wall Prof Alistair Leanord Julia Egan Rosie Hague

Minute**Action****64. Welcome and Apologies**

Professor Bain welcomed everyone to today's meeting and round the table introductions were made. Apologies were received from the above mentioned.

65. Minutes of Previous Meeting

The minutes of the previous meeting held on 25 November 2019 were accepted with the following amendments:-

Page 5, 2nd last para – should read “....Dr Kennedy has not seen the literature behind this”. The remainder of the sentence should be deleted.

Page 7, 4th para – should read “... focusing on shorter duration therapy and the reduction of Temocillin”.

Page 7, 5th para – should read “... about IV antibiotics and how we get the data”.

Page 10, Item AOCB – include two more bullet points at sentences starting with “Influenza Vaccination for children” and “SLWG Vaccination Programme”.

Minute

Action

66. Rolling Action List

A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.

Actions Update

- Minute 48b – 7 October 2019
Sandra Devine updated that a CNO letter was issued regarding antimicrobial prescribing. Dr Seaton and Ysobel Gourlay completed a SBAR and this was circulated to promote IVOST. Discussions will take place for this to be implemented in sectors.
- Minute 03 – 25 January 2019
Dr Kennedy reported that he tried various ways to benchmark other hospitals against Ward 6A but could not find any hospitals to do this with. It was agreed that this is not something the BICC should look at but should be the national network to take this forward.

67. Matters Arising

Nil to update.

68. Standing Agenda Items**(a) Draft HAI Reporting Template (HAIRT) for NHS Board Meeting**

A copy of the draft HAIRT report for February was issued with the agenda. Sandra Devine and Dr Seaton provided an update on some of the information contained in the report:-

- This is the first time E-Coli bacteraemia is included in the HAIRT.
- 110 validated *Staphylococcus aureus* bacteraemia (SAB) cases were reported for July to September 2019 with a Healthcare Associated rate of 22.3 cases per 100,000 bed days. The national rate was 17.5 which makes GGC above the national rate. An exception report has been completed by the board and returned to Health Protection Scotland. The most recent quarter, GGC have a 26% reduction in HCAI. The community rate for GGC was 5.7 and the national rate was 7.4 per 100,000 population.
- CDI cases in ages 15 and over were reported for July to September 2019 with a Healthcare Associated rate of 14.2 cases per 100,000 bed days, with a national rate of 13.5.
- E. Coli bacteraemia cases for July to September had a Healthcare Associated rate of 41.3 cases per 100,000 bed days, with a national rate of 40.3. The community rate for GGC was 44.6 and the national rate was 44.2 per 100,000 population.
- The antibiotic use indicators have been included in the report which is the first time these have been included.
- In relation to SABs there is the application of a Chlorhexidine impregnated dressing on every patient with a central venous catheter.
- The PVC insertion pack, which is used by Ayrshire & Arran, has been approved for use and will be available shortly in all clinical areas in GGC. 45 packs were trialled at QEUH and Hospital at Night.

Angela O'Neill commented that this was well received in Ayrshire & Arran and Pamela Joannidis reported that they found this to be cost neutral and it has been taken forward with Procurement.

- Compliance with MRSA screening for GGC in Q3 (October - December 2019) is 90%. This is an improvement on recent reporting quarters and meets the required 90% for national reporting requirements.
- The Antimicrobial Utilisation Committee and Antimicrobial Management Team have provided the current status with each of the three prescribing indicators included in the CNO letter issued in October 2019. There is to be a 10% reduction of antibiotic use in Primary Care and from April – October GGC have achieved this as have most boards. Dr Seaton reported that two hospital indicators have been chosen and one of these include hospital antibiotic use which is high in GGC, but GGC have a higher baseline than other boards. He said the target for 2022 is not to be higher than in 2018 and for the last four quarters GGC managed to achieve this.
- With regards to the use of WHO Access antibiotics GGC have a target of greater than 60% of total antibiotic use in Acute hospitals by 2022. GGC are currently achieving the target.
- At QUEH there was an increase in Surgical Site Infections in Spinal Surgery in the INS. The IMT for this was closed down on Friday.
- There have been three incidents in RHC and the Scottish Government requested that we put the different types of gram negative organisms together i.e. *Serratia marcescens*, *Pseudomonas aeruginosa* and *Acinetobacter baumannii*. The current plan is that this will be ongoing until four weeks sampling shows no linked cases from environmental screening. Angela O'Neill asked if these cases were in PICU at RHC and Sandra Devine confirmed this and will update the HAIRT to reflect this. The *Pseudomonas aeruginosa* and *Serratia marcescens* cases that were typed were all different strains. 3 of the 5 cases of *Acinetobacter baumannii* were the same which could perhaps be an onward transmission in the unit.
- In Langlands, QUEH there was a trigger for two HAI CDI cases. Sadly one patient died after the trigger was closed and was cited on Part 1a of the death certificate. Another patient also died but the patients had two different types of CDI. An IMT was held on Friday and the HAIAT for this was assessed as Red but was downgraded to Green today as there have been no further cases. Education, hand hygiene and SICPs have all been carried out. Dr Seaton reported that an Antimicrobial Pharmacist has been involved looking at prescribing and carrying out a detailed analysis.

Sandra Devine confirmed that HPS attended the IMTs at INS, PICU and the meeting regarding the CDI cases. She said there was an action to have SPC charts for blood cultures and BALs and to have triggers in place. She said the SPC chart showed that the ward never hit the upper control limit and only once hit the warning line.

Following the national framework being invoked in PICU, HPS visited the ward with Professor Bain and met with Dr Neil Spenceley. Sandra Devine reported that HPS have requested information including SPC charts, procedure for taking a BAL, validation reports, water check lists etc. They will put together a SBAR for the Government.

- There was an unannounced HEI inspection of wards and departments in QUEH Campus from the 19-21 November 2019. The report on this visit will be published on the 13 February 2020.

- For Quarter 3 (July – September) the SSI rate for caesarean section remained lower than the national dataset SSI rate with a rate of 0.2% for GGC, with the national rate of 1.1%. There were four hip arthroplasty SSIs reported for the quarter with an SSI rate of 1.1%. This is above the national SSI rate of 0.8%,
- There was an increased incidence in spinal surgery but this is now within normal limits.

Suzanne Clark asked if the Homeopathic Hospital was always included in GGH and Sandra said that she will check this.

With regards to the charts on pages 4 and 6 Chris Deighan commented that GGC is an outlier for hospital acquired SABs with a gradual increase. For community cases he said that the number of cases has decreased over the last two years and asked how robust we are looking at whether cases are HAI or not.

(b) Monthly Activity Report for Acute Clinical Governance Committee

A copy of the monthly activity report was issued with the agenda and Sandra Devine updated on the following:-

- No red IPCAT audits.
- Outpatient audits have been suspended for the winter period. The IPCAT tool is to change on 1st February and the Chief Nurses are aware of this. The focus will now be targeted improvement. Pamela Joannidis reported that there are 10 sections of the tool and the new version should provide assurance. If there are any red sections within the tool work will be carried out with the Senior Charge Nurse.
- In October there were no HAI IV related devices regarding SABs.

(c) IPC Work Plan

A copy of the IPC Work Plan for 2019/20 was distributed with the agenda and Pamela Joannidis updated on the following:-

- Kate Hamilton is working on a surveillance tool to reduce *Staphylococcus aureus* Bacteraemias (SABs) due to skin and soft tissue infections. This will go to the SAB Group for approval.
- The IPCAT tool has been updated and the tools for Mental Health and Acute are now complete. The start date for the new version is 1st February 2020.
- In relation to Service Resilience there is a restructuring of team in GGH with HR and staff side support.

Angela O'Neill asked about the SAB ward rounds in sectors and suggested that DRIFT (Diagnostics, Resuscitation, Intravenous, Fluids and Transfusion) is a way of approaching this. She said with regards to reporting these in terms of numbers of cannulas for every % rate we are reporting comparing this to occupied bed days and to put this into context of where we are within the target.

Sandra Devine replied that there are approximately 16,000 cannulas per month and if we presume a patient is in for 3 days the numbers are relatively low. Dr Seaton asked if any other boards have SAB % rates and Pamela Joannidis agreed to ask the Infection Control Network.

PJ

69. Exception Reports and Updates**(a) vCJD Group**

The next meeting of the group is scheduled for 1st February 2020.

Dr Kennedy reported that the NICE guidance is being updated and should be published on Wednesday.

(b) Antimicrobial Management Team

Dr Seaton advised that the main issues have already been reported in the HAIRT as discussed earlier but provided an update on other items.

The Information Management Guidelines for adults is being reviewed to try and reduce high cost items. He said that Temocillin is our highest cost agent and they are trying to use Meropenem or Cephalosporin instead. Work is ongoing regarding this but it is close to being finalised. He said the Guidelines are usually reviewed every 2 to 3 years and wondered if we should have a target consultation. Dr Deighan suggested targeting the units where the high cost items are and Dr Davidson said to try and do education as much as consultation.

A survey will be issued from an Antimicrobial Pharmacist for staff to complete.

At the end of February a new AMT programme will be launched and this will be implemented board wide.

(c) Acute Infection Control Committee

The minutes of the last meeting have not been finalised. Dr Davidson said that they may have to review the dates for the AICC meetings so that they fit in better with the BICC meetings. He said most of the items in the AICC minutes are being discussed at this meeting today.

(d) Partnership Infection Control Support Group

The last meeting of the group met on 16th January and the minutes have not been finalised.

Fit testing for community staff was discussed regarding how to get staff tested.

(e) Recent Outbreaks / Incident Reports

As discussed earlier.

(f) HEI Steering Group

The HEI Steering Group met last week. Pamela Joannidis reported that she is to meet with Stephen French to discuss an audit tool which will focus on clinical practice.

(g) Water/Ventilation Issues at QEUH and RHC

Gerry Cox updated on the water and ventilation issues at QEUH and RHC. He said that the Water Group met on 10th January and the meeting was well attended.

With regards to ventilation, work is underway in Wards 2A and 2B. HSE have requested audit reports and work on the operational plan is to be completed by the end of January.

In PICU the work is 95% completed and this will be a similar process for other areas i.e. ICU, HDU and NICU to ensure systems are compliant and to look at the plant areas. PICU have agreed a derogation and limitation of the system.

Audits are ongoing and Gerry Cox informed that they compared compliance with HTM 03:01 Specialised Ventilation for Healthcare Premises and the systems are all acceptable under the guidance. This is due to be completed by 25th January 2020.

Professor Bain asked if swabbing and positive results from the drains should be included on the agenda. Brian Jones asked why would we swab drains and feels we should not be swabbing at all. Professor Bain asked why are we carrying out the swabbing, reasons for doing it and what is happening with the results and has asked Alistair Leanord to look into this. Pamela Joannidis replied that we have asked HPS to support us on the interpretation and implications of results this action and we are waiting for a response to this question.

(h) SAB Steering Group**- SBAR – SAB Exception Investigation**

As discussed earlier.

(i) Update from Water Group**- Water System Safety Policy**

A copy of the Water System Safety Policy was distributed with the agenda. Gerry Cox asked if there were any comments on this document to forward them to him. Dr Kennedy advised that Appendix 2, fifth bullet point, is replaced by 2008 Public Health Act and Gerry agreed to update this.

GC

Previously Sandra Devine reported that Dr Armstrong had concern at ratifying this policy but as part of SHTM this should be approved by this committee. Dr Deighan suggested that a front page is added to detail what technical groups this has been approved by. Professor Bain said as chair, she is happy to agree this subject to it getting approval from the appropriate groups.

70. New Business / Documents Received
(a) Specialist Ventilation Rooms

A copy of a document "Accommodation for Patients requiring Specialist Ventilation" was issued with the agenda. Pamela Joannidis reported that in RHC they managed to get agreement for specialist rooms and are looking to replicate this for adults and add on the information for their rooms. This was discussed at AICC last week and agreed.

Dr Kennedy commented that there is a contradiction regarding the table with the types of rooms. He said he does not think PPVL rooms are for patients with MERS. Professor Bain asked who had input to the document to date and Pamela Joannidis replied that Dr Inkster had produced a draft document.

Dr Seaton updated that when patients come to adults they use the rooms in HDU and Dr Kennedy informed that there are 4 validated rooms at QEUH. Professor Bain asked if there was a patient placement document and Pamela Joannidis stated that there is a prioritisation document that this document could go with and the room numbers can be entered on this. Sandra Devine recommended that a meeting be set up with Alistair Leanord, Infection Control and Estates to discuss this and to finalise the Standard Operating Procedures.

**SD/AL/
TS/GC****(b) CNO Letter: Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) Policy Requirements**

The CNO issued a letter on 23rd December 2019 asking for Boards to confirm the mandatory HCAI and AMR policy requirements that must be adopted and implemented in all NHS healthcare settings.

Sandra Devine said a template has been issued to individuals for them to update and return by 24th January 2020. She said the only requirement we will not have met is the incidence of *Staphylococcus aureus* in high risk units which could mean an extra 500 referrals a year for GGC.

(c) Risk Register Infection Prevention & Control

The Risk Register for Infection Prevention & Control was issued and noted. Sandra Devine reported that this is completed each year and the top two highest risks go onto the Corporate Risk Register.

(d) HPS Briefing Note – Cluster of pneumonia of unknown aetiology in Wuhan City, China

An HPS Briefing Note regarding a cluster of pneumonia of unknown aetiology in Wuhan City, China was issued and updated on Friday afternoon. Dr Kennedy reported that there could be a timelag due to the previous cases being confirmed. A teleconference with HPS is due to be held today regarding the update issued on Friday. From an Infection Control perspective the avian flu is the guidance to be followed. If there are any cases these are to be reported to HPS immediately. In terms of risk for people this is low for UK residents.

Concern with another group is regarding students as NHS Tayside have a twinning arrangement with Wuhan City. Professor Bain asked if we were confident to know what will happen in our hospitals if a patient arrives in one of our hospitals. Dr Seaton confirmed that Infectious Diseases are very aware of this situation and the patient pathway would be the same as a MERS patient. Dr Kennedy agreed the patient pathway is working in QEUH site but not sure about other sites. He said when an alert comes in to Public Health this is issued to Chief of Medicines, Chief Nurses, Sector Directors, GP Out of Hours, Public Health on call, Primary Care and the Medical Director to cascade as appropriate.

Dr Davidson stated that front line staff and on call staff should be aware of this as well. Pamela Joannidis advised that Infection Prevention & Control have a poster which has been updated and will be issued to all Emergency Departments. Erica Peters completed a MERS document and this is available on the Infection Prevention & Control website.

(e) Quarterly epidemiological data on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, *Staphylococcus aureus* bacteraemia and Surgical Site Infection in Scotland - July to September 2019

A copy of the above document was noted.

71. Update from Public Health Protection Unit

Dr Kennedy provided an update from Public Health Protection Unit. With regards to staff flu vaccination we have not met the required target of 60%. The uptake, as of the beginning of January, was 47% compared to 43% last year.

The Outbreak Incident Management Plan is being updated. This will go to Corporate Management Team for approval and to the Board Infection Control Committee for information.

72. AOCB

(a) Hot Debrief - *Stenotrophomonas maltophilia* incident in RAH ITU

With regards to the *Stenotrophomonas maltophilia* incident in ITU at RAH last year Sandra Devine reported that the actions are detailed on page 4 of the Hot Debrief that was distributed with the agenda. These actions include:-

- Estates to clarify if any personnel within GG&C are qualified to obtain water samples.
- Currently in the process of transferring the information from the Reference Lab to ICNET, which is a clinical surveillance software programme in Infection Prevention & Control.
- Board position on the use of water coolers to be confirmed. National Guidance from HFS is still in draft

Dr Deighan asked what happens to the actions from an IMT that remain to be completed. Dr Kennedy replied that the chair of the IMT has responsibility for all actions. Pamela Joannidis commented that following the IMT for Ward 6A a weekly review group meets to discuss any outstanding items. Dr Deighan asked where the assurance is that actions have been completed when the IMT has closed.

Minute**Action**

Professor Bain suggested that as the summary of IMTs are included in the HAIRT this is where the actions from IMT could be noted as completed. Sandra Devine agreed to discuss this with IPC Senior Management Team.

SD**(b) IPC Assurance and Accountability Framework**

As many of the committee are aware the board are on Stage 4 of special measures. Sandra Devine advised that the above document should be left as draft at present until there is feedback from the IPC governance groups.

At the last HEI inspection at QEUH and RHC the inspectors were given a copy of this document and will now be informed that this document is for noting, but in the current position cannot be approved.

(c) HPS Report - Review of NHS GG&C paediatric haemato- oncology data

Sandra Devine updated that page 23 of the above report states that:-

- NHS GG&C should consider current control measures around restriction on services for newly diagnosed patients as there is no evidence from the HPS review of the data that supports the continued restriction of services.

73. Date of Next Meeting

The next meeting has been arranged for Tuesday 14th April 2020 at 2.00pm and will be held in Meeting Room B, J B Russell House, Gartnavel Royal Hospital.

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 15 June 2020 at 2.00pm via
MS Teams videoconference**

Present:

Professor Angela Wallace	Interim Operational Director of Infection Prevention and Control
Dr Chris Deighan	Depute Medical Director (Corporate) (from 2.30pm)
Sandra Devine	Acting Infection Control Manager
Liz McGovern	Specialist Pharmaceutical Public Health
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Dr Iain Kennedy	Consultant in Public Health Medicine
Dr Andrew Seaton	ID Consultant/Lead AMT
Dr Scott Davidson	Deputy Medical Director, Acute Services (until 3.30pm)
Kate Hamilton	Acting Nurse Consultant, Infection Prevention & Control
Gerry Cox	Assistant Director Property & Estates (for Tom Steele)
Professor Alistair Leanord	Clinical Director, Microbiology / Acting ICD
Rona Wall	Occupational Health Service Manager (until 3.00pm)
Rosie Hague	Consultant Paediatrician, ID & Immunology (until 3.00pm)
Mags Mcguire	Board Nurse Director (until 3.00pm)
Kirsty Strannigan	Head of Health & Safety

In Attendance:

Morag Gardner	Chief Nurse, South Sector (for Angela O'Neill)
Pauline Hamilton (minutes)	PA, Infection Prevention & Control

Apologies received:

Angela O'Neill	Julia Egan	Tom Steele	Dr Jennifer Armstrong
Suzanne Clark			

Minute**Action****74. Welcome and Apologies**

Professor Angela Wallace welcomed everyone to today's meeting and introductions were made. Apologies were received from the abovementioned.

Post meeting note: Public Partner Suzanne Clark was not able to join the MS Teams meeting as she needed to be invited in.

75. Minutes of Previous Meeting

The minutes of the previous meeting held on 20 January 2020 were accepted with the following amendments:

p.7 - Min 70(a): **para 2:** remove second sentence; "He said he does not ...", and **para 3:** should read "... and Dr Kennedy **noted that the Lead ICD previously reported at the BICC that the negative pressure rooms were revalidated in July of 2018.**"

p.8 - Min 72(a): para 2: 2nd sentence: should read "... chair of the IMT has responsibility for **confirming all actions are closed off.**"

Item	Action
76. Rolling Action List	
<p>A copy of the Rolling Action List was distributed with the agenda and updated at the meeting.</p>	
<ul style="list-style-type: none"> • Hot De-briefs will be included on the IPC committee agendas for the preceding six months this is to ensure that all actions from the first presentation of the debrief have been closed off and if appropriate lessons are cascaded across the organisation. • Pamela – has not yet received an update from the Infection Control Network. 	Secy
77. Matters Arising	
<p>Dr Kennedy referred to the Public Health Outbreak Incident Management Plan (Minute 71.) that has since been approved by the Corporate Management Team. Dr Kennedy will forward a copy for distribution to the BICC.</p>	IK / Secy
<p>It was decided to change the order of the agenda at the start of the meeting and to include additional items for discussion; IPC Governance Structure and the Report from the Independent Review (QEUH).</p>	
<ul style="list-style-type: none"> • IPC Governance Structure and Process during the COVID Pandemic 	
<p>Sandra updated on changes to the governance structure and reported on the processes that were put in place at the start and during the COVID pandemic.</p>	
<p>IPC continued to brief the Board Directors, provide a daily COVID report, submit the monthly report to Clinical Care Governance and update the HAIRT. In addition, all incidents and outbreaks continued to be reported as normal, and all COVID incidents and outbreaks were reported in compliance with the SOP. Relevant documentation was provided for the extant governance groups, the Acute Division COVID-19 Tactical Group and the Scientific and Technical Advisory Cell (STAC).</p>	
<p>Dr Davidson expressed thanks to IPC and also to STAC and added that their response to this incident has been exemplary.</p>	
<ul style="list-style-type: none"> • Report from the Independent Review of the QEUH Campus 	
<p>Professor Wallace referred to the Report from the Independent Review of the QEUH campus which was published in today's Core Brief.</p>	
<p>Discussion followed and Dr Davidson stated that the take home message from a clinical perspective is that there is no definitive evidence related to avoidable deaths, and although there is the need to be cognisant of the culture talked about in relation to the actual building and handover, his own experience is that the organisation is not "closed" but an open organisation that offers help and support. The most important thing though is to hear the reassurance of no evidence related to avoidable deaths.</p>	
<p>Professor Leanord and Dr Seaton commented that they would reflect Dr Davidson's views and added it is encouraging to hear there was no evidence related to avoidable deaths.</p>	

Item	Action
<p>Professor Wallace stated that Jane Grant has commissioned all of the Organisational Development work with the Executive Team, and there are issues to address but GGC wants to move forward from the lessons learned. It has been extraordinary the range that has had to be dealt with, to include staff engagement and improvements across the service as a whole.</p>	
<p>Professor Wallace requested as an agenda item for the next meeting <i>What the Recommendations from the QEUH Independent Review means for IPC.</i></p>	
<ul style="list-style-type: none"> <p>NHSGGC COVID-19 Antibiotic PPS April 2020 Dr Seaton, Antimicrobial Management Lead reported that it was anticipated in February 2020 that COVID-19 was coming to Scotland and that this in turn would exert a significant pressure on antibiotic stewardship.</p> 	
<p>Antibiotic guidance was produced by the NHSGGC AMT to support the care of patients with COVID-19 and to minimise unintended consequences of antibiotic overuse. A Point Prevalence Survey of Antibiotic Prescribing was designed to assess prescribing across COVID-19 wards and critical care units across NHSGGC and as part of a wider national PPS. Results from the survey showed good compliance with antibiotic guidance and antimicrobial stewardship parameters. From the PPS, HAI COVID-19 prevalence was also estimated at 25% across the acute participating hospitals and an additional approximate 11% of patients were admitted with COVID-19 direct from care homes. HAI COVID-19 was not observed in relation to single room ward accommodation at QEUH.</p>	
<p>The presentation was made available on-screen today and Dr Seaton provided an overview. The on-screen presentation will be distributed to the BICC after today's meeting. <u>Action – AS to provide presentation for distribution</u></p>	AS
<p>Dr Davidson acknowledged this work particularly around antibiotic stewardship and asked about the nationally agreed definition of hospital acquired infection. Dr Seaton explained that he sits on the national group and the latest definitions have been used.</p>	
<p>Dr Deighan asked about HAI and how the data might compare to say influenza before near patient testing was available. Dr Seaton does not know the answer to this specific question. The re-admission data was collected retrospectively for patients who acquired COVID-19 in hospital during a previous admission. It is important going forward to understand the level of HAI. Professor Wallace stated these are really important points.</p>	
<p>Dr Kennedy stated it is interesting what surveys can reveal, and commented on the complexity of COVID-19 would be worth working through, and suggested this is also presented to STAC to which Dr Seaton agreed. Dr Kennedy asked if the prevalence study was carried out before or after routine screening of COVID-19 in the over 70s. Dr Seaton confirmed the study was carried out before this time on 20-24 April 2020, only in the hospitals they could go to (COVID-specific wards and units in QEUH, GRI, RAH and IRH). This was approximately one-third of all of the admissions. Professor Leanord commented that there was some emerging evidence from current studies that in some instances the virus had a number of introductions into a unit, and some of them appear to have been taken off. Anything that can happen in relation to transmission is tracked beautifully in terms of the sequencing, and added that COVID-19 does not react like any known infection.</p>	

Item	Action
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As agreed earlier, this will be presented to STAC by Dr Seaton. It was also agreed that this detail should be discussed further as an agenda item at the next BICC as well as Emma Thomson's COVID-19 vaccine trial which Glasgow, in partnership with NHSGGC is participating in.

Dr Seaton stated that he had previously linked in with Professor Leanord and Sandra Devine, and is happy to present at any appropriate venue/group. It was noted that this is the first presentation.

78. Standing Agenda Items

(a) Draft HAI Reporting Template (HAIRT) for NHS Board Meeting

A copy of the draft HAIRT report for May 2020 was distributed for today's meeting. Professor Wallace explained that this is a new reporting template which as before captures performance across GGC. Sandra thanked Professor Wallace for providing the revised template which shows an improved layout of reporting.

Sandra provided an update on the main highlights in the HAIRT:

- IPC prioritised time to respond to the COVID-19 pandemic.
- IPC are now looking at recovery plans to get back to (new) normal.
- A number of IPCNs have been asked to take part in the National Steering Group to share experiences.
- IPC provided support to the Louise Jordan Hospital.
- Board-wide Cleaning compliance 95%, and Estates compliance 97%.
- SSI surveillance has been temporarily suspended however RAH has been kept under observation due to SSI cases identified in May 2020.
- IPC continue to provide assurance to HPS in accordance with the National Support Framework in relation to PICU. GGC has submitted all required evidence and are awaiting feedback from HPS and HFS.
- New SAB standards by 2022. There were 75 SABs Jan-Mar 2020 pre-COVID-19.

In addition

- SAB, ECB and CDI are all GREEN rated.
- Q4 data for 2019 in relation to national data. Kate Hamilton will develop a plan on how to tackle ECB which will be included in the IPC Work Plan.
- Ward closures due to COVID-19; 6 closed in March although process was not fully up and running, 16 closed in April and 5 closed in May.
- Incidents reported to HPS; 4 HAI cases of Enterobacter in QEUH typed the same so were the same organisms (2 in blood culture and 2 in other specimens). IMT held 29/04/20 HIIAT AMBER. Incident in GRI also, HIIAT GREEN.
- Work ongoing nationally in terms of avoiding risk if there is a second wave of COVID-19. Lot of learning especially around PPE also reported nationally.
- RHC had 2 cases of bacteraemia on 09/04/20. There have been no further bacteraemias in Ward 6A since this date.
- RAH NICU had 2 patients positive for COVID-19. HIIAT GREEN on 17/04/20. The unit was assessed daily until 28/04/20. No further cases.
- GGH had significant challenges around managing COVID-19 positive patients specifically in Medicine for the Elderly Wards.

Sandra welcomed questions and feedback on the newly revised template.

Item	Action
<p>Professor Leanord asked for clarification around the ECB data. Sandra explained that the data at this point in time appears to be GREEN but is still RED in terms of target, and that the trend data in itself looks better than it might actually be. Professor Leanord accepted these anomalies in the data and will discuss with Sandra separately. Professor Wallace stated that an improvement plan is needed across the sites particularly around urinary catheters, and this will be included in the IPC Work Plan as noted earlier. The board has an interest in this new ECB target and every board in Scotland is in the same place.</p>	AL/SD
<p>Dr Davidson asked about the new ECB target, and added that GGC will not have visibility compared to other boards, but as a baseline it might be an idea to see where GGC sits. Sandra stated there is some initial information in relation to this and will ask Ann Kerr to check the DISCOVERY platform for reporting at the next BICC meeting in August 2020.</p>	SD
<p>Dr Seaton stated only just above prescribing indicators are not included in this version of the HAIRT, but will be included in future reports.</p>	
<p>Dr Deighan referred to Ward 6A Paediatric/Oncology and commented it is encouraging there have been no bacteraemias in the last two months and that the two cases from April 2020 were not environmental.</p>	
<p>The HAIRT was approved in principle, and the finalised version will be re-sent for the GGC Board. Professor Wallace added it is important to get the widest possible view and offered a well done to everyone involved.</p>	
(b) Monthly Activity Report for Acute Clinical Governance Committee	
<p>A copy of the monthly activity report was issued with the agenda and Sandra Devine provided an update.</p>	
<ul style="list-style-type: none"> • IPCAT audit was suspended in February 2020 due to COVID activity but was re-started on 1 June 2020, and will be reported in the next HAIRT. Of note, it will take a while to build trend data again. 	
(c) IPC Work Plan	
<p>A copy of the IPC Work Plan for 2020/2021 was distributed with the agenda. Pamela Joannidis reported that the IPC Work Plan reflects the work approved in the IPC Programme. Any updated standards are included, as are any new initiatives, with any recommendations incorporated. The IPC Work Plan is updated throughout the year as appropriate.</p>	
<p>Professor Wallace welcomed questions and asked that any further comment is returned to Pamela by 19 June 2020.</p>	
d) SOPs	
<p>The following SOPs have been distributed for comment and for approval today.</p>	
<ul style="list-style-type: none"> • Environmental Organism in High Risk Areas • Terminal Clean of Ward and Isolation Room • Staff Screening • CDI Paediatrics 	

Item	Action
	<p>Kate reported that very minor changes were made to the SOPs. The CDI Paediatrics SOP will be updated with comment received from Dr Hague.</p> <p>Discussion followed around the Staff Screening SOP and if it had been agreed with staff side. Dr Kennedy made the point that if there is ongoing discussion with the government and internal and external advisors around screening of staff for COVID-19 and no policy conclusion, there may be some implications. Pamela stated that over the course of COVID, SOPs etc were developed and IPC were asked about staff side involvement for approval, but this was more around H&S staff side representation. Dr Davidson requested that IPC contact staff side, and added the earlier the better in terms of development which in turn will help prevent re-visiting.</p> <p>Professor Wallace thanked Kate for all the work around the IPC policy documents. Three of the four SOPs were approved; the Staff Screening SOP was approved pending check of appropriate staff side process.</p>
<p>79. Exception Reports and Updates</p> <p>(a) vCJD Group</p> <p>The vCJD Group meeting scheduled for 4 February 2020 was not held due to COVID activity. No further meeting has been arranged but it is expected the vCJD Group will reconvene before October 2020.</p> <p>Dr Kennedy reported there have been no changes to national policy and nil further to report.</p> <p>(b) Antimicrobial Management Team</p> <p>Dr Seaton reported nil of note.</p> <p>(c) Acute Infection Control Committee</p> <p>The minutes of the last AICC held on 14 January 2020 were distributed to the BICC today. Dr Davidson reported that the AICC has not met since this date. The only exception to the minutes is around Wuhan City low risk cluster.</p> <p>(d) Partnership Infection Control Support Group</p> <p>The PICSG last met on 16 January 2020. The minutes have not been distributed to the BICC. Sandra reported that the PICSG have not met since this date.</p> <p>Professor Wallace asked that for housekeeping purposes, the IPC committee agendas reflect that the IPC committees have not met.</p> <p>(e) Recent Outbreaks / Incident Reports</p> <ul style="list-style-type: none"> • Hot De-brief / CDI Trigger Tool AMP Ward 53, QEUH <p>The Hot De-brief for the CDI Trigger Tool in QEUH Ward 53 was distributed with the agenda for information. This will be brought back in 6 months to ensure that all actions have been closed off.</p>	<p style="text-align: right;">KH</p>

Item	Action
<p>(f) HEI Steering Group</p> <p>Pamela reported that the HEI Steering Group have not met due to COVID activity but updated that the group had agreed the corporate tool at the last meeting, and that this was used for testing at QEUH. This visit went well and will progress at an opportune time. Margaret Connolly has asked if it would be possible to amalgamate IPCAT and the corporate audit tool, but further discussion around this is required. The last inspection was in December 2019 and was reported back in January 2020.</p>	
<p>(g) SAB Steering Group</p> <p>Sandra reported that the SAB Group have not met for some time. Pamela reported that detail around the SAB Group is included in the IPC Work Plan.</p>	
<p>(h) Update from Water Group</p> <p>Pamela reported that the Board Water Safety Group are scheduled to meet tomorrow (16 June). There is national guidance in relation to water coolers and this needs to be addressed.</p> <p>HFS circulated a document in relation to the quality of water and the filters after wards have been closed due to COVID. Gerry explained that a number of wards have been closed therefore flushing regimes will be re-introduced. This has been agreed, is in process, and is working well.</p> <p>Gerry agreed to report on this item at future meetings.</p>	GC
80. New Business / Documents Received	
<p>(a) Annual Infection Prevention & Control Programme</p> <p>The Annual IPC Programme (2020-2021) was distributed with the agenda. This document has previously been circulated for comment and was approved online by the BICC. Sandra highlighted that IPC are supporting the work of both the QEUH Independent Review and the Public Inquiry as detailed in the IPC Programme, also reflected in the IPC Work Plan.</p>	
<p>(b) Operational Action Plan</p> <p>The IPC Overall Action Plan was issued with the agenda. Professor Wallace updated the group that she had come into GGC in February 2020 to look at a range of things and there was a list that Professor Marion Bain was already working on with GGC colleagues following her joining GGC in January 2020. Professor Wallace has teamed up with Sandra, Professor Leanord and other IPC and GGC colleagues and is attending today's BICC for information and consideration. There is nil to add in relation to the Operational Action Plan at this point in time.</p>	

Item	Action
(c) HPS Support Framework – PICU Action Plan	<p>The HPS Support Framework PICU Action Plan was distributed with the agenda. Professor Wallace reported that the framework was invoked in Glasgow before February 2020.</p> <p>Professor Wallace informed the group that Professor Bain was working with Scottish Government colleagues and that HPS will prepare an SBAR and then this can then be de-escalated.</p> <p>Gerry reported that there has been no further information from HFS in response to GGC from last week. An update will be put to the BICC when HFS have responded.</p>
81. Update from Public Health Protection Unit	<p>Dr Kennedy reported that apart from the focus on COVID, the staff influenza vaccination programme is due to commence 12 weeks from now. It is anticipated that demand may be much higher than previous years. Liz McGovern added that the potential problem is how this can be delivered as there will not be the same mass immunisation sessions as previous. Also of note, the influenza vaccination has been extended to include HSCP workers.</p>
82. AOCB	<p>(a) COVID-19 Update</p> <ul style="list-style-type: none"> • National Guidance Update <p>Dr Kennedy made reference to the HPS website and that the information and documentation is forever changing. As an example, the secondary care guidance was updated only last week but is dated 29 May (2 week gap). The primary care guidance was updated over the weekend. Today a FAQ for critical care units has been published. Currently the key issue with the national guidance is that the guidance approval process has become more complicated and significantly longer which has resulted in newer versions of the guidance becoming available before the previous versions are implemented.</p> <p>In relation to changes and guidance around staff exposure to COVID-19, there was discussion at the STAC meeting last week with IPC and Public Health colleagues in attendance, around risk assessment for exposure. The new PHE guidance around new contacts, differs from the previous guidance, i.e. if asymptomatic, staff can continue to work. Advice from PHE however is to carry out a risk assessment and for the staff member to self-isolate for 14 days. Public Health is currently working through this process in order to get a policy position that allows for staff to work safely.</p> <p>Dr Seaton made comment on testing policy. Currently GGC is still working on the presumption that it is only those admitted to hospital or picked up through test and trace. Dr Kennedy explained that this has since changed; anyone over 5 years of age can either test with a home kit or be tested at a centre. Dr Kennedy clarified that in terms of the clinical assessment centres, everyone is tested all the way through.</p>

Item	Action
<p>In terms of staff they are testing whether on regularised basis. Staff are asking if Public Health will follow-up results but Public Health are not responsible for this. Dr Kennedy will raise this at the Acute Division COVID-19 Tactical Group.</p>	IK
<p>Dr Deighan asked, if SATA are sending patients home swabbed or not and if Public Health do not have responsibility how does this fit with contact tracing. Dr Kennedy explained that the test and protect service will get the results and will give appropriate advice.</p>	
<ul style="list-style-type: none"> • Recovery Plans 	
<p>Sandra reported that the IPC SMT still continue to meet three times per week and review pathways etc.</p>	
<p>(b) CNO Letter – Revised HAI Surveillance Requirements</p>	
<p>Sandra reported that IPC are fully compliant with mandatory surveillance and this will be switched on again (was switched off at the beginning of March 2020 due to COVID activity).</p>	
<p>(c) IPCN Audit Documentation 2020</p>	
<p>Kate reported that the IPCNs are very good at recording their activity and providing relevant detail, and they also have good working relationships with staff.</p>	
<p>d) Update on External Inquiry / Public Inquiry / Board Special Measures</p>	
<ul style="list-style-type: none"> • External Inquiry 	
<p>Professor Wallace reported that the Independent Review for QUEH was published today, as noted earlier in the meeting.</p>	
<ul style="list-style-type: none"> • Public Inquiry 	
<p>The date of the Public Inquiry chaired by Lord Brodie is not yet known.</p>	
<ul style="list-style-type: none"> • Board Special Measures 	
<p>The Oversight Board will issue the reports in relation to special measures once completed and finalised. Jane Grant is working with the government and encouraging them to finalise within a reasonable time.</p>	
<ul style="list-style-type: none"> • There is also the Case Note Review which has always had a different timescale, likely to be finalised later in the summer. Professor Bain although now working as Deputy Chief Medical Officer, is still involved, and the group will be informed of any updates. 	
<p>Professor Wallace thanked everyone for their attendance and participation which was much appreciated.</p>	
<p>83. Date of Next Meeting</p>	
<p>The next meeting has been arranged for Tuesday 11 August 2020 at 2.00pm and will be held in Meeting Room 1, Ground Floor, Admin Building, Gartnavel Royal Hospital.</p>	

Board Infection Control Committee 11/08/20
Minutes 84 – 94

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Tuesday 11 August 2020 at 2.00pm via
MS Teams Videoconference**

Present:	
Angela Wallace (chair)	Interim Operational Director of Infection Prevention and Control
Dr Chris Deighan	Depute Medical Director (Corporate)
Sandra Devine	Acting Infection Control Manager
Liz McGovern	Specialist Pharmaceutical Public Health
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Dr Iain Kennedy	Consultant in Public Health Medicine
Dr Andrew Seaton	ID Consultant/Lead AMT
Kate Hamilton	Acting Nurse Consultant, Infection Prevention & Control
Professor Alistair Leanord	Clinical Director, Microbiology / Acting ICD
Rona Wall	Occupational Health Service Manager
Angela O'Neill	Deputy Director of Nursing, Acute
Mary Anne Kane	Associate Director of Facilities
Dr Rosie Hague	Consultant Paediatrician, ID & Immunology
Suzanne Clark	Public Partner
Lynsay Gracie	Head of Decontamination

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Mags Mcguire	Board Nurse Director
Dr Scott Davidson	Deputy Medical Director, Acute Services
Kirsty Strannigan	Head of Health & Safety

Minute		Action
84.	Welcome and Apologies	
	Professor Angela Wallace welcomed everyone to today's meeting and apologies were received from the abovementioned.	
85.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 15 June 2020 were accepted with the following amendments: Page 2, last para: delete Dr Seaton from sentence. Page 9, first para: should read "In terms of SATA testing they are testing ..."	
86.	Rolling Action List	
	A copy of the Rolling Action List was distributed with the agenda and updated at the meeting. Angela Wallace asked that the rolling action list is distributed to the committee to update prior to the next meeting.	

Minute		Action
87.	Matters Arising	
	<p><u>Recommendations from Independent Review</u></p> <p>Angela Wallace reported that GGC have put the recommendations from the Independent Review into an Action. She said there is a fortnightly meeting to look at the recommendations. Sandra Devine informed that this group is chaired by Jonathan Best and he has oversight of the Action Plan and the Risk Register.</p> <p>In late August/beginning September Angela Wallace said that we should receive from the government reports from the Oversight Board.</p>	
88.	Standing Agenda Items	
	(a) Draft HAI Reporting Template (HAIRT)	
	<p>The final version of the HAIRT report for May 2020 was distributed for today's meeting. There is a new version of the report which is in draft at the moment.</p> <p>Sandra updated on the following:-</p> <ul style="list-style-type: none"> • Cleaning Board-wide compliance 95%, and Estates compliance 97%. • SSI surveillance has been temporarily suspended however IPCT are continuing background monitoring to identify any positive microbiology. Dr Deighan asked when this will be restarting and Sandra Devine replied that we are waiting on guidance from HPS. • IPC are now looking at recovery plans to get back to (new) normal after Covid. • Nursing Homes are being visited as per instruction from the Nurse Director. • PICU information has been returned. • SAB, CDI and ECB case numbers remain within control limits but occupancy levels were lower during the last couple of months. • There was a CDI trigger for Ward 15/28 with two HAI cases in a two week period. Typing confirmed them to be different types and therefore not due to cross-infection. • IPCAT audits were temporarily paused due to COVID-19 response but recommenced on 1 June 2020. The results for these will be presented in the next report. • NHSGGC are 94% compliance rate for CPE screening and 93% compliance rate for MRSA screening. • With regards to the reduction in organisms Dr Seaton stated this is due to the bed occupancy rate lower than normal. <p>In terms of the national funnel plot Angela Wallace reported that it is good to see where we are against the national figures. She said that GGC performed well against C-diff and E-Coli, although SABs look higher compared to other boards.</p> <p>The data for Quarter 2 will not be released until October.</p> <p>Angela Wallace said she is happy to take any comments regarding the reporting format and asked the committee to note this paper.</p>	

Minute			Action
	(b)	Monthly Activity Report for Acute Clinical Governance Committee	
		<p>A copy of the monthly activity report was issued with the agenda and Sandra Devine reported that this is also presented at the Acute Clinical Governance Committee. She provided the following update:-</p> <ul style="list-style-type: none"> • There was one Red audit noted in the report. A meeting was held with Lead Infection Prevention & Control Nurse and the Senior Charge Nurse. This area was reaudited and scored Gold. In Clyde there were 6 SABs and 3 of these were device related. The Management Team are to put actions together. • 116 E-Coli bacteraemia cases were reported and 6 of these are associated with urinary catheters. The Chief Nurses have been asked to check that CAUTI bundles are in place. The number of cases have decreased in July. Professor Leanord said to note seasonality in E-Coli bacteraemia cases that there is an increase in the summer months due to dehydration which can contribute to this. <p>Angela O'Neill confirmed that work is ongoing regarding the red score and team approach and mentorship has been excellent. She said the Chief Nurse, Lead Nurse and IPC are coming together to work on improvement. Angela Wallace asked if this area was on our radar or if the audit informed of this. Sandra Devine replied that there have been a couple of clusters of C-diff cases in the past associated with this ward and the IPC Team locally did have some concern regarding this area.</p> <p>With regards to HEI inspections Angela Wallace asked if all sites were prepared in case they get a visit and is our environment safe. Sandra Devine was asked to have her team visit any wards if they had any concerns. She said that Stobhill had a couple of wards the teams has looked at the areas there.</p> <p>Angela Wallace asked where the results go regarding the mock inspections. Pamela Joannidis informed that the IPCAT audit has been updated and this helps us to understand any challenges. She said there is a new HEI mock inspection tool which is a robust process.</p>	
	(c)	IPC Work Plan	
		<p>The IPC Work Plan for 2020/2021 was distributed with the agenda and Pamela Joannidis reported that this includes new initiatives and updated on the following:-</p> <ul style="list-style-type: none"> • The Scottish Government IPC Support Group has been stood down and the report is still awaited. • Jonathan Best is taking forward the Independent Review at QEUH. • New guidance regarding Covid has now been published and work is ongoing with HPS to implement this. • Reduction in E-Coli bacteraemia cases and to review the cases for more enhanced surveillance is included in the Work Plan. • A chair is to be identified for the SAB group and Terms of Reference are to be reviewed. Angela Wallace asked if any responses have been received regarding this as this has been circulated widely in the organisation. Pamela replied that they received responses from committee members. She said AICC were asked to think of the actions from this group as it should not solely be the responsibility of IPC leading on this. Dr Seaton commented that it would be good to have a senior medic leading on this. 	

Minute			Action
		<p>Angela Wallace said that she would like to work with Dr Deighan, Sandra Devine and Professor Leanord to look at the actions from the SAB group and who are responsible for these actions. She agreed that they would look at who could lead this group.</p> <p>The IPC Work Plan is updated throughout the year and is based on the Annual Infection Control Programme. Dr Deighan stated that the Work Plan seems to revolve around the previous Work Plan and asked Angela Wallace if our Work Plan mirrors the same in other boards. She said that most boards have some sort of Work Plan and would encourage a blank piece of paper and to have a systematic review.</p>	AW/ CD/ SD
	(d)	SOPs	
		<p>The following SOPs have been distributed for comment and for approval today:-</p> <ul style="list-style-type: none"> • Twice daily clean of isolation rooms SOP • Mumps SOP • Measles SOP • Rubella SOP <p>Kate reported that she received one comment from AICC regarding the Measles SOP and this has been incorporated.</p> <p>Dr Kennedy commented that in the Measles SOP it would be helpful for it to say to contact switchboard. He also pointed out that in the SOP, with the exclusion of healthcare workers, the incubation period states 7 days whereby the national guidance says 5 days. He said precaution is required until 4 days onset and wondered if day 4 is inclusive or should it be after day 4. Dr Kennedy agreed to forward his comments to Kate Hamilton to update.</p> <p>With regards to the Mumps SOP not to include writing to PHPU within 3 days.</p> <p>The group agreed they were happy to approve the SOPs once Dr Kennedy's comments had been finalised.</p>	IK
89.	Exception Reports and Updates		
	(a)	vCJD Group	
		<p>The vCJD Group have not met recently due to COVID activity but another meeting will be arranged soon.</p> <p>Dr Kennedy advised that they have been notified of two cases and he is working with Kate Hamilton to go through these.</p>	
	(b)	Antimicrobial Management Team	
		<p>Dr Seaton reported that there has been a large reduction in the total antibiotic use in GGC which could be a reflection of the bed occupancy during Covid.</p> <p>There has been an increase in Meropenem use but Dr Seaton said this could be due to the use of this in Critical Care during Covid. This was used for healthcare associated patients in relation to prolonged ventilation and he said he expects this to come down as the number of Covid patients reduces.</p>	

Minute		Action
	<p>The new Doctors started last week.</p> <p>The Antibiotic Guidelines are being updated and should be finalised soon. Dr Seaton advised that they are trying to reduce high cost antibiotics as it costs approximately £2m for one single item i.e. Temocillin. Intelligence is that it is being over used and Dr Seaton stated that they have taken the decision to remove this from the guidelines which means that Hospital Management Guidelines will not feature Temocillin. He said that staff will be informed and will recycle other antibiotics in its place and also pointed out that other boards are not using Temocillin.</p> <p>The use of Co-trimoxazole and Co-amoxiclav will be promoted. At present Co-amoxiclav is used on a limited basis in GGC and communication will need to be issued regarding this.</p> <p>Guideline posters being processed and agreed at AUC. These will be launched at the same time as the Therapeutics Handbook and Pharmacists and Medics will be informed.</p> <p>Angela Wallace asked if the AUC is active. Dr Seaton replied that Antimicrobial Management Team report to the Antimicrobial Utilisation Sub Committee which is chaired by Beth White. This then reports to the Area Drugs and Therapeutic Committee which feeds to the Chiefs of Medicine, Director of Education, through to Post Graduate, Pharmacy and Nursing directorate. A report from AMT is issued to the Acute Infection Control Committee and the next AUC meeting is in two weeks time.</p> <p>Chris Deighan said there are significant changes and timelines will be issued in the next couple of weeks. He thanked Dr Seaton for the update and asked if he could provide an update at the Chiefs of Medicine meeting on 25th August and Dr Seaton agreed to attend.</p>	
	Vaccination Trial	
	<p>Liz McGovern updated that the Scottish Health National Protection Network, national planning group, met twice, and has discussed Covid-19 vaccination. She said it is a very challenging vaccine to introduce and information is still being looked at. It was agreed to add this as an agenda item for the next meeting.</p>	
	(c) Acute Infection Control Committee	
	<p>A copy of the agenda for the recent AICC meeting held on 4th August 2020 and the minutes of the previous meeting were distributed with the agenda. The last meeting of the committee was in January as the meeting that was scheduled for April was cancelled due to Covid.</p> <p>Angela O'Neill informed that discussion took place regarding SABs and a chair for this group.</p>	
	(d) Partnership Infection Control Support Group	
	<p>The PICSG scheduled for 6th August 2020 was cancelled by the Chair and another date will be set. The meeting scheduled for April was also cancelled due to Covid.</p>	

Minute			Action
(e)	Recent Outbreaks/Incident Reports		
	<ul style="list-style-type: none"> Hot Debrief : CDI Trigger, Beatson 		
	<p>The Hot De-brief for the CDI Trigger Tool at the Beatson was distributed with the agenda.</p> <p>Sandra Devine provided a summary and said there were two cases of HAI CDI within a 3 day period and typing was different. A SICPS audit was undertaken with a score of 100% and the Domestic Monitoring score for June was 96.46%. Education will be carried out regarding the documentation and Care Plan. Also medical staff are not putting the severity score in. Both patients have now been discharged. Pamela thanked Antimicrobial Management Team for their thorough review.</p> <p>Dr Deighan asked with regards to the governance of these where are these signed off. Sandra Devine replied that the Hot Debriefs are relatively new and she will look to see if these could maybe be included in the monthly directorate reports. Kate Hamilton suggested that the lessons learned section could be used to identify training across all sectors and not just for the Hot Debrief.</p>		
	<ul style="list-style-type: none"> Hot Debrief : Ortho SSI Rates, GRI 		
	<p>An IMT was held 27th February 2020 to discuss 6 cases of total hip replacements which had taken place at GRI which had developed either surgical site infection or colonisation. Kate Hamilton reported that there was good engagement with the clinical team. 5 of the 6 cases isolated MSSA but all were different spa types. The working hypothesis was that endogenous patient flora was able to gain access to the wound. The SSI bundle was not put in place due to Covid as elective surgery was not taking place</p>		
	<ul style="list-style-type: none"> Hot Debrief : MSSA, PRM 		
	<p>The Hot De-brief relating to the MSSA cases in PRM was distributed with the agenda. The Infection Control Doctor issued an email to say all actions have been addressed and completed. No further cases have been identified. Angela Wallace asked where the Action Plan would be if this is completed and Sandra Devine replied that this sits with Infection Prevention & Control. Angela said that this is not Infection Prevention & Control's responsibility and to consider where this should sit. She recommended that a meeting be arranged with Sandra Devine and Angela O'Neill to discuss this.</p>		AW/SD/ AO'N
	<ul style="list-style-type: none"> Hot Debrief : Group B Streptococcus, SCBU, RHC (<i>for review</i>) 		
	<p>The Hot De-brief regarding Group B Streptococcus cases in SCBU at RHC within a 14 day time period was issued for review as it has been 6 months since this has been issued. Kate Hamilton updated on the background to this and said that a PAG was held on 20th December 2019. The HIIAT was classed as Green. The typing was the same which implied that there was some cross infection but there have been no further cases since 2019.</p> <p>Angela Wallace asked if we have a 6 month programme for these and Kate Hamilton informed that she will have this logged of when to bring these back to the committees.</p>		

Minute			Action
	(f)	HEI Steering Group	
		<p>Pamela reported that the HEI Steering Group met recently on 5th August 2020 and is chaired by Rosie Cherry.</p> <p>Corporate inspections are taking place in GGC and 6 dates have been entered in the diary over the next 6 months. The inspections include colleagues from Infection Prevention & Control, Facilities and clinical staff.</p>	
	(g)	SAB Steering Group	
		The SAB Steering Group are looking for a chair and Scott Davidson will organise this.	S Dav
	(h)	Update from Water Group	
		<p>The next meeting of the Board Water Safety Group is scheduled for tomorrow. Pamela Joannidis reported that at the last meeting they discussed Supp 05 guidance regarding water coolers. She said they are waiting on an update from the national group but GGC took the decision to remove the water coolers in high risk areas.</p> <p>There is an Action Plan regarding point of use filters and a planned programme on how to reduce the number of filters at QEUH.</p>	
	(i)	Update from Estates and Facilities	
		<p>It was agreed that this would be a standing agenda item for future meetings.</p> <p>Mary Anne Kane reported that the Infection Control Built Environment Group reports to BICC. She said they will try and have a more formal report for the BICC meetings. Angela Wallace commented that Sandra Devine and Alastair Leanord had discussions with Tom Steele and that a Facilities report is provided to AICC but not BICC. She asked to meet with Mary Anne Kane and Sandra Devine to discuss this.</p>	AW/SD/MAK
90.	New Business / Documents Received		
	(a)	2019 SSI Surveillance – At A Glance	
		<p>The SSI Surveillance Report for 2019 has been issued. An “at a glance” summary sheet of the report was issued with the agenda.</p> <p>Sandra Devine reported that there have been a couple of incidents in INS in relation to cranial and spinal procedures. She said they do screen patients pre op for MSSA and have decolonisation regime for patients.</p> <p>Angela Wallace asked for the Annual Report to be on the agenda for the next meeting.</p>	

Minute			Action
	(b)	Incident Management Plan	
		<p>The Incident Management Plan document is due to be completed by October.</p> <p>Dr Kennedy stated that an IMT in the acute setting would include representatives from Public Health, Microbiology and Environmental Health, although Environmental Health Officers were not normally invited. He said feedback was received from a local authority to say they were not happy at not being invited. It was agreed that in future they will be invited and will be informed of any hospital outbreak relating to food preparation.</p> <p>Part of the Incident Management Plan includes additional training regarding general outbreak principles for anyone who could be invited to an IMT. Dr Kennedy said there is also advanced outbreak training for training to chair an IMT. He said they looked at Public Health England to provide this but courses are based at Colindale and will look into how this could be delivered here.</p> <p>Angela Wallace advised that the Incident Management Plan was approved by the Corporate Management Team in February 2020. Dr Kennedy also stated that this was agreed jointly by the local authority representatives and MetVet.</p>	
91.	Update from Public Health Protection Unit		
		<p>Dr Kennedy provided the following update from Public Health Protection Unit:-</p> <ul style="list-style-type: none"> • There have been a couple of Covid incidents with a known cluster at St Mirren Football Club. • 14 Covid cases linked to a Pharmacy in Inverclyde. • There are query cases at Low Moss Prison with 49 staff and 100 clients to look at. • 8 Band 7 posts have been advertised to support the Test and Protect Team and are fixed term posts with funding from Scottish Government. Dr Seaton said he was encouraged to see investment in Band 7 nurses and asked if these could be extended out to Antibiotic Stewardship as at present they have no investment. Angela O'Neill asked if they will have an improvement role while working with us and Dr Kennedy replied that the job description for the posts was agreed by Mags McGuire and improvement was inserted into the job description. <p>Angela O'Neill asked how staff coming to work in NHSGGC from other boards who are in a lockdown area was regulated.</p> <p>Dr Kennedy informed that if staff move from one nursing home to another they can request a test.</p>	
92.	AOCB		
	(a)	Covid-19 Update	
		Sandra Devine reported that the 4 Nations Guidance should be issued today.	
		<ul style="list-style-type: none"> • CNO Letter - Mobilisation Plans: Reducing Risk of Nosocomial COVID 19 	
		A copy of the CNO letter dated 29 th June 2020 was distributed with the agenda and noted by the committee.	

Minute		Action
	<ul style="list-style-type: none"> HPS Report - Hospital onset cases in Scotland 	
	HPS provided a report on the number of COVID-19 cases with specimen dates up to 7 June 2020. The definite hospital onset cases for Scotland is 5.8% and the rate for GGC is 8.4%.	
	(b) Update on Public Inquiry/Board Special Measures	
	<p>The Scottish Government has announced that the public inquiry into the QEUH and RHC will commence on Monday 3 August.</p> <p>Angela Wallace advised that the Oversight Board reports to BICC and are to provide a report by September/October.</p>	
	(c) PICU Support Framework Action Plan	
	All information regarding PICU has been sent to HPS and HFS. Angela Wallace stated that they are looking to see if PICU can be de-escalated. This will be kept on the agenda to keep committee members updated.	
93.	AOCB	
	An SBAR regarding seasonal flu has been sent to the Acute Tactical Group. Liz McGovern advised that there will be challenges to do routine vaccination. Only 200 vaccines were ordered for inpatients last year. Dr Deighan commented that this was discussed at SEG and some issues were raised regarding recording and to track who in acute would have received their vaccination. He suggested that this is raised with the Flu Vaccination Group.	
94.	Date of Next Meeting	
	The next meeting has been arranged for Monday 5 th October 2020, 2.00pm, Meeting Room 1, Ground Floor, Admin Building, GRH	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 5 October 2020 at 2.00pm via
MS Teams Videoconference**

Present:	
Prof Wallace (chair)	Interim Operational Director of Infection Prevention and Control
Dr Chris Deighan	Depute Medical Director (Corporate)
Liz McGovern	Specialist Pharmaceutical Public Health
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Kate Hamilton	Acting Nurse Consultant, Infection Prevention & Control
Prof Alistair Leanord	Clinical Director, Microbiology / Acting ICD
Angela O'Neill	Deputy Director of Nursing, Acute
Dr Rosie Hague	Consultant Paediatrician, ID & Immunology
Suzanne Clark	Public Partner
Dr Scott Davidson	Deputy Medical Director, Acute Services
Kirsty Strannigan	Head of Health & Safety

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Sandra Devine	Acting Infection Control Manager
Dr Andrew Seaton	ID Consultant/Lead AMT
Gerry Cox	Assistant Director of Estates and Property
Mags Mcguire	Board Nurse Director

Minute		Action
95.	Welcome and Apologies	
	Angela Wallace welcomed everyone to today's meeting and apologies were received from the above mentioned.	
96.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 11 August 2020 were accepted as an accurate record. A copy of the finalised minutes will be issued to the committee prior to the next meeting.	
97.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and updated at the meeting. It was agreed that the rolling action list will be distributed to the committee to update prior to the next meeting and will have clearer actions and timescales. The closed actions will be transferred to end of the action list.	
98.	Matters Arising	
	<u>Covid-19 Look Back Exercise</u> Dr Davidson explained that this was discussed at the Acute Tactical Group and Angela Wallace said that the learning from Covid 19 first wave from an infection control perspective was guiding our current approach to the management of patients whilst ensuring capacity and flow.	

Minute		Action
	<p>Alistair Leanord added and explained he was trying to write generic principles for cohorting in regards to how to remobilise services, which he has found difficult to do. He said he has decided to write for a few specific areas e.g. ICU. Sandy Binning, Clinical Director has a document regarding ICU and NIV documents which has ICD with responsibility input and non invasive ventilation. The work has started on an individual basis and if Infection Control input is required this will happen. Alistair Leanord also stated that he is trying to ensure pathways are unified. Pamela Joannidis reported that ICT are supporting the Beatson and older peoples service in planning pathways for them and this includes Lightburn, Langlands and GGH. Dental Services are also being supported with particular areas of challenge to ensure services can be remobilised.</p>	
	<p><u>PICU Support Framework Action Plan</u></p> <p>GGC have supplied the information to HPS and HFS and is waiting on feedback. Angela Wallace confirmed that this has not been de-escalated and meetings have been arranged to discuss GGC submission and to have a detailed discussion regarding next steps of the PICU support framework on the BICC agenda.</p>	
	<p><u>Recommendations from Independent Review</u></p> <p>Angela Wallace reported that GGC have put the recommendations from the Independent Review into an Action Plan. She said there is a fortnightly meeting to look at the recommendations. Jonathan Best has oversight of the Action Plan and HS progress. In relation to the Oversight Board interim report from the Scottish Government it is expected in September or October with the care note review being early 2021.</p> <p>In late August/beginning September, Angela Wallace said that we should receive from the government the reports from the Oversight Board.</p>	
99.	Standing Agenda Items	
	(a) Draft HAI Reporting Template (HAIRT)	
	<p>The final version of the latest HAIRT report, was distributed for today's meeting.</p> <p>Pamela Joannidis updated on the following:-</p> <ul style="list-style-type: none"> • The Board's cleaning compliance is 96% and Estates compliance is 97% for the period. • SSI surveillance was recommenced locally in June. National SSI surveillance remains paused. • SAB - HCAI standard aim is 70 cases or less per quarter by 2022. SAB have been higher than the previous two months with 27 cases for June and 21 cases for July, but still remain below the mean. • There were 27 Healthcare Associated SAB cases and the aim is to have 23 cases per month. This has been noted in the Work Plan to try and reduce this. Surveillance by local ICNs is carried out and they go into the ward, carry out sweeps and look at the care bundles. • The Healthcare Associated <i>Clostridioides difficile</i> infection (CDI) RAG status is GREEN when assessed against the 2022 trajectory and there were 24 cases for July. Of the SABs noted there were 3 cases that were IV access device related. • Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB). RAG status is RED when assessed against the 2022 trajectory with 46 cases for July. • Hand hygiene compliance is 98%. • With regards to Multi-Drug resistant organism screening GGC are above the CPE target. 	

Minute		Action
	<ul style="list-style-type: none"> An increase in surgical site infections in spinal surgery at the Institute for Neurological Sciences. The IMT assessed this as AMBER on 16th July 2020 and then it was assessed as GREEN on 31st July 2020. There have been no new cases for August. The hypothesis is that infections are arising from the patient's own flora and the <i>Staphylococcus aureus</i> isolates that have been sent for typing supports this hypothesis i.e. they are all different. HPS looked at the unit and started nasal screening and decolonisation of patients pre-operatively. <p>Angela Wallace asked if there was up-to-date information where GGC sits compared to other boards in relation to SABs and Pamela Joannidis informed that she does not have this information to hand. Angela Wallace also asked how teams were focussed to preventing SABs. Angela O'Neill explained that there was a dedicated SAB working group which was making improvement work in part with the Quality Strategy work and working together to improve this. A meeting has been arranged for 5th November to discuss this.</p> <p>The QI work is being carried out locally and Pamela Joannidis reported that they are seeing an increase in local line audit surveillance in wards and the wards are taking ownership of these.</p> <p>Looking at the figures relating to E-Coli bacteraemias Suzanne Clark asked why did it take so long to start to measure these. Pamela Joannidis replied these are linked to Urinary Catheter Care and strategies are in place. Alistair Leanord said that no other boards are close to the target and a new national committee has been created to look at this. When there was a reduction in normal activity Alistair Leanord said this was the first time that GGC came close to the E-Coli bacteraemia target which had been set 5 years ago. He said that discussions are to take place with the CNO regarding a new target at the start of spring.</p> <p>In relation to hand hygiene monitoring and compliance in July, RHC had a score of 94% and Angela Wallace asked what the current performance is. Pamela Joannidis agreed to forward this information to Angela Wallace. Angela O'Neill advised that she will ensure there is support for this area.</p>	<p>PJ AO'N</p>
	(b) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>A copy of the monthly activity report was issued with the agenda and Pamela Joannidis provided the following update:-</p> <ul style="list-style-type: none"> 35 IPCAT audits were undertaken in July. IPC team aim to reaudit if there is a red score. 4 theatre audits were undertaken this month, all scored gold overall. 33 SAB cases were reported and 3 of these were device related. 88 <i>E.Coli</i> bacteraemia cases were reported and 46 of these were healthcare associated infections. 26 CDI cases reported for this month. Increase in surgical site infections in spinal surgery at the Institute for Neurological Sciences. Number of Covid cases are increasing. To date there have been 5232 cases for GGC with 5.5% definite hospital onset cases. <p>With regards to the quality assurance sections in the IPCAT audits Chris Deighan commented that only 25% of these were green or gold and 75% are amber or red and asked how can we improve this.</p>	

Minute		Action
	<p>Pamela Joannidis informed that the Ward Manager has either 24 hours (for critical non-compliances) or 1 month to complete actions and Infection Control return in a month's time to reaudit the ward. Chris Deighan said it would be helpful to see feedback for assurance purposes.</p> <p>Once a red audit is identified Angela O'Neill advised that additional support regarding leadership and mentorship is provided so that time the ward is reaudited improvement can be seen. Angela Wallace recommended that for the Acute Clinical Governance meeting that a report is created to show the process of the audit and what steps have been taken to improve any areas.</p> <p>There was an HEI unannounced inspection to Lightburn Hospital in September. Angela O'Neill reported that early feedback from the inspectors was positive e.g. good communication, staff well educated. The issue of bed spacing was identified as 2 wards were transferred into 3 wards because of Covid. The inspectors raised the point that they felt there was no availability to provide high level care in a restricted space. The inspectors returned 3-4 weeks later and confirmed they were content with the actions that GGC had taken. The draft report is due to be issued on 28th October 2020.</p> <p>Jane Grant asked previously asked Tom Steele and Sandra Devine to set up corporate inspections in GGC. An HEI Corporate Inspections Group had been set up and two unannounced inspections had taken place - GRI and Clyde. Inspection teams include staff from Estates, Facilities, Infection Control and a Lead Nurse.</p>	PJ
(c)	IPC Work Plan	
	<p>The IPC Work Plan was distributed with the agenda and Pamela Joannidis updated on the following:-</p> <ul style="list-style-type: none"> • Support the work of the Scottish Government IPC Support Group. Provide information and evidence as requested to provide assurance to the group. • Develop systems and processes to take forward all recommendations from the QEUH Independent Review. • Support the work of the QEUH Public Inquiry. Information and reports are being submitted as requested. • New guidance regarding Covid has now been published and work is ongoing with HPS to implement this. IPC are supporting individual services. A daily update is provided to the senior management team. • Work with Business Intelligence (e-Health) to incorporate HCAI standard reporting of CDI, <i>E.coli</i> and <i>S.aureus</i> bacteraemias and hospital acquired MRSA into MicroStrategy via ICNet. • A chair is to be identified for the SAB group. To revise the NHSGGC SAB group membership with approved terms of reference including membership, purpose and objectives. • IPC agreed to support colleagues in nursing homes and this will be added to the work plan. <p>In terms of the work plan Chris Deighan said it would be helpful to have a progress report on what the aim is and what has been achieved. Chris Deighan and Pamela Joannidis to discuss this.</p> <p>With the ongoing increase in the number of COVID patients Chris Deighan stated that some of the items in the work plan may need to be stepped down. He suggested that there is a rolling plan for the work plan.</p>	CD/PJ

Minute			Action
		Angela Wallace agreed that several areas need our support e.g. PICU and in the report we should have a balance of what is good and what we could do better. She recommended that this is worked on for the next committee.	PJ
	(d)	SOPs	
		<p>The following SOPs have been distributed for comment and for approval today:-</p> <ul style="list-style-type: none"> • Whooping Cough • Loose Stools • Norovirus <p>Kate Hamilton stated that there are no key changes to the SOPs and they have already been approved by the Acute Infection Control Committee.</p> <p>In future Angela Wallace said it would be helpful to put on the agenda if documents are to be noted, approved or seeking assurance.</p>	All
	(e)	Update from Public Inquiry and Oversight Board	
		<p><u>Oversight Board</u> The Chief Executive discussed with Scottish Government colleagues regarding the timescale for the Oversight Board. Angela Wallace said they are hoping to have an interim report in October. This report will remain interim until the casenote review is completed which should be by the beginning of next year.</p> <p><u>Public Inquiry</u> Information has been sent to Lord Brodie and his team and Elaine Van Hagen is co-ordinating all the communication and information.</p>	
100.	Exception Reports and Updates		
	(a)	vCJD Group	
		Nil to update.	
	(b)	Antimicrobial Management Team	
		Nil to update.	
		Vaccination Trial	
		An oral update was provided by Liz McGovern. Two vaccines may become available in 20/21 starting towards the end of this year. Initially only small amounts of vaccine will be available. Distribution is challenging as a result of their presentation and storage requirements but further information is awaited.	
	(c)	Acute Infection Control Committee	
		<p>A copy of the agenda for the recent AICC meeting held on 30th September 2020 and the minutes of the previous meeting were distributed with the agenda.</p> <p>Scott Davidson informed that discussion took place regarding the following:-</p> <ul style="list-style-type: none"> - To pursue a chair for the SAB group. - 4 Nations COVID Pathway Guidance – All boards are finding the guidance challenging and not being able to implement pathways. 	

Minute		Action
	<ul style="list-style-type: none"> - Agreed high level risk assessment for non invasion ventilation for a specific cohort of patients. - Ward 2A report for RHC – A timeline was put together of all the IMTs and actions taken. <p>On looking at the agenda for 30th September Angela Wallace asked how would you know how many staff access training or support. On the work plan it states to ensure workforce can access training but there is no sense of how many staff are to be trained or be retrained. Pamela Joannidis informed that data can be extracted from the system and each Ward Manager/Lead Nurse can get a report on compliance with staff mandatory training. Scott Davidson said that relevant reports from IT can be produced and information/data can be provided to AICC with this being a standing agenda item. Angela O'Neill commented that the number of staff training is not included in the Infection Control report. Angela O'Neill and Scott Davidson agreed to look at this.</p>	AO'N/ SDa
	(d) Partnership Infection Control Support Group	
	<p>The PICSG scheduled for 6th August 2020 was cancelled and the next meeting is scheduled for 6th October 2020. The last meeting of the committee was in January as the meetings arranged after this date were cancelled due to Covid.</p> <p>Karen Jarvis is the chair of this group. Pamela Joannidis had met with Karen to develop an IPC work plan tailored to the needs of mental health and partnership services. Karen was in the process of updating the membership particularly with regard to clinical staff. She will also look at the agenda to have this more partnership and community focused.</p>	
	(e) Recent Outbreaks/Incident Reports	
	Ward 2A, RHC Report / Gram Negative Organism in the Paediatric Haemato Oncology Service	
	<p>The two documents issued with the agenda were issued for comments. Scott Davidson has suggested merging these two documents and asked for any comments to be returned to him in one week's time.</p> <p>Kate Hamilton reported that there was an increased incidence of 6 cases of Gentamicin Resistant MSSA isolates with matching anti-biograms in a 4 week period in NICU, RHC. Since 31st July 2020 there has been one case for July, 3 cases for August and 2 cases for September and two of these isolates have matching spa types. The results of the other cases are still awaited. HPS provided support and a hand hygiene audit was carried out which scored 100%. Line audits have taken place which raised some issues and there will be targeted education in this area. The ward had a HPV clean and twice daily cleans were carried out. The babies that are on the ward are clinically well.</p> <p>At QEUH Pamela Joannidis updated that an IMT was held for 3 cases of Burkholderia in 2 separate wards. Isolates have been sent for typing and are a match. One patient has died and the HIORT has been updated and classified as AMBER.</p> <p>A number of actions from the last meeting were identified which include:- to look at line practice, shared equipment, drain sampling, and ABHR. The IPCT asked the library to undertake a literature review. A holding statement has been prepared and HPS are supporting this IMT.</p>	All

Minute		Action
	<p>There have been an increase in the number of COVID cases with 8 wards closed on Friday with 3 hoping to re-open at GRI. One ward is closed at RAH.</p> <p>Pamela Joannidis reported that the nursing on call for IPC started yesterday and she will ensure the clinical and nursing staff are aware that the ICNs are on call at the weekends.</p>	PJ
(f)	HEI Steering Group	
	Corporate inspections are taking place in GGC and 6 dates have been entered in the diary over the next 6 months. The inspections include colleagues from Infection Prevention & Control, Facilities and clinical staff.	
(g)	SAB Steering Group	
	The SAB Steering Group are looking for a chair and Scott Davidson will organise this.	SDav
(h)	Update from Water Group	
	With regards to the Board Water Safety Group Angela Wallace asked who does this group report to and Alistair Leanord informed that this group reports to ICBEG who report to BICC. Angela Wallace stated that she has not seen the governance structure for this although it was discussed at the last meeting. Estate representatives are to prepare a report for the next meeting.	Estates
(i)	Update from Estates and Facilities	
	Nil to update.	
101.	New Business / Documents Received	
(a)	SSI Surveillance Annual Report	
	<p>The SSI Surveillance Reports for 2019 have been issued. The following reports for January 2019 – December 2019 were issued with the papers:-</p> <p><u>Oral Maxillofacial Surgical Site Infection Surveillance Procedures</u></p> <p>99 procedures carried out, 5 SSIs which is a rate of 5.1%.</p> <p><u>Orthopaedic Surgery</u></p> <p>Hip Arthroplasty 1453 Hip Arthroplasty procedures performed in NHSGGC in 2019</p> <ul style="list-style-type: none"> - SSI rate to day 30 is 0.7%. - 17 Surgical Site Infections detected up to 90 days post-op within this procedure category. - 10 (59%) of these SSIs were within the 30 day mandatory time period. <p>Knee Arthroplasty 1452 Knee Arthroplasty procedures performed in NHSGGC in 2019</p> <ul style="list-style-type: none"> - SSI rate to day 30 is 1.0%. - 19 Surgical Site Infections detected up to 90 days post-op within this procedure category. - 14 (74%) of these SSIs were within 30 days post-op 	

Minute		Action
	<p>Repair of Neck of Femur 1580 Repair of Neck of Femur procedures performed in NHSGGC in 2019</p> <ul style="list-style-type: none"> - SSI rate to day 30 is 0.7%. - 16 Surgical Site Infections detected up to 90 days post-op within this procedure category - 11 (69%) of these SSIs were within 30 days post-op <p><u>Large Bowel Surgery</u></p> <p>899 Large bowel procedures performed in NHSGGC in 2019.</p> <ul style="list-style-type: none"> - 23 Surgical Site Infections detected to day 30 post-op within this mandatory procedure category - Reported SSI Rate to day 30 is 2.6%. <p><u>Major Vascular Surgery</u></p> <p>864 major vascular procedures were included in the mandatory SSI surveillance programme</p> <ul style="list-style-type: none"> - 24 SSI were detected as inpatient or up to day 30 readmission to a NHSGGC hospital - SSI rate to day 30 readmission is 2.8%. <p><u>Caesarean Section</u></p> <p>5197 Caesarean Section procedures performed in NHSGGC in 2019.</p> <ul style="list-style-type: none"> - 20 Surgical Site Infections detected to day 10 post-op, (a further 20 SSIs detected to day 30) - Reported SSI Rate to day 10 is 0.4%. <p><u>Cranial & Spinal</u></p> <p>Cranial 696 procedures carried out, 15 SSIs which is a rate of 2.2%.</p> <p>Spinal 715 procedures carried out, 27 SSIs which is a rate of 3.8%.</p>	
(b)	HCAI Standards	
	<p>A copy of the HCAI standards for <i>C.difficile</i>, <i>E.coli</i> bacteraemia and <i>S.aureus</i> bacteraemia with progress at Q2-2020 was distributed with the agenda.</p> <p>The CNO issued an update on the standards and indicators for HCAI for Scotland on 10th October 2019 for there to be a reduction target for healthcare associated cases.</p> <p>The baseline data from 2018/19 will be used for the reduction target and will be as follows:</p> <ul style="list-style-type: none"> • <i>C.difficile</i> (in ages 15 and over) – reduction of 10% from 2019 to 2022. • <i>E.coli</i> bacteraemia – reduction of 25% from 2019 to 2022. • <i>S.aureus</i> bacteraemia – reduction of 10% from 2019 to 2022. <p>With regards to <i>E-Coli</i> bacteraemia for April – March this is above the target but below the national rate with Clyde, North and Regional above. Alistair Leanord stated that this is our data for Quarter 2 but seems to reflect what is seeing across the UK with a larger reduction for <i>E.coli</i> bacteraemia than SAB.</p>	

Minute		Action
	(c) Risk Register	
	Angela Wallace requested that the Risk Register is an agenda item for every Infection Control meeting. Professor Wallace explained that Sandra Devine was reviewing and repositioning the infection control risks on the corporate risk register and this would be presented at the next BICC for comment.	
	(d) Process for Hot Debrief and Action Plans from Incidents and Outbreaks	
	There will be a dedicated section on the agenda for this item and there will be a process in place for these to come to the committee.	
102.	Update from Public Health Protection Unit	
	Nil to update. Angela Wallace requested that if an individual is unable to attend the meeting that an update paper is provided where possible and a deputy can attend.	
103.	AOCB	
	(a) Adoption of GGC Outbreak and Incident Management Plan	
	A copy of the above document will be circulated for comments.	PJ
	(b) CMO Letter – Surveillance of Severe Acute Respiratory Illness – Extension of Winter SARI Surveillance for COVID	
	The Interim Chief Medical Officer issued a letter regarding the above asking all boards to complete individual surveillance forms for any patient with Influenza, COVID or RSV. Pamela Joannidis reported that GGC have some concerns regarding the amount of work this would be to collect this information. Over a three month period Pamela Joannidis reported that GGC could expect 1500+ paediatric patients alone presenting with respiratory tract infections. Angela Wallace stated that if resources are required to carry this out to let her know. She also recommended that this is part of the agenda for the Acute Tactical Group meeting on Wednesday.	
104.	Date of Next Meeting	
	The next meeting has been arranged for Tuesday 15 th December 2020 at 2.00pm.	

Board Infection Control Committee 15/12/20

Minutes 105 – 115

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Tuesday 15 December 2020 at 2.00pm via
MS Teams Videoconference**

Present:	
Prof Wallace (chair)	Interim Operational Director of Infection Prevention and Control
Dr Chris Deighan	Deputy Medical Director (Corporate)
Pamela Joannidis	Acting Associate Nurse Director, Infection Prevention & Control
Angela O'Neill	Deputy Director of Nursing, Acute
Dr Rosie Hague	Consultant Paediatrician, ID & Immunology
Suzanne Clark	Public Partner
Sandra Devine	Acting Infection Control Manager
Mags Mcguire	Board Nurse Director
Kirsty Strannigan	Head of Health & Safety

In Attendance:	
Ann Lang	PA, Infection Prevention & Control

Apologies received:	
Dr Andrew Seaton	ID Consultant/Lead AMT
Dr Scott Davidson	Deputy Medical Director, Acute Services
Prof Alistair Leanord	Clinical Director, Microbiology / Acting ICD
Liz McGovern	Specialist Pharmaceutical Public Health
Kate Hamilton	Acting Nurse Consultant, Infection Prevention & Control
Tom Steele	Director of Facilities & Estates
Dr Iain Kennedy	Consultant Public Health

Minute		Action
105.	Welcome and Apologies	
	Dr Chris Deighan chaired the first part of the meeting as Professor Angela Wallace was delayed in another meeting. As representation at the meeting was limited further discussions may be required on particular issues. Therefore decisions were not agreed as there was not the required minimum quorum for the meeting.	
106.	Minutes of Previous Meeting	
	The minutes of the previous meeting held on 5 October 2020 were accepted as an accurate record.	
107.	Rolling Action List	
	The Rolling Action List was distributed with the agenda and updated at the meeting.	

Minute		Action
108.	Matters Arising	
	<p><u>CNO Letter – Surveillance of Severe Acute Respiratory Illness</u></p> <p>The Interim Chief Medical Officer issued a letter regarding the above asking all boards to complete individual surveillance forms for any patient with Influenza, COVID or RSV. A letter has been issued with updated guidance and Sandra Devine agreed to share this with the committee; it required boards to continue with the ITU enhanced influenza surveillance but not the others as first proposed.</p>	SD
	<p><u>PICU Support Framework Action Plan</u></p> <p>GGC have supplied the information to HPS and HFS last week and Sandra Devine stated that hopefully GGC should be able to step down from this framework. Once the summary document is received from HPS and HFS Sandra Devine advised that she will issue this to the committee.</p>	SD
109.	Standing Agenda Items	
	(a) Draft HAI Reporting Template (HAIRT)	
	<p>The latest version of the HAIRT report was distributed for today's meeting.</p> <p>Sandra Devine updated on the following:-</p> <ul style="list-style-type: none"> • The Board's cleaning compliance is 96% and Estates compliance is 97% for the period. • Local SSI surveillance continues. National SSI surveillance remains paused. • SAB - HCAI standard aim is 70 cases or less per quarter by 2022. GGC are on aim for the period July-September 2020 with 70 HCAI SAB cases. We are on target for CDI for 2022 and work is in progress in relation to SABs and E-Coli bacteraemias. • The audit programme has been paused due to COVID-19 response. • There was an increased incidence of SSI in vascular procedures undertaken in September. An IMT was held in early November. The IPCT continue to work collaboratively with clinical colleagues to identify areas for quality improvement measures, however it should be noted that this group of patients have a number of risk factors. <p>With regards to the RAG status trajectory Dr Deighan suggested that there is wording to explain what process is in place if this is a RED status.</p> <p>Sandra Devine advised that she has proposed that this report is now completed monthly as it is also now to be issued to the Care & Clinical Governance Committee.</p>	
	(b) Monthly Activity Report for Acute Clinical Governance Committee	
	<p>A copy of the monthly activity report was issued with the agenda.</p> <p>Kirsty Strannigan asked if the IPCTs have stopped recording staff numbers with COVID-19. Sandra Devine replied that this is part of the IMT process and Occupational Health report the numbers of positive staff to IMT. She also said managing staff cases was the role of the occupational health department and specific names are not discussed at the IMTs to protect the confidentiality of staff. Occupational Health also carry out the assessment of the adherence to PPE guidance and social distancing.</p>	

Minute			Action
	(c)	IPC Work Plan	
		<p>The IPC Work Plan was distributed with the agenda and Pamela Joannidis said that there will be an updated version available for the next committee. The main changes have been highlighted in yellow in the report.</p> <ul style="list-style-type: none"> • The update regarding COVID-19 and the IPC Addendum has been added and continues to be reviewed. • Guidance has been received regarding more strict guidance regarding isolation and when to close a ward. • A daily update to GGC senior management of the number of new GGC COVID-19 cases is issued by the Data Team. • The IPC Senior Management have a call three times a week to discuss any issues. • The SAB group have a new chair and the first meeting is scheduled for 17th December 2020. The group will form one stream of the improvement collaborative. • A section has been added on the work being progressed with residential care homes and working with HSCP colleagues to support care in the care homes and care assurance audits. • Adverts have been issued for a new Infection Control team to support care homes. <p>In terms of the work plan Chris Deighan said it was helpful to have the changes highlighted in yellow. With regards to the new remit for care homes he said there will be a significant amount of work involved with this.</p>	
	(d)	SOPs	
		<p>The SOPs have been distributed but Dr Deighan said that as the committee does not have the quorum to approve these he recommended that these were deferred to the next meeting or sent out for comments with a date of 3 weeks from today for these to be returned. If no comments are received it would be assumed the committee were content with these.</p> <p>Pamela Joannidis stated that she would like these to be issued so that the SOPs were not out of date on the website and she would issue these to the group for comments.</p>	PJ
	(e)	Update from Public Inquiry and Oversight Board	
		<p><u>Public Inquiry</u> The Public Inquiry commenced in August.</p> <p><u>Oversight Board</u> The report from the Oversight Board may be published on Friday.</p> <p><u>Casenote Review</u> The casenote review should be concluded in March and the board will not be off of special measures until then.</p> <p><u>Action Plan – QEUH</u> Jonathan Best chairs a group to update the action plan for the QEUH with the recommendations received. Of the 63 recommendations only three are outstanding.</p>	

Minute			Action
	(f)	Risk Register	
		A meeting was held last week to discuss the Infection Prevention & Control Risk Register. Sandra Devine confirmed that this will be tabled at the next meeting and will be a standing agenda item for the Infection Prevention & Control Committees.	
110.	Exception Reports and Updates		
	(a)	vCJD Group	
		As Dr Kennedy could not attend he provided an update prior to the meeting. He said that he has asked Scottish Government policy colleagues on progress of review of guidance, following NICE guideline update last year.	
	(b)	Antimicrobial Management Team	
		A copy of a report from the Antimicrobial Management Team was distributed with the agenda. If there are any comments on this document these should be forwarded to Dr Andrew Seaton.	
	(c)	Acute Infection Control Committee (AICC)	
		<p>A copy of the agenda for the recent AICC meeting and the minutes of the previous meeting held on 30th September 2020 were distributed with the agenda.</p> <p>Angela O'Neill informed that discussion took place regarding the following:-</p> <ul style="list-style-type: none"> - The SAB group are due to meet next Thursday and now have a new chair. - The Action Plan for the HEI inspections has progressed well and an update has been returned to HEI. A further update regarding the report for Institute at QEUH and Vale of Leven is due to be returned next week. 	
	(d)	Partnership Infection Control Support Group (PICSG)	
		<p>Pamela Joannidis provided an update from the PICSG meeting:-</p> <ul style="list-style-type: none"> - Karen Jarvis, chair of the committee is to look at a Work Plan for Partnerships as the current Work Plan is more acute focussed. - There is a new Director for Nursing in the Community - Additional work will be required going forward regarding nursing and residential homes and this will be added to the Work Plan. 	
	(e)	Recent Outbreaks/Incident Reports	
		<p>Sandra Devine reported that a note of all incidents/outbreaks are contained in the HAIRT report and updated on the following:-</p> <ul style="list-style-type: none"> - An IMT was held on 01/10/20 following identification of 3 patients with <i>Burkholderia stabilis</i> isolated from blood cultures from 02/06/20 to 02/09/20 - Two cases of MDRO <i>Pseudomonas aeruginosa</i> were identified and had matching VNTR profiles in ICU. An IPCAT audit was carried out in July and the score was 100%. Water sampling was negative. - Many incidents of COVID-19 reported. <p>Dr Deighan informed that there is a national meeting tomorrow regarding Duty of Candour during the pandemic. Pamela Joannidis confirmed that Duty of Candour is on every IMT agenda.</p>	

Minute		Action
	<p>Kirsty Strannigan asked if there is a standing agenda item at these meetings and if the question is asked if there are any breaches in PPE. Sandra Devine said that she is aware of two occasions where patients and been put on the wrong pathway and these have been entered on Datix. She said the Infection Prevention & Control do reinforce the guidance regarding PPE and social distancing but social distancing can be a problem between colleagues. Dr Deighan suggested that something was issued locally regarding breaches in PPE. Kirsty Strannigan said that she would like to discuss this with Sandra Devine on what information should be issued.</p>	KS/SD
(f)	HEI Steering Group	
	<p>The HEI Steering Group were due to meet last week but due to staffing levels this was cancelled. The next corporate inspection is due to take place next Thursday. Sandra Devine asked if we should continue to carry out inspections and how this will affect the clinical areas. Angela O'Neill recommended that these are continued and asked how we can make these are streamlined as much as possible to ensure there is assurance.</p> <p>Dr Hague commented that in the current climate we are not allowing visitors to the wards what is the justification to allow further staff in these areas. Angela O'Neill replied it is necessary for staff to enter these wards for work related reasons to ensure the environment is appropriate and to support the staff should they receive an unannounced inspection. Pamela Joannidis informed that the Corporate team would avoid entering the closed wards.</p>	
(g)	SAB Steering Group	
	As discussed earlier the SAB Steering Group are due to meet on 17 th December and a new chair of the group has been appointed.	
(h)	Update from Estates and Facilities	
	<p>Mary Anne Kane provided an update on the work of the Infection Control Built Environment Group (ICBEG).</p> <p><u>Infection Control, Clinical Governance & Risk Governance Structure</u></p> <ul style="list-style-type: none"> • A copy of the structure chart was distributed with the agenda. • ICBEG provides information to the Oversight Board. <p><u>Governance Structure</u></p> <ul style="list-style-type: none"> • Members of ICBEG are included on information from BICC and the Board Water Safety Group. <p><u>Infection Control Built Environment Group (ICBEG) TOR</u></p> <ul style="list-style-type: none"> • The Terms of Reference for ICBEG are to be reviewed and comments to be received from BICC. Mary Anne Kane commented that not a lot of boards have this group. Ann Lang to issue the Terms of Reference to BICC for comments to be returned by 15th January 2021. <p><u>Infection Control Built Environment Group Notes 15th September 2020</u></p> <ul style="list-style-type: none"> • The notes from the ICBEG meeting of 15th September were issued with the papers. • Examples of papers produced at ICBEG were distributed and Mary Anne Kane said she is happy to format any reports and to take any comments. If BICC want a particular topic added this can be done. The SHTM states that certain groups need to feedback to BICC and these include the Water, Ventilation, Decontamination and Safety Groups. 	AL

Minute			Action
		<p>Angela Wallace informed that she met with Mary Anne Kane to discuss how to show the connection with Infection Control and Estates and Facilities. She suggested to maybe have a report to highlight the key issues and to have a dedication section on BICC on how Infection Control and Estates and Facilities are working together and to maybe have examples of this.</p> <p>With regards to reports Dr Deighan thought it would be useful to have an exception report if more discussion is required on a particular topic. Pamela Joannidis asked if PICSG could be included in any reports. Mary Anne Kane reported that Rosie Cherry is the representative for this group.</p>	
111.	New Business / Documents Received		
	Covid-19 Update		
		<ul style="list-style-type: none"> • HPS Briefing Note - COVID-19 (SARS-CoV-2 coronavirus) Update Denmark Travel 	
		A copy of the HPS Briefing Note was issued with the agenda.	
		<ul style="list-style-type: none"> • Clinical Care & Governance IPC COVID-19 Update 	
		<p>A report was provided to the Clinical Care & Governance Committee to provide them with an update on Covid-19. In the report it details our approach, the challenges met and key notes, also includes an update regarding nursing homes from Jen Rodgers.</p> <p>Sandra Devine reported that as of today there are 30 open incidents and 28 wards closed with Covid-19. At the recent ICM teams meeting there are 80 incidents across Scotland and it was noted that there appears to be a higher level of activity in Scotland compared to the last wave. Angela Wallace advised that there is a different variant of Covid in the South of England..</p> <p>At Clinical Care & Governance meeting members commented that in the report it states there were three challenges but does not highlight what actions are being done regarding these and to ensure this is visible in the next report.</p> <p>Dr Rosie Hague asked if the increased incidence in the second wave is real or is it to do with a difference in the testing as asymptomatic cases would not have been picked up for the first time. Sandra Devine replied that she thinks the numbers are higher due to a combination of winter and the remobilisation of services. The level of staff absence is different to the first wave and there was a change to the definition on how to count the number of cases.</p> <p>In terms of being reflective Angela Wallace said that in relation to the acute hospital admission to use previous definition when looking at the data less than 28 days. A lot of boards have had additional bed pressures. NHS Lanarkshire asked for assistance and Forth Valley helped as Glasgow had 7 wards closed at the time.</p>	
		<ul style="list-style-type: none"> • ARHAI COVID-19 Report 	
		The ARHAI Covid-19 Report was issued with the agenda. This is a weekly report which lists the number of Covid-19 cases for each board. As of yesterday Sandra Devine reported that Scotland had a rate of 2.0% and GGC had a rate of 2.3%.	




Minute			Action
		<p>In relation to GGC Angela Wallace asked if we are responding better or differently to other boards. Angela O'Neill replied that we are responding positively and maintaining services. In terms of ITU readiness we are able to expand if required. An external workshop was carried out for Senior Charge Nurses on resilience and GGC are trying to respond to issues raised by staff and put improvements in place. With regards to patients in ITU clinicians have managed to keep many patients out of ITU with new therapies and prompt intervention and this is a good example of learning from the first wave.</p> <p>Angela Wallace stated that she is working with Angela O'Neill, Dr Chris Deighan and Dr Scott Davidson to look at ways to keep patients safe and there have been a lot of positive outcomes.</p>	
112.	SBAR ESBL		
	<p>ARHAI issued an SBAR regarding ESBL which was distributed nationally.</p> <p>There is evidence of continued circulation within Scotland of a single strain of K2 capsular type extended-spectrum beta-lactamase (ESBL) <i>K. pneumoniae</i> responsible for a multi-hospital outbreak across three NHS boards. Sandra Devine reported that the recommendations related to boards have been completed for GGC.</p>		
113.	Update from Public Health Protection Unit		
	Nil to update.		
114.	AOCB		
	(a)	Outbreak and Incident Management Plan	
		<p>There is a board wide Management Plan and Sandra Devine said that she would like to adopt this for Infection Control. She said she would like to put this onto our website on how we manage incidents. As there was not the required minimum quorum at the meeting a copy of the document will be circulated for approval sought to adopt this for IPCT.</p>	
	(b)	Clinical & Care Governance LDP Paper	
		<p>A paper was provided to the Clinical Care & Governance Committee in December and was distributed to members of the BICC.</p> <p>Sandra Devine reported that this paper describes GGC's progress in achieving the Scottish Government standards for reducing Healthcare Associated Infection. She said the progress against SAB standards continues to be challenging.</p>	
115.	Date of Next Meeting		
	The meeting dates for 2021 are to be confirmed.		

**Wednesday 27 August 2014
at 1.30 pm**

Function Suite, Western Infirmary

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Sandra McNamee	SMcN	Assistant Director of Nursing (Infection Control)
Ann Kerr	AK	Lead Nurse, Surveillance
Lynn Pritchard	LP	Lead Infection Control Nurse, South East
Susie Dodd	SD	Acting Lead Infection Control Nurse, North West
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Clare Mitchell	CM	Lead Infection Control Nurse, South West
Kate Hamilton	KH	Lead Infection Control Nurse, North East
Jennifer Barrett	JB	Infection Control Nurse, North East
Pamela Joannidis	PJ	Nurse Consultant
Dr Alison Balfour	AB	ICD, Partnerships
Dr Linda Bagrade	LB	ICD, Clyde
Professor Craig Williams	CW	Co-ordinating Infection Control Doctor
Dr Pauline Wright	PW	ICD, South
Dr Teresa Inkster	TI	ICD, North
Dr Christine Peters	CP	ICD, South
		
Dr Ursula Altmeyer	UA	ST5, Microbiology

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Professor Andrew Smith

Item	Action
<p>1. Welcome & Apologies</p> <p>Tom welcomed everyone to today's meeting. Apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 25 June 2014</p> <p>The minutes of the previous SMT Meeting held on 25 June 2014 were accepted with the following amendment:-</p> <p>Page 1, fourth para – Craig commented that the first line should read “borderline of MRSA cases” instead of “CDI cases”.</p> <p>Last Page, second bullet point – Ann reported that the first line should read “..... SIGN Guidelines for Surgical Prophylaxis ...”</p>	
<p>3. Matters Arising</p> <p>Craig asked to discuss CPE screening. He said this had been discussed at the Infection Control Network yesterday and Scottish Government confirmed that this has to be carried out and can be done using the three questions.</p>	

Item	Action
<p>Pauline advised that she drafted a paper on how to screen for CPE in the Lab but said we need to look at the methodology for this. Sandra stated this is also in the nursing documentation and Toby Mohammed prepared a paper on this. Sandra suggested using the nursing NAD and then follow up the high risk areas. Christine suggested contacting Edinburgh to look at their guidance as they have been doing this for two years.</p> <p>Joan stated that the Infection Control Teams need to know what to do if a patient is positive. Craig commented that the method needs to be looked at to give the least false positive results. Craig and Sandra agreed to pull a group together to look at this and will provide an update at the next SMT meeting.</p>	<p>CW/ SMcN</p>
STANDING ITEMS	
<p>4. Sector Update</p> <p>i) Geographical Sector Update (encl) The IC Sector Updates were distributed with agenda.</p> <ul style="list-style-type: none"> • Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan reported that there had been a red audit for Blythswood House and this had been the second time they received a red audit. She said this has been flagged up to management for that area. • North East (Kate Hamilton) <ul style="list-style-type: none"> • In July Kate reported that they had three wards closed at GRI and an outbreak meeting was held. She said they introduced chlorine cleans for the hospital. • North West (Susie Dodd) <ul style="list-style-type: none"> • Susie provided an update and stated that there had been two ward closures at the Beatson with one ward confirmed as norovirus. • In GGH Susie reported that the Day Surgery Unit had to close due to maggots falling from the ceiling space. The source was identified as a dead bird and the main theatres had to be used in the interim. • Craig advised that we need to look at the SABs in the Renal Unit and Susie said that she has discussed this with Interventional Radiology. Ann also commented that she has been liaising with Karen McGugan and discussed this with Pamela Sinclair. Susie advised that they have offered more education sessions and stated that she can raise this at the directorate clinical governance meeting. Sandra commented that NES have funded a two day post for SABs. • South East (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported of a patient that had severe CDI and this was cited on the death certificate. She said they are still waiting the typing for this. • She also reported of a patient that had two swabs taken within four hours and one swab came back negative and the other swab was positive and the patient was isolated. Pauline commented that they couldn't grow this to type it and had to send the sample to the Reference Lab. 	

Item	Action
<p>South West (Clare Mitchell)</p> <ul style="list-style-type: none"> Clare reported that the air conditioning in Schiehallion ward had a colony of Cladosporium –action to address had been taken. There were four patients with VRE isolated in stool samples in Schiehallion ward and Clare advised that an outbreak meeting was held. She said that the audit for that ward scored amber and they have started education sessions for staff and domestics. As some parents are carrying out clinical duties by taking dirty laundry to the sluice she is suggesting to prepare an information leaflet for the parents and asked what do we expect parents to do. It was agreed to discuss this at the next Lead Nurse meeting. HIIAT scored GREEN Craig commented that at the next ICD meeting they will discuss VRE in high risk areas. 	LNs ICDs
<p>5. HAIRT Report – August Update</p> <p>The HAIRT Report for August 2014 was distributed with the agenda. Tom advised that this was a bi-monthly report to the NHS Board and this paper is prepared for other committees</p> <p>Sandra updated the group on the results just issued from HPS for the first quarter's data on SABs and CDI. SABs for GGC were 26.3 cases with the target being 24 cases and the Scotland figure is 28.4 cases.</p> <p>The figure for CDI for GGC is 24.09 cases with a target of 32 and Scotland as a whole had 28.66 cases during the first quarter of 2014.</p> <p>In relation to SICPs Sandra advised that we are waiting on LanQIP and this should be available in the next couple of months.</p> <p>6. Q&P HAI Report – No Update</p> <p>Nil to update.</p> <p>7. IC Implementation Plan Progress – July Update</p> <p>The IC Implementation Plan update for July was distributed with the agenda. Sandra reported that at the last BICC meeting she was asked to put in the work ongoing regarding the new hospital at SGH and 'on the move'. She said that CPE was also added to the Implementation Plan.</p> <p>With regards to the IT systems she said this will be suspended until next March.</p> <p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>Pamela updated the group and stated that education is being rolled out to the facilities sector groups and SCN and LN Groups. Sandra has met with John Green and Ian Powrie to discuss the high risk areas in the new SGH.</p> <p>Pamela confirmed that there will be two risk assessments for Pseudomonas that will sit with the other policies. She said the risk assessments are for high risk areas and for the new SGH.</p> <p>In relation to the new SGH Sandra advised that the taps installed there have fallen between two sets of guidance for pseudomonas. She said that if a risk assessment was completed for the high risk areas that should suffice.</p>	

Item	Action
<p>Clare advised that a question was brought up at the Water Facility meeting regarding documentation in wards. Pamela replied that Mary Anne Kane said that an exception report would be completed by the domestics if they were unable to access any areas. Craig suggested that if this is included in the minutes of the Water Safety Group meeting this can be picked up at the next meeting of this group.</p> <p>Craig reported that new guidance from HFS has been issued for legionella and advised that he will forward this to Ann to issue to SMT.</p>	CW
<p>ii) Theatre Maintenance & Management Group Craig stated that the group discussed looking at ventilation in single room/isolation rooms. Sandra advised that she discussed this with Susan Brimelow, HEI to ask if the inspectors would inspect theatres and she said this would probably be done if there was a SSI problem.</p> <p>iii) Infection Control Policy Group At the recent Board Infection Control Committee (BICC) Pamela reported that the following policies and SOPs were agreed:- SOP – Cleaning of Near Patient Equipment SOP – Twice Daily Clean of Isolation Rooms RSV Parent Guidelines</p> <p>Pamela reported that the Whooping Cough policy was rejected at the BICC meeting as they said the issue of wearing FFP3 masks needs to be looked at again. Dr Armstrong agreed to extend the existing policy for a year.</p> <p>At the Policy Group meeting the policies that were revised included Head Lice and Laundry and Pamela commented that the next Policy Group meeting is scheduled for 3rd September.</p>	
<p>iv) Education Group/OLM Workstream Lynn advised that the IC education group met last week and have agreed to meet every 2/3 months.</p> <p>The Statutory Mandatory training will soon be available on eESS.</p> <p>With regards to eKSF Lynn stated that this is due to expire in March and this will be extended.</p> <p>Lynn is working on the venepuncture and cannulation training.</p>	
<p>v) Decontamination Group Alison reported that the last meeting was held on 14th August and these meetings now take place bi-monthly. She said the website for decontamination advice is up and running. The CJD Working Group is to be restarted and the membership for this is being looked at. Kate advised that she has produced a guidance document for staff and this is available via the website.</p> <p>Kate reported that Dr Eleanor Anderson ran the previous group and said she would contact the new consultant in PHPU to check if he has the remit for the CJD group. She did say that NHSGGC is well ahead compared to other boards with regards to CJD.</p>	KH

Item	Action
<p>9. Project Update:</p> <p>i) IT Project</p> <p>Ann updated the group and advised that Servicetrac has been endorsed for another year. She asked if there were any handhelds left and Tom said that these will not work unless there is wi-fi available. Sandra commented that she is waiting on IT to let us know what tablets we can get. Tom advised that he will contact Pat McGorry in IT to see if we can get some Dells for each team.</p> <p>In relation to ICNET Ann reported that the SSI monitor is now live and SSIs are coming through. Now that we have the SSI monitor Ann advised that there is the potential to carry out surveillance for other procedures. Opera has a direct link to ICNET but at RAH some procedures were not going on and this is being looked into. Christine asked if it would be possible to see how ICNET works and Ann said she will arrange this with the data team.</p> <p>ii) MRSA Screening / KPIs</p> <p>Ann reported that at the last meeting she discussed the duplication of work to the data team and said this information will now be sent electronically to HPS. She said sectors should have their data submitted to the data team by 6th September. Sandra commented that from January – March we were 80% compliant and this information is included in the directorate reports.</p> <p>iii) SAB HEAT Target</p> <p>With regards to SABs Craig stated that we need to look at line insertion in renal. He said the PICC line insertion was discussed at the SAB group meeting. Ann advised that information regarding SABs is included in the monthly SAB report. Kate commented that she is finding wards are not aware of the CVC care plan but know about the PVC care plan. She said that in some wards they are called TPN lines instead of CVC lines. Joan suggested a pareto chart with compliance rates and Sandra also suggested that the QIF staff could look at this and maybe do a more structured piece of work with the ICNs.</p> <p>At NES Pamela advised that they have a CVC education module available.</p> <p>iv) SICPs / SPE Audits</p> <p>Pamela reported that the update for the SPE audit has been put on hold because of the organisational change.</p> <p>Sandra reported that it was decided not to put the SICPs on to LanQIP version 2 as GGC do not want to support this long term.</p> <p>v) Transmission Based Precautions</p> <p>Pamela reported that she has been asked to go back to the clinical teams with regards to adopting the respiratory protective equipment. She said that the national policy group have put a caveat in for a risk assessment. Craig commented that this needs to be discussed with clinicians. Tom stated that we will continue to do what we are doing at the moment until the policy has been signed off by BICC. Craig also recommended that our Transmission Based Precautions Policy remain in place until agreement has been reached as the policy still has another year to run.</p>	<p>TW</p> <p>AK</p>

Item	Action
<p>vi) New Build – Adult Hospital / Children’s Hospital</p> <p>Adult Hospital</p> <p>In the New Build Craig advised that Brownlee and the Bone Marrow Unit will be transferred to SGH despite not being part of the initial project plan. He said the Bone Marrow Unit will sit beside the Renal Unit and Brownlee isolation rooms will sit in Critical Care. Craig reported that discussions are ongoing and he is looking at the rooms for these areas with Sandra and Teresa as they are below the specification required with regards to the airflow.</p> <p>Children’s Hospital</p> <p>The design of the children’s hospital is such that some clinical specialties require to be mixed. He noted that orthopaedic beds in adult acute are ringfenced and that this standard will not be possible in the new children’s hospital. He said that Elaine Love will raise this at the next AICC and BICC meetings.</p> <p>Stefan is arranging the location of all hand hygiene dispensers and Sandra reported that there are approximately 7,000 rooms in the new hospital. Pamela, Clare and Stefan also looked at the dispensers for PPE. Clare advised that she sits on the Ward Storage Group.</p> <p>Pamela said that there had been concern regarding the Schiehallion Ward having access to the third floor garden. She said that the operational group is looking into this.</p> <p>10. Finance Report</p> <p>Tom reported that he and Sandra are to meet with Hugh and Moira from Finance and stated that we are slightly overspent with the budget.</p> <p>11. On The Move</p> <p>The structure of the new Board has been delayed until the October Board meeting and Tom commented that the integration of Health and Social Care has not been decided. He said that he was asked by HR for a list of staff that will require to be moved when the hospitals close down.</p> <p>Juli McQueen is going to facilitate the OD event at the Reid McEwen Centre and Tom advised that this will be held on the SMT date in October. He said the focus will be on the acute services review and hosting partnerships in the West. The Vale of Leven has still to be decided on where it will sit. He said he hoped to have more information regarding the migration of staff at this event and said he should have the paper on the structure from the NHS Board meeting.</p> <p>Linda asked when the new structure will take effect and Tom replied that the new organisation will be rolled out from 1st April 2015. At senior management level in acute Tom reported that key staff should know by October where they are going.</p> <p>Tom advised that discussions will need to take place regarding the Infection Control Committees if they are to be disbanded or be moved to sector committees. He said this will be discussed with Dr Armstrong at their monthly meetings.</p> <p>Clare commented that the new office block accommodation is nearly finished and Tom advised that 10 or 12 desks have been allocated to Infection Control in this building.</p>	

Item	Action
<p>12. Risk Management / Risk Register</p> <p>The four highest risks have been forwarded for the corporate risk register. Tom suggested leaving this off the agenda until the December meeting.</p>	
<p>13. Clinical Governance Related Guidance</p> <p>Nil to update.</p>	
INFECTION CONTROL GOVERNANCE	
<p>14. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)</p> <p>Joan advised that she had received a complaint regarding a ward. Kate stated that the legal office is looking for further information regarding the extant MRSA cases.</p> <p>Tom stated that the Vale of Leven report should be issued in November of December.</p>	
<p>15. Patient Experience / Person Centred Care</p> <p>Joan reported that the Person Centred Group is to meet again in September. She said she is meeting with the Senior Charge Nurse in the surgical directorate to look at the audit process mentioned in the staff questionnaire.</p> <p>Tom commented that Dr Armstrong liked the fact that the Infection Control Nurses were talking to patients with alert organisms.</p> <p>Pamela said that she is to attend the next Patient Experience group meeting and Facilities have asked Infection Control to assist with Public Peer audits.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>16. Events/ Representation Feedback</p> <ul style="list-style-type: none"> • IPS Conference in September – 8 places are available. • SPSI Conference in November – 6 places are available. • University of West of Scotland is having a study day in December regarding ITU infections. • SAPG are running a networking event in November • Sandra reported that the HAI standards are being issued tomorrow for comments and this will be sent to SMT and discussed at the Lead Nurse meeting. She asked if the ICDs have any comments to let her know. 	
<p>17. Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>18. New Business</p> <p>i) HPS Quarterly Reports – SABs/CDI</p> <p>The HPS Quarterly Reports for Quarter 1 were distributed with the agenda. For the first quarter Sandra reported that the GGC rate was 26.3 for SABs and the Scottish target is 28.4. For CDI Sandra reported that the GGC rate for CDI was 34.1 and the national target to achieve is 32 cases.</p> <p>Ann advised that she had completed an analysis and for CDI we have had 44 cases in July. As of today Ann stated that we have 22 SABs and 28 CDI cases. Christine asked if we had noticed any change to the lab processes and Sandra advised that any severe cases are reported to Directors.</p>	

Item	Action
ITEMS FOR NOTING	
<p>19. Meetings Update:</p> <p>i) <u>Board Infection Control Committee</u> The agenda for the BICC in July was distributed with the agenda as the minutes were not available.</p> <p>ii) <u>Acute Infection Control Committee</u> As the minutes of the AICC meeting held in July were not available a copy of the agenda was distributed with the agenda.</p> <p>iii) <u>Partnership Infection Control Support Group</u> The agenda for the PICSG meeting held in July was distributed with the agenda.</p>	
<p>20. Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Craig and Sandra agreed to pull a group together to look at screening a patient for CPE. • Lead Nurses and ICDs to discuss patients with VHF at their next meetings. • Craig to forward Ann L the new guidance on legionella to send this to SMT. • Kate to contact the new consultant in Public Health to check if he has the remit for the CJD group • Tom advised that he will contact Pat McGorry in IT to see if we can get some Dells for each team. • Ann K to arrange for Christine to meet with the data team to look at ICNET. 	
<p>21. Items Agreed Nil</p>	
<p>22. Any Other Competent Business</p> <ul style="list-style-type: none"> • Craig advised that in relation to the nasal decolonisation for MRSA there is no mupirocin left and stated that naseptin is being used. Isobel Neil is looking into who supplies this and will let us know. Susie asked what to do if a patient has a nut allergy and Pamela confirmed that she will look into this. • Sandra reported that she is waiting for HPS to send out the final documents regarding VHF. She advised that she completed a spreadsheet of areas and categories and discussed this with Evonne Curran. Craig said he is looking at the possibility of an enhanced isolation unit. Sandra commented that she has contacted Shirley Lawtie regarding PPE and she has met with John Green to discuss the clinical waste for patients with VHF. • Sandra suggested that staff look at Stefan's hand hygiene video and said this will be put on the front page of Staffnet. • In the Medical Block at SGH Clare reported they are going electronic and the ICNs need to logon to this system to document patient notes. Sandra suggested copying information from ICNET to put into patient notes. She said the Care Plans will still be paper copies. • Christine stated that with the new building being built the fabric in the old building is deteriorating with ceiling tiles missing and asked how this can be alerted to Estates. Clare advised that she has raised this at the Facilities meeting and Christine stated that she will discuss this with Jim McFadden. • Susie asked for clarity when results are received for a patient that has been discharged. She asked if they should phone out the result to the GP. Pauline confirmed that she is updating the policy and will issue guidance once finalised. 	

Item	Action
<p>23. Date and time of next meeting</p> <p>The next meeting is scheduled for Wednesday 24 September 2014 at 1.30pm, Function Suite, Western Infirmary.</p> <p>The dates for future meetings are as undernoted:</p> <ul style="list-style-type: none">• 29th October 2014 (OD event)• 26th November 2014 (cancelled)• 10th December 2014 (change of date)	

**Wednesday 28 January 2015
at 1.30 pm**

Meeting Room LO/A/010, New Lab Block, Southern General

PRESENT

Chair	TW	Infection Control Manager
Tom Walsh		
Professor Craig Williams	CW	Co-ordinating Infection Control Doctor
Sandra McNamee	SMcN	Assistant Director of Nursing (Infection Control)
Ann Kerr	AK	Lead Nurse, Surveillance
Lynn Pritchard	LP	Lead Infection Control Nurse, South East
Susie Dodd	SD	Acting Lead Infection Control Nurse, North West
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Clare Mitchell	CM	Lead Infection Control Nurse, South West
Kate Hamilton	KH	Lead Infection Control Nurse, North East
Dr Alison Balfour	AB	ICD, Partnerships
Dr Linda Bagrade	LB	ICD, Clyde
Dr Pauline Wright	PW	ICD, South
Dr Teresa Inkster	TI	ICD, North
Dr Christine Peters	CP	ICD, South

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Pamela Joannidis Professor Andrew Smith

Item	Action
<p>1. Welcome & Apologies</p> <p>Tom welcomed everyone to today's meeting. Apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 24 September 2014</p> <p>The minutes of the previous SMT meeting held on 24 September 2014 were accepted with the following amendments:-</p> <p>Page 2, South West, 6th bullet point – should read “..... working with Jane Hawkins regarding Mycobacteria acscessus in cystic fibrosis patients”,</p> <p>Page 7, Meningitis Prophylaxis, line 3 – should read “ Occupational Health refused to follow up staff”.</p>	
<p>Actions Update</p> <p>Craig to forward Ann the new guidance on legionella to send to SMT. He said there has been a change in the guidance on what to do if a patient is positive with legionella. He said he will also circulate the comments from the Water Group.</p>	CW

Item	Action
STANDING ITEMS	
<p>3. Matters Arising</p> <p>Ebola Planning</p> <p>Christine stated that an evaluation regarding the ebola patient was sent to the Scottish Government on how the process was dealt with. She asked for clarification on how Infection Control are involved in the patient area decontamination process. Susie replied that in Brownlee the fire exit was terminally cleaned when a patient was discharged. Craig reported that an exercise was carried out in A&E at Yorkhill last week and they have asked to go back over this as they had identified issues. Joan advised that in Clyde Alistair has offered to provide more training and a video is also available. At the new hospital Sandra reported that the consultants in Brownlee identified a pathway but raised concern at the BICC that the ante room is smaller. Craig said that he was concerned regarding the ventilation as there is no specification for ID units but this has been addressed.</p> <p>4. Sector Update</p> <p>i) Geographical Sector Update (encl)</p> <p>The IC Sector Updates were distributed with agenda.</p> <ul style="list-style-type: none"> • Clyde (Joan Higgins) <p>Joan reported that there was no update to provide that was not on the report.</p> <ul style="list-style-type: none"> • North East (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported 5 SABs in the renal dialysis unit at GRI. An environmental audit was carried out in this area and the score was 76% and a score of 80% for hand hygiene. No further cases have been identified since 3rd January and they are continuing to monitor this area. At the recent SAB group Craig reported that renal outpatients were discussed and how there could be a practice issue in the community. Craig suggested auditing line care and compliance with the PVC Care Plan. He said that HPS are looking to start a Staph Aureus Screening project and Craig offered to start with our board and to look at the renal patients. Susie said that there is no documentation on how these patients are presenting themselves. • A patient in the Burns Unit was identified with MRSA PVL as well as a staff member. Patients are being screened in this unit and the Plastics unit. • North West (Susie Dodd) <ul style="list-style-type: none"> • With regards to Influenza A Teresa reported that they have noticed an increase in cases. She said the ID Physicians/Virologists are screening patients and giving them tamiflu if they have flu like symptoms which is causing problems for Infection Control. Tom reported that he and Craig had met with Isobel Neil and Anne Cruickshank and are due to meet again. He proposed to discuss the treatment and advice given by Virologists. • Advice given to a patient with botulism was incorrect and Susie commented that the patient had no infection control precautions and was sitting in the main ward for 12-14 hours. Craig advised that he will contact Anne Harkness to discuss this. Alison suggested that this should maybe be entered on Datix as a report goes to the AICC. It was recommended that the Lead Nurses look at the categories on Datix. 	<p>TW/CW</p> <p>CW</p>

Item	Action
<ul style="list-style-type: none"> • South East (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported of a patient that had a SAB and the source was a deep SSI and in line with the HPS guidance is classed as an HCAI. Discussion took place regarding SSIs and it was agreed that if a patient has surgery in our board this would be classed as SSI. South West (Clare Mitchell) <ul style="list-style-type: none"> • Clare provided an update on the cluster of mycobacterial accessus in RHSC as per the minutes in September. Clare and Craig are attending monthly meetings and awaiting to see if the patients have the same typing. Actions for infection control include reviewing the Cystic Fibrosis Guidance. Clare, Teresa, Susie and Joan are to meet to look at the guidance and Christine asked if she could be included in this meeting. • There was an HEI inspection at Yorkhill in December and the report is due to be issued today. <p>5. HAIRT Report – December Update A copy of the HAIRT report for December was issued with the agenda and noted.</p> <p>6. Q&P HAI Report – January Update A copy of the Q&P report for January was distributed with the agenda. Tom stated that this report is a summary report of the HAIRT and the content was noted.</p> <p>7. IC Implementation Plan Progress The IC Implementation Plan update for January was distributed with the agenda and Sandra provided an update.</p> <p>She reported that the Implementation Plan is nearly complete. The new infection control audit is due to be tested in February and a company was commissioned to set up this tool and a meeting has been arranged with Eugene for next week.</p> <p>Transmission based precautions have been added to the plan as this was a recommendation from the Vale of Leven Inquiry report. Other work added includes the ebola preparedness, on the move and work on the two new hospitals.</p> <p>In the plan Sandra reported that the SSI module on ICNET has not progressed as she is waiting on a CNO letter from the Scottish Government arriving clarifying categories for SSI surveillance.</p> <p>The lead clinicians want to start surveillance in Endophthalmitis and Sandra stated that this is going to the next Clinical Governance meeting to discuss.</p> <p>In relation to the plan for next year Sandra asked if anybody had any ideas to let her know. She said that she will prepare the draft plan and programme for next year and will send this out for comments.</p> <p>Tom advised that the Annual Report requires to be updated and this will be issued for individuals to update their sections.</p>	<p style="text-align: right;">SMcN</p> <p style="text-align: right;">TW</p>

Item	Action
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Discussion took place regarding the testing of water as an engineer had been authorised to sample the water at Leverndale. Craig advised that there are no high risk areas there and there is no need to sample. Linda also commented that the water is being sampled at the Vale of Leven. Craig said that he will look into this and raise at the Boart Water Quality Group.</p> <p>Craig reported that there had been an issue regarding the governance for the BMT unit which is transferring from the Beatson to a generic water supply. He said that when the report on this is received he will forward this to SMT.</p> <p>ii) Theatre Maintenance & Management Group A copy of the theatre validation data results were distributed with the agenda. Kate reported that Theatre L at GRI has been refurbished and will be reopening again.</p> <p>iii) Infection Control Policy Group Pamela reported that the CDI Policy was discussed at the last BICC meeting. She said there was an issue regarding death certification and the CDI Policy will stand as it is for the time being, pending guidance from the Procurator Fiscals office.</p> <p>iv) Education Group/OLM Workstream Lynn advised that the IC education group meet monthly and the OLM group are due to meet tomorrow.</p> <p>Sandra advised that the Education Strategy was approved at the last BICC meeting. She said the committee also considered how to capture education training for staff. Kate commented that with regards to the SBAR some of the Learnpro modules are too advanced on some categories for Health Care Workers.</p> <p>Lynn to take forward the outbreak and CDI modules.</p> <p>v) Decontamination Group The group last met in October and Kate reported that the next meeting is scheduled for February and Craig is now chair of this group. Kate reported that the group discussed scopes being kept in cabinets. Sandra mentioned that she had not received the SOP for machine failures regarding pseudomonas.</p> <p>vi) Person Centred Care Joan reported that the posters regarding people in isolation are finished. She is going to pull together the information in relation to the staff satisfaction survey and provide a poster on this. If anybody has any other suggestions to let Joan know and Joan to look at where the posters can be displayed.</p> <p>vii) CPE Group Craig advised that he raised with Dr Armstrong the paperwork regarding patient accessibility to screen for CPE. Kate reported that they had one patient that came back from Spain and was positive. Craig is suggesting screening for high risk patients although we do not have a patient information leaflet. He commented that Lothian are screening patients except for patients in renal and paediatrics. Craig reported that he will discuss with Dr Armstrong starting screening in ITU in the new hospital and if this works well can roll out to other hospitals.</p>	<p>CW</p> <p>CW</p>

Item	Action
<p>9. Project Update:</p> <p>i) IT Project Ann updated the group and advised that the environmental audit tool is in progress.</p> <p>In relation to ICNET Ann reported that there is a proposal to upgrade the system to version 7.3 to have the SSI module. HPS are also wanting us to feed our SSI data from ICNET directly to them. She said that user acceptance testing will be carried out by superusers. Training for the ICDs on ICNET will be carried out by Stephanie and Yianni and Ann asked for some suggestions on what kind of things the ICDs would like to look at.</p> <p>The IT Group has reconvened and Ann reported that a meeting has been scheduled for Friday at Stobhill with the ICNs and Craig will be the representative for the ICDs. Ann asked for any data requests to be forwarded to the data team.</p> <p>ii) MRSA Screening / KPIs Ann advised that the last published data GGC are 81% compliant with a target rate of 90%.</p> <p>iii) SAB HEAT Target With regards to SABs Ann reported that we have a SAB rate of 24.1 cases per 100,000 AOB and pointed out that we have had a 2.6% increase in occupied bed days. She said that CVC related SABS from the renal unit are driving the target. At the recent SAB group Joan commented that in ECMS they have 17% of the community coming through medical wards. Craig proposed to look at the community associated SABs and take out the ones we want to target and give them an improved target for ECMS. Kate suggested carrying out a blanket PVC audit in the spring and Sandra advised that PVCs and CVCs will be in the new audit tool.</p> <p>iv) SICPs / SPE Audits Nil to update.</p> <p>v) Transmission Based Precautions Local groups have met and Sandra advised that Dr Armstrong has asked for this to be issued for comments. Christine stated that she is working with Dr Hague to do a video in Paediatrics on how to use PPE and they will also work on a scenario.</p> <p>vi) New Build – Adult Hospital / Children’s Hospital Adult Hospital Discussions regarding the ventilation for the Bone Marrow Unit have taken place and Craig said that they have a potential solution for this.</p> <p>Children’s Hospital The work in the children’s hospital is ongoing and Craig advised that there are no issues to report.</p>	

Item	Action
<p>10. Finance Report Tom reported that we are slightly underspent in the budget. Also we have received the funding regarding the incremental drift and the full established has been funded</p>	
<p>11. On The Move With regards to the new office accommodation at South Glasgow Tom advised that this has been over subscribed. In principle he said that we are still moving there but not to the new offices and alternative accommodation is being looked at. A Core Brief was issued to staff to notify them of the new director posts that have been filled.</p>	
<p>12. Clinical Governance Related Guidance Copies of the latest Clinical Governance Related Guidance notes were issued with the agenda.</p>	
INFECTION CONTROL GOVERNANCE	
<p>13. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries) Sandra advised that one request had been received regarding a SAB case at the Victoria Infirmary. One other compliant was received but the patient withdrew their complaint.</p>	
<p>14. Patient Experience / Person Centred Care Nil to update.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>15. Events/ Representation Feedback</p> <ul style="list-style-type: none"> • IPS Conference in February • Holyrood holding an infection control conference on 10th March. 	
<p>16. Core and Divisional Team Brief Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>17. New Business</p> <p>i) HPS AMR Alerts A Lan Banks sends out a list of AMR discrepancies and Craig said that he had spoken to Jackie Riley and HPS do not carry out surveillance on this. It was agreed to ask HPS to clarify what they want us to do with the lists or Craig said we could maybe say that we are looking at these for information but not taking any action. Craig agreed to contact HPS.</p> <p>ii) HPS Q3 Reports – SABs and CDI Copies of the above reports were issued with the agenda.</p> <p>iii) Quality Improvement BORSA / MISA Algorithm A copy of the algorithm was issued for information.</p>	CW

Item	Action
<p>iv) HAI Standards A copy of the final version of the standards has not been issued yet.</p> <p>v) VOL Action Plan Tom reported that the final version of the response regarding the action plan was sent back to Scottish Government. He said that more information was required on certain recommendations and one of these included 24/7 cover.</p> <p>From the recommendations it was suggested that policies are reviewed every two years and Sandra advised that this will start when each policy is due to be renewed.</p>	
ITEMS FOR NOTING	
<p>18. Meetings Update:</p> <p>i) <u>Board Infection Control Committee</u> The agenda for the BICC in January and the previous minutes for November were distributed with the agenda.</p> <p>ii) <u>Acute Infection Control Committee</u> The minutes of the AICC meeting held in November and the agenda for the January meeting were distributed with the papers. Discussion took place regarding patients being in isolation rooms and to assist the Bed Manager if a patient is to be put there. Sandra advised that an algorithm will be created for this.</p> <p>iii) <u>Partnership Infection Control Support Group</u> The agenda for the PISCG in January and the previous minutes for November were distributed with the agenda.</p> <p>Sandra advised that she met with Mari Brannigan and Mari has proposed to keep this group going.</p> <p>Kate reported that the last Dental Infection Control Committee was cancelled and said that she will email for dates for future meetings. She said that she meets with the Dental Nurse Manager once a month.</p>	
<p>19. Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Craig to forward Ann L the new guidance on legionella to send this to SMT. • Tom and Craig to discuss with Isobel Neil and Anne Cruickshank the treatment and advice given by Virologists regarding prescribing tamiflu. • Craig to speak to Anne Harkness with regards to the patients with botulism. • Sandra to issue the draft Annual Infection Control Programme for comments. • Tom to forward the Annual Report for individuals to update their sections. • Craig to look into water testing at sites. • Craig to discuss with Dr Armstrong the screening of patients for CPE in ITU at SGH. • Craig to contact HPS to ask what they want us to do with AMR alerts. 	

Item	Action																																	
<p>20. Items Agreed</p> <ul style="list-style-type: none"> If a patient has surgery in our board this would be classed as SSI. SMT agreed to have a link to the path where papers are stored for this meeting. 																																		
<p>21. Any Other Competent Business</p> <ul style="list-style-type: none"> Linda suggested that instead of papers being emailed for this meeting a link could be sent to say where the papers are stored on the shared drive. It was agreed that Ann will forward the link to the documents and if anybody still wishes to receive the papers to let Ann know. Kate stated that a ward has excess amounts actichlor granules that are out of date and asked how to dispose of these as Procurement will not take these. It was suggested to use these at training sessions. Clare reported that she received an email from a consultant in A&E regarding overcrowding and looking for infection control to agree it is a risk. Sandra advised that we can meet with directorate reps and assist where we can. In GRI Kate stated that they have dedicated domestic staff for A&E and suggested putting this forward as a proposal. Discussion took place regarding maybe having joint clinical and SMT meetings to include education. This would mean this meeting could include exception reports which will mean the agenda will be shorter. 																																		
<p>22. Date and time of next meeting</p> <p>The next meeting is scheduled for Wednesday 25 February 2015 at 1.30pm, ADM 2.16B Conference Room, Level 2, New Victoria ACH.</p>																																		
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**Wednesday 26 August 2015
at 10.00am**

Room ADM 2.16A, Conference Room, Level 2, New Victoria ACH

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Sandra McNamee	SMcN	Associate Nurse Director
Lynn Pritchard	LP	Lead Infection Control Nurse, West & Partnerships
Professor Craig Williams	CW	Co-ordinating Infection Control Doctor
Ann Kerr	AK	Lead Nurse, Surveillance
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Kate Hamilton	KH	Lead Infection Control Nurse, North
Gillian Mills	GM	Senior Infection Control Nurse, North
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Clare Mitchell	CM	Lead Infection Control Nurse, South Glasgow
Dr Christine Peters	CP	ICD, South Glasgow
Dr Alison Balfour	AB	ICD, Partnerships
Dr Linda Bagrade	LB	ICD, Clyde
Dr Huma Changez	HC	ICD, North

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Dr Mareks Andrew Smith

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting. Apologies were received from the above mentioned.</p> <p>2. Minutes of SMT Meeting held on 24 June 2015 The minutes of the previous SMT meeting held on 24 June 2015 were accepted with the following amendments:- Page 1, last bulletpoint – should read “With regards to a patient with VHF moving to the new hospital Pamela and Christine going to walk round labs”. Page 5, 2nd para – add “and suites” to the last sentence. Page 5, item vi, last para - should read “Teresa said that she is concerned that the validation for theatres have been done”.</p> <p>Actions Update</p> <ul style="list-style-type: none"> • Rona Wall was unaware of any problems regarding screening of staff. Sandra to let Rona know if this happens again and will ensure staff are screened. • Pamela to update policy with regards to closing wards with single side rooms and put this as an appendix. • Tom to raise with Mary Anne Kane the Facilities meetings at the new hospital being cancelled. • Pamela to draft what Infection Control should do with high counts of legionella. Tom and Craig to raise with Alan Gallagher other areas being tested. 	

Item	Action
<p>STANDING ITEMS</p> <p>3. Matters Arising There were no matters arising that were not on the agenda.</p> <p>4. Sector Update</p> <p>i) Geographical Sector Update (encl) The IC Sector Updates were distributed with agenda.</p> <ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported that a couple of wards are being observed for norovirus • There was a high count of pseudomonas in the hydrotherapy pool and Kate advised that the staff in this area tested the water and forwarded this to the Water Lab. Craig said that he will raise this issue. • Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan advised that she received a report from Labs regarding CPE activity from a specimen from a patient. She said that she also has a list of contacts. • A baby in RAH had an eye swab taken and was found to have Pseudomonas. • South (Clare Mitchell) <ul style="list-style-type: none"> • Clare reported that issues have been identified with the ventilation of the lobbied isolation rooms in Ward 2A. She said that work was ongoing in relation to testing the positive pressure in the BMT rooms. Christine stated that we are waiting for a programme of works from Estates but no children are in the rooms affected. She stated that we asked for clarity on the testing regime and were informed on 8th May that all rooms were satisfactory. • Edenhall have reached the 20% burden and further typing in this ward is being carried out. • Meeting held to discuss four cases of Serratia marcescens and results of IPCAT, SPE and hand hygiene audits. An action plan has been produced to include issues with hand hygiene audit and compliance, equipment hygiene and environmental hygiene. • A leak has occurred in theatre 1 in the Neuro Theatres and Clare reported that only emergency surgery is being performed. Ongoing meetings are being held to discuss progress. • Christine reported of the patient with ebola being brought back in for tests. She stated there have been a few reported cases of these patients being readmitted and said this patient has a swollen knee. She said discussion took place on where to carry out procedures and if there was a spill what room to use. Craig advised that this would be the same procedure that would come under blood and body fluid and stated that the patient would not be infectious. • West & Partnerships (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported of a patient that tested positive for Mumps virus in a mother and baby unit. The patient was in isolation and mums are being encouraged to have the MMR jag. • A patient who was identified with a SAB had been in the Beatson and transferred to QEUH with a hickman line which was positive. Lynn asked for clarity on whether this should be put as a healthcare associated infection or healthcare community associated infection. The group discussed this and agreement was that this should be a healthcare community acquired infection and the CRT will be sent out as the Beatson. 	<p>CW</p>

Item	Action
<p>5. HAIRT Report A copy of the report for August was distributed with the agenda and noted.</p> <p>6. Acute Services Committee (ASC) HAI Report Nil to update.</p> <p>7. IPC Work Plan The IPC Work Plan for July was distributed with the agenda and Sandra provided an update.</p>	
<p>She reported that three items have been added to the plan and these include E-coli Bacteraemias, CPE screening and mandatory surveillance on vascular and colorectal surgery. Pamela advised that she is carrying out training for ward staff on CPE screening. Sandra commented that there is a proposal to inform HPS that we do not have the resources to carry out E-coli surveillance.</p> <p>The IPCAT audit is progressing and Kate updated that they are trying to get an audit completed in GRI. Joan suggested piloting this in a ward in IRH. With regards to Servicetrak Tom reported that there will be an extract of all our data with the audits for each area. Ann stated that the Data Team are to meet with Eugene Smythe to look at this. Clare commented that it would be good to have an average score as the previous scores for audits cannot be compared anymore. Pamela to provide a brief update on any clinical themes that come out of the audits and a report will be provided to BICC in November.</p>	PJ
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Pamela provided an update on the Water Safety Group. She said at the last meeting they looked to update the SOP for Pseudomonas and the risk assessment. A folder has been created in the Pan Glasgow drive with all the information relating to this. Discussion took place regarding an isolate in a high risk area and the procedure to be followed. Alison suggested putting this as an algorithm within the SOP for Pseudomonas.</p> <p>ii) Theatre Maintenance & Management Group In theatres Craig mentioned that there is the potential that HEI inspectors can now visit theatres. Kate commented that some of the theatres are due to be replaced. Craig recommended that the spreadsheet with the validation results be updated and raised at the Theatre User Group. Joan suggested developing a risk assessment for theatres that do not comply.</p> <p>iii) Infection Control Policy Group Pamela reported that four policies which include Chickenpox, TB, Occupational Related Illness and the Last Offices SOP were approved at the last BICC. She said it was agreed at BICC that all policies will now be called SOPs.</p> <p>She updated on some of the policies and advised that the TB Policy is to have an extension date added.</p> <p>In relation to Transmission Based Precautions Pamela and Craig advised that they had met with clinicians to discuss this and reported back their concerns to HPS. HPS informed that we should follow the national manual and Pamela said that this was raised at BICC. Linda commented that clinicians in other boards are of the same opinion as us.</p>	

Item	Action
<p>iv) Education Group/OLM Worksteam There have been no meetings of the OLM group recently and Lynn said that the previous minutes were not available.</p> <p>NES are reviewing the Cleanliness Champions programme.</p>	
<p>v) Decontamination Group The last meeting of the Decontamination Group met in July.</p> <p>Kate reported that the SOP for Endoscope was due for review and if there were no changes she was informed that this can be approved at the Decontamination Group. She said that the terms of reference need to be updated and we need to outline what we report on from the group to AICC.</p> <p>Lynn advised that the Dental SOP will go on as a linked policy.</p>	
<p>vi) Person Centred Care The next meeting of the group is scheduled for two weeks time and Joan stated the first draft of the poster has been prepared.</p>	
<p>vii) CPE Group Training in ICUs for CPE screening has been undertaken and Pamela advised that a draft SOP has been developed. Alison asked for clarification on who would follow up a positive swab and she was informed that it would be the responsibility of the ICD. Craig agreed to discuss the risk assessment regarding this and raise this at the next ICD meeting.</p> <p>Pamela advised that the roll out of CPE screening will start from 1st September. She said it was previously discussed that this date may change to 14th September to allow Lab staff to be trained.</p>	CW
<p>Clare advised of a patient in Renal who had been abroad and lab staff asked the ward to take a rectal swab for CPE from the patient but did not inform Infection Control. Tom and Craig agreed to raise this at the next Lab meeting.</p>	TW/CW
<p>9. Project Update:</p>	
<p>i) ICNET Update Ann provided an update and advised that the planned upgrade for V7.3 on ICNET had been delayed to focus on IPCAT. A meeting to discuss ICNET has been arranged with Debbie Forsyth, Infection Control and IT for 23rd October 2015.</p>	
<p>NHS colleagues from Liverpool are to visit the Western Infirmary to look at how we use ICNET.</p>	
<p>Craig advised that he will ask the ICDs what they want from the ICNET training and will put this on the agenda for the next ICD meeting.</p>	CW
<p>ii) MRSA Screening / KPIs A summary update on the MRSA Key Performance Indicators has been provided for the AICC meeting. Ann reported that for the quarter April – June the CRA compliance rate was 93% and overall swab compliance was 64%.</p>	

Item	Action
<p>iii) SAB & CDI HEAT Target</p> <p>With regards to SABs Ann reported that the number of SAB cases are increasing and work is ongoing in the renal unit. Other additional measures are being looked at which include trialling other dressings and to look at the screening prior to line insertion. As of today Ann reported that for this month GGC has 30 SAB cases and 21 CDI cases. Craig suggested having a short life working group within Infection Control to look at SABs and Sandra replied that it would be better to wait until IPCAT has been embedded and we have the results from this.</p>	
<p>iv) IPCAT</p> <p>Nil to update.</p>	
<p>v) SSI Surveillance Update</p> <p>For the quarter April – June Ann reported that the infection rate for hip arthroplasty procedures has increased from 0.3% to 1.3%. She said that there were 5 primary hip arthroplasty infections for this quarter and 4 of these were for patients in RAH. On investigation there were no common links as the procedures were carried out on different days with different operators. Ann did say that the surgeons close the wounds with staples.</p> <p>In relation to c-section infections Ann advised that there have been a few infections at PRM with a rate of 0.9% for the quarter. Craig recommended that a meeting be arranged at RAH to discuss the number of infections.</p>	
<p>vi) Transmission Based Precautions</p> <p>Nil to update.</p>	
<p>vii) New Build – Adult Hospital / Children’s Hospital</p> <p>Craig advised that Anne Harkness is leading a group reviewing the ongoing works at the QEUH.</p> <p>He said that the demolition work at this site starts soon and asked who would be the best person to contact regarding dust controls. Sandra suggested raising this at the South Glasgow, Regional and Woman & Children Clinical Governance meetings.</p>	
<p>viii) CAUTI</p> <p>The Quality Improvement Facilitators (QIFs) are to provide a presentation to the next AICC and BICC meetings.</p> <p>Pamela reported that the QIFs are having problems getting information from wards. She advised that she had a meeting with HPS and they have not agreed what the definitions should be but were impressed with the progress GGC have made so far.</p>	
<p>10. Finance Report</p> <p>Tom reported that we are £8,000 overspent and stated that we have not been given a savings target for this year.</p>	

Item	Action
<p>11. On The Move</p> <p>With regards to office accommodation Tom advised that Yorkhill are to have approximately 40-60 people in the vacant wards on levels 1, 2 and 3. He said that 24 staff within Infection Control are to be accommodated in Yorkhill and the team at GGH are to be located in the refurbished lab block at GGH. Tom said that security at the Western Infirmary is a concern now with offices being moved out. He said there is the potential for the Data Team to be part of the Centre for Data Intelligence and they have been included in the numbers in the draft business case.</p>	
<p>12. Clinical Governance Related Guidance</p> <p>Copies of the latest guidance were issued.</p>	
INFECTION CONTROL GOVERNANCE	
<p>13. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)</p> <p>Nil to update.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Events/ Representation Feedback</p> <ul style="list-style-type: none"> • HAI Scribe Training - Arranged for September and October with over 70 people to be trained. Sandra said that if anybody would like to attend to let Pauline know. • IPS Conference – Sandra advised that she has received sponsorship for two people to attend and nominations are to be returned to Sandra. • Scottish Study Day – Arranged for October. 	
<p>15. Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued. Tom advised that Rosslyn Crocket is leaving the NHS at the end of September and Mags Maguire will commence in this role.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>16. New Business</p> <p>i) E coli Bacteraemia</p> <p>HPS have asked all boards to carry out enhanced national light surveillance of E coli bacteraemia. Sandra reported that Dr Armstrong is to send a letter to HPS expressing our concern in terms of cost and ICN and Surveillance Nurses resources. The Lead Nurses and Ann Kerr are to look at the amount of time spent in relation to E coli. Tom suggested adding this to our Risk Register as the costs associated with this are approximately £228,000 for staff and £214,000 for diagnostics. Ann advised that the Surveillance Nurses will carry out 10 of the community cases.</p> <p>ii) DL(2015)19 Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Policy Requirements</p> <p>Copy of the above document was distributed with the agenda.</p>	

Item	Action
ITEMS FOR NOTING	
<p>17. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil to update.</p> <p>ii) <u>ICD Meeting</u> The next ICD meeting is scheduled for beginning of September.</p> <p>iii) <u>Board Infection Control Committee</u> The agenda for the last meeting of the BICC on 27th July was distributed with the agenda and noted.</p> <p>iv) <u>Acute Infection Control Committee</u> The group discussed the main points of the AICC meeting.</p> <ul style="list-style-type: none"> - It was agreed that an update on any exceptions will be provided to the committee e.g. CDI triggers, HIIAT assessed as amber, outbreak reports. Kate to provide a proposal for the Leads. - Huma to be added to distribution list for AICC. <p>v) <u>Partnership Infection Control Support Group</u> The agenda for the last meeting of the PICSG on 16th July was distributed with the agenda. Sandra advised that Mari Brannigan is the chair of this committee.</p>	KH
<p>18. Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Craig to raise the issue of water testing in the hydrotherapy pool in the north sector. • In relation to IPCAT Pamela to provide a brief update on any clinical themes that come out of the audits and provide a report to BICC in November. • Craig to raise the risk assessment for CPE screening at the next ICD meeting. • Tom and Craig to raise the issue of lab staff contacting wards to ask for a patient to have a rectal swab and not informing Infection Control. • Craig to ask the ICDs what they want from the ICNET training and will put this on the agenda for the next ICD meeting. • Kate to provide a proposal for exceptions for leads to provide for AICC meetings. • Tom and Craig to raise at the next lab meeting regarding the Reference Lab not contacting Infection Control or clinical teams about a patient that was 0157positive. Craig also to speak to Anne Cruickshank regarding this. • Alison to raise at the Cdiff SOP meeting the issue of lab staff contacting wards at the weekend with results. 	
<p>19. Items Agreed</p> <ul style="list-style-type: none"> ▪ Nil to update. 	
<p>20. Any Other Competent Business</p> <ul style="list-style-type: none"> • Sandra reported that the Reference Lab informed a ward of a patient that was 0157 positive and Infection Control or clinical teams were not aware of this. By the time they were aware the patient had been discharged but was readmitted at the weekend. On portal there was no information to advise the clinical team of the patient being positive. It was agreed that this should be raised at the next Lab meeting and Craig also confirmed that he will speak to Anne Cruickshank. 	TW/CW CW

Item

- As Clare will be taking up a new post in Lanarkshire Sandra advised that she has had the opportunity to review South Glasgow with there being two hospitals on this site. It has been agreed that Lynn will take up the Lead Nurse role for the adult acute site and Pamela has agreed to cover the new children's hospital for four sessions. A team will also be set up for Pamela. The Lead Nurse post at West & Partnerships will be advertised and should be on the SHOW website on Friday. Tom thanked Clare for all her assistance.
- Tom reported that the ICDs Job Plan is to be reviewed and from 1st September the ICDs covering the sites will be:-
Clyde - Linda
Regional – Teresa
South - Christine
West & Partnerships – Alison
Paediatrics – Craig
- Kate informed that a Band 6 post will be advertised for GRI and Joan also commented that a Band 6 post has been advertised for RAH.
- With regards to CDI reporting out of hours Pamela advised that some labs do not phone wards of lab results at the weekend. Linda stated that a document is being reviewed at present. Alison advised that there is a Cdiffe SOP meeting tomorrow and she said that she can raise this issue at the meeting to try and harmonise results across the board.

Action**AB****21. Date and time of next meeting**

The next meeting is scheduled for Wednesday 30 September 2015 at 1.30pm, ADM2.16B Conference Room, Level 2, New Victoria ACH.

The dates for future meetings have been arranged as undernoted:

Date (2015)		Time	Venue
30	September	1.30pm – 3.30pm	ADM 2.16B Conference Room, New Vic ACH
28	October	1.30pm – 3.30pm	ADM 2.16B Conference Room, New Vic ACH
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**Wednesday 30 September 2015
at 1.30pm**

Room ADM 2.16B, Conference Room, Level 2, New Victoria ACH

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Sandra McNamee	SMcN	Associate Nurse Director
Professor Craig Williams	CW	Co-ordinating Infection Control Doctor
Kate Hamilton	KH	Lead Infection Control Nurse, North
Graham Quigley	GQ	Senior Infection Control Nurse, Clyde
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Clare Mitchell	CM	Lead Infection Control Nurse, South Glasgow
Dr Christine Peters	CP	ICD, South Glasgow
Dr Alison Balfour	AB	ICD, Partnerships
Dr Linda Bagrade	LB	ICD, Clyde
Dr Huma Changez	HC	ICD, North

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Joan Higgins	Lynn Pritchard	Ann Kerr
Dr Inkster	Andrew Smith	Dr Mareks

Item	Action
<p>1. Welcome & Apologies</p> <p>Tom welcomed everyone to today's meeting. Apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 26 August 2015</p> <p>The minutes of the previous SMT meeting held on 26 August 2015 were accepted with the following amendments:-</p> <p>Page 2, first bulletpoint, 3rd sentence – should read “The group noted we are waiting for a programme of works.....”.</p> <p>Page 4, fourth para – should be laryngoscope handles instead of Endoscope.</p> <p>Page 4, under CPE, last para - should read “Dr Inkster asked the ward” instead of “lab staff asked the ward”.</p> <p>Actions C/F</p> <ul style="list-style-type: none"> • Tom and Craig to raise the issue of lab staff contacting wards to ask for a patient to have a rectal swab for CPE and not informing Infection Control. • Craig to raise the issue of water testing in the hydrotherapy pool in the north sector. • Tom and Craig to raise at the next lab meeting regarding the Reference Lab not contacting Infection Control or clinical teams about a patient that was E-coli 0157positive. Craig to also speak to Anne Cruickshank regarding this. 	

Item	Action
STANDING ITEMS	
3. Matters Arising There were no matters arising that were not on the agenda.	
4. Sector Update	
i) Geographical Sector Update (encl) The IC Sector Updates were distributed with agenda.	
<ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported 3 cases of Malassezia pachydermatis identified in NICU, PRM. A meeting was held with medical staff and it was agreed that no further actions were required as all babies are doing well. She said that this fungus is associated with healthcare workers that have dogs. Strict adherence to SICP's was reinforced. Craig reported that there is a difference in the screening of babies in NICU. Kate and Pamela to discuss this and work with colleagues in NICU to try and have screening standardised across sites. Linda also commented that if a baby is screened in Yorkhill and then transferred to another hospital e.g. RAH should the baby be rescreened. She asked if the group could look at this as well. • A patient on admission that was query CPE had pseudomonas in Oman and had been hospitalised there but the patient was not asked if they had been abroad in the last 6 months although the admission form was ticked with no. Kate advised that they are waiting on the results and the patient is being discharged today. • 3 patients in the PRM who had caesarean sections have been reported to have deep SSI's for August. A meeting was held with the Clinical Director and Senior Charge Nurse to discuss this. • In Gyn Kate reported that they perceive they have an issue with SSIs. She said that she has prepared a checklist to check if the guidance is being followed. • Clyde (Graham Quigley) <ul style="list-style-type: none"> • Graham reported that SPCs were in control. • Graham advised that they were looking into SSIs for Orthopaedics. A meeting was held last week and work is ongoing to see if there are any links. Maureen Stride spoke to Alan Stewart regarding the wrapping for equipment and he is going to look at practice in Inverclyde TSSU. Craig commented that the fault reporting system at Cowlairs is not replicated in Inverclyde. The demographics at Inverclyde are going to be looked at and it was suggested to raise with Ian Kennedy the population figures to ask if this is increasing. Craig said that the activity figures for operating theatres are at 102% capacity and it could be that there is not enough down time. Graham is going to carry out an audit based on the HEI theatre audit tool next week in this area. • South (Clare Mitchell) <ul style="list-style-type: none"> • Clare reported that they have had a number of SAB cases with 5 of them PVC related. She said that during the weekly walkround they have been looking at compliance with the PVC Care Plan. On speaking to some medical staff she said they were unaware of the Care Plan. Clare advised that she attended the huddle and spoke to nursing staff to address the issue of PVC and sharps. Sandra commented that she has spoken to Elaine Burt and she is going to discuss this with George Welch. 	KH/PJ

Item	Action
<ul style="list-style-type: none"> • At the Children's Hospital Clare advised that another 2 BMT rooms have been completed in Ward 2A. Craig stated that he contacted Jamie Redfern and he will keep an eye on the work that is still outstanding. • With regards to ICU Craig reported that they are looking at the isolation rooms and the plan is to designate neutropenic and ID rooms. Christine asked for the numbers of these rooms and Pamela replied that a spreadsheet is being prepared as there is a difference in what the rooms are called to what Estates call the rooms. Craig reported that Anne Harkness is dealing with all operational issues for this area. Christine asked if we know what rooms are to be used if there was a possible MERS case as it is Infection Control's remit to know that a test has been carried out and that rooms are sealed, pressure is correct and rooms have hepafilters. Craig advised that he will gather all the information after the meeting on 15th October and will develop a SOP. Pamela stated that Billy Hunter will ensure the spreadsheet is correct for the rooms identified. If Microbiologists are on call they are to contact the ID Physician. • Clare reported 8 cases of serratia in NICU with the last case on 10th September. Meetings have taken place and she said they are working through the Action Plan. Another meeting has been arranged for tomorrow. Linda asked how this was identified and Clare advised that this came out of routine clinical samples. As part of the CPE group Pamela, Kate and Joan are to look at how to harmonise the screening and lab testing. Craig suggested that the ICDs and clinicians be part of this group. • With regards to neuro theatres Clare advised that they are operational again. She said the air monitoring has been tested downstairs in theatres and they are now in use. She said that Jackie Barmanroy is to check if all the work has been carried out. Christine advised that she is still waiting on the information regarding infection rates. • In Ortho Clare reported that they have had 3 superficial and 3 deep infections and their infection rate is 3.6%. With regards to c-section infections there have been 4 infections and the clinical team are looking at readmissions and will meet again in October. 	<p>PJ/KH/ JH/ICDs</p>
<ul style="list-style-type: none"> • West & Partnerships (Alison Balfour) <ul style="list-style-type: none"> • Alison commented that there is a change to the testing of respiratory samples which could result in a positive pertussis. Linda asked how do we approach borderline results of pertussis and should we do contact tracing. The agreement was to put the patient in a single side room but no contact tracing would be required by Public Health. Craig said that he will make Ian Kennedy aware of this and will raise this at the next lab meeting. • Craig reported that he received a phone call from the Beatson regarding a patient with PCP. 	<p>CW</p>
<p>5. HAIRT Report Nil to update.</p>	
<p>6. Acute Services Committee (ASC) HAI Report A copy of the ASC report for September was distributed with the agenda.</p> <p>Sandra informed that she has received the embargoed SAB and Cdiff figures from HPS. For Quarter 2 for Cdiff GGC are 30.3% compliant and in comparison to other boards Sandra stated that we are lower. In relation to SABs, GGC have increased from 27.1% to 30%.</p>	

Item	Action
<p>7. IPC Work Plan</p> <p>The IPC Work Plan for September was distributed with the agenda and Sandra provided an update.</p> <p>She reported that the DL (2015) 19 including Mandatory Surveillance of E-coli Bacteraemias was added to the work plan. A meeting has been arranged for Friday with Kate Harley and Jacqui Reilly to discuss the resource implications for this. From the work carried out Sandra said it is taking an ICN approximately 1- 2 hours to complete the enhanced E-coli surveillance.</p> <p>As the document is live and ongoing Sandra stated that any items of work can be added to the work plan at any time.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>Pamela provided an update on the Water Safety Group. She said that the Risk Assessment and SOP for Pseudomonas has been updated. The Lead Nurses are to do a baseline of the high risk wards and 10 - 12 audits have been completed and are on the shared drive. Pamela informed that the next meeting of the group is scheduled for next week and hopefully the documents will be approved at this meeting.</p> <p>ii) Theatre Maintenance & Management Group</p> <p>A meeting of the Theatre group has not taken place since last SMT and the next meeting is scheduled for two weeks.</p> <p>Craig advised that at the last meeting there was an action regarding information on validation of airflows in surgery. Kate stated that this information will be kept in the duty rooms by SCNs for HEI to view if they visit the ward. Linda McMullin is to arrange for a meeting of the ventilation group. Sandra suggested inviting Linda McMullin to the ventilation meeting at SGH.</p> <p>iii) Infection Control Policy Group</p> <p>Pamela reported that there were no policies to update for the committees. She said that an Appendix to the Outbreak Policy has been issued to the committees for comments. This Appendix is for managing patients with viral gastroenteritis in wards with 100% single side rooms with en-suite at QEUH.</p> <p>iv) Education Group</p> <p>Sandra updated on the work of the Education group as Lynn was not present. She said that Lynn had met with NES and they are reviewing the Cleanliness Champions programme. Sandra advised that the Cdiff module on Learnpro has also been revised and a programme has been developed for front line staff. Two SSI modules on Learnpro have also been developed by NES.</p> <p>v) Decontamination Group</p> <p>There have been no meetings of the Decontamination Group since last SMT.</p> <p>In relation to CJD Kate reported that HPS identified a patient through their annual surveillance and noted the patient had not been tagged on Trak. The patient had an endoscope procedure but the GP had informed the consultant of this patient so the consultant was able to quarantine the scope. This was entered on Datix as a near miss and Sandra suggested contacting Karon Cormack for information on how this should be entered on Datix. She also recommended that a SBAR is completed and circulated.</p>	

Item	Action
vi) Person Centred Care Nil to update.	
vii) CPE Group This item to be carried forward to next meeting.	
9. Project Update:	
i) ICNET Update Tom provided an update and advised that there have been problems with access to ICNET and ICNET had to work all weekend to sort out the problem. He said that the problem seemed to be failure to archive old data. A meeting to discuss ICNET has been arranged with Debbie Forsyth, Infection Control and HI&T for 23 rd October 2015. Discussion took place on when to escalate as a clinical risk that ICNET system is down. Tom asked the Lead Nurses to look at this and to determine how long to wait before the problem is fixed. Craig also suggested checking the escalation of our HI&T and raising this at the meeting on 23 rd October.	LN's
<p>The IT group recently met and Pamela advised that the protocol for alerts/conditions has been finalised.</p>	
ii) MRSA Screening / KPIs Sandra advised that Joan and the Person Centred Care group are looking to do work with nursing staff to allow patients to understand the decolonisation screening.	
iii) SAB & CDI HEAT Target Craig reported that the SAB group is going to be reformed. Sandra commented that Lynn said that she would like to work with the District Nurses and to link in with the Professional Nurse Advisors in the community	
iv) IPCAT In relation to IPCAT Pamela advised that she had been asked to carry out additional training for Chief and Lead Nurses and more sessions have been arranged at QEUH. She said this has now been rolled out to GRI and West and Partnerships. Kate said that she will speak to Eugene regarding Lightburn, Stobhill and the New Victoria hospitals and the timescales for these going on. Graham suggested that a separate audit tool be used in outpatient departments as lots of the criteria are non-applicable to them. Sandra said this would also include dental and mental health areas. Christine commented that she found some issues are not being fed back on the new tool and asked if there were discrepancies between our audit and the Facilities audit and if there was a protocol for this. Confirmed different audit tools so cannot compare. Kate advised when carrying out the weekly walkrounds Infection Control should identify any problems with cleaning or facilities and escalate this to the Domestic Supervisor. Craig said we need to look at the accountabilities for SCNs regarding the sign off of domestic audits, although this was not in place at QEUH yet. It was agreed to raise this at the next AICC meeting. Kate informed that at GRI they have two meetings which include a formal one with Facilities and a separate meeting with domestic and portering staff.	
v) SSI Surveillance Update With regards to the development of colorectal and vascular surveillance Craig reported that Anne Marie Karcher is the ICD representative for this group. He said that this new surveillance will start in 2016.	

Item	Action
<p>vi) Transmission Based Precautions</p> <p>Pamela reported that the SOP checklist has been updated for incubation at ICU and PPE for FFP3 has been added in. Craig asked for all the comments received to be kept and to circulate this information to BICC. Pamela confirmed that she will provide a verbal update on this at the BICC meeting on Monday.</p>	
<p>vii) New Build – Adult Hospital / Children’s Hospital</p> <p>Craig advised that he is waiting on final information regarding the adult BMT rooms.</p> <p>With regards to the demolition work he stated that he has received the information on the works to be carried out.</p> <p>In paediatrics they have asked for a small decontamination room to be identified and Clare said that Katrina is looking into this.</p> <p>Tom reported that a meeting has been arranged with David Loudon to discuss the role of IPCT and commissioning at the new hospital.</p>	
<p>Sandra asked if there was any update regarding dental in Paediatrics and Clare informed that she will check this and forward the information to Sandra.</p>	CM
<p>viii) CAUTI</p> <p>Practice sessions regarding CAAS are being rolled out. Pamela stated that she is looking at different ways to roll out CAUTI and to maybe do this via webex. She said that Practice Development and Education will help with the roll out.</p>	
<p>10. Finance Report</p> <p>Tom reported that we are £16000 underspent but Sandra informed that we have a CRES saving of over £35,000. The Lead Nurses confirmed that they are not receiving the Finance reports for their areas and Tom and Sandra agreed to raise this with Hugh Gibb in Finance.</p>	TW/ SMcN
<p>11. On The Move</p> <p>With regards to office accommodation Tom advised that we have been allocated 8 rooms at Yorkhill and a moving date for first week in December. Sandra advised that there is also a room with 10 hot desks available.</p> <p>A separate team will be set up for the new Children’s Hospital and Sandra reported that Pamela will lead on this and a Band 7 has also been advertised for this area. Lynn will take up the post at South Glasgow when Clare leaves.</p>	
<p>12. Clinical Governance Related Guidance</p> <p>Copies of the latest guidance were issued.</p>	
<p>INFECTION CONTROL GOVERNANCE</p>	
<p>13. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)</p> <p>Two complaints have been received which include:-</p> <ul style="list-style-type: none"> • SSI – C-section • Paediatrics – a parent is complaining about the number of hand gels available. 	

Item	Action
COMMUNICATIONS/ FEEDBACK	
<p>14. Events/ Representation Feedback</p> <ul style="list-style-type: none"> • IPS Conference – is being held this week. • Scottish IPS – scheduled for a date in October • HAI Scribe Training – A session was arranged for this morning and another event is to take place in October. 	
<p>15. Core and Divisional Team Brief Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>16. New Business</p> <p>i) E coli Bacteraemia A meeting has been arranged for Friday with Kate Harley and Jacqui Reilly from HPS to discuss the issue of enhanced light surveillance of E Coli and the resources required to carry this out. Craig reported that it is very time consuming to carry out this surveillance and suggested maybe taking the surgical cases out.</p> <p>ii) MRSA – Hair Line Changed to Wound The Lead Nurses asked when requesting a full screen for MRSA if we can change hair line to a wound swab. Linda said if this was changed how would she know if the wound is infected and Clare suggested that we change what we ask for regarding a wound swab. It was agreed to take hair line and axilla off of Trak and to put a comment to the Labs if we would like a separate swab for a wound. Tom and Craig said that they could raise this at the next Lab meeting for a decision.</p> <p>iii) CDI – Reporting Results to Wards Out of Hours Alison reported that she spoke to Sandra Higgins, Compliance Manager regarding results going to clinical teams after 4.30pm. As the results are not being accessed until the following day it was to ask if the Labs could telephone the results to the wards. Alison said that she is still waiting to hear back from Sandra Higgins.</p>	TW/ CW
ITEMS FOR NOTING	
<p>17. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil to update.</p> <p>ii) <u>ICD Meeting</u> The next ICD meeting is scheduled for October.</p> <p>iii) <u>Board Infection Control Committee</u> There has been no BICC meeting since last SMT.</p> <p>iv) <u>Acute Infection Control Committee</u> Christine reported that Governance meetings have now started and issues can be raised through AICC.</p> <p>v) <u>Partnership Infection Control Support Group</u> Nil to update as the last meeting of the PICSG was cancelled.</p>	

Item**Action****18. Review of Actions and Decisions**

- Kate and Pamela to discuss this screening of babies in NICU to try and have screening standardised across sites.
- As part of the CPE group Pamela, Kate, Joan and ICDs are to look at how to harmonise the screening and lab testing for CPE.
- As there is a change to the testing of respiratory samples which could result with pertussis Craig to raise this with Ian Kennedy at Public Health.
- Tom asked the Lead Nurses to determine when to escalate as a clinical risk when ICNET is down.
- Sandra asked Clare for an update on dental in Paediatrics.
- Tom and Sandra to raise with Hugh Gibb the Finance reports for Lead Nurses.
- Craig and Tom to raise the issue of a separate wound swab from Labs for a MRSA test.

19. Items Agreed

- With regard to borderline cases of pertussis it was agreed to treat the patient as if positive and isolate the patient but no contact tracing is required.
- The group agreed to remove hair line and axilla from Trak in relation to MRSA testing. Also to put a comment to Labs if want a separate swab for wounds.

20. Any Other Competent Business

- Kate to set up a theatre group to look at the HEI audit tool.
- Craig asked for HEI reports to be on the agenda for the next meeting.
- Booklets for the HAI Standards have been delivered to GGC. Pamela said that roadshows will take place at each site to distribute the booklets and she will issue dates for the roadshows.

21. Date and time of next meeting

The next meeting is scheduled for Wednesday 28 October 2015 at 1.30pm, ADM2.16B Conference Room, Level 2, New Victoria ACH.

The dates for future meetings have been arranged as undernoted:

Date (2015)		Time	Venue
25	November	1.30pm – 3.30pm	Room L0/A/010, New Lab Block, SGH
16	December	1.30pm – 3.30pm	ADM 2.16B Conference Room, New Vic ACH

**Wednesday 28 October 2015
at 1.30pm**

Room ADM 2.16A, Conference Room, Level 2, New Victoria ACH

PRESENT

Chair

Sandra McNamee	SMcN	Associate Nurse Director
Professor Craig Williams	CW	Co-ordinating Infection Control Doctor
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Lynn Pritchard	LP	Lead Infection Control Nurse, South
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Ann Kerr	AK	Lead Nurse, Surveillance
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Gillian Mills	GM	Senior Infection Control Nurse, North
Dr Inkster	TI	ICD, Regional
Dr Christine Peters	CP	ICD, South Glasgow
Dr Aleks Mareks	AM	ST4
Dr Alison Balfour	AB	ICD, Partnerships
Dr Linda Bagrade	LB	ICD, Clyde
Dr Huma Changez	HC	ICD, North

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Tom Walsh Kate Hamilton

Item	Action
<p>1. Welcome & Apologies</p> <p>Sandra welcomed everyone to today's meeting and to Kirsty as the new Lead Nurse for West & Partnerships. Apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 30 September 2015</p> <p>The minutes of the previous SMT meeting held on 30 September 2015 were accepted with the following amendments:-</p> <p>Page 1, last para – should read “Tom and Craig to raise at the next lab meeting regarding information not being on portal regarding the patient that was E-coli 0157”.</p> <p>Page 2, under Clyde – Linda commented that the sentence which starts with “The demographics” should now read “The demographics of the patient information analysis are going to be looked at”.</p> <p>Page 3, item 6 - should read “For Quarter 2 for Cdiff GGC have 30.2 cases per 100,000 OBDs”.</p> <p>Page 3, last para – “In relation to SABs, GGC have increased from 27.1 to 33 cases”.</p> <p>Page 6, first line – should be intubation and not incubation.</p> <p>Page 6, fourth para – should read “..... a small decontamination room to be identified in the respiratory clinic.....”.</p> <p>Page 7, item 16iii) should read – “..... regarding results going to ICNET after 4.30pm”.</p> <p>Page 7, under AICC – should read “Christine asked that Governance meetings.....”.</p>	

Item	Action
<p>Actions C/F</p> <ul style="list-style-type: none"> Craig to raise the issue of water testing in the hydrotherapy pool in the north sector. Teresa asked for information regarding this. 	
STANDING ITEMS	
<p>3. Matters Arising</p> <p>There were no matters arising that were not on the agenda.</p>	
<p>4. Sector Update</p> <p>i) Geographical Sector Update (encl)</p> <p>The IC Sector Updates were distributed with agenda.</p> <ul style="list-style-type: none"> North (Gillian Mills) <ul style="list-style-type: none"> Gillian advised that wards in Ortho are using different PVC Care Plans that have been produced by Vigon. Sandra replied that she will contact Lesley Don about this. Clyde (Joan Higgins) <ul style="list-style-type: none"> Joan reported about a patient with CJD in Clyde. The patient was transferred to VOL for palliative care and died on 25th October. In Orthopaedics Joan advised that there has been a meeting with the General Manager and clinical team to discuss deep orthopaedic infections. She said they are looking at trays and the integrity of tray wraps as potential source of contamination. South (Teresa Inkster) <ul style="list-style-type: none"> Teresa reported that there was a flood in theatre 3, INS and this had been closed. VRE has increased and Teresa thinks that the chart for October will be breached. Lynn advised that there are 7 VRE cases as of today. Teresa said that she will meet with the physicians and cleaning is in place with actichlor plus. Lynn commented that she was not sure if actichlor plus was in place and would check. Sandra advised that Mary Anne Kane issued an email to say that this was to be used from 1st October and asked the Lead Nurses to check their sites. At the Children's Hospital Pamela advised that there is an increased incidence of <i>Serratia marcescens</i> in NICU with 3 new cases in 3 weeks. A meeting is planned for tomorrow to look at the action plan. She said that a baby was diagnosed with pseudomonas and when an audit was carried out two sinks were found not be flushed. More enhanced cleaning on the sinks is to be carried out. West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> In GGH Kirsty reported that there was a flood and a number of wards had to be relocated. <p>5. HAIRT Report</p> <p>A copy of the HAIRT report for October was distributed with the agenda.</p>	<p>SMcN</p> <p>LP</p> <p>LNs</p>

Item	Action
<p>6. Acute Services Committee (ASC) HAI Report Nil to update.</p>	
<p>7. IPC Work Plan The IPC Work Plan for October was distributed with the agenda and Sandra provided an update.</p> <p>The HEI Theatre Group is still ongoing and Craig advised that they are waiting on a representative from neuro and maternity for this group.</p> <p>Sandra reported that there is a CAAS initiative from the Nurse Director where they will look at complaints and patient feedback and is to be adopted throughout Scotland. She said that two of the standards that are to be applied include SICPs and CAUTI bundles. Link Nurses are in wards and Sandra commented that IPC are to support them. There are four pilot wards across GGC and Sandra reported that we have been asked to provide infection control support. Christine asked if this includes doctors and Sandra replied that this is a nursing initiative.</p> <p>With regards to Ecoli bacteraemia Sandra advised that the surveillance has commenced. A meeting was held with HPS and a paper was prepared for Dr Armstrong and Sandra said she will send this paper to SMT.</p>	SMcN
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Craig provided an update on the Water Safety Group. He said that a meeting has been arranged with the authorised engineer regarding testing in low risk areas.</p> <p>ii) Theatre Maintenance & Management Group Craig advised that Alan Gallacher is publishing a report which will be forwarded to the BICC. He said that there was a problem with the spreadsheet for theatres as some of the wards in the new hospital were not included on the spreadsheet.</p> <p>The audit tools for HEI were discussed at the meeting.</p> <p>iii) Infection Control Policy Group Pamela reported that there were two policies going to the committees in November which included Food Hygiene and Outbreak Policy.</p> <p>iv) Education Group Lynn updated that the group met on Friday and discussed the outbreak training.</p> <p>Cleanliness Champions programme will come to an end and NES are looking to develop a new programme.</p> <p>Sandra advised that NES have developed a Cdiff module for GGC staff.</p> <p>v) Decontamination Group Two SOPs are going to the Decontamination Group with a two year review date. Craig advised that there are no major changes to the SOPs.</p> <p>Craig advised that discussion took place at the meeting regarding the problems within CSSD with the ortho packs. He said that Alan Stewart is starting to roll out the new system at IRH and looking at the storage available at IRH.</p>	

Item	Action
<p>He said the Endoscopy Rinse Group receive exception reports from CSDU and are forwarded to AICC. Craig said that he will write to Ian Kennedy regarding the decontamination of machines and provide an update at the next SMT.</p>	CW
<p>vi) Person Centred Care Joan reported that the poster is being presented at IPS tomorrow. Another meeting of the group is being arranged.</p>	
<p>vii) CPE Group A copy of the CPE SOP was distributed for the group to ask for agreement on the SOP before forwarding to the committees for approval.</p>	
<p>Pamela reported that the comments were received on the SOP and one of the outstanding issues is whether to call this CRO instead of CPE. The national group met in July and they debated the title of the patient information leaflet and agreed to keep it as CPE and HPS are of the same opinion. Teresa asked what we would do with other gram negative organisms. Christine advised that the microbiologists mostly agreed they would prefer it was called CRO and Linda commented that she was not involved in any discussions. Craig advised that CPE is a subset of CRO and we should go with CPE as stated by the national group. Sandra suggested that we agree with CPE and update the multi drug resistant policy for the next committees as CPE is listed in the nursing documentation. Craig stated that CRO is not agreed nationally and education would need to be rolled out for this. He said that Tom suggested that Brian Jones attend the AICC meeting.</p>	
<p>As there was no agreement with the group Sandra suggested that a list of advantages and disadvantages on using CPE or CRO should be drafted and sent to Dr Armstrong to decide.</p>	
<p>9. Project Update:</p>	
<p>i) ICNET Update Ann advised that there have been issues with ICNET. A meeting with IT and ICNET took place last week and there are to be revisions to the server and hardware with an upgrade to newer versions.</p>	
<p>ii) MRSA Screening / KPIs The last quarter for July to September was presented to BICC in October. Ann reported that the overall compliance was 82% with the rolling year at 86% which is below the national target of 90%.</p>	
<p>iii) SAB & CDI HEAT Target The SAB group has been reformed and Ann reported that the next meeting of the group is 11th November. She said that as of today we have 36 SABs for October and 18 of these are true community cases. Sandra asked if anybody has any ideas on how to reduce SABs to let her know.</p>	
<p>Joan suggested that a smaller site could be looked at and said that could do something at her site.</p>	
<p>With regard to education regarding PVC document in wards Gillian recommended that more education is carried out.</p>	

Item	Action
<p>iv) IPCAT</p> <p>In relation to IPCAT Pamela advised that this continues to be rolled out to acute wards. She has asked Synbiotix to look at the theatre tool. In the future she said that we will be looking to include mental health and outpatient areas and how to get this information.</p> <p>Christine asked if Eugene is off who will be covering and Pamela said that this will be looked into.</p> <p>Pamela to speak to Mary Anne Kane regarding any update on the estates audit.</p>	PJ
<p>v) SSI Surveillance Update</p> <p>It was agreed that the SSI reports for ortho and c-sections are to be emailed to SMT.</p> <p>In the August report Ann advised that there were 6 SSIs with 3 of these hip arthroplasty cases. She said that ortho perceived that they had an increase in SSIs but Ann said that she does not think they do but will have a review of this. Christine commented that she was not aware of this issue.</p> <p>Monitoring in neuro continues through ICNET.</p> <p>With regards to c-sections there was a slight increase in PRM and QEUH and Ann advised that this has settled down now.</p>	
<p>vi) Transmission Based Precautions</p> <p>Pamela updated the group on our SOP for Transmission Based Precautions and said that the organisms for Paediatrics have been added in. This will now be forwarded to AICC first and then to BICC for final approval.</p> <p>There was a query MDR-TB case and staff were advised not to wear FFP3 masks. Sandra advised that she spoke to John Green regarding the fit testing and will speak to him further.</p>	SMcN
<p>vii) Queen Elizabeth University Hospital Adult Hospital</p> <p>Christine stated that she is still not clear what isolation rooms are to be used. Craig replied that Anne Harkness is dealing with this. Teresa advised that she was asked by an ID Physician to check if room 43 was okay. Craig said that we have emailed estates for the number of the rooms and suggested that the ID Physician escalate this to Anne Harkness. Christine replied that she still has concerns regarding the isolation rooms.</p> <p>With regards to infection control precautions Sandra said that she raised this with Joyce Brown and was informed that ID nurses are not taking care of infectious patients that they require respiratory isolate as they have been integrated into the general wards. Sandra said that she can raise this with Elaine Burt.</p>	SMcN

Item	Action
<p>Children's Hospital</p> <p>In paediatrics Pamela reported that they are looking at ventilation and trying to identify rooms. She said that 6 rooms out of 8 are in line with specification.</p> <p>Craig reported that the BMT rooms will be available as of next week with the transfer of the Beatson back over to the new hospital.</p>	
<p>viii) CAUTI</p> <p>The roll out of CAUTI at GRI continues. Pamela stated that the QIFs are supporting developing a CAUTI link nurse.</p>	
<p>10. Finance Report</p> <p>Nil to update.</p>	
<p>11. On The Move</p> <p>With regards to office accommodation Sandra advised that we have been allocated rooms at Yorkhill with a moving date of 4th December 2015. She said that she is trying to secure office accommodation at GGH for the West & Partnership team.</p>	
<p>12. HEI Reports</p> <p>There was an unannounced inspection to Stobhill Hospital. Sandra said the inspectors said they had concerns regarding infection control leadership and the lack of cover at this site. The draft report is due to be issued on 25th November and published on 19th January.</p> <p>Roadshows to promote the HAI Standards in GGC are still to be organised. Pamela advised that at an inspection the inspectors will choose one of the HAI Standards to look at.</p> <p>Kate said she will send the lessons learned to the theatre group.</p>	
<p>13. Clinical Governance Related Guidance</p> <p>Copies of the latest guidance were issued.</p>	
INFECTION CONTROL GOVERNANCE	
<p>14. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)</p> <p>Sandra report that there have been approximately 5 FOI requests in the last week in relation to patients in SGH who contracted MRSA.</p> <p>Ann advised that a Surgical FOI was also received.</p> <p>In RAH Joan stated that there was a complaint regarding a patient who had to walk to theatres in their shoes. She said that there was no guidance available on this.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>15. Events/ Representation Feedback</p> <ul style="list-style-type: none"> • IPS Conference – held in Liverpool. Craig and Ann presented on ICNET at the IPS conference. • IPS National Conference – scheduled for tomorrow 	

Item	Action
16. Core and Divisional Team Brief Copies of the latest Briefs have been issued.	
NEW BUSINESS/ AGENDA ITEMS	
17. New Business	
i) Ebola Sandra advised that there will be a national debrief and will issue this once she receives it. She said there will be a lessons learned exercise and will look at the isolation rooms. Craig also stated that we will be looking at the guidance for vaccines as these will be given within 5 days.	
ii) Algorithm for Escalation of IPC Incidents Sandra said that a paper is to be prepared for Dr Armstrong regarding a process to be in place for any incidents.	
ITEMS FOR NOTING	
18. Meetings Update:	
i) <u>Lead Nurse Meeting</u> At the Lead Nurse meeting Sandra said they discussed CAAS and education.	
ii) <u>ICD Meeting</u> At the ICD meeting Craig said they discussed CRO, ebola and bordetella.	
iii) <u>Board Infection Control Committee</u> A copy of the agenda for the latest BICC meeting was distributed with the agenda.	
iv) <u>Acute Infection Control Committee</u> The meeting of the next AICC is scheduled for Monday.	
v) <u>Partnership Infection Control Support Group</u> The next meeting of the PICSG is scheduled for 19 th November.	
19. Review of Actions and Decisions	
<ul style="list-style-type: none"> • Sandra to contact Lesley Don regarding the PVC Care Plans being used in ortho. • Lynn to check if actichlor plus is being used in the ward with VRE. Lead Nurses to check their sites that actichlor plus is in use. • With regards to ecoli Sandra to issue the notes of the meeting with HPS. • Craig to write to Ian Kennedy regarding the decontamination of machines. • Pamela to contact Mary Anne Kane regarding an update on the estates audit • Sandra to contact John Green further regarding the fit testing of masks. • In relation to infection control precautions Sandra to raise with Elaine Burt nurses being integrated into the general wards and not ringfenced for ID patients. • Christine to contact Billy Hunter regarding the cleaning of floors and surfaces and if actichlor should be used on both as only water is being used on cloths. 	
20. Items Agreed	
<ul style="list-style-type: none"> • With regard to borderline cases of pertussis it was agreed to treat the patient as if positive and isolate the patient but no contact tracing is required. • The group agreed to remove hair line and axilla from Trak in relation to MRSA testing. Also to put a comment to Labs if want a separate swab for wounds. 	

Item

Action

21. Any Other Competent Business

- Christine asked about the alerts from HPS. Craig replied that he emailed Jacqui Reilly and he informed that they do not need to be formally reported. He said that a response was sent to Jacqui Reilly regarding the conflicting response and said that Infection Control teams should have some responsibility of these.
- With regards to cleaning Christine stated that only water is being used on cloths for surfaces. She asked if actichlor should be used on floors as well or just surfaces. It was agreed that Christine should contact Billy Hunter for advice. Sandra also said that she is happy to contact Annette for advice too.
- Teresa asked if the Beatson was moving back to QEUH and Craig replied that no firm date had been set to move. She asked to be copied in to any correspondence. Sandra advised that she is attending the next Regional Clinical Governance meeting.
- Linda informed the group for information that a National Infection Trainee from Clinical Audit Network will be carrying out an audit in the hospital.

CP

22. Date and time of next meeting

The next meeting is scheduled for Thursday 17 December 2015 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow University Hospital.

The dates for future meetings have been arranged as undernoted:

Date (2015)		Time	Venue
16	December	1.30pm – 4.30pm	ADM 2.16B Conference Room, New Vic ACH

**Thursday 28 January 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Anne Cruickshank	AC	Consultant Medical Biochemist
Sandra McNamee	SMcN	Associate Nurse Director
Professor Craig Williams	CW	Co-ordinating Infection Control Doctor
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Lynn Pritchard	LP	Lead Infection Control Nurse, South
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Ann Kerr	AK	Lead Nurse, Surveillance
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Gillian Mills	GM	Senior Infection Control Nurse, North
Dr Teresa Inkster	TI	ICD, Regional
Dr Alison Balfour	AB	ICD, Partnerships
Dr Linda Bagrade	LB	ICD, Clyde

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Tom Walsh Kate Hamilton Dr Huma Changez Dr Christine Peters

Item	Action
<p>1. Welcome & Apologies Anne welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 28 October 2015 The minutes of the previous SMT meeting held on 28 October were accepted as an accurate record.</p> <p>Actions C/F</p> <ul style="list-style-type: none"> • Craig to write to Alan Stewart regarding the decontamination of machines. • Christine to contact Billy Hunter regarding the cleaning of floors and surfaces only water is being used on cloths but it was also discussed that the system in use is of a material that does not require any additional chemicals. It was highlighted that this was at odds with the general action to reduce the numbers of patients affected by norovirus i.e. changing across the board to a chlorine based detergent. Clarification as to whether or not we can continue to use achtichor is required. 	
STANDING ITEMS	
<p>3. Matters Arising There were no matters arising that were not on the agenda.</p>	

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update (encl) The IC Sector Updates were distributed with agenda.</p> <ul style="list-style-type: none"> • North (Gillian Mills) <ul style="list-style-type: none"> • Gillian advised that work is ongoing in Ward 43 at GRI regarding the number of SABs. She said that they met with the consultant and the SCN and are going to look at patients who might benefit from PICC lines and include training for medics and nurses if this was taken forward. Kate and Huma met with Chris Deighan to discuss this and will include the medics in any SAB cases and also to look at antimicrobial prescribing. • Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan reported that Ward 22, RAH had reached their CDI trigger (two cases) and isolates have been sent for typing. • A leak has been identified in a single room in ICU at RAH. The contractors have advised that the problem is coming from the roof and repair is to be undertaken. • Two patients have been admitted with necrotising fasciitis and required surgery. • Flu cases in ITUs have increased with three cases in IRH and one of the patients died. RAH also have three cases and a patient died but it was not cited on the death certificate. • There was an HEI visit to RAH on 13 and 14 January. Joan reported that the verbal feedback received was positive although some dust was found in wards. • In Orthopaedics at RAH there has been one deep infection identified in December 2015. • South (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported that the SPC for VRE was breached in December with ten HAI cases. Typing and environmental screens has been carried out and they are going to look at the linen trolleys. She also stated that they are going to carry out sections of the SICPs audit in three wards. Stefan Morton carried out a hand hygiene audit and one ward had poor compliance. Anne asked if this should be raised at the Regional Clinical Governance Committee and Sandra advised that she attends this with Ann Kerr. Discussion took place on who attends the Clinical Governance Committee for the Maternity section under Woman & Children's directorate. It was noted that Maternity is covered by the Lead Nurse on site and it was agreed to check what ICD and Lead Nurse should attend these meetings. Anne agreed to discuss this with Craig. • The CDI trigger tool in Ward 56 was completed and education is being provided for the unit. • Ward 53 had a salmonella case and this was discussed with HPS and the case was not classed as an HAI. • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • In GGH Kirsty reported that there was a RSV outbreak in Ward B7 in December and a report was completed and sent to SMT. • Ward 5C, GGH was closed with suspected norovirus • There is an announced HEI inspection to Drumchapel Hospital in February. 	<p style="text-align: right;">AC/CW</p>

Item	Action
<p data-bbox="161 338 1358 405">5. & 6. HAIRT Report / Acute Services Committee (ASC) HAI Report – January Report</p> <p data-bbox="256 416 1390 483">The December 2015 HAIRT and the ASC HAI Report for January were distributed with the agenda.</p> <p data-bbox="256 517 1382 685">Sandra McNamee updated the group on the latest figures from HPS regarding SAB and CDI for the quarter July – September 2015. She said with regards to SABs NHSGGC reported 34.3 cases and the Heat Target is 24 cases per 100,000 occupied bed days (OCBDs). The national target is 31.6 cases. In relation to our local data for quarter 4 Sandra reported that there is a 9.5% increase in terms of SABs.</p> <p data-bbox="256 719 1382 954">For CDI NHSGGC reported 29.5 cases per 100,000 occupied bed days (OCBDs), combined rate for all ages, which remains below the national average of 35.7 per 100,000 OCBDs. Sandra reported that with regards to local data there is a 39% increase in CDI for quarter 4. She said there appeared to be a change in prescribing and Dr Seaton is to do some focus work at QEUH and look at this. Ann Kerr reported that, as of today, there are 18 cases and 7 of the 18 cases are HAI related. She said that a daily update is issued with the total number of cases.</p> <p data-bbox="256 987 1374 1088">A patient with TB was identified in the Maternity Unit at QEUH and is now responding well to treatment. All mums in the unit were informed and staff have been contacted by Occupational Health.</p> <p data-bbox="256 1122 1382 1391">On weekly screening for <i>Serratia marcescens</i> in NICU Pamela reported that another case was identified. A hand hygiene audit was carried out and the score was 100% for compliance and 95% for technique. All results have been reviewed but there is no common link. Typing has been sent for the last case and will be compared to the other types. An IMT meeting was held today and Lisa Ritchie at HPS was contacted and she will inform the Scottish Government. It was agreed between HPS and the Scottish Government that a press release will not be issued should the baby die. Pamela to request this in writing from HPS.</p> <p data-bbox="256 1424 472 1458">SAB Action Plan</p> <p data-bbox="256 1469 1390 1771">A copy of the SAB Action Plan was issued to AICC and BICC members today. Ann reported that at the last AICC meeting in November members requested an action plan. She said that measures are to be introduced at ward level and a baseline is to be established. Compliance with the CVC Care Plan resulted in 87% compliant and Ann said that no data was supplied from the North Sector and John Stuart has been informed. She said that the area that uses a high percentage of CVCs is Regional and work is ongoing with staff. Other actions include working with the Antimicrobial Team as every Tuesday Ann says that she receives a list of SAB cases and AMT review the prescribing.</p> <p data-bbox="256 1816 1382 1883">Lynn reported that the Senior Charge Nurse in Renal is trialling new dressings on some patients and Ann stated that she has contacted AM regarding dressings.</p> <p data-bbox="256 1928 1382 2029">Improvement work has started in some wards at RAH and Joan advised that there were 9 patients with a peripheral cannula yesterday and they all had a Care Plan and compliance was good. She stated that they are going to observe the wards.</p>	PJ

Item	Action
<p>7. IPC Work Plan</p> <p>The IPC Work Plan for January was distributed with the agenda and Sandra provided an update. She said the work plan is nearly completed for this year.</p> <p>Sandra reported that work is ongoing regarding the CAAS initiative and we are working with the Project Lead and local teams are supporting the pilot sites.</p> <p>SMT are to let Sandra know if there are any projects that could be added to the work plan for next year. She said we could include the improvement work at RAH and the work ongoing with SABs in the community.</p> <p>A meeting was held with HPS to discuss the single case of CPE at QEUH. Sandra advised that the patient was transferred to Ayrshire and Arran and that they were involved in this meeting.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group A meeting is scheduled for next week.</p> <p>ii) Theatre Maintenance & Management Group Craig advised that Alan Gallacher is looking at the validation spreadsheet that is presented to AICC meetings. He is also going to look into the theatres at QEUH.</p> <p>iii) Infection Control Policy Group Pamela reported that a meeting was held yesterday and the documents revised included Decontamination and Terminal Clean SOPs. She said the CPE SOP has been updated and CPE/CRO has been added in the SOP. Joan asked for clarity regarding advice from IPCT if precautions are discontinued. She said that we need clarity from an ICD on this and asked for guidance.</p> <p>RSV was not discussed at the policy group as Pamela advised that a meeting has been arranged for next Thursday and will include Infection Control and Microbiology. Joan stated that we don't normally see RSV in adults and the guidance relates to paediatric patients and not adults. Pamela to look at a RSV Policy for adults.</p> <p>iv) Education Group Nil to update.</p> <p>v) Decontamination Group Craig advised that there were new vaginal probe machines being trialled in gynaecology but Alan Stewart was not aware of these and is to write to Jamie Redfern for clarification of processes to decontaminate as it can only be local decontamination which is not encouraged unless in a specifically designed designated area.</p> <p>vi) Person Centred Care Nil to update.</p> <p>vii) CPE Group Nil to update.</p> <p>viii) SAB Sub Group Ann reported that there has been one meeting of the SAB Sub Group but it was not well attended. It was decided to delete this item from the agenda.</p> <p>Kirsty requested that the Audit Group be added as an agenda item. She stated that the Audit Group was working on the IPCAT audit tool for mental health areas and will pilot this at the end of February.</p>	<p>PJ</p>

Item	Action
<p>ix) EColi Bacteraemia Surveillance There is a requirement for all boards to carry out surveillance on E-coli bacteraemia. Ann reported that the implementation phase has been completed and there were 329 cases and of these 83 were HAI related. A report has been submitted to HPS.</p> <p>For the month of December there were 97 cases and 18 of these were HAI related. Ann said that the vast majority of the cases identified were in Renal and the Quality Improvement Facilitators are carrying out work in this area.</p> <p>Dr Armstrong asked Sandra for a two page summary paper detailing the costs associated with this surveillance.</p>	
<p>9. Project Update:</p> <p>i) ICNET Update Ann advised that the software update for ICNET has been suspended due to software issues.</p> <p>ii) MRSA Screening / KPIs For the last quarter for October to December Ann reported that overall compliance with the appropriate application is 80% against a national target of 90%.</p> <p>iii) SAB & CDI HEAT Target This item was discussed earlier.</p> <p>iv) IPCAT In relation to IPCAT Pamela advised that we are to develop a theatre audit tool. This will be added to the dashboard and will include the audit for Facilities. Pamela said that she had met with Eugene to look at this and will check with the SCNs what they want the dashboard to look like. Kirsty is taking forward the audit tool for mental health areas.</p> <p>v) SSI Surveillance Update There has been an increased incidence of SSIs in orthopaedics at QEUH and RAH. Ann reported that practice issues have been identified as skin prep is different at sites. With regards to chloroxedine 2% she said there is only one product that is licensed and Pharmacy are looking into this.</p> <p>Monitoring of long bone fractures at QEUH site started in January and Ann advised that this can only be compared nationally with inpatient beds.</p> <p>Ann reported that we undertake surveillance on SSIs for caesarean sections and rely on the midwives to return the post discharge questionnaires. At the QEUH site there were 4 superficial and 1 deep infections reported. She said that we had a similar problem in August and contacted Evelyn Frame and the lead midwife from the site to discuss this.</p> <p>vi) Transmission Based Precautions Pamela updated the group and said that the SOP for Transmission Based Precautions has now been approved by BICC. Craig advised that a risk assessment was completed and this is now an Appendix to the SOP.</p>	

Item	Action
<p>vii) Queen Elizabeth University Hospital</p> <p>Adult Hospital</p> <p>At the QEUH a meeting was held with Estates to discuss the BMT unit and David Stewart chaired this meeting. At the moment these beds are being used as winter medical beds.</p> <p>New neuro theatres are being built in the teaching and learning site and Teresa and Lynn have been involved in the discussions. Meetings have taken place in the past but now the unit is being refurbished. Anne said that she had asked Gary Jenkins for clarification of what this area is to be used for and Craig said we need to be ensure who signs off this area.</p> <p>Lynn reported that at QEUH there is a project for every internal door to be replaced with new seals and she asked Ian Powrie for validation for these areas. Lynn advised that she gave him a note of where to start from with low risk areas and a scribe has been completed.</p> <p>Children's Hospital</p> <p>With regards to the BMT in the children's hospital Craig said that he had met with Jamie Redfern who will take any issues forward. Kirsty commented that they are one bed down in the BMT unit at the Beatson. Work is scheduled to take place between the bed area and door and Teresa and Kirsty are going to look at the pressure for this area tomorrow.</p>	
<p>viii) CAUTI</p> <p>The two HAI Facilitators are to take forward the CAUTI implementation programme and rolling out the CAUTI insertion maintenance plan.</p>	
<p>10. Finance Report</p> <p>In terms of service Sandra advised that we are breaking even. This year we may be given a 5% CRES saving.</p>	
<p>11. On The Move</p> <p>With regards to office accommodation Sandra advised that she is still pursuing office accommodation at GGH for the West & Partnership team.</p>	
<p>12. HEI Reports</p> <p>Nil to update.</p>	
<p>13. Clinical Governance Related Guidance</p> <p>Copies of the latest guidance were issued.</p>	
INFECTION CONTROL GOVERNANCE	
<p>14. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)</p> <p>Sandra reported that a FOI was received in today.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>15. Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued.</p>	

NEW BUSINESS/ AGENDA ITEMS**16. New Business**i) Draft Algorithm for Escalation of IPC Incidents

It was agreed to carry forward this agenda item until after the meeting with HPS.

ii) Revised Medical Management Arrangements

Anne updated the group on the revised medical management arrangements. She said that Dr Armstrong had asked her to lead as interim Clinical Director for six months. This is to try and improve the link between Infection Control and Microbiology.

iii) I-Matter Report

This item will be carried forward to next meeting.

iv) HAI Scribe SOP

Dr Peters requested for this agenda item to be added. The group asked for when they have a request to replace ceiling tiles if we could have a generic document for all sites. Pamela replied that we have a word version of the national HAI Scribe SOP which could be sent to the Policy Group to do. Pamela agreed to circulate the document to the group.

PJ

v) Meeting with Scottish Government

A meeting took place with Infection Control, HPS and Scottish Government to discuss the reporting of an incident. Another meeting is scheduled for 15th February and Anne asked if there were any questions to let her know. She agreed to draft the questions and actions that have already been raised and will circulate these.

AC

ITEMS FOR NOTING**17. Meetings Update:**i) Lead Nurse Meeting

No issues to update on.

ii) ICD Meeting

Next meeting is scheduled for February.

iii) Board Infection Control Committee

A copy of the agenda for the latest BICC meeting was distributed with the agenda.

iv) Acute Infection Control Committee

A copy of the agenda for the latest AICC meeting was distributed with the agenda.

v) Partnership Infection Control Support Group

A copy of the agenda for the latest PICSG meeting was distributed with the agenda.

18. Review of Actions and Decisions

- Anne to discuss with Craig cover for maternity governance meetings.
- Pamela to contact HPS for confirmation that a press release will not be issued with regards to the situation in NICU.
- Pamela to look at a RSV SOP for adults.
- The Policy Group to look at a HAI Scribe SOP and Pamela to circulate the word version of the national HAI Scribe document.
- Anne to circulate the questions/actions from the meeting regarding HPS and Scottish Government.

Item**Action****19. Items Agreed**

Nil to update.

20. Any Other Competent Business

- At the BICC meeting on Monday Sandra reported that Dr Kennedy advised that flu levels in Scotland are now at the same levels as in England and an alert has now been issued to GPs. She has asked the Lead Nurses to cc in PHPU to any ITU flu surveillance forms.
- In relation to the Datix system Sandra stated that the governance systems do not link with the established data in the Datix system. She said that if we have a significant clinical incident this should be entered on Datix. She also commented that we need to think about how we can look at the Datix system regarding avoidable harms.
- Alison updated that HPS have issued version 2 of treatment options and they are available via the HPS website.

21. Date and time of next meeting

The next meeting is scheduled for Thursday 25 February 2016 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.

The dates for future meetings have been arranged as undernoted:

Subsequent Meetings in 2016:		
31 March	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
28 April	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
26 May	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
30 June	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
28 July	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
25 August	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
29 September	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
27 October	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
24 November	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital
15 December	1.30pm - 4.30pm	Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital

**Thursday 25 February 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Anne Cruickshank	AC	Interim Clinical Director
Sandra McNamee	SMcN	Associate Nurse Director
Professor Craig Williams	CW	Co-ordinating Infection Control Doctor
Kate Hamilton	KH	Lead Infection Control Nurse, North
Lynn Pritchard	LP	Lead Infection Control Nurse, South
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Dr Huma Changez	HC	ICD, North
Dr Christine Peters	CP	ICD, South Glasgow
Dr Teresa Inkster	TI	ICD, Regional
Dr Alison Balfour	AB	ICD, Partnerships
Dr Linda Bagrade	LB	ICD, Clyde

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Joan Higgins Ann Kerr Kirsty Ferguson Andrew Smith

Item

Action

1. Welcome & Apologies

Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.

2. Minutes of SMT Meeting held on 28 January 2016

The minutes of the previous SMT meeting held on 28 January were accepted with the following amendment:-

Page 8, last bullet point should read "...issued version 2 of antibiotic treatment options".

Actions Update

With regards to maternity governance meetings Christine advised that she has agreed to attend these on an interim basis.

Actions C/F

- Joan and Pamela to meet to revise existing project template in relation to the HAI Scribe SOP. Sandra raised the HAI Scribe document at the Facilities governance meeting as they were using the old guidance. They will start to use the new guidance from 1st April 2016.

STANDING ITEMS

3. Matters Arising

There were no matters arising that were not on the agenda.

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update (encl) The IC Sector Updates were distributed with agenda.</p> <ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate advised that they have a fourth case identified for Malassezia Pachydermitis in NICU but no babies are giving cause for concern. One outbreak meeting has taken place and another meeting is scheduled for tomorrow. Huma reported that they have not changed their protocol in labs and the latest case was picked up on miscellaneous screening. It was identified that different screening is carried out at sites and Huma said she would like to standardise screening. Huma stated that focus groups are being held with clinicians and when the fourth baby was identified they did a month long screening of the babies. Kate also commented that extra cleaning and a hand hygiene audit is being carried out. • Clyde (Linda Bagnade) <ul style="list-style-type: none"> • Linda reported of a flu outbreak in Ward 26 and advised that the ward has now reopened. One of the patients died and this was mentioned on the death certificate. • In RAH Sandra advised that a new piece of equipment was introduced. The rep did not explain the cleaning of the equipment properly as one part of the equipment was not sterile and this was a breach in the operating field. This was reported to HPS and scored green on the HIIAT. All patients were followed up and one case was also associated with Stobhill. • South (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported of a sewage leak in neuro at QEUH and a flood in theatre recovery. A meeting was arranged to discuss this and Estates are waiting on an external company coming in to look at the drains. She said there is concern within Infection Control that the theatres are being refurbished instead of being taken out. A meeting has been arranged for March to discuss this. • A ward was closed at the weekend with suspected norovirus. • Lynn reported that there was a decontamination issue regarding a bronchoscopy scope which was used on a second patient in neuro without being processed. Anne commented that this should be raised with Gary Jenkins as a number of issues have been identified by Infection Control. Tom agreed to contact Gary Jenkins. • Christine updated on a TB case in neuro. She said that a number of staff had to be followed up and Public Health have been in contact with two patients. • With regards to the pod system in the labs Christine reported that pleural fluid and then blood fluid was leaking from them. Craig suggested that this be discussed at the governance site committee. He said that in conjunction with Ian Powrie he was looking at transporting samples through the system. Craig asked for the pods at GRI to be checked to make sure they are sealable. • A patient with query ebola was admitted to GGC on Monday. Christine reported that she has concerns that there was no communication with Infection Control about this patient and Infection Control were not included in the IMT that was arranged. The other issue was that there were no Infectious Diseases nurses trained in PPE and Sandra advised that she is taking this forward and Elaine Burt has ensured that this training will be mandatory. It was agreed that Tom, Craig and Sandra will raise this at their next meeting with David Stewart. Tom also agreed to raise this at AICC meeting and discuss with Public Health. 	<p>TW</p> <p>TW/CW/ SMcN TW</p>

Item	Action
<ul style="list-style-type: none"> • South Glasgow – Paediatrics (Pamela Joannidis) <ul style="list-style-type: none"> • The outbreak with regards to serratia marcescens in NICU was closed on 15th February. Pamela reported that a debrief session was planned for 22nd February but some of the clinicians were not available on this date and another date is being arranged. • There is an investigation into two cases of endocarditis and two health boards are involved. No microbiological link has been found following staff screening. An Action Plan has been prepared and will be shared with staff at Golden Jubilee. Pamela said that an IMT has been arranged for the end of March and will look at lessons learned. • West & Partnerships (Alison Balfour) <ul style="list-style-type: none"> • Alison updated that a ward at GGH was closed with norovirus and this was confirmed in two patient cases. • There was a patient from Dumfries and Galloway with query CPE who had been in Egypt and after screening the patient was negative for CPE. 	
<p>5. HAIRT Report – February Update</p> <p>The HAIRT for February was distributed with the agenda.</p> <p>Sandra updated the group on the main points in the report. She said that she is pursuing the issue regarding the use of chloroxedine 2% as a skin prep (part of the HPS SSI prevention bundle).</p> <p>Work is being scoped out to start SSI surveillance with vascular surgeons although a start date has not been given.</p> <p>The HAIRT report in future is going to change. Sandra reported that a meeting was held with Andy Crawford and the HAIRT will now include hot topics and will be presented to the AICC as a proposal for Dr Stewart.</p>	
<p>6. Acute Services Committee (ASC) HAI Report</p> <p>Nil to update.</p>	
<p>7. IPC Work Plan</p> <p>The IPC Work Plan for February was distributed with the agenda and Sandra provided an update. She said the work plan is nearly completed for this year.</p> <p>Sandra reported that an annual report on audit activity is to be prepared.</p> <p>The protocol for new categories of SSI surveillance has not been received and this will be carried forward to next year's work plan.</p> <p>The Action Plan for Vale of Leven Inquiry is to be updated but the Chairman requires further updates and assurance.</p> <p>The IPC Programme and Work Plan have been drafted for next year and Sandra advised that this will go to the committees in May for approval.</p> <p>Tom stated that the Annual Report is to be prepared and said that he will issue this to the Lead Authors to update.</p>	TW

8. Sub-Groups/ Short Life Working Groups Update:

i) Water Safety Group

Pamela advised that the group are to do an annual review of pseudomonas and positive blood cultures and look at two HAI blood cultures for any ward. Christine commented that they had two cases for neurology at QEUH in January but the blood culture did not come through. Alison suggested that this is similar to cystic fibrosis cases as they come through as a query until they are confirmed.

Teresa reported that there are no water risk assessments for the new hospital and also with regards to legionella Paediatric BMT does not have this listed as a risk. Teresa is to meet with Ian Powrie to discuss this. Teresa stated that Ian Powrie mentioned water sampling in high risk units and Mary Anne Kane is to look at the costs associated with this. She said the SBAR states that we should be sampling but we are not. Pamela recommended that the Senior Charge Nurse in the area should ask Estates to remove sinks that are not being used. It was suggested to speak to the General Manager for Surgery and look at the sinks in this area.

ii) Theatre Maintenance & Management Group

With regards to the validation spreadsheet Kate advised that she is trying to get an updated document, but no theatres have scored red.

The planned PPM programme is ongoing. Alan Gallagher is looking at theatres on QEUH site and Christine agreed to liaise with him on this.

An appointed authorised engineer is to look at the reports and theatres. Linda stated that theatres are compliant but other rooms are not compliant.

In relation to air changes in anaesthetics room Christine reported that there is no note of the changes.

iii) Infection Control Policy Group

Pamela reported that a few SOPs were going to the committees for approval in March and these included:-

- Decontamination SOP
- RSV SOP
- CRO/CPE SOP
- Twice Daily Clean of Isolation Rooms
- Terminal Clean of ward
- Terminal Clean of Isolation Rooms

Christine asked why the SOPs were not sent to SMT for comments prior to going to the committees. Sandra replied that when the SOPs go to AICC that is the option for comments before final approval at BICC. All SOPs will go to the ICD meetings for discussion and is a standing agenda item.

iv) Education Group

Nil to update.

v) Decontamination Group

The Facilities Governance Group have bought robots for surgery but have found that these cannot be cleaned at Cowlairs. Alan Stewart is also looking into the new vaginal probe machines that are being trialled in gynaecology. He wants to know who validates and signs off on all these machines.

Item	Action
vi) Person Centred Care Nil to update.	
vii) CPE Group Nil to update.	
viii) Audit Group The mental health inpatient audit tool is nearly finished and Sandra advised that this will be loaded onto Synbiotix in March. Wards are now required to do SICPs audit twice a year via LanQIP. If the ward fails their audit the Lead Nurse will receive a copy of the audit tool. This will be tested in GRI and QEUH in the first instance.	
9. Project Update:	
i) ICNET Update Colleagues from New Zealand are coming over to look at our ICNET system on 19 th April.	
ii) MRSA Screening This was discussed at AICC and GGC are below the national average.	
iii) SAB & CDI HEAT Target Sandra updated on the latest figures. She said that for October/November there has been an increase in the figures and we have asked the Reference Lab to look into this. She said that they looked at the patient pathway and typed all isolates but found no link and will now look at community cases.	
iv) IPCAT In relation to IPCAT Pamela advised that there is an option for wards to have a dashboard display and Eugene is working on this.	
v) SSI Surveillance Update For the last available quarter Sandra said that GGC are expected to be above the national average for orthopaedic and possibly caesarean section SSIs.	
vi) Transmission Based Precautions As discussed earlier.	
viii) CAUTI There was no report to table for this meeting and Pamela reported that compliance for maintenance was 99%. She said that unfortunately the two HAI QIF staff contracts will be terminated in May as the funding for this has finished.	
viii) E-Coli Bacteraemia Surveillance Tom advised that there has been no update in the protocol. He said that our local numbers are low and recommendation was made to BICC that we do not carry out this surveillance.	

Item	Action
<p>10. Finance Report</p> <p>In terms of savings Tom highlighted that we have been given a 3% savings target which is the first time in five years that we have been given one.</p>	
<p>11. On The Move</p> <p>With regards to office accommodation Sandra advised that she is still pursuing office accommodation at GGH for the West & Partnership team. It was agreed to delete this item from the agenda.</p>	
<p>12. HEI Reports</p> <p>There have been two recent inspections to Stobhill Hospital and Royal Alexandra Hospital and these resulted in three requirements and one recommendation each. The visit to Drumchapel Hospital was cancelled.</p>	
<p>13. Clinical Governance Related Guidance</p> <p>Copies of the latest guidance were issued.</p>	
INFECTION CONTROL GOVERNANCE	
<p>14. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)</p> <p>Sandra reported that a FOI was received regarding why we do not have a notice at the front of the ward if a patient has MRSA.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>15. Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>16. New Business</p> <p>i) Draft Algorithm for Escalation of IPC Incidents</p> <p>A copy of the draft algorithm was distributed with the agenda and Sandra advised that this will be going to AICC for discussion.</p> <p>She said the HIIAT is designed for outbreaks and HPS are going to review this and the outbreak policy will still stand as is. Any comments on the document are to be forwarded to Sandra.</p> <p>ii) I-Matter Report</p> <p>The I-Matter Report was distributed with the agenda and Tom commented that he was not sure why some ICDs had not received this for IPC. He said that he received no comments on the document and an Action Plan has been produced for improvement.</p> <p>iii) Lead ICD Sessions</p> <p>With Craig leaving GGC Tom reported that his sessions have been advertised and the closing date for this is 4th March. Anne recommended that the successful candidate shadows Craig before he leaves in April.</p>	
ITEMS FOR NOTING	
<p>17. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u></p> <p>No issues to update on.</p>	

Item	Action
ii) <u>ICD Meeting</u> The last ICD meeting was cancelled and the next meeting is scheduled for 8th March which Tom will chair. Tom said that he will ask Pauline to email out the dates for meetings.	
iii) <u>Board Infection Control Committee</u> Nil to update.	
iv) <u>Acute Infection Control Committee</u> Nil to update.	
v) <u>Partnership Infection Control Support Group</u> Nil to update.	
18. Review of Actions and Decisions	
<ul style="list-style-type: none"> • Tom to contact Gary Jenkins regarding the decontamination issue of the bronchoscope being used on a second patient in neuro without being processed. • With regard to the query ebola case Tom, Sandra and Craig to raise this with Dr Stewart at their next meeting. Tom also to raise this at AICC and discuss with Public Health. • The Annual Report to be issued to Lead Authors to update. • Sandra to raise the issue of baths for elderly patients with Elaine Love as this was raised in the OPAH inspection at GRI. • Tom to raise at AICC the issue of Infection Control attending clinical governance meetings at sites. 	
19. Any Other Competent Business	
<ul style="list-style-type: none"> • With regards to the new neuro theatres Teresa reported that she has been pressured to sign these off. She said that she was invited to a meeting this week but was unable to attend and cannot sign these off. • At a recent OPAH inspection at GRI Linda advised that the inspectors were not happy that there were no baths available for elderly patients. She said that General Managers have stated that they cannot remove the baths. Sandra agreed to raise this with Elaine Love as this has not been raised in any other OPAH reports. • Christine reported that she and Lynn are carrying out an audit of blood culture contamination and prepare a questionnaire as there is a perception that there is a high rate of contaminants with more proved false. • Lynn and Christine attended a learning event regarding the MDR case of the patient that was transferred to NHS Ayrshire and Arran. • Christine advised that she has not received an invite to the clinical governance meeting at the South. Lynn said that Callum managed to get the date of the next meeting and will forward this to her. Tom agreed to raise this at the next AICC. 	SMcN
20. Date and time of next meeting	
The next meeting is scheduled for Thursday 31 March 2016 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.	TW

**Thursday 31 March 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Sandra McNamee	SMcN	Associate Nurse Director
Kate Hamilton	KH	Lead Infection Control Nurse, North
Lynn Pritchard	LP	Lead Infection Control Nurse, South
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Dr Huma Changez	HC	ICD, North
Dr Teresa Inkster	TI	ICD, Regional
Dr Alison Balfour	AB	ICD, Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Ann Kerr	AK	Lead Nurse – Surveillance
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnership
Marlene Hay	MH	Senior Infection Control Nurse, North
Dr Iain Kennedy	IK	Consultant Public Health

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Anne Cruickshank Christine Peters Linda Bagrade Andrew Smith
Craig Williams

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned. He also welcomed Dr Iain Kennedy to his first meeting with SMT.</p>	
<p>2. Minutes of SMT Meeting held on 25 February 2016 The minutes of the previous SMT meeting held on 25 February were agreed as an accurate record.</p>	
STANDING ITEMS	
<p>3. Matters Arising <u>Point Prevalence Study</u> The study is due to take place in September and discussion took place at the recent BICC meeting regarding the resources required to carry out this study. The study will be carried out over a three month period in all acute hospitals and 10% of partnership hospitals and funding will be provided for this. It was agreed to put this on the agenda for next month and Ann Kerr will provide an update.</p> <p><u>Incident Escalation Process</u> Sandra reported that comments have been received on the above document. She said that we now have to report green HIIAT cases to HPS and instead of completing a full minute action notes will suffice. Tom advised that this will be put through the committees for approval and there is a proposal to review this in six months.</p>	AK

Item	Action
<p>Ian Kennedy commented that Public Health are not mentioned in the document and it was agreed to amend the algorithm to include them. Sandra advised that when she sends HPS a note of all green incidents she will copy in PHPU for their information.</p>	SMcN
<p>4. Sector Update</p> <p>i) Geographical Sector Update (encl) The IC Sector Updates were distributed with the agenda.</p> <ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Work is ongoing in relation to SABs. • Kate advised that with regard to Malassezia Pachydermitis in NICU the last environmental screens were all negative and screening has stopped. • At Victoria ACH Kate reported that Theatre 3 had their floor replaced and this resulted in excess dust in the area. There was also a problem with the air supply but this has been fixed and the theatre has reopened. Also no HAI-Scribe was carried out for this and Kate advised that this will be raised at the next Theatre Management Group. • Marlene reported that there were three CDI cases at PRM and typing was sent for all cases and the results came back with different strains. • In Ward 9 at GRI Marlene reported of RSV and Influenza A in this ward. One patient died and RSV was cited on the death certificate. She felt there was pressure from senior management in the hospital to reopen the ward. A debrief meeting has been arranged and Huma asked for a member of senior management within Infection Control to come along to this meeting. • The CDI SPC chart for GRI is out of control as 8 cases were reported this month and the upper control limit is 8.9. Marlene said they are going to carry out a casenote review to identify anything. • Huma commented that antimicrobial ward rounds have started at GRI and Ann advised that the Antimicrobial Pharmacist receives a list of CDI and SAB cases from the Data Team on a Tuesday. • Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan reported three SABs that were PVC related. • Essential estate work is to take place and the water supply will be switched off from midnight – 6.00am. A meeting was held with Lead Nurses, Management and Estates to discuss this issue. • There was a query anthrax case in Clyde but the patient signed herself out and Public Health were informed. • South (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported of a VRE case in Renal and a report was issued. • A RAD ward was closed with three patients with query gastroenteritis. Another RAD ward was also closed with 15 patients and 3 staff with possible norovirus. • Teresa reported that she is waiting on the drainage survey report for the theatres in neurosurgery. Teresa said that she was asked by Dr Armstrong to look at the patient journey and the surgeons are asking if the theatres are fit for purpose. Dr Armstrong and Robert Calderwood met with the consultants to discuss this issue. 	

Item	Action
<ul style="list-style-type: none"> • South Glasgow – Paediatrics (Pamela Joannidis) <ul style="list-style-type: none"> • The last HIIAT with regards to serratia marcescens in NICU was 15th February. Pamela reported that a debrief session has been arranged for 27th April for the final report and HPS have been invited to the meeting. HPS have produced their own report and this will be appended to our report. • There is an investigation into two cases of endocarditis and a meeting has been arranged for next week which HPS are leading on. • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • Kirsty updated that there were two wards closed at Birdston Nursing Home with query norovirus. • There was a RSV outbreak in Ward B2 at Beatson and Kirsty commented that this is the second outbreak at Beatson. The ward was closed and all patients were screened but none were positive. Teresa advised that the audit carried out was 100% and the hand hygiene audit was 65% and education sessions have been offered. • At the Beatson there continues to be a problem with leaking showers and a Scribe has been completed. • In Wards B89 there have been ventilation issues during February and portable units were brought in. • In Partnership wards Kirsty reported that they continue to visit the wards every two months and will start the IPCAT audits. • Kirsty informed that they are being contacted by Cordia and being asked for advice via the District Nurses. 	
<p>5. HAIRT Report – No Update</p> <p>There is no report to update on. Tom reported that the HAIRT report is due for review nationally by Scottish Government.</p>	
<p>6. Acute Services Committee (ASC) HAI Report</p> <p>A copy of the ASC report for March was distributed with the agenda. Tom said he and Sandra will look at the format/content to ensure it meets the committee's needs.</p>	
<p>7. IPC Work Plan</p> <p>The IPC Work Plan for March was distributed with the agenda and Sandra provided an update.</p> <p>Sandra reported that CPE was outstanding but this has now been to and approved by the committees.</p> <p>Colorectal surveillance has not started.</p> <p>Point Prevalence Study to be included in the new work plan.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>Pamela advised that the Water Safety Policy went to the BICC for approval but the committee asked for more time to look at the policy. The final policy will go to Health and Safety for final approval.</p> <p>Teresa recommended that the taps in high risk units are sampled and for this to be discussed at the next Water Safety Group meeting.</p>	

Item	Action
<p>ii) Theatre Maintenance & Management Group For future meetings Kate advised that the group are looking for an ICD to replace Craig.</p> <p>She said discussion took place at the meeting regarding the validation of theatres. She said if estates cannot get access to theatres they have a three month window to return and if Theatres fail this will be raised with the site Infection Control teams. Another group are looking at air changes in all other areas in theatres.</p> <p>With Craig leaving Tom asked the ICDs to list what committees they attend.</p> <p>iii) Infection Control Policy Group Pamela reported that the following SOPs were approved at the committees in March and these included:-</p> <ul style="list-style-type: none"> • Decontamination SOP • RSV SOP • CRO/CPE SOP • Twice Daily Clean of Isolation Rooms • Terminal Clean of ward • Terminal Clean of Isolation Rooms <p>iv) Education Group Lynn reported that a meeting of the Education Group is scheduled for tomorrow.</p> <p>In relation to OLM Lynn advised that she received an email to say they are revising the national project plan and are looking for Health Boards to do a pilot.</p> <p>v) Decontamination Group The next meeting of the Decontamination Group is in April.</p> <p>Kate advised that Cowlairs have obtained a gas plasma machine which now allows us to decontaminate scopes that used to go to external contractors.</p> <p>vi) Person Centred Care Nil to update.</p> <p>vii) CPE Group As discussed earlier.</p> <p>viii) Audit Group The testing stage for IPCAT in mental health areas has started. The next meeting of the group is on 19th April and Kirsty said they will discuss IPCAT for outpatient areas but there has been no date for this to go live.</p> <p>With regards to SIGMA Kirsty stated that we can put our own audit tool on but this will need housekeeping and will be discussed with the Lead Nurses. She said that the cost for every time we want to change an audit is £10,000.</p>	ICDs
<p>9. Project Update:</p> <p>i) ICNET Update Tom reported that our server needs upgraded as our dataset on ICNET is larger than our server which is making ICNET run slow. ICNET have requested that we go live with the upgrade on 12th April. Ann advised that training for ICNET V7.4 has been arranged for next Tuesday and Wednesday.</p>	

Item	Action
<p>The ESAB training is due to take place on 6th April and is being provided by HPS. Ann stated that HPS have requested to have the SABs data entered via the ECOSS system.</p> <p>ii) MRSA Screening There has been a slight increase in our compliance rate and for the last quarter the rate for GGC was 87%.</p> <p>iii) SAB & CDI HEAT Target Ann updated on the latest figures. She said that the Quarter 4 report has been issued but is embargoed until 5th April and GGC are above the Heat Target for both CDI and SABs.</p> <p>For CDI GGC reported 38.8 cases per 100,000 occupied bed days and the figure for Scotland is 38 cases. In relation to SABs GGC reported 36.6 cases per 100,000 occupied bed days and the figure for Scotland is 32.6 cases. From our local data, and as of yesterday, there are 102 SAB cases.</p> <p>At the BICC meeting Tom reported that Dr Armstrong asked for local teams to take more ownership of SABs and it was suggested to reform the SAB group and to have a Chief of Medicine and Chief Nurse be chair and vice chair of this group.</p> <p>Tom suggested that we inform the governance groups of what their hot topics are and include a template to attach with the sector monthly update.</p> <p>iv) IPCAT As discussed earlier.</p> <p>v) SSI Surveillance Update Ann updated on the latest SSI surveillance.</p> <p>She said that regarding the ortho SSIs at RAH this has now settled down. At QEUH there have been a couple of SSIs. Surveillance on long bone fractures will be discontinued as the surveillance that has been ongoing for three months identified no SSIs.</p> <p>In neurosurgery they have started light surveillance on cranial procedures and this resulted in 2 SSIs for March but both of these procedures were carried out in different theatres. A Surveillance Nurse will be advertised in neurosurgery and this will be funded by Regional Services.</p> <p>For the last available quarter, October to December, Ann said that GGC are above the national average for orthopaedic SSIs but not for hip and neck of femurs. For caesarean sections we are above the national rate for SSIs but Ann commented that this could be because we are over reporting.</p> <p>Colorectal and vascular SSI surveillance will start in June at QEUH and Ann advised that she has met with the teams to discuss this.</p>	

Item	Action
Ann reported that the SSI bundle is recommending that we adhere to theatre skin preparation requirements as per the HPS Prevention of SSI bundle and to use the licensed product. Tom and Sandra will discuss this with Dr Stewart.	TW/SMcN
vi) Transmission Based Precautions	
It was agreed to delete this item from the agenda.	
viii) CAUTI	
Pamela reported that the data was collected from 87 wards and rolled out to 117 wards. She said the rate for February is 0.7.	
viii) E-Coli Bacteraemia Surveillance	
Ann advised that data for the E-coli surveillance is to be entered via ECOSS. In total there have been 279 E-coli cases with 63 of these hospital acquired cases.	
10. Finance Report	
In terms of Finance Tom reported that we have a slight underspend at the year end. He stated that we have been given a 3% savings target and are waiting on clarification for the funding regarding DL(2015)19. The Lead Nurses advised that they have not received any finance reports recently from Hugh Gibb and Tom agreed to contact him. He asked once the reports are issued to check the staff list to make sure the staff on the report work within Infection Control.	TW
11. HEI Reports	
The inspection report for New Victoria Hospital was issued and focused mainly on Renal Dialysis Unit. Sandra said that we have been given a one week turnaround for some of the actions which is not possible with a board this size.	
Sandra stated that she asked Pamela and Kate to devise an aide memoire regarding inspections and Kate and Pamela are meeting tomorrow to finalise this.	
12. Clinical Governance Related Guidance	
Copies of the latest guidance were issued.	
INFECTIOIN CONTROL GOVERNANCE	
13. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)	
Sandra reported that a FOI was received regarding the number of ward closures there have been.	
COMMUNICATIONS/ FEEDBACK	
14. Core and Divisional Team Brief	
Copies of the latest Briefs have been issued.	
NEW BUSINESS/ AGENDA ITEMS	
15. New Business	
i) Sector/ Directorate Governance Forums	
At the recent Oral Health meeting Kate stated that they offered thanks to Craig for his support over the years.	

Item	Action
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Sandra advised that they discussed revalidation and outbreaks at the recent meeting.</p> <p>ii) <u>ICD Meeting</u> The next ICD meeting has been arranged for 19th April.</p> <p>iii) <u>Board Infection Control Committee</u> At the recent BICC meeting Tom advised that HAIRT, SOPS and CPE were discussed.</p> <p><u>PHPU</u> Iain Kennedy updated on the work of PHPU. He said that the unit is split into four sections and includes 3.1 FTE Consultants and 3 Health Protection Nurse Specialists and deal with outbreaks and incidents. Most of the work is done by telephone but Iain said they do visits as well and provide information and advice. There is always an on call consultant available 24/7.</p> <p>Civil contingencies is part of the consultant on call rota and Iain said that they also deputise for the TB Nurse Specialist and Public Health Pharmacy. He said that he also has a portfolio to cover CJD and 2.5 sessions for HAI, infection control related topics and emerging pathogens. Public water supply and epidemiological support are a corporate support.</p> <p>With regards to community SABs a meeting has been arranged for tomorrow.</p> <p>Iain reported that there is a routine change to the vaccination schedule for meningitis and the campaign will end in May.</p> <p>As of 4th July Iain advised that the 12 week dose of Men C vaccine will be withdrawn and this is being led by Phil Connelly, Consultant at Lothian.</p> <p>A new Public Health Justice system has been set up and they are looking for people that would like to be involved in this. He said he is not sure what the remit of the group will be but if anybody is interested to let him know.</p> <p>iv) <u>Acute Infection Control Committee</u> Nil to update.</p> <p>v) <u>Partnership Infection Control Support Group</u> Datix reports were discussed at the meeting.</p>	
<p>17. Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Ann to provide an update at the next meeting on the Point Prevalence Study. • Sandra to include PHPU in the weekly reports regarding any green incidents. • ICDs to list what committees they attend. • Tom and Sandra to contact David Stewart regarding the licensed product for skin preparation. • Tom to contact Hugh Gibb to send the Lead Nurses their Finance reports. • Tom to raise with HPS why we cannot send data to them via a spreadsheet. 	

18. Any Other Competent Business

Tom wished to pass on his thanks to Craig for all his hard work and said that he has worked with Craig for 7 years and wanted to record thanks to him from SMT.

- Linda stated that she received an email from Neil Ferguson, Head of Winter Planning asking for ward closures. Sandra suggested forwarding this email to Ann Kerr and she can forward what she has done already
- Ann received an email from HPS to say that staff need an nhs.net account to access ECOSS. Tom said that he will raise this with HPS why we cannot send our spreadsheet instead of having to complete ECOSS.

19. Date and time of next meeting

The next meeting is scheduled for Thursday 28 April 2016 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.

TW

**Thursday 28 April 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Dr Teresa Inkster	TI	Lead Infection Control Doctor
Kate Hamilton	KH	Lead Infection Control Nurse, North
Lynn Pritchard	LP	Lead Infection Control Nurse, South
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Dr Huma Changez	HC	ICD, North
Anne Cruickshank	AC	Interim Clinical Director
Ann Kerr	AK	Lead Nurse – Surveillance
Paula Hurrell	PH	Senior Information Analyst
Susie Dodd	KF	Senior Infection Control Nurse, West & Partnership
Dr Christine Peters	CP	ICD, South Glasgow

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Tom Walsh	Sandra McNamee	Linda Bagraade	Joan Higgins
Iain Kennedy	Kirsty Ferguson		

Item	Action
<p>1. Welcome & Apologies</p> <p>Teresa welcomed everyone to today's meeting and apologies were received from the above mentioned.</p> <p>To increase joint working Anne advised that Brian Jones will be attending future meetings of SMT and Teresa confirmed that she will be attending the lab meetings.</p>	
<p>2. Minutes of SMT Meeting held on 31 March 2016</p> <p>The minutes of the previous SMT meeting held on 31 March 2016 were accepted with the following amendments:-</p> <p>Page 2, 4th bullet point– should read “Marlene reported that there were three CDI cases in Neurology ward and typing”.</p> <p>Page 7, PHPU section - Dr Kennedy asked for a few amendments, via email, to the PHPU section of the minutes and the group agreed to amend these.</p> <p>Actions C/F</p> <ul style="list-style-type: none"> • Tom to contact Hugh Gibb to send the Lead Nurses their Finance reports. • Tom to raise with HPS why we cannot sent data to them via a spreadsheet. <p>Actions Update</p> <ul style="list-style-type: none"> • Ann reported that a meeting was held with Kenneth Fleming, Head of Health and Safety to discuss the issue of chloraprep. Once this is finalised she said this will be put onto Staffnet. 	

Item	Action
STANDING ITEMS	
3. Matters Arising	
Nil.	
4. Sector Update	
i) Geographical Sector Update (encl)	
The IC Sector Updates were distributed with the agenda.	
<ul style="list-style-type: none"> • North (Kate Hamilton) 	
<ul style="list-style-type: none"> • Kate reported that the CDI chart for GRI was out of control as they had 9 cases and the upper control limit is 8.9. There is no evidence of cross transmission. Huma and Dr Mairi Macleod, microbiologist met with Chris Deighan and John Stuart to discuss this and are liaising with the Antimicrobial Pharmacist. • Ward 9 at GRI was closed with Influenza. • With regard to the screening of <i>Malassezia pachydermatis</i> Kate advised that they liaised with the consultant and screening has now stopped. • A ward was closed at the weekend with Influenza B. • Teresa asked if the RSV flu debrief meeting had taken place and Kate confirmed that it had not. Huma commented that it is important to have the debrief meeting. • In relation to the patients with Influenza B Christine asked if these were ambulatory patients. Kate replied that this was a winter ward and patients were not isolated when they should have been but were isolated later. • Christine suggested to pull together a list of scenarios where we could avoid ward closures for teaching purposes. 	
<ul style="list-style-type: none"> • South (Lynn Pritchard) 	
<ul style="list-style-type: none"> • In Ward 52 Lynn reported that the ward closed on 23rd March and reopened on 29th March with suspected viral gastroenteritis. • Lynn advised that she is concerned that the number of SAB cases have increased with a total of 22 cases. Christine and Teresa agreed to look into this. As of today Ann reported that there are 42 SAB cases in GGC for April and Teresa commented that the SAB Group could be reformed with a Chief of Medicine as chair of this group. • In neuro building Lynn advised that they are constantly being asked for scribes to be completed. She said work is ongoing in neuro and the surgeons are only performing emergency surgery in this building with other procedures being carried out in theatres at QEUH. Christine and Ian Powrie are to look at the process for scribes at QEUH and Christine will report back on and Teresa asked if any other sites are having the same problem. Susie reported that they have 27 ongoing jobs and she said the problem is trying to find out who is accountable for the scribes. On the Pan Glasgow drive Pamela commented that there is an HAI Scribe folder. 	CP/TI
<ul style="list-style-type: none"> • South Glasgow – Paediatrics (Pamela Joannidis) 	
<ul style="list-style-type: none"> • For the month of April Pamela reported that there have been 3 SAB cases. She said that for the quarter the target is 5 cases and the Chief Medic and General Manager have been informed. • A baby was born at 38 weeks and had e coli when born. Pamela advised that discussion took place with HPS to ascertain if this should be classed as a HAI. Ann commented that for our ESAB we must say it was an HAI case. The decision was to class this as an HAI with some text beside it. • With regards to the HAI scribe for Paediatrics Pamela advised that they have been advised of work well ahead of time and all is well planned in RHC. 	CP

Item	Action
<ul style="list-style-type: none"> • The debrief meeting in relation to Serratia was held on 18th and Teresa advised that an outbreak report has been produced and will go to the Scottish Government. SMT will also receive a copy of this for lessons learned and there are also a few actions to consider taking forward. Teresa said she will follow this up with Tom and Sandra. Christine commented that there is an outbreak study day for neonates and Teresa stated that HPS are keen to get individuals together to agree screening for NICUs nationally. • Pseudomonas was previously found in the taps in NICU and Teresa advised that all the taps have been replaced and screening has been stopped. Pamela and Teresa are to meet with clinicians to roll out sampling of outlets in NICU as the replacement taps now contain flow straighteners. • In relation to cardiothoracic surgery Teresa advised that the bypass machine there was out of use as there was one positive case of Mycobacterium sp. which Public Health were involved in. • There were problems with the water testing in the sterile aseptic unit and positive results were found in the hand hygiene sinks. Cupriavidus paucilus has been found on multiple occasions. There has been 1 patient isolate, a child on TPN. Isolates will be typed. It was found that the hand hygiene sink was being used for disposing waste and another sink is being looked at. <p>• West & Partnerships (Susie Dodd)</p> <ul style="list-style-type: none"> • Susie updated that in Ward B2 at the Beatson there was a RSV outbreak and the ward was closed for 8 days. Education sessions are being carried out in this ward. • There was a severe CDI case with a patient that transferred to QEUH. The patient had loose stools and unfortunately died and CDI was cited on Part 1 of the death certificate. A meeting was held last week and a SCI report is being prepared for staff and family. • Susie reported of another severe CDI and SAB case where the patient had died and CDI was also cited on the death certificate. A meeting has been arranged with the clinical team tomorrow. 	TI
<p>5. HAIRT Report – No Update</p>	
<p>A copy of the HAIRT report for April was distributed with the agenda.</p>	
<p>Pamela updated on the following:-</p> <ul style="list-style-type: none"> • For quarter 4 GGC reported 36.6 SAB cases with a national target of 32.6 and for CDI GGC reported 38.5 cases with a national target of 38. • There was a noted increase in CDI cases between October – December 2015 and direct action was undertaken to reduce CDI and this has seen a reduction of 32%. • In relation to SSIs for hip arthroplasty and repair of neck of femur procedure categories GGC were marginally above the national average. • The SSI rates for Caesarean section procedure category are above the national average for the last available quarter but within national 95% confidence intervals 	
<p>6. Acute Services Committee (ASC) HAI Report</p> <p>Nil to update.</p>	
<p>7. IPC Work Plan</p> <p>The draft IPC Work Plan for April was distributed with the agenda and the group were happy to approve the Work Plan.</p>	

Item	Action
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Pamela advised that the risk for sampling will be raised at the Board Water Safety Group meeting.</p> <p>ii) Theatre Maintenance & Management Group With regards to the theatre ventilation Kate reported that they are now looking at other areas around theatres and this will expand to prep and anaesthetic rooms. Teresa advised that Christine will attend these meetings now and Teresa will be the depute. Christine stated that she had met with Alan Gallacher to look at a lay out plan for all theatres.</p> <p>iii) Infection Control Policy Group Pamela reported that the following SOPs were circulated to the committees for approval in May and these included:-</p> <ul style="list-style-type: none"> • Measles SOP • Mumps SOP • Rubella SOP <p>She said that representatives on the Policy group should issue the policies to their team for comments and then forward any comments to the Policy Group.</p> <p>iv) Education Group The next meeting of the Education group is scheduled for next week.</p> <p>Lynn reported there was a meeting at NES to discuss the cleanliness champions and the first two units are now ready.</p> <p>v) Decontamination Group The last meeting of the Decontamination Group was cancelled and Kate advised that the next meeting is scheduled for June.</p> <p>vi) Person Centred Care The group met on Monday and Lynn advised that they are looking at a trial questionnaire.</p> <p>vii) CPE Group Pamela reported that it was agreed to adopt the short life working group national tool. She said that she will issue the minutes from the short life working group.</p> <p>viii) Audit Group The group are working on the outpatient audit tool. Huma will be the ICD representative for this group and the group are to let her know the dates for future meetings.</p> <p>9. Project Update:</p> <p>i) ICNET Update Ann updated that we have moved to the new ICNET V7.4 and performance on the system has improved and is fully functional. Christine suggested that training sessions on ICNET be provided.</p>	<p>PJ</p>

Item	Action
<p>ii) MRSA Screening For the last quarter Ann reported that the rate for GGC was 87%. Huma asked what the positivity rate for MRSA screening was and Lynn replied that previously there had been 250 total submissions with a rate of 2. Christine mentioned that this is not comparable with lab screening.</p>	
<p>iii) SAB & CDI HEAT Target Ann updated on the latest figures. She said that for quarter 1 we had seen a downward trend with a significant reduction in CDI and she said that we will be under the Heat Target.</p>	
<p>From April to date Ann reported that we have 42 SAB cases with a target of 25 a month. In relation to CDI we have 35 cases, as of today. Teresa suggested looking at blood culture education/training and cost effectiveness of targeted screening. Christine reported that the Biopatch representative met with clinicians to look at dressings. Kirsty and Catriona Milosevic are working on the IV drug related cases.</p>	
<p>iv) IPCAT Pamela advised that she is waiting to hear from Eugene to use the theatre audit tool. She is also waiting on a date to access the dashboard.</p>	
<p>v) SSI Surveillance Update Ann updated on the latest SSI surveillance.</p>	
<p>She said that regarding ortho procedures and the 30 day readmission GGC had two SAB data reported at 31 days.</p>	
<p>Surveillance will not be continuing with long bone fractures at QEUH.</p>	
<p>In neurosurgery they started light surveillance on cranial procedures on 1st March. This resulted in 2 SSIs and surveillance will continue on this for a few months. A Surveillance Nurse in Neuro will take this forward once in post</p>	
<p>Colorectal and vascular SSI surveillance will start in June/July at QEUH and Ann advised that she is waiting for final guidance from HPS regarding elective and large bowel procedures.</p>	
<p>vi) CAUTI Pamela reported that CAUTI has been rolled out to 106 wards. She said that it has been difficult to get the information in from the wards and for March 76 wards returned their data. She said this project was originally funded by HIS but the project will end on 24th May when funding stops and data will no longer be collated. Alternative options are being looked at for the data collection.</p>	
<p>vii) E-Coli Bacteraemia Surveillance Ann advised that data for the E-coli surveillance is mandatory from 1st April with approximately 100 cases per month. As the data has to be entered via ECROSS Ann advised that this is a resource issue for us.</p>	

Item	Action
10. PHPU Update Nil to update as Iain Kennedy sent his apologies.	
11. Finance Report Nil to update.	
12. HEI Reports The inspection report for New Victoria Hospital was issued and the media were interested in the report.	
<p>At the Vale of Leven Hospital the inspectors arrived there yesterday and will be there today as well. The focus for the inspection seems to be on CDI and looking at casenotes</p>	
13. Clinical Governance Related Guidance Nil to update.	
INFECTION CONTROL GOVERNANCE	
14. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries) Kate reported that she is dealing with a local complaint regarding a ward at GRI and why it was not closed to visitors when there was an outbreak. Lynn advised that she is dealing with a complaint regarding a patient that received laundry home that was not in the correct bag and no leaflet was enclosed. The play area at Royal Hospital for Children was part of a complaint from a parent with a child with CF stating that woodchip had been put down in the play area which can have fungus in the woodchip.	
COMMUNICATIONS/ FEEDBACK	
15. Core and Divisional Team Brief Copies of the latest Briefs have been issued.	
NEW BUSINESS/ AGENDA ITEMS	
16. New Business <ul style="list-style-type: none"> i) Point Prevalence Study HPS are contacting all boards regarding their hospital lists and Ann advised that the study will run from September to November. No details have been provided for funding but Ann stated that this will be a resource issue for Infection Control and Antimicrobial Management Team. 	
ITEMS FOR NOTING	
17. Meetings Update: <ul style="list-style-type: none"> i) <u>Lead Nurse Meeting</u> Nil to update. ii) <u>ICD Meeting</u> Teresa advised that at the last ICD meeting they discussed working more closely with microbiology and to look at the issue of cover for annual leave. An ICD rep will also be looked at for each working group. 	

Item	Action
iii) <u>Board Infection Control Committee</u> The next meeting of the BICC is scheduled for 23 rd May.	
iv) <u>Acute Infection Control Committee</u> The next meeting of the AICC is scheduled for 9 th May. Christine stated that she will ask Dr Stewart to postpone the paper that she was to write regarding the ebola patient as Erica Peters has provided an update on the debrief meeting. Teresa asked if we should have something for our Infection Control teams and Christine replied that we have a debrief within Infection Control.	CP
v) <u>Partnership Infection Control Support Group</u> Nil to update.	
18. Review of Actions and Decisions	
<ul style="list-style-type: none"> • Teresa and Christine to look into the number of SAB cases. • Christine to meet with Ian Powrie to discuss the process for scribes at QEUH and report back to SMT. • Teresa to follow up with Tom and Sandra the report regarding the serratia outbreak and the actions following this. • Pamela to issue minutes of the short life working group for CPE. • Christine to contact Dr Stewart to postpone the paper she was to write regarding the ebola patient for AICC. 	
19. Any Other Competent Business	
<ul style="list-style-type: none"> • With regards to alerts Christine stated that HPS are having to comment on and collating on VHF's. • A meeting is being arranged with Juli McQueen to organise an OD event. • Teresa advised that a meeting has been arranged with Mary Anne Kane to discuss ventilation. • A meeting is also being arranged with Rona Wall to discuss staff screening. 	
20. Date and time of next meeting	
The next meeting is scheduled for Thursday 26 May 2016 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.	

**Thursday 26 May 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Kate Hamilton	KH	Lead Infection Control Nurse, North
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Dr Huma Changez	HC	ICD, North
Dr Iain Kennedy	Ik	Consultant, Public Health
Ann Kerr	AK	Lead Nurse – Surveillance
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Dr Linda Bagrade	LB	ICD, Clyde
Dr Aleks Marek	AM	ST4
Kamaljit Khalsa	KK	ST1 Microbiology
Jackie Barmanroy	JB	Senior Infection Control Nurse, South Glasgow
Dr Christine Peters	CP	ICD, South Glasgow
Brian Jones	BJ	Head of Service

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Anne Cruickshank Sandra McNamee Lynn Pritchard Dr Andrew Smith

Item

Action

1. Welcome & Apologies

Tom welcomed everyone to today's meeting and to Brian Jones for attending these meetings. Tom stated that Anne Cruickshank is demitting her role as Clinical Director for Infection Control at the end of May and he wished to pass on his thanks to her for her input over the last six months.

2. Minutes of SMT Meeting held on 28 April 2016

The minutes of the previous SMT meeting held on 28 April 2016 were accepted as an accurate record.

Actions Update

- Christine reported that she looked into the number of SAB cases at QEUH and will review all cases from an ICD point of view. She said a lot of the cases were PVC and CVC related.
- Lynn advised that she met with Ian Powrie to devise an algorithm for HAI Scribes. Pamela commented that if there is agreement for a scribe in a high risk area then the scribe must cover paediatrics also. Christine suggested that there are two algorithms which cover adults and paediatrics. Once the algorithm is completed Lynn said that she will circulate this to SMT and HAI scribe training will be provided.
- With regards to the short life working group for CPE Pamela advised that minutes are not taken for this group and it is a rolling action list that is provided but the group have now disbanded.

- Christine confirmed that she contacted David Stewart regarding the ebola patient.

Item	Action
STANDING ITEMS	
3.	<p>Matters Arising</p> <p><u>Incident Escalation Algorithm</u> The algorithm was agreed at the recent AICC meeting.</p> <p><u>Serratia Outbreak</u> Two reports regarding the serratia outbreak were issued with the agenda, one from GGC and one from HPS. Pamela reported that the recommendations from the action plan are almost complete. A neonatal group has been set up to look at blood cultures, screening and PPE and Pamela reported that HPS want to look at screening nationally. Brian Jones commented that it would be useful to get some guidance on this.</p> <p>HPS were to arrange a workshop regarding education but this was cancelled. Teresa and Pamela suggested setting a group up ourselves as we have the three largest neonatal units and this will be chaired by Teresa. Teresa advised that there were learning points from this outbreak and Pamela stated that the completion of the HIORT has triggered a national review of reporting documentation.</p> <p><u>Ventilation</u> Tom said that he and Teresa had met with Mary Anne Kane and a short life working group is to be set up regarding high risk ventilation areas, similar to the theatre ventilation group.</p> <p><u>OD Event</u> An OD event will be arranged for SMT and an OD event for all staff within Infection Control will also be arranged during 2016/17.</p>
4.	<p>Sector Update</p> <p>i) Geographical Sector Update The IC Sector updates were distributed with the agenda.</p> <ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported that there have been 4 line related SABs. • Two wards have closed recently. One ward in GRI with 3 cases of Influenza A, but all patients are improving. Another ward closed at Lightburn with 5 confirmed cases of Influenza B and one patient died, although this was not cited on the death certificate. A further outbreak meeting has been arranged for tomorrow. • Four cases of Staphylococcus in NICU at PRM were reported. One meeting has been held and Kate reported that typing is awaited. Huma advised that the Neonatal Consultant said that there had been a change to the soap and hand towels that they were receiving. Occupational Health have been asked to come in to test staff skin. • One severe CDI case was reported with a severity score of 4. • Five wards were closed with norovirus but all have reopened. • South Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan updated that the VRE cases in ICU at RAH are ongoing and they are carrying out admission and discharge screening. A deep clean of the area was carried out along with education sessions. • Norovirus was reported in RAH and IRH. • There was an unannounced HEI visit to Vale of Leven on 27th and 28th April and the report will be issued next week.

- **South Glasgow (Jackie Barmanroy)**

- Jackie reported that Ward 51 reopened today after being closed last week with norovirus.
- The Endoscopy Department had a scope that had dried faeces on it and it was unclear how the scope was contaminated.
- Jackie advised that they have seen an increase in the number of SAB cases especially in community cases.
- Christine discussed the issue of CF patients with an abscess and said that the CF clinicians are aware of the number of cases. She said that screening varies over the last few years and lab testing has changed. Since January there have been 3 new cases but Christine advised that there is no clear link between the cases. She said the next step is for a timeline and she spoke to the Reference Lab about this. The CF group have organised a meeting for 22nd August and Christine stated that we have been invited to this meeting.
- With regards to the PAG process Christine reported that we are trying the new algorithm for six months and should get feedback in the next couple of weeks. Tom, Sandra and Teresa are to meet to look at the Incident Algorithm and Tom asked for any comments on the algorithm to be discussed at the next Lead and ICD meetings.

All

- **South Glasgow – Paediatrics (Pamela Joannidis)**

- Pamela reported that they are continuing to monitor all positive blood cultures.
- Continue to monitor cardiac patients with endocarditis.
- She said the CF Paeds team have been monitoring abscesses for a number of years and have a segregation policy. At no time have patients been in the same room or clinic at the same time. Alison commented that there may be a breakdown when a patient transfers from Paeds to adult care and the patient may not have the same screening carried out. Christine advised that a policy is being prepared for adult and Paeds and for a process to be agreed as there is no joint policy at present. The policy will go to the Policy Group to discuss and then to the committees for approval and Tom suggested that there may be a recommendation that this policy is not owned by Infection Control. Tom recommended that Linda or Joan be invited to the next meeting.

- **West & Partnerships (Kirsty Ferguson)**

- Kirsty updated that they have had 4 SABs and 3 of these were line related. A review into one if the cases resulted in poor compliance with the care plan.
- There is ongoing work at the Beatson and a meeting was held with the contractors regarding the high levels of dust.
- Arran ward was closed from 10th – 19th May with 7 patients and 4 staff with confirmed norovirus.
- Iona ward at GRH, which is a mental health ward, closed with 8 patients and 10 staff with confirmed norovirus and the ward has now reopened.
- Bone Marrow Transplant Unit were concerned regarding 3 patients with confirmed norovirus and Kirsty advised that the patients were isolated.
- A major flood occurred at the dental hospital on 26th May. It was a clean water flood and the cause continues to be investigated

5. HAIRT Report – No Update

There was no report to update on.

Item	Action
<p>6. Acute Services Committee (ASC) HAI Report A copy of the ASC report for May was distributed with the agenda and Tom reported that this is a summary of the HAIRT report.</p>	
<p>7. IPC Work Plan The draft IPC Work Plan for May was distributed with the agenda. Pamela reported that this had been to the BICC meeting and the lay representative asked for the acronyms in the glossary page at the back to be updated. Tom stated that it was clarified at BICC regarding the governance of the work plan and how we will be held to account. AICC will also have their own work plan and this will be discussed with David Stewart.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group The next meeting off the group is scheduled for two weeks time. Pamela reported that the latest version of the Water Safety Policy was approved at BICC and will now go to the Health and Safety Committee for final approval.</p> <p>ii) Theatre Maintenance & Management Group Christine updated that she met with Alan Gallagher regarding validating the theatres at QEUH and for air sampling to be carried out. She said she will look into the theatres at maternity unit. The validation results will be extended to the anaesthetic rooms.</p> <p>iii) Infection Control Policy Group The following SOPs were approved at the BICC:-</p> <ul style="list-style-type: none"> • Measles SOP • Mumps SOP • Rubella SOP <p>Pamela advised that the RSV SOP was updated and an appendix has been added to cover paediatric patients. HPS were happy with this and the updated document is on the website.</p> <p>iv) Education Group Jackie provided an update from Lynn regarding the Education Group. She said that Lynn had met with Elaine Boyd on Monday and will meet up with her every three months. Teresa advised that Dr Armstrong is looking at infection control training for medics and the lack of uptake regarding this training. Alison and Teresa are to meet with Andrew Seaton to discuss education. Brian commented that he organises training for undergraduate trainees and has a one hour slot available.</p> <p>Kate advised that she had been approached by Lindsay Donaldson, ITU Consultant at GRI to do a risk assessment document regarding c-diff, severity scores and a treatment algorithm.</p> <p>v) Decontamination Group Andrew Smith will now be chair of the Decontamination group and Kate said that she will send him a list of the dates.</p> <p>vi) Person Centred Care The group met recently and Joan advised they will be carrying out board wide work regarding MRSA eradication and staff awareness of the care plan.</p>	KH

Item	Action
<p>vii) CPE Group Pamela reported that the lab switch for CPE/CRO screening will be 20th June. The national group met for the last time last week and Pamela agreed to do a Question and Answer sheet from this and will forward this to the Lead Nurse and ICD groups. She said that HPS will do KPIs similar to MRSA.</p>	PJ
<p>viii) Audit Group The Audit group met last week and Kirsty confirmed that they are working on the outpatient audit tool. The mental health audit tool has been finalised and this is being tested using paper copies.</p>	
<p>9. Project Update:</p>	
<p>i) ICNET Update Ann updated that ICNET is fully functional. She said that she is looking into training for ICDs on ICNET. Abigail Mullings from Scottish Government has requested to come to view ICNET and IPCAT.</p>	
<p>ii) MRSA Screening In the latest HAIRT for the quarter January – March Ann reported that the rate for screening in GGC was 87% which is above the national average of 80%.</p>	
<p>iii) SAB & CDI HEAT Target Tom reported that SABs were discussed in detail at the latest BICC meeting. Teresa stated that we are to look at the SABs that could be preventable and this will be discussed at the next ICD meeting. Iain Kennedy said that epidemiology could be done and to have a descriptive report similar to serratia. Teresa, Iain, Ann and Andrew Seaton are to meet to discuss this.</p> <p>With regards to the latest figures Ann said that for April - May there have been 78 CDI cases with a target of 110 cases for the quarter and for SABs we have 83 cases, as of today. She said that some of the HAIs are IV device related.</p> <p>Ann said that she had met with Lesley Shepherd and Aidan McCrory from HIS to discuss SABs and what happens in other boards. She said that certain wards in GRI have poor compliance with the PVC Care Plan and suggested education for staff. Lesley and Aidan commented that the action plan that was developed was comprehensive and not solely Infection Control's responsibility and that we need the assistance of General Managers and Lead Nurses to try to get the figures down.</p> <p>In relation to community SABs Kirsty advised that she had a meeting with Public Health to maybe look into IV illicit drug use and diabetic patients. With regards to the diabetic patients Kirsty stated that they are going to contact the link nurse to get information to GP practices. Work is ongoing in the community and a patient information leaflet will be circulated through the addiction department. Ann Kerr said that she will send out an article titled "Staphylococcus aureus bacteraemia associated with injected new psychoactive substances regarding".</p>	AK
<p>iv) IPCAT Pamela advised that mental health and theatre audit tools are being worked on.</p>	

Item	Action
<p>v) SSI Surveillance Update</p> <p>Ann updated on the latest SSI surveillance.</p> <p>She said that there has been a number of issues in QEUH. For April she said there had been 3 infections with different organisms and different theatres used at GRI.</p> <p>There have been two issues with caesarean sections and the Surveillance Nurse looked at the documentation in the hand held notes. She said that SSI modules on Learnpro are available.</p> <p>Colorectal and vascular SSI surveillance is to start from January 2017, although Ann advised that we are starting full surveillance from 1st July. She said she had met with the clinicians and will discuss complex cases at the MDT meetings.</p> <p>In neurosurgery Ann reported that we are undertaking light surveillance on cranial procedures in INS. A part time Surveillance Nurse will be appointed to carry out this surveillance.</p> <p>Christine reported that she was at a meeting regarding the increased infection rates in arthroplasty. In April the numbers increased to 3 cases with a possible 2 more cases. At the meeting Christine said they looked at the epidemiology and discussed the contributing factors and focused on trauma. Tom advised that he is still waiting to discuss what skin prep has been recommended by AICC.</p> <p>vi) CAUTI</p> <p>Pamela reported that the CAUTI project is nearly finished with a few wards left to do. So far 203 staff members have been trained with 184 sessions carried out.</p> <p>vii) E-Coli Bacteraemia Surveillance</p> <p>Ann advised that from April – May there have been 168 E-coli cases and 17% of these were hospital acquired.</p>	
<p>10. PHPU Update</p> <p>Iain provided an update from PHPU:-</p> <ul style="list-style-type: none"> • He said that there has been a shortage of Public Health nurses and a new nurse will start on 1st August. • There has been a change to the rubella screening and this will stop from 1st June. • With regards to the seasonal flu there is a change to the procurement process with a single national procurement. This will mean we will be losing the flexibility for a better price and will have challenges regarding delivery and cost to the board. • There is a review of the Joint Health Protection Plan which is a statutory document which comes out with the Public Health Act. Iain advised this is a joint document with the board and local authority. 	

Item		Action
11.	<p>Finance Report</p> <p>The budget is slightly underspent and Tom advised that he and Sandra have a meeting scheduled with Hugh Gibb in Finance. He said he will also mention about the Finance reports for Lead Nurses.</p>	TW
12.	<p>HEI Reports</p> <p>There was a recent HEI inspection at Vale of Leven Hospital. Pamela stated that the inspectors did a casenote review of CDI cases. There were issues regarding the commodes, patient equipment and cleaning and the draft report will be issued on 1st June.</p> <p>The HAI self assessment is now complete and issued to Directors for approval. Pamela thanked the team for all the documents that were sent through.</p>	
13.	<p>Clinical Governance Related Guidance</p> <p>A copy of the latest Clinical Governance Related Guidance note was issued with the agenda.</p>	
INFECTION CONTROL GOVERNANCE		
14.	<p>IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)</p> <p>Kate reported that she is dealing with a local complaint from a family member regarding the reason why the ward was not closed to visitors during a norovirus outbreak.</p> <p>There is another complaint regarding the mother of a CF patient stating that woodchip had been put down in the play area which can host fungus in the woodchip.</p>	
COMMUNICATIONS/ FEEDBACK		
15.	<p>Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS		
16.	<p>New Business</p> <p>i) HAI PPS Letter to Boards</p> <p>A copy of the letter from HPS was distributed with the agenda. Tom advised that this was discussed at the recent AICC meeting and funding has been received for the Point Prevalence Study.</p> <p>ii) SCI Update from AICC</p> <p>As most of the SABs could be device related and it was noted that some of these could be avoided this will now be entered on Datix.</p>	
ITEMS FOR NOTING		
17.	<p>Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u></p> <p>Nil to update.</p> <p>ii) <u>ICD Meeting</u></p> <p>Teresa advised that at the last ICD meeting they discussed serratia, air sampling and pseudomonas</p>	

Item	Action
iii) <u>Board Infection Control Committee</u> At the last BICC meeting Teresa reported that the theatres in INS were externally assessed by HFS and HIS.	
iv) <u>Acute Infection Control Committee</u> Pamela advised that Chapter 3 of the national manual will have reporting and outbreak information.	
v) <u>Partnership Infection Control Support Group</u> At the latest PICSG meeting Kirsty stated that partnership areas are keen to mirror the corporate inspections in acute. One of the Lead Nurses from Partnerships will shadow Toby Mohammed and will self audit for SICPs compliance.	
18. Review of Actions and Decisions	
<ul style="list-style-type: none"> • Any comments on the Incident Algorithm to be discussed at the next ICD and Lead Nurse meetings. • Kate to send Andrew Smith a list of the dates for the Decontamination Group. • Pamela to issue a question and answer sheet from the CPE group. • With regards to SABs Ann to issue an article to the group. 	
19. Any Other Competent Business	
<ul style="list-style-type: none"> • In relation to the monthly activity reports Ann advised that there will be the introduction of a front page with three key issues to discuss at the Clinical Governance meetings. • At a meeting of Scottish Government and HIS on 6th June Pamela reported that discussion took place on “what matters to you”. She said that healthcare workers are now to ask patients this question. Infection Control are to put together a couple of questions to ask patients that are in isolation or have a PVC in. This information will be collated once completed. 	
20. Date and time of next meeting	
The next meeting is scheduled for Thursday 30 June 2016 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.	

**Thursday 28 July 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Kate Hamilton	KH	Lead Infection Control Nurse, North
Sandra McNamee	PJ	Associate Nurse Director, Infection Control
Lynn Pritchard	HC	Lead Infection Control Nurse, South Glasgow
Dr Iain Kennedy	Ik	Consultant, Public Health
Ann Kerr	AK	Lead Nurse – Surveillance
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Dr Aleks Marek	AM	ST4
Dr Christine Peters	CP	ICD, South Glasgow

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Pamela Joannidis Dr Linda Bagrade

Item	Action
<p>1. Welcome & Apologies</p> <p>Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 26 May 2016</p> <p>The minutes of the previous SMT meeting held on 26 May 2016 were accepted with the following amendment:</p> <ul style="list-style-type: none"> - Page 1, Add Alison Balfour to the list of attendees. - Page 3, 4th bullet point – should read “.... the issue of CF patients with M abscessus and said that” - Page 3, last sentence – date should be 26th August instead of 22nd August. <p>Actions Update</p> <ul style="list-style-type: none"> • Comments were received regarding the Incident Algorithm. • The next Decontamination Group meeting has been arranged for 25th August. • Ann issued a copy of the article on SABs to the group. 	
STANDING ITEMS	
<p>3. Matters Arising</p> <p>It was agreed to add Point Prevalence Study as a standing agenda item.</p> <p>Tom advised that a Rolling Action List for this meeting will be completed and issued to the group prior to the next scheduled SMT meeting.</p>	

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update The IC Sector updates for May and June were distributed with the agenda.</p> <ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported that there have been a few line related SABs in May. • There have been 4 ward closures in GRI and 1 ward closure in Lightburn. • CAUTI improvement work is being carried out at GRI. • For the month of June Kate advised that they had 1 cdiff case and this brings the total to 6 cases this month. • One patient was identified with CRO/CPE in Ward 63, GRI. Kate said that education needs to be carried out in this area as staff were not aware of precautions to take when this patient was readmitted. • Kate stated that the CDI trigger was reached for a medical ward and all patients are fine. • Iain Kennedy asked about information regarding Group A Strep in the Labour Suite. He stated that a staff member never had a positive sample and no other people tested positive and wondered if there were any other cases. Teresa confirmed that there were two Group A Strep cases in the Burns Unit at GRI. • South Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan updated that the CDI trigger tool was instigated at RAH and two different ribotypes were identified. • 5 SSIs for caesarean sections were identified in June and Joan advised that they met with the clinical team and a further meeting will be arranged when Dr Bagnade returns from annual leave. • The relocation of ICU to a surgical ward is ongoing and a preliminary meeting was held last week. Joan discussed this with Teresa and Teresa will attend the next meeting. • South Glasgow (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported that the CDI trigger was identified in Ward 5C, QEUH and specimens were sent for ribotyping which returned different types. • There was an outbreak of norovirus in Ward 51, QEUH with 18 patients and 3 staff and 7 of the patients had confirmed norovirus. • Increased number of HAI aspergillus cases in ITU suite from January 2016. Christine reported that the HAI scribe for this area went well although there was black mould in the new hospital. An investigation into the water ingress will be undertaken. • CF meetings are ongoing. • With regards to legionella there are a number of dialysis points connected to the domestic supply and Teresa advised that she has asked Ian Powrie for details. Iain Kennedy asked whereabouts legionella was found and what the counts were. He was informed that it was in Ward 4B and this was identified during routine testing and the counts were found to be not too high. It was agreed that this should be discussed at the Water Safety Group meeting. Tom to send Iain a copy of the minutes for this group. • Work is ongoing in neuro building and HAI scribe is ongoing in ICE theatres. 	<p style="text-align: right;">TW</p>

Item	Action
<ul style="list-style-type: none"> • South Glasgow – Paediatrics (Christine Peters/Teresa Inkster) <ul style="list-style-type: none"> • Teresa provided an update on the Serratia outbreak. She said that no patients required treatment and water sampling was carried out and results proved negative but the source has not been found. A deep clean of the area will be carried out and once this has been completed Teresa advised that an SPC to monitor Serratia will be looked at. • In Ward 2A Christine reported that there were fungal counts in the ventilation and there seems to be issues regarding the design as there was a tear in the vent duct. One of the rooms is not in use and a meeting has been arranged with David Loudon. • In PICU there have been 3 VRE cases with different types identified. • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • Kirsty updated that there were two norovirus outbreaks in Drumchapel and Gartnavel Royal Hospital. • In the Beatson a patient tested positive for chickenpox. On review of patient contacts there was exposure to another patient who had a sibling at home with it. • There have been 6 VRE blood cultures in the Beatson over a six week period. All patients were reviewed and found to have PICC and hickman lines in. A PAG meeting was held on 15th July and a programme of work was agreed and to carry out point prevalence in B7 and B9. 25 patients were swabbed and there were 10 patients with colonisation. The ward area was swabbed and all samples were negative. Aleks Mareks commented that the bacteraemias sent for typing were all different types. Screening was stopped but discussions will take place with Brian Jones to reintroduce screening. • The stem cell lab carries out transplants and Kirsty advised they carried out a walkround of this area and asked if this lab comes under our remit. It was agreed to discuss this with Brian Jones. • The legionella counts in SHDU/6C at Gartnavel were featured in one of the newspapers. Kirsty reported that they arranged for the system in there to be dosed as the flushing is not being done appropriately. • The HAI Scribe work in Partnerships is ongoing. • With regards to Oral Health directorate Tom advised that he is waiting on clarification on what directorate is in charge of Oral Health. 	
<p>5. HAIRT Report – June Update A copy of the HAIRT report for June was distributed with the agenda and noted.</p>	
<p>6. Acute Services Committee (ASC) HAI Report There was no report to update on.</p>	
<p>7. IPC Work Plan The draft IPC Work Plan for July was issued with the agenda. Sandra provided an update:-</p> <ul style="list-style-type: none"> • Vascular and colorectal surveillance commenced 1st July. • Neuro surveillance has been extended. • CPE screening commenced in June. • The audit tools for mental health and outpatient areas are being tested and Sandra reported that the tools should be available by the end of August. Kate commented that they are testing the theatre audit tool tomorrow. 	TI

Item	Action
<p>Ann updated on the Point Prevalence Study (PPS) and advised that this will commence from 1st September to 30th November. She said at the last AICC meeting Ysobel Gourlay expressed concern regarding the amount of work involved for pharmacy staff also. HPS have also requested further information regarding ward level data and hospital information. Tom advised that we will need to speak to Procurement and Workforce Planning regarding some of the questions asked.</p> <p>At the last BICC meeting Sandra informed that we would only be carrying out core activity during this study. Iain suggested to look at the protocol from last time to perhaps do something with our data and look at other local priorities based on the study. Tom recommended that a meeting be arranged to discuss the Point Prevalence Study and to include Sandra, Ann, Teresa and Iain. Ann agreed to issue a copy of the PPS protocol and advised that the final version has not been issued from HPS yet.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p>	AK
<p>i) Water Safety Group Teresa reported that the Pseudomonas Risk Assessment and SOP was issued for comments. Partnerships produced a paper recommending to test for legionella at GP practices and health centres.</p>	
<p>Joan commented that there appears to be different practice across the board as legionella was identified in Inverclyde Royal. Joan advised that they were informed that they were not allowed to have cooling drinking water machines as the cleaning and maintenance of these machines have to be done by a certified person. Teresa said that she will discuss this with Pamela.</p>	TI
<p>ii) Theatre Maintenance & Management Group The group met last Tuesday and Christine and Kate both attended.</p>	
<p>The validation programme for theatres has started in QEUH and RHC. Christine advised that there was a spare air handling unit at Inverclyde Royal Hospital which had been bought which required subsequent work to be done but now there are no funds available for this.</p>	
<p>At GRI Kate reported that Theatre K is used for certain patients but there is no contingency plan if this theatre is out of use. She said some theatres have not been validated as there are ongoing issues gaining access with the number of procedures being carried out.</p>	
<p>Pest Control were called in when flies and maggots were discovered in a theatre.</p>	
<p>iii) Infection Control Policy Group The following SOPs were approved at the BICC:-</p>	
<ul style="list-style-type: none"> • Loose Stools SOP • Norovirus SOP • NHSGGC Education Strategy 	
<p>Sandra advised that SOPs are now on a two yearly cycle and some SOPs have been brought forward.</p>	

Item	Action
<p>iv) Education Group Lynn reported that she was contacted by a rep from Blake Stevenson asking her to take part in a telephone call to discuss systems for delivery and what modules we provide.</p> <p>A community learnpro module is to be developed and updated.</p> <p>With regards to education for medics Teresa said that she will discuss this with Dr Armstrong at their next meeting. Joan commented that we used to have a slot on the induction for medics and Lynn confirmed that we have a 15 minute slot. Kate stated that they have never been invited to induction sessions for medics at GRI. At the previous SMT Tom reported that Brian Jones offered us a one hour slot for 3rd year under graduates.</p>	
<p>v) Decontamination Group Nil to update.</p>	
<p>vi) Person Centred Care Joan advised that they will be evaluating the information entered regarding the MRSA care plan and may have a checklist for MRSA instead of a care plan.</p>	
<p>vii) CPE Group In relation to CPE/CRO Kate stated that there needs to be consistency when microbiology trainees are writing in notes as they mention CPE and CRO in the same sentence. Aleks Mareks commented that it would be helpful to have advice from SMT regarding the order to prioritise patients. Kate also said that microbiologists need advice if they are covering Infection Control over the weekend. It was agreed to discuss this further at the next ICD meeting and to give the Lead Nurses a list of priorities</p> <p>CPE screening was switched on in Trak on 20th June but Christine stated that some microbiologies thought this was for ITU only and were waiting on national guidance. Tom advised that a paper was compiled with Isobel Neil listing the number of tests and referrals. A number of questions require to be answered and Kate confirmed that she will put all the questions in an email.</p>	<p>ICDs</p> <p>KH</p>
<p>viii) Audit Group The next meeting of the Audit group is scheduled for 30th August. Kirsty reported that they are working on the tool for outpatients.</p>	
<p>9. Project Update:</p> <p>i) ICNET Update It was agreed to delete this item from the agenda.</p> <p>ii) MRSA Screening Ann updated on the latest figures for MRSA and said for the recent quarter the rate is 79% compared to 87% previously.</p> <p>iii) SAB & CDI HEAT Target For the latest quarter January – March which has just been published Ann reported that the SAB rate was 29.4 and for CDI the rate was 25.8 per 100,000 AOBs. Locally there are 111 SAB cases which Ann said is an increase of 4.6% on Quarter 1, although there has been a 2.6% decrease in occupied bed days. With regards to CDI, locally there are 87 cases which is 5.4% decrease.</p>	

Item	Action
<p>iv) IPCAT As discussed previously.</p> <p>v) SSI Surveillance Update Ann updated on the latest SSI surveillance.</p> <p>In Neuro Ann reported that they have funded a surveillance nurse for surveillance on spinal and cranial procedures. Six possible SSI cases were flagged but were outwith the agreed surveillance parameters. Ann advised that no surveillance is carried out on spinal procedures in Scotland and therefore we are unable to say if this is significant and three met SSI national criteria.</p> <p>With regards to cranial procedures Ann reported two cranial SSI cases in June and two cases in July. A meeting has been arranged for tomorrow and will include Teresa, Gary Jenkins and Ann Gow.</p> <p>Colorectal and vascular surveillance has commenced and Ann stated that this is complex surgery and the first SSI case was at GRI and she said they are engaging with the consultants.</p> <p>vi) CAUTI The group agreed to remove this item from the agenda.</p> <p>vii) E-Coli Bacteraemia Surveillance Ann advised that for quarter 2 there have been 302 E-coli cases and 62 of these cases were HAI related which is 21% of total bacteraemias.</p>	
<p>10. PHPU Update Iain provided an update from PHPU:-</p> <ul style="list-style-type: none"> • A new Public Health nurse will start on Monday. • There have been two national E-coli outbreaks. One of the outbreaks is based on rocket salad and there has been one case in Scotland. The other outbreak is linked to blue cheese with 13 E-coli cases. • The Public Health review is now published and Iain advised that there is a separate internal Public Health directorate review ongoing. • In relation to CJD only half of the funding for neuro to purchase the instruments they require was provided. Unfortunately the clinicians were later informed that the rest of the money was used to repair for the estate works in neuro theatres. • National Guidance on Incident Management has been updated and is out for comments. Annexe D is the section that relates to Infection Control and Teresa chairs this group. 	
<p>11. Finance Report Nil to update.</p>	
<p>12. HEI Reports Nil to update.</p>	
<p>13. Clinical Governance Related Guidance Copies of the latest Clinical Governance Related Guidance notes were issued with the agenda.</p>	

Item	Action
INFECTIOIN CONTROL GOVERNANCE	
<p>14. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries) Sandra reported that she has received an FOI regarding SSI rates at the Institute. A legal case is ongoing regarding MRSA. Kirsty reported that there was an FOI for mental health.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>15. Core and Divisional Team Brief Copies of the latest Briefs have been issued. One of the Core Briefs provided information regarding – Future arrangements for management and governance of Oral Health Directorate services.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>16. New Business</p> <p>i) <u>Bi-monthly Activity Report for Acute Sector</u> A copy of the IPC Bi-monthly Activity Report was distributed with the agenda and Ann reported that this was issued to AICC. She said future reports will list three bullet points to draw attention to the main items in the report.</p>	
ITEMS FOR NOTING	
<p>17. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> At the last Lead Nurse meeting Sandra reported that they discussed CPE questions.</p> <p>ii) <u>ICD Meeting</u> Teresa advised that there has been no ICD meetings recently.</p> <p>iii) <u>Board Infection Control Committee</u> At the last BICC meeting Tom advised that a copy of the 2016-17 Outcomes Framework was issued by Scottish Government. He said this letter states that the Scottish Government will provide financial support for a number of IPC related posts within boards.</p> <p>iv) <u>Acute Infection Control Committee</u> The agenda for the Acute Infection Control Committee held in July and the minutes of the meeting in May were distributed with the agenda.</p> <p>v) <u>Partnership Infection Control Support Group</u> A copy of the minutes for the meeting in May were issued and Sandra advised that the meeting in July was cancelled due to the number of apologies. Iain suggested that perhaps the venue might be causing poor attendance.</p>	
<p>18. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Tom to send Iain copies of the minutes of the Water Safety Group meeting. • Teresa to discuss with Brian Jones regarding the remit for the stem cell lab. • Ann agreed to issue a copy of the PPS protocol to SMT. • In relation to the cooling drinking water machines Teresa to discuss this with Pamela. • CPE/CRO to be discussed at the next ICD meeting. • Kate to put in an email a number of questions to be answered regarding CPE. • Sandra to contact Lesley Shepherd for financial information relating to blood culture packs. 	

Item

Action

19. Any Other Competent Business

- The Mental Welfare Commission is to visit a dementia area.
- Kirsty raised the subject of therapets and if these would be allowed in mental health areas. She said that she had met with Mari Brannigan and Mari is concerned that this would mean no therapy for these patients. Kate commented that therapets are visiting elderly care wards at New Victoria ACH. It was agreed to have therapets in mental health and elderly care wards only and not in acute or children's hospital.
- During August/September Kate and Lynn to trial the use of sporacidal wipes. Lynn commented that this was raised at a CF meeting as some people had allergies to chlorine based detergent.
- In GRI Kate advised that a couple of wards are to be refurbished and one of the single side rooms will not have an en-suite.
- Quality Improvement work regarding line related SABs is ongoing at GRI. Kate reported that Lismy is looking at the evidence of usage of PVCs, when they are put in and if not used within a 24 hour period.
- Christine reported of an audit on contaminants for blood cultures and asked if anybody knew how to progress this. Joan replied that she had met with Lesley Shepherd from HIS and she said the cost for this is neutral. Sandra advised that she will contact Lesley Shepherd to ask for any financial information and Christine agreed to take this forward in lab directorate. Christine also stated that Nitish is arranging for a rep to discuss blood cultures at an event.
- In relation to PICC lines and VRE line information Christine reported that she received information from ID Physician regarding PICC infections in OPAT patients. Teresa replied that Ann's team will take this forward and can set a tag manually on ICNET. Karen McGugan sent through a list of patients and these can be checked for blood cultures.
- Sandra commented that she reviewed the papers for the Incident Group and the paper stated that the initial HIIAT can be completed by Infection Control Team
- The Risk Register has been updated and Michael Gillman has received a copy of this and a note of the three highest ranked risks.
- In PHPU Iain reported that Linda De Caestecker is returning as Director of Public Health.
- HSE are planning an announced visit to Occupational Health and Iain advised that this was regarding BBV in the number of patients / staff.
- The Environmental Health Care Commission have started to check care settings on their nappy changing area as it should be separate from routine care.

SMcN

20. Date and time of next meeting

The next meeting scheduled for 25 August will now be an OD day for Infection Prevention and Control staff and the theme will be Structure Dynamics. The next meeting of SMT will be Thursday 29 September 2016 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.

**Thursday 29 September 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Dr Teresa Inkster	TI	Lead Infection Control Doctor
Sandra McNamee	PJ	Associate Nurse Director, Infection Control
Dr Linda Bagrade	LB	ICD, Clyde
Lynn Pritchard	HC	Lead Infection Control Nurse, South Glasgow
Dr Aleks Marek	AM	ST4
Dr Alison Balfour	AB	ICD, Partnerships
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Dr Iain Kennedy	IK	Consultant, Public Health
Gillian Bowskill	GB	Senior Infection Control Nurse, North
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
James Shepherd	JS	Microbiology Trainee

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Tom Walsh	Kate Hamilton	Ann Kerr	Joan Higgins	Christine Peters
Andrew Smith	Brian Jones		Paul Robertson	

Item	Action
<p>1. Welcome & Apologies Teresa welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 29 September 2016 The minutes of the previous SMT meeting held on 29 September 2016 were accepted with the following amendment:</p> <ul style="list-style-type: none"> - Page 2, North update, last bullet point – should read “Kate stated that a staff member <p>i Rolling Action List It was agreed that Item 19 was the only action outstanding. Sandra confirmed that she is waiting on a reply from Lesley Shepherd.</p>	
STANDING ITEMS	
<p>3. Matters Arising There were no matters arising that were not on the agenda.</p>	

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update The IC Sector updates for August were distributed with the agenda.</p> <ul style="list-style-type: none"> • South Glasgow (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported that there were several leaks reported in the neuro building and this has now been resolved. • The previous Ebola patient has been readmitted for a lumber puncture procedure. • Incident in Endoscopy when an endoscope was reused. This was scored as a green HIIAT. Lynn stated that they checked Datix and there have been two incidents when endoscopes were reused. Sandra advised that this was raised at the Decontamination Group meeting and Andrew Smith is to raise this with Alan Stewart. • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • Kirsty updated that there was a ward closed with loose stools in GGH with no confirmed positive samples. • Two norovirus outbreaks in mental health wards at Parkhead with confirmed samples. • Unannounced HEI visit to GGH on 25th August. • North (Gillian Bowskill) <ul style="list-style-type: none"> • Gillian reported that the CDI trigger for Ward 20/21 was breached. She advised that as a sample was not frozen it could not be sent for typing and Teresa said that she will raise this with the labs. • In theatres Gillian advised that the audit results were poor and one theatre had a red score and another couple of theatres had amber scores. • South Clyde (Linda Bagrade) <ul style="list-style-type: none"> • Linda updated that there was a water and sewage leak in coronary care room at RAH which is used for emergency pacemaker insertion. • The refurbishment of ITU is ongoing. Teresa reported that we have been asked to comment on the refurb and to complete a PA 2 form to acknowledge that we are aware of the project and the associated risks, however it was agreed by all that doing this before we know the scope of the project was not practicable. • Legionella was found during routine sampling of the water in low risk clinical areas at the Vale of Leven despite guidance stating that these types of areas should not be sampled for infection control reasons. It was agreed that this would be raised again at the GGC water group. • In IRH one patient had multidrug resistant Acinetobacter. • Couple of wards in RAH have closed recently due to presumed norovirus. • Chlorine clean which was introduced in RAH early and is being implemented on other sites as from 1st October 2016. • South Glasgow – Paediatrics (Pamela Joannidis) <ul style="list-style-type: none"> • Pamela provided an update on the Serratia outbreak. She said that there were 12 babies in total and 3 remain in the unit. The last new case was 12th September and typing is awaited for 2 patients. Alison commented that it takes more than 4 weeks for typing to be returned. The HIIAT remains green and there will be no IMT unless there is another case. She said they will focus on cleaning, practice and hand hygiene for the area. The water and the environment have been sampled with results due tomorrow. Pamela stated that they also looked at the sinks as some of these had black substance coming from them. 	<p>TI</p> <p>TI/PJ</p>

Item	Action
<ul style="list-style-type: none"> • Lynn commented that there is an increase number of sinks that are slow to drain. Teresa asked Lynn to let her know of any problems in the QEUH and said that she will inform Ian Powrie of the sinks. There is one confirmed case of HAI Aspergillus but the patient has now been transferred to the ward from PICU. This incident has now closed. • There is an investigation of 5 cases of VRE in the Oncology ward at RHC (all different) and Pamela advised that this unit is being monitored. Teresa met with Tim Bradnock, Consultant Paediatric Surgeon to discuss the increased incidence of VRE and agreed that the focus will be on education and training in relation to line insertion and maintenance • Teresa and Pamela attended a S. epidermidis blood stream infection debrief meeting and a report is to be issued and learning shared. 	TI
<p>5. HAIRT Report – August Update</p> <p>A copy of the HAIRT report for August was distributed with the agenda and Sandra stated that Dr Armstrong has asked for lessons learned from the HEI inspections to be included in reports.</p>	
<p>6. Acute Services Committee (ASC) HAI Report – September Update</p> <p>The Acute Services HAI Report was distributed with the agenda and noted.</p>	
<p>7. IPC Work Plan</p> <p>The draft IPC Work Plan for September was issued with the agenda. Sandra provided an update:-</p> <ul style="list-style-type: none"> • IPCT to include a paper regarding roles and responsibilities in relation to new builds and renovations and if deviate from Building Note to inform IPC. • Lead Nurses have created a HAI Scribe folder with a rolling list. • All of the Point Prevalence Study is completed at QEUH and Sandra thanked everybody who is participating in this. 	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>With regards to water coolers Teresa reported that a draft document from HFS informed that no coolers should be in high risk areas. Until the guidance is finalised it was agreed that no coolers should be removed or installed meantime.</p> <p>The Pseudomonas Risk Assessment and SOP were issued for comments and Pamela asked where this should sit on the website. It was agreed that this should sit on the Facilities website. Ann to send out a copy of the SOP and Risk Assessment to the group.</p> <p>Water sampling continues in NICU/PICU and if there are flow straighteners this will take place in Adult ICUs, and BMT units are to be checked.</p> <p>ii) Theatre Maintenance & Management Group</p> <p>The group are to meet next week. Teresa reported that all theatres in QEUH were sampled and were satisfactory.</p> <p>iii) Infection Control Policy Group</p> <p>The following SOPs were approved at the BICC:-</p> <ul style="list-style-type: none"> • Whooping Cough SOP • Procedure for the Development and Approval of IPC Policies, SOPs and Patient Information. 	AL

Item	Action
<p>Pamela advised that the following SOPs will be reviewed at the next Policy Group meeting.</p> <ul style="list-style-type: none"> • Staff Screening • CJD • Meningitis <p>She asked for any comments to be sent to her or Linda before the next meeting on Tuesday. The Staff Screening SOP will also be forwarded to the staff side group for review.</p> <p>iv) Education Group Lynn reported that the group are looking at education for medics as each site carries out different training and to try and get the training the same across all sectors. Kate is also doing work with Glasgow University to try and educate medics before they come to the hospital. Brian Jones has offered a one hour training slot and Christine Peters has agreed to do this. With regards to consultants Teresa advised that Dr Armstrong is taking this forward.</p> <p>At the IPS Conference Alison commented that they had an app that could go onto a tablet and Alison said that she will look into this.</p> <p>v) Decontamination Group At the last meeting a couple of SOPs were approved. Sandra reported that Andrew Smith is the chair of this group and will provide a rolling action list which will be forwarded to AICC.</p> <p>vi) Person Centred Care Pamela reported that she and Joan were interviewed by the Public Partner from HEI. Sandra advised that positive comments were received from HEI with regards to ICNs visiting patients in isolation.</p> <p>vii) CPE Group In relation to CPE Teresa reported that she did a look back exercise and 146 patients were screened and four were positive for CPE. One patient was a known positive and three were new cases.</p> <p>Pamela issued to the group a set of questions and stated that the three questions will now be included in the nursing documentation (NAD). Gillian asked what the protocol was if a patient refuses a rectal swab and stool specimen and it was agreed that there is nothing we can do to enforce this.</p> <p>There was a discussion about the management to CPE patients in the community and nursing homes. Iain reported that the HMRI Programme Board reviewed and rejected a draft document. Iain will ask for an update at the next meeting. Kirsty advised that she received an email from Linda Hamilton to say the community guidance is in its final stages.</p>	<p>AB</p>

Item	Action
<p>It was agreed that if the CRA was positive and the patient screened negative there was no need to do anything.</p>	All
<p>Any comments on the questions issued are to be returned to Teresa.</p>	
<p>viii) Audit Group</p>	
<p>The next meeting of the Audit group is scheduled for 11th October. Kirsty reported that they are looking at the outpatients tool, a tool for interventional radiology and dental.</p>	
<p>Pamela reported that three audits have been completed and she updated that the tool seems to be working well. Gillian commented that when you go into actions it disables items and she is compiling a list of things that arose when testing the tool. The mental health audit tool will be tested tomorrow afternoon. Pamela asked that any issues be emailed to her.</p>	
<p>9. Project Update:</p>	
<p>i) MRSA Screening</p>	
<p>The figures for MRSA screening are included in the directorate reports.</p>	
<p>ii) SAB & CDI HEAT Target</p>	
<p>For the latest quarter January – March Sandra reported that there has been an increase in CDI cases with 117 cases reported for Quarter 3 with no real link between cases.</p>	
<p>With regards to SABs, as of today, there are 103 cases for Quarter 3 which is 30% against the Heat Target.</p>	
<p>Teresa advised that new initiatives have been introduced e.g. MRSA screening in Renal and Sandra commented that Dr Armstrong gave us a link to the Renal Registry.</p>	
<p>There was also poor compliance with the basics in regard to CVCs in Renal. Sandra reported that they are trying to introduce the DRIFT system which is to try and not put in a line if it is not required. She said that there is a suggestion to train the Advance Nurse Practitioners to put mid and PICC lines in. An analysis of how many lines have been used within a 24 hour period is being looked at. James commented that in an A&E in England 60% of the lines that were put in did not get used.</p>	
<p>iii) IPCAT</p>	
<p>As discussed previously.</p>	
<p>iv) SSI Surveillance Update</p>	
<p>Surveillance is ongoing for ortho, c-section and neurosurgery.</p>	
<p>v) E-Coli Bacteraemia Surveillance</p>	
<p>Sandra advised that there is a strategy for community SICPs.</p>	
<p>vi) Point Prevalence Study</p>	
<p>The study is ongoing.</p>	

Item		Action
10.	<p>PHPU Update</p> <p>Iain provided an update from PHPU:-</p> <ul style="list-style-type: none"> • Anne McDonald is retiring and Ruth Wilson is also leaving the unit. • There is an outbreak of Cryptosporidium in Greenock Swimming Pool. • A measles outbreak which has been linked to an Indonesia cultural event although there are no patients in GGC. • HPS issued an alert for Enterovirus D68 with a cluster of cases in Lothian, Fife. All patients are under 6 years old but there appears to be no epi link with cases. There was one case in Glasgow three weeks ago but HPS do not think the case is linked. Teresa said that she had spoken to Virology and they said they will offer testing. • The flu campaign has started and Iain encouraged all staff to have the vaccine. • Pamela reported of a Rhinovirus/Enterovirus case on ICNET. She asked if the patient should be treated as Rhinovirus unless they have symptoms of Enterovirus D68 and it was agreed that a Rhinovirus case should not be isolated. Iain to ask Jim McMenamin what we ask for an immediate test on. 	IK
11.	<p>Finance Report</p> <p>Nil to update.</p>	
12.	<p>HEI Reports</p> <p>There have been two HEI inspections with one of these to GGH. Sandra reported that the inspectors found duct tape on a theatre mattress.</p> <p>The other inspection was to RHC where the feedback from parents and children were good and most of the actions were for Domestic Services</p>	
13.	<p>Clinical Governance Related Guidance</p> <p>Copies of the latest Clinical Governance Related Guidance notes were issued with the agenda.</p>	
INFECTION CONTROL GOVERNANCE		
14.	<p>IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries)</p> <p>Sandra reported that there was a press enquiry regarding 42 SSIs at QEUH .</p>	
COMMUNICATIONS/ FEEDBACK		
15.	<p>Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS		
16.	<p>New Business</p> <p>i) CDI Severity Assessment</p> <p>Discussion took place regarding equivocal results for CDI. It was agreed to use the treatment as a trigger and to treat as if positive.</p> <p>ii) Staff Governance Plan</p> <p>A copy of the draft Staff Governance Plan was issued with the agenda. Teresa advised that Dr Armstrong asked for this to be completed and asked for any comments on Plan by 14th October 2016.</p>	All

Item	Action
<p>iii) Use of Dermol as a Substitute for Plain Liquid Soap Pamela reported that there is a cost issue associated with using Dermol and that we would need to speak to Occupational Health for their advice. Sandra suggested contacting the General Manager for a decision.</p>	
<p>iv) iMatter The follow up to iMatter will be issued again in October and some members may receive this twice.</p>	
ITEMS FOR NOTING	
17. Meetings Update:	
<p>i) <u>Lead Nurse Meeting</u> At the last Lead Nurse meeting Sandra reported that they discussed CPE questions.</p>	
<p>ii) <u>ICD Meeting</u> Teresa advised that there was nothing raised that was not on the agenda.</p>	
<p>iii) <u>Board Infection Control Committee</u> A copy of the agenda for the latest BICC meeting and previous minutes were distributed with the agenda.</p>	
<p>iv) <u>Acute Infection Control Committee</u> The agenda for the Acute Infection Control Committee held in September and the minutes of the meeting in July were distributed with the agenda.</p>	
<p>v) <u>Partnership Infection Control Support Group</u> A copy of the agenda for the latest meeting in September was issued. The previous meeting in July was cancelled due to the number of apologies.</p>	
18. Review of Actions and Decisions	
<ul style="list-style-type: none"> • Teresa to raise with the labs regarding samples not being frozen • Lynn to let Teresa know of any sinks that are slow to drain at the QEUH site and Teresa to inform Ian Powrie of this. • The Pseudomonas Risk Assessment and SOP to be issued to SMT. • At the IPS Conference Alison commented that they had an app that could go onto a tablet and Alison said that she will look into this. • Any comments on CPE questions and answers that were issued are to be returned to Teresa. • Pamela reported of a Rhinovirus/Enterovirus case on ICNET. She asked if the patient should be treated as Rhinovirus unless they have symptoms of Enterovirus D68 and it was agreed that a Rhinovirus case should not be isolated. Iain to ask Jim McMenemy what we ask for an immediate test on. • Any comments on the Staff Governance Plan to Teresa by 14th October 2016. • Linda to escalate her concerns regarding RSV testing to Brian Jones. 	

Item	19. Any Other Competent Business	Action
	<ul style="list-style-type: none"> • Pamela raised the issue of specimen turnaround from Virology for RSV. Linda commented that RAH were not included in the financial costs for RSV testing and are not allowed to order any more kits. Teresa suggested to escalate her concerns to Brian Jones. A meeting is proposed for next week and Teresa commented that she hopes the meeting looks at starting the testing at GRI and include wards B7/B8/B9. In RHC Pamela advised that they are to start training and kits have been released. • Drumchapel Hospital is closing on 2nd October and Kirsty reported that two wards are moving to GGH. • Kirsty stated that there was a patient with PVL although the patient was not marked as being PVL. Sandra spoke to Ann Kerr about this who asked Elaine to formulate a list which we could tag. • HEI have issued a ward closure protocol where they will have the authority to close a ward if there is a flood etc. • Sandra reported that PCP has been added as an alert. 15 – 20 cases have been identified and Pamela is create XPs for these. • As Christine is leaving SMT Teresa wished to pass on her thanks to Christine for her hard work and contribution to Infection Prevention and Control. 	LB
	<p>20. Date and time of next meeting</p> <p>The next meeting is scheduled for 27 October 2016 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Thursday 27th October 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Sandra McNamee	SM	Associate Nurse Director, Infection Control
Dr Linda Bagrade	LB	ICD, Clyde
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Dr Aleks Marek	AM	Consultant Microbiologist, North Glasgow
Dr Alison Balfour	AB	ICD, Partnerships
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Kate Hamilton	KH	Lead Infection Control Nurse, North Glasgow
Ann Kerr	AK	Lead Surveillance Nurse
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Graham Quigley	GQ	Senior Infection Control Nurse, South Clyde
[REDACTED]	[REDACTED]	[REDACTED]
Dr Saranaz Jamdar	SJ	Consultant Microbiologist, Clyde

In Attendance

Calum MacLeod (Minutes) Administrator Infection Control

Apologies Received

Andrew Smith Paul Robertson Dr Iain Kennedy Brian Jones Joan Higgins

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 29 September 2016 The minutes of the previous SMT meeting held on 29 September 2016 were accepted with the following amendment:</p> <ul style="list-style-type: none"> - Page 1, Dr Aleks Marek title should read – Consultant Microbiologist - Page 2, South Glasgow, first bullet point should read - several leaks reported in the Neuro building where works are ongoing to resolve this. - Page 2, South Clyde, first bullet point should read - coronary care which is used for emergency pace makers - Page 2, South Clyde, second bullet point should read – these types of areas should not be sampled by engineers. - Page 5, Project Update Part ii should read - latest quarter July-September <p>i Rolling Action List Tom asked the group if the rolling action plan was useful in which the group agreed it was.</p> <p>Item 19 was the only action outstanding. Sandra will chase up Lesley Shepherd regarding financial information relating to blood cultures.</p>	SM

Item	Action
STANDING ITEMS	
3.	<p>Matters Arising There were no matters arising that were not on the agenda.</p>
4.	Sector Update
i)	<p>Geographical Sector Update The IC Sector updates for September were distributed with the agenda.</p>
	<ul style="list-style-type: none"> • South Glasgow (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported on a higher number of SABs. • Increase in Pseudomonas in ITU. 4 isolates have been sent for typing – 2 of which were HAI to ITU1. HIIAT score of Green. Pseudomonas checklist completed. • A three year plan to improve drainage in the Institute building is being discussed. • Lynn has contacted all SCN within the QEUH main building regarding slow draining sinks to report back to her of any issues so she can pass along to estates. • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • An SOP for RSV, Flu A & Flu B near patient testing is being developed. • An increase in VRE at the Beatson. The lab is putting together a protocol for VRE admission screening. • Problems with improvement work within the West ACH. Numerous sinks and a hydrotherapy pool are not being used. It was agreed that this will be escalated to facilities at the next AICC as all unused sinks should be flushed on a regular basis. • North (Kate Hamilton) <ul style="list-style-type: none"> • Dr Inkster raised with Mairi Macleod and the quality team regarding a CDI sample that was not frozen which in turn could not be sent for typing. This followed a CDI trigger for Ward 20/21. • Kate advised that the audit results of theatres were poor and one theatre had a red score and several theatres had amber scores. Kate has met with the Senior Charge Nurse of theatres and organised education sessions. A Consultant Anaesthetist is helping to rectify the problems also. • Ward 27 is currently closed but is reopening today (27/10/16) following a terminal clean. • Unannounced HEI visit to the PRM on 19th October. Stained mattress in NICU, wrong temperature for breast milk fridge and staff knowledge regarding blood/body fluids was poor. The emergency birthing room seems to have been miscategorised by facilities so had some cleaning issues. There were also issues with near patient equipment. Since the visit the room has been emptied, cleaned and dirty mattress has been replaced with a clean one. Hand hygiene, cleaning and staff behaviour were all commended. A re-visit was carried out today (27/10). • South Clyde (Graham Quigley) <ul style="list-style-type: none"> • 3 RAD wards were closed in RAH (Wards 3, 5 & 7). Ward 7 confirmed Norovirus result and was reopened today 27/10/16. The other two wards (3 & 5) have also been reopened. • Two outbreak meetings were conducted during the ward closures and a HIIAT score had been done.

TW

Item	Action
<ul style="list-style-type: none"> • South Glasgow – Paediatrics (Pamela Joannidis) <ul style="list-style-type: none"> • Pamela provided an update on the Serratia outbreak stating that the outbreak was closed by the ICD on 13/10/16. There has been one new case and the IPCT are currently monitoring it. It was agreed that an IMT will be held if - <ul style="list-style-type: none"> ○ 3 Serratia colonised patients ○ 2 +ve sterile body site ○ Or a combination of the both • Ward 2A (PICU) 5 cases of Serratia. 2 of the patients are colonised Serratia patients with complex needs. 1 patient died but Serratia was not on the death certificate. All 5 typing results came back as unique strains. Environment and water were screened for Serratia and Pseudomonas which came back negative. IPCT held 2 IMTs and also met with domestics and facilities regarding cleaning. • Water sampling within PICU and NICU will be undertaken every 6 months • Every patient admitted with query Enterovirus will be put into a SSR until virology comes back in case it is type D68. This follows an HPS alert for Enterovirus D68 with a cluster of cases in Lothian. • 2 requirements were made from the HEI inspection both are not related to Infection Control. 	
<p>5. HAIRT Report – August Update</p> <p>A copy of the HAIRT report for October was distributed with the agenda.</p> <p>A 39% increase in CDI patients was reported in the third quarter. The bulk of them were community cases.</p>	
<p>6. Acute Services Committee (ASC) HAI Report – September Update</p> <p>Nothing to report</p>	
<p>7. IPC Work Plan</p> <p>Point Prevalence Study is complete at QEUH, RHC, Glasgow Royal Infirmary and PRM. Sandra thanked everybody who is participating in this.</p> <p>Mental Health and Theatre audits are now on SIGMA dashboard.</p> <p>Tom is to look into our remit surrounding social care in relationship to partnership areas.</p> <p>Tom will speak to Dr Iain Kennedy to clarify what Public Health and the IPCT do within Health & Social Care partnerships.</p>	<p>TW</p> <p>TW</p>
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>Sandra is to contact Mary Ann Kane regarding the out of date water policy link on our website to see if there is new guidance that can be uploaded.</p> <p>ii) Theatre Maintenance & Management Group</p> <p>All validations are currently on track. The RHC and QEUH validation is currently being worked through.</p> <p>Filters within the QEUH are only getting 18 months use before needing replacement. The filters should have a 3-5 year life span. This may be due to them being fitted prior to handover of hospital.</p>	<p>SM</p>

Item	Action
<p>Dr Inkster and Tom Walsh met with Ian Powrie and Alan Gallagher about theatre ventilation. A pilot for annual validation is being carried out in the QEUH.</p>	
<p>iii) Infection Control Policy Group The following SOPs were approved at the BICC:-</p> <ul style="list-style-type: none"> • Whooping Cough SOP • Procedure for the Development and Approval of IPC Policies, SOPs and Patient Information. 	
<p>Meningitis Meningococcal policy is next to be reviewed.</p>	
<p>Staff screening policy has got a 1 year extension. Outbreak policy has been given a 6 month extension.</p>	
<p>Updates on National Manual states that no sterile gloves are required for minor procedures. Pamela has sent the Chief Nurse an email to clarify and is waiting response.</p>	PJ
<p>Pharmacy and Occupational Health – exposure to TB, vaccine for HCSW is in short supply and is not normally recommended. Pamela has sent emails to Lisa Ritchie at HPS as HCSW are low risk so unsure why this is a recommendation.</p>	PJ
<p>IPCT CVC/PVC insertion and maintenance SOPs are a subsidiary of the main NHSGGC Vascular Access Device policy. Every speciality has their own protocol due to different lines used. The current SOPs are due for review in November 2016, however there is no time frames for the main policy document so there may be problems with alignment. The group agreed that the IPC SOPs were robust and the risk for not renewing in the time frame is minimal. Tom Walsh is to contact Elaine Love regarding the time frame for the review of the GGC Vascular Access Device policy and IPCT will update the subsidiary SOPs if required.</p>	TW
<p>iv) Education Group Lynn reported that NES are on track with the new Cleanliness Champions programme.</p>	
<p>7 of the 10 SICPs have been sent out for comment.</p>	
<p>Kate Hamilton has been in contact with a graduate medical educator who is going to send her all the Infection Control items from their FY1 training schedule. Kate will collate these items and send to Dr Balfour, Dr Inkster and Lynn Pritchard for comment on content and possible additions. It was suggested that this training could be made mandatory and linked to their appraisal.</p>	KH
<p>Lynn has been asked if NES could use stills from the PVC/CVC video which Sandra & Tom confirmed that she could.</p>	
<p>v) Decontamination Group The response time in which enquiries are dealt with has been tightened up.</p>	
<p>A short life working group to review the used and maintenance of Trofon machines (decontamination system for trans vaginal probes) is being set up. Terms of reference will be circulated and confirmed by those required to attend.</p>	
<p>Alan Stewart & Andrew Seaton are compiling a list of pros & cons regarding the use of red/green tags to identify used and unused scopes.</p>	

Item	Decontamination Group Contd	Action
	Discussion surrounding where PPE waste goes within a decontamination unit was discussed. It was confirmed that within the dirty room PPE should be disposed of in a clinical waste bin. In the clean room PPE should be disposed of in a general waste bin. Kate Hamilton will inform Alan Stewart regarding this.	KH
	The disposal of Theatre Hats is to be taken to the Theatre group and ask how they dispose of these hats. In the interim they are to be disposed in domestic waste bins.	KH
	vi) Person Centred Care Nil to report.	
	<p data-bbox="188 683 1406 815">vii) CPE Group Education session with renal physicians in relation to screening of out patient attending dialysis who had been abroad was discussed and it was agreed that due to the logistics of this that it was not feasible in this particular group.</p> <p data-bbox="260 851 1358 916">Dr Inkster will send out Q&A sheet for CPE screening which will be updated with the guidance to be used.</p> <p data-bbox="260 952 1377 981">Kirsty is to contact Linda Hamilton/Jacqui Reilly for CPE guidance in non acute areas.</p> <p data-bbox="260 1016 1347 1081">CPE screening questions are going into the Nursing Assessment Document (NAD). Maternity & Paediatric will use stickers instead of NAD.</p>	KF
	<p data-bbox="180 1113 1366 1178">viii) Audit Group The Out Patient audit tool is awaiting sign off and will then be added onto the tablets.</p> <p data-bbox="260 1214 1070 1243">All Synbiotix manuals are up to date and on the IPCT website.</p> <p data-bbox="260 1279 1386 1344">All sectors to ensure they have the most up to date version of IPCAT on their tablet. If not up to date teams to contact Ruchi Lalwani.</p>	ALL
9.	Project Update:	
	<p data-bbox="212 1408 1185 1473">i) MRSA Screening The figures for MRSA screening are included in the directorate reports.</p> <p data-bbox="260 1509 1414 1574">Dr Inkster will send out guidance for comment on screening for Renal patients for MSSA pre line insertion.</p>	TI
	<p data-bbox="204 1601 1410 1700">ii) SAB & CDI HEAT Target An action plan regarding increase SABs in Oncology/Haematology wards is currently being worked on by Ann Gow.</p> <p data-bbox="260 1736 1410 1830">HPS are to introduce CDI testing in 3 -15 year olds, but NHSGGC will not be required to report them. A local group is to be set up by Dr. Inkster to look at the guidance and make recommendations in relation to treatment, severity assessment etc.</p>	
	iii) IPCAT As discussed previously.	
	iv) SSI Surveillance Update Surveillance is ongoing for ortho, c-section and neurosurgery.	

Item	Action
<p>v) E-Coli Bacteraemia Surveillance Sandra advised that there is a strategy for community SICPs.</p> <p>vi) Point Prevalence Study The study is ongoing. The 25% of non acute hospitals will consist of Gartnavel Royal and Mearnskirck.</p>	
<p>10. PHPU Update Dr Kennedy was unable to make the meeting so could not give an update from PHPU</p> <ul style="list-style-type: none"> • Pamela reported of a Rhinovirus/Enterovirus case on ICNET. She asked if the patient should be treated as Rhinovirus unless they have symptoms of Enterovirus D68 and it was agreed that a Rhinovirus case should not be isolated. Iain to ask Jim McMenamin what we ask for an immediate test on. 	IK
<p>11. Finance Report The IPCT has been given a saving target of 2% for the next financial year.</p>	
<p>12. HEI Reports HEI Inspection at the PRM last week.</p> <p>HEI inspection at the RHC had two requirements both of which were not related to the IPCT.</p>	
<p>13. Clinical Governance Related Guidance Nothing to report</p>	
INFECTION CONTROL GOVERNANCE	
<p>14. IC Official Responses (Complaints / FOIs / PQs / Legal Enquiries) It was agreed that this item will be dropped from the agenda.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>15. Core and Divisional Team Brief Copies of the latest Briefs have been issued.</p> <p>Consultation on Lightburn Hospital and the Paediatric service at the RAH was highlighted.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>16. New Business</p> <p>i) HPS Consensus Document - Outbreak Sandra and Dr Inkster feedback their concerns regarding the definitions surrounding the Outbreak document. They have asked for clarification on some of their terminology, clarity on definitions and guidance on how to use the document.</p> <p>ii) CRT Process SBAR A rapid clinical review for SABs. Put into a governance structure so when a Datix is created it will result in a clinical review. Any further comments can you please send to Sandra.</p>	All

Item	Action
ITEMS FOR NOTING	
17. Meetings Update:	
i) <u>Lead Nurse Meeting</u> Sandra advised there was nothing raised that was not on the agenda.	
ii) <u>ICD Meeting</u> Teresa advised that there was nothing raised that was not on the agenda.	
iii) <u>Board Infection Control Committee</u> No update	
iv) <u>Acute Infection Control Committee</u> No update	
v) <u>Partnership Infection Control Support Group</u> No update	
18. <u>Review of Actions and Decisions</u>	
• Sandra will chase up Lesley Shepherd regarding financial information relating to blood cultures.	SM
• Problems with improvement work within the West ACH. Numerous sinks and hydrotherapy pool are not being used. It was agreed that this will be escalated to facilities at the next AICC as all non used sinks should be flushed on a regular basis.	TW
• Tom is to speak to Dr Iain Kennedy to get clarification to see what Public Health and the IPCT do within Health & Social Care partnerships.	TW
• Sandra is to contact Mary Ann Kane regarding the out of date Pseudomonas policy link on our website to see if there is new guidance that can be uploaded.	SM
• Updates on National Manual states that no sterile gloves are required for minor procedures. Pamela has sent the Chief Nurse an email to clarify and is waiting response.	PJ
• Pharmacy and Occupational Health – exposure to TB inoculation to HCSW in short supply. Pamela has sent emails to Lisa Ritchie at HPS as HCSW are low risk so unsure why they are receiving this.	PJ
• Tom Walsh is to contact Elaine Love regarding the Vascular Access Device policy so it can be quality assured.	TW
• Kate will collate the Infection Control FY1 items and send to Dr Balfour, Dr Inkster and Lynn Pritchard.	KH
• Kate Hamilton will inform Alan Stewart about the disposal of PPE within decontamination units.	KH
• The disposal of Theatre Hats is to be raised at the next Theatre Group.	KF
• Kirsty is to contact Linda Hamilton/Jacqui Reilly regarding CPE guidance for non acute areas.	ALL
• Can all sectors make sure they have the most up to date version of Synbiotix on their tablets.	TI
• Dr Inkster will send out guidance for comment regarding screening of renal patients pre line insertion.	IK
• Dr Iain Kennedy is to ask Jim McMenamin what we ask for an immediate test on for Enterovirus D68	

Item	Action
<p>19. Any Other Competent Business</p> <ul style="list-style-type: none"> • Kate raised an issue with NICU staff who have skin problems from using the hand hygiene products. Occupational Health has advised staff to use Dermol 500. Kate asked if it would be possible to have Dermol 500 dispensers at CHWB instead of having numerous bottles. The group did not agree with this proposal as staff are to use the Dermol 500 for 2 weeks and then be reviewed by Occupational Health. In addition the efficacy of Dermol as a hand sanitizer was not fully understood. • Ann Kerr asked if anyone had seen the hot topic on Staffnet regarding blood awareness day. Dr Inkster informed Ann that this was organised independent from microbiology department. • Kirsty informed the group that Oral Health will be coming back to Regional. • Dr Inkster had a meeting about antibiotic prescribing with Andrew and Isobel for CDI patients. • Organisational structure report from “imatters” will happen at the end of November/start of December 	
<p>20. Date and time of next meeting</p> <p>The next meeting is scheduled for 24 November 2016 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Thursday 24th November 2016
at 1.30pm**

Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Sandra McNamee	SM	Associate Nurse Director, Infection Control
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Dr Alison Balfour	AB	ICD, Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Kate Hamilton	KH	Lead Infection Control Nurse, North Glasgow
Dr Iain Kennedy	IK	Consultant, Public Health
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
██████████	██	██████████

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Kirsty Ferguson Ann Kerr Dr Linda Bagraade Dr Aleks Marek Andrew Smith

Item

Action

1. Welcome & Apologies

Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.

2. Minutes of SMT Meeting held on 27 October 2016

The minutes of the previous SMT meeting held on 27 October 2016 were accepted as an accurate record.

i Rolling Action List

A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.

- It was agreed that the Pseudomonas Policy will sit on the Infection Control website as a linked policy.
- Tom to contact Margaret Connolly regarding the Vascular Access Policy.

TW

STANDING ITEMS

3. Matters Arising

There were no matters arising that were not on the agenda.

4. Sector Update

i) Geographical Sector Update

The IC Sector updates for October were distributed with the agenda.

• North (Kate Hamilton)

- Unannounced HEI visit to the PRM on 19th October.
- Ward 18/19 closed with 7 patients with loose stools.

Item	Action
<ul style="list-style-type: none"> • 1 severe CDI case in ICU West. • Known positive CPE patients that are in single side rooms. • Theatres were reaudited and had an amber score this time compared to red in the previous audit. Kate stated that she is to meet with Ann Francis as she said they felt unwelcome in the ward. Sandra advised that she will also attend this meeting and if any further problems to escalate this to the Associate Chief Nurse. • South Clyde (Joan Higgins) <ul style="list-style-type: none"> • 3 wards were closed in RAH with confirmed Norovirus in 2 of the wards. • Joan reported that there is a new ICU in RAH whereby money had been approved to relocate this. • South Glasgow (Lynn Pritchard) <ul style="list-style-type: none"> • There has been an increase in Pseudomonas with 4 patients and 2 were of the same profile of pseudomonas. ■■■ reported that they are looking at the timeline and 1 patient may have overlapped. Teresa said that she has asked Ian Powrie to check the water. • A slight increase in CDI with between 4 and 6 cases since August. • Trigger in Ward 5b with 3 CDI cases. Stefan to carry out a hand hygiene audit and a Pharmacist is to look at the cardex. • Ward 62 was closed on Sunday by the on call microbiologist but reopened yesterday. • South Glasgow – Paediatrics (Pamela Joannidis) <ul style="list-style-type: none"> • Pamela provided an update on the Serratia outbreak stating that the outbreak was closed in October. There have been no new cases or IMT meeting. Concern was expressed regarding cleaning in NICU and this was raised with the Service Manager. The Manager approached Facilities and they asked for an increase in their budget and this was agreed and Teresa has a meeting arranged with Billy Hunter. She also said they carried out environmental screening and swabbed the humidity tanks and taps. A theatre audit was carried out which scored 70%. Teresa said she was concerned regarding the perfusion equipment and has photographs of the area and informed Jennifer Rodgers. • Alison reported that they have imprint plates and have pictures which could be forwarded to the Education Group to be part of the Statutory Mandatory training. • West & Partnerships (Alison Balfour) <ul style="list-style-type: none"> • Ward 5C, GGH was closed due to confirmed norovirus with 5 patients. 	
<p>5. HAIRT Report – No Update</p> <p>Nil to update.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector</p> <p>A copy of the above report was distributed with the agenda. Tom advised that this report details the key components of the directorate reports.</p> <p>Tom, Sandra and Teresa have individual meetings arranged with sector representatives of AICC.</p>	
<p>7. IPC Work Plan</p> <p>Mental Health and Theatre audits are now up and running and Sandra reported that we are now looking at audits for outpatients and decontamination.</p>	

Item	Action
<p>With regards to new builds a meeting was arranged with David Loudon and Tom confirmed that we now have a sign off process and IPCT members may in future be asked to formally sign off on any future plans.</p>	
<p>Joan suggested that we look at responsibilities for HAI Scribe as work is carried out without informing Infection Control. Sandra advised that Mary Anne Kane said that Facilities need to lead the scribe and we should receive a plan of the work to be carried out next year. Joan informed that they have been invited to a meeting regarding ongoing works at RAH and IRH. She said that she is going to ask for the meeting to cover areas that Infection Control needs to be involved in.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p>	
<p>i) Water Safety Group Nil to update.</p>	
<p>ii) Theatre Maintenance & Management Group The group are to meet next week.</p>	
<p>iii) Infection Control Policy Group The next meeting of the group is scheduled for 14th December.</p>	
<p><u>Toy Cleaning Policy</u> In Partnership areas Alison commented that they have dollies for dementia patients but the policy does not mention therapeutic toys for adults. Pamela agreed to add wording to the SOP and Alison to forward Pamela the wording to be included.</p>	AB
<p>The CJD Policy is with Dr Kennedy for comments.</p>	
<p>iv) Education Group Lynn reported that the group met last week.</p>	
<p>The Principles of Aseptic Technique were issued from NES and have been sent to the Education Group for comments.</p>	
<p>Pamela updated that NES approached GGC to have a workshop on CAUTI reduction which Jan Clarkson will deliver.</p>	
<p>Sandra asked for an update on the induction programme. Alison said that she will contact Paul McKnight regarding the induction training on Infection Control for new doctors starting.</p>	AB
<p>v) Decontamination Group The next meeting of the group is scheduled for January 2017. Kate reported that the action list is in the process of being updated.</p>	
<p>vi) Person Centred Care A meeting has been arranged for beginning of December.</p>	
<p>vii) CPE Group It was agreed to delete this item from the agenda.</p>	
<p>viii) Audit Group The last audit is being developed and then will be upgraded to Sigma.</p>	

Item	Action
<p>9. Project Update:</p> <p>i) MRSA Screening The latest figures for MRSA screening are reporting that we are 89% compliant.</p> <p>ii) SAB & CDI HEAT Target Sandra McNamee reported that the CDI figures had increased in the third quarter but have gone back down again.</p> <p>iii) IPCAT As discussed previously.</p> <p>iv) SSI Surveillance Update In QEUH Lynn reported that there were 4 knee infections. Teresa stated that an Action Plan has been prepared and they are working through that.</p> <p>Kate also reported 2 SSIs in Ortho which included 1 hip and 1 neck of femur. On investigation they found it was relating to the foam pad which the packaging stated should be for single use but the department were using it more than once. This has now been rectified for single use only.</p> <p>v) E-Coli Bacteraemia Surveillance Tom advised that he has received no update from HPS and commented that he thought there would have been a revised target issued for the surveillance.</p> <p>vi) Point Prevalence Study The study completed last Friday and Tom thanked all staff who took part in the survey.</p> <p>A short paper was provided to BICC and Sandra updated on the main points of the document.</p> <ul style="list-style-type: none"> - In 2011 the rate was 4.7% and this time the rate is 3.4%. - There was an increased rate in RAH up from 3.5% to 4%. - The rate for QEUH is 4% and for GRI is 2.7%. - There was a decreased rate for GGH from 7.2% to 2.8% and for RHC the rate went from 6% to 3%. <p>Tom said that we can now look at further analysis of the data.</p>	
<p>10. PHPU Update</p> <p>Iain provided an update from PHPU:-</p> <ul style="list-style-type: none"> • Interviews are being held for a new Public Health Nurse. • Scottish Government are to launch a catch up for 16-18 year olds for the Men ACWY vaccine with 9,500 invitations being sent out to pupils. • HIV Stigma Campaign launch with the reintroduction of the stigma reporting system. • HPS recalled the M Chimaera meeting yesterday. This was prompted due to the change in America with CDC changing their guidance. The new suggested testing recommends that machines are only to be used in emergencies as machines are going to the manufacturers for a clean but still proving to be positive. Iain reported that in Scotland there have been no cases. In England, NHS England are looking to maybe carrying out a patient notification exercise with a pilot phase before the new year. This is being presented to ministers for discussion. The manufacturer issued a Safety Notice on 16th November. 	

Item	Action
<p>11. Finance Report Tom and Sandra met with Hugh Gibb and the budget position is balanced. Lead Nurses advised that they are not receiving their finance reports.</p>	
<p>12. HEI Reports Sandra reported that there have been recent HEI inspections at GGH and PRM. The Non Executive Board members requested that the information relating to the inspections are listed in the HAIRT.</p>	
<p>13. Clinical Governance Related Guidance Copies of the Guidance have been issued.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p> <p>i) <u>Scottish Antimicrobial Resistance and Healthcare Associated Infection – 5 Year Strategic Framework</u> Scottish Government published the above framework on 1st November 2016. Sandra advised that the report recommends that nurses and midwives be antimicrobial stewards. With regards to the SICPs national monitoring requirement there is a requirement for us to have a standard approach to monitor SICPs</p>	
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> No update.</p> <p>ii) <u>ICD Meeting</u> Teresa advised that there was nothing raised that was not on the agenda.</p> <p>iii) <u>Board Infection Control Committee</u> The next meeting of the group is scheduled for Monday.</p> <p>iv) <u>Acute Infection Control Committee</u> Discussion took place regarding therapeutics at the meeting. They agreed that this should be service led and not Infection Control led. Departments are to produce a protocol for Infection Control to look at. Iain reported that we are to have a Rabies Policy. The CRT Process document was approved at the meeting and will be presented to the BICC for final ratification.</p> <p>v) <u>Partnership Infection Control Support Group</u> No update</p>	
<p>17. <u>Draft Meeting Schedule</u> A copy of the meeting schedule for 2017 was distributed with the agenda and noted.</p>	

Item	Action
<u>Review of Actions and Decisions</u>	
<ul style="list-style-type: none">• Tom to contact Margaret Connolly regarding the Vascular Access Policy.• Alison to forward wording to Pamela regarding therapeutic toys for adults to be included in the Toy Cleaning Policy.• Alison said that she will contact Paul McKnight regarding the induction on Infection Control for new doctors starting.	
18. Any Other Competent Business	
<ul style="list-style-type: none">• Kate asked if a trainee should be in touch with a ward if a patient is presumptive mycobacterium. It was agreed that this would be the decision of the ICD.• With regards to pseudomonas in ICU Joan asked if this was found in sinks should the outlet be taken out of use. Teresa replied that portable sinks can be provided or a Risk Assessment completed for this area.	
19. Date and time of next meeting	
The next meeting is scheduled for 26 January 2017 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.	

**Thursday 26th January 2017
at 1.30pm**

Telemedicine Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Sandra McNamee	SM	Associate Nurse Director, Infection Control
Pamela Joannidis	PJ	Nurse Consultant, Infection Control
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Ann Kerr	AK	Lead Nurse Surveillance
Dr Alison Balfour	AB	ICD, Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Marlene Hay	MH	Senior Infection Control Nurse, North Glasgow
Donna McConnell	DMcC	Senior Infection Control Nurse, South Adults
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Dr Sulman Hasnie	SH	Infection Control Doctor
Dr Kalliopi.Valyraki	KV	Infection Control Doctor

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Kate Hamilton Lynn Pritchard Sarah Jamdar Andrew Smith

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 24 November 2016 The minutes of the previous SMT meeting held on 24 November 2016 were accepted as an accurate record.</p>	
<p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> <ul style="list-style-type: none"> - A meeting to be arranged with Tom, Sandra, Teresa, Kirsty and Iain Kennedy to discuss IPCT remit within Health and Social Care Partnerships. - Ann Kerr to look at the PVC and CVC SOP. - Alison Balfour contacted Paul McKnight and to ask Kate for information regarding the induction on Infection Control for new doctors starting. 	
STANDING ITEMS	
<p>3. Matters Arising There were no matters arising that were not on the agenda.</p>	

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector updates for December were distributed with the agenda.</p> <ul style="list-style-type: none"> • North (Marlene Hay) <ul style="list-style-type: none"> • Ward 3, GRI closed on 16th January with Influenza A with 11 patients and the ward reopened on 24th January. • Wards 8 and 9 at GRI closed with suspected outbreak of gastroenteritis with confirmed norovirus • Ward 1, GRI closed on 11th January with 5 patients affected with norovirus and ward reopened on 12th January. • A pregnant mother in PRM is positive for MRSA. • A staff member with confirmed Influenza A. There was some concern about a baby nursed by a staff member who had respiratory symptoms but no positivity in babies. • Alison updated that Ward 2, GRI which is a general medical ward had an RSV case. Joan reported that they had one case also and Pamela commented that this could be due to the increased testing. • South Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan reported that the only thing to mention that was not on the report was a positive viral Influenza A case and a RSV case. • South Glasgow (Donna McConnell) <ul style="list-style-type: none"> • Donna reported that there are a lot of patients with respiratory symptoms. • 3 ward closures in December with no positive virology. Issues with staff sending specimens and Infection Control to provide support. • Alison reported that the results of the water testing are all clear. • South Glasgow – Paediatrics (Pamela Joannidis) <ul style="list-style-type: none"> • Pamela provided an update on the Serratia outbreak in NICU stating that the outbreak was declared over on 9th December. A new case was identified last week and there is now a second case in the unit. • Ecoli in a baby in Neonates and sadly the baby died. This has been cited on Part 1 of the death certificate. • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • The ventilation issue in the Beatson has now been resolved. • Norovirus in Wards 4C and 6C with no positive isolates. • There was an RSV outbreak in Ward B7 and the ward was closed from 20th December to 12th January. 12 patients have been linked to the outbreak and a patient died with RSV cited on the death certificate. Ward B4 at the Beatson closed with outbreak of RSV on 6th January with 3 patients and 2 staff, although the staff cases were not confirmed. The ward reopened on 11th January. The HIIAT score for the ward was red due to the impact on service with the number of empty beds. A press release was issued as two wards were affected. • Scott Young was given a list of concerns regarding carpet floor coverings and sinks and asked Infection Control to assist. As this is for Capital to take forward Tom said that he will raise this at the next AICC meeting. <p>5. HAIRT Report – December Update</p> <p>A copy of the HAIRT report for December was distributed with the agenda and noted.</p>	

Item	Action
<p>6. Bi-Monthly Activity Report for Acute Sector</p> <p>A copy of the above report was distributed with the agenda. Tom advised that the data is for October and November and provided an update on the main points:-</p> <ul style="list-style-type: none"> • 55 Infection Prevention and Control Audits were completed during October and November. 35% of the clinical areas scored 65% or less in the Quality Improvement section of the audit and this is considered to be a red score. • There were 11 ward closures, due to Norovirus (suspected or confirmed); across five hospitals in October & November. • A total of 2519 LearnPro IPC educational modules were completed in October & November 2016. 84% were undertaken by nursing & midwifery staff and 2.1% completed by medical staff. 	
<p>7. IPC Work Plan</p> <p>The IPC Work Plan for 2016/17 is complete and Sandra reported that she has prepared the first draft of the work plan for 2017/18. She asked if anybody wanted to add anything to let her know.</p> <p>Tom reported that he is planning to have a large Infection Control team event in March/April based around the work programme and will discuss this with Sandra and Teresa.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Teresa and Pamela attended the last meeting. Pamela updated that she is carrying out more awareness roadshows in the next six months with Alan Gallagher on water flushing in high risk areas. She said there is a Learnpro module for Pseudomonas.</p> <p>ii) Theatre Maintenance & Management Group The next meeting of the group is on Tuesday.</p> <p>iii) Infection Control Policy Group The CJD Policy has been revised by the key authors.</p>	
<p>Comments on the Group A Strep, Scabies and Shingles SOPs are to be sent to [REDACTED] within two weeks. Sandra is updating the Outbreak SOP.</p> <p>iv) Education Group Alison updated that she had received a copy of a flu leaflet from Crosshouse. She suggested that this could be appropriate for GGC and has forwarded this to the Education Group. Teresa commented that all the points seem to be covered in the Flu SOP but can add anything to the existing SOP. Alison also suggested that a Hot Topic alert could be added on Staffnet asking staff to get the flu vaccination.</p>	
<p>In relation to a gargle sample the question was asked whether to use tap water for this. Teresa advised that she will email Rory Gunson about this.</p>	TI/PJ
<p>v) Decontamination Group The next meeting of the group is scheduled for 15 May 2017. Teresa updated that there are two pieces of respiratory equipment to prioritise. Discussion took place at the Decontamination meeting on how to progress the respiratory equipment with Procurement. [REDACTED] said they are trying to set up a short life working group with clinicians and Tom agreed to raise this at the next BICC meeting.</p>	TW

Item

There was advice from the Decontamination Group to use the breast biopsy guns but Joan feels this has not been fed back to staff and [REDACTED] agreed to look into this.

Pamela reported that the Humidity Tank SOP has been updated which ties in with the Pseudomonas guidance from HPS. This has been sent to the Decontamination Group and comments are to be returned by 8th February.

Action**vi) Person Centred Care**

The group met recently. Joan updated on some of the ongoing work of the group:-

- They felt the evaluation of staff using the MRSA Care Plan was too long and this was forwarded to the SOP group and they developed a MRSA checklist.
- The Patient Information Leaflet has been updated for MRSA decolonisation.
- Work was carried out regarding "What Matters To Me". Joan said that some of the patients felt bored as had no TV in their room. She said they are going to look at all sectors to see where TVs are not available in the single side rooms. Sandra reported that she raised this with Mags McGuire to see if any endowment funds were available.
- There is a plan to follow up any new MRSA or CDI patient and visit them the following week and to also speak to patients that are in the hospital long term (more than a month). Pamela to create a proforma of questions to ask patients.
- Patients are fearful of a PVC cannula and to look into what the uptake is regarding the PVC leaflet.

PJ

vii) Audit Group

Kirsty reported that the audit tool has been tested in Outpatient Department and an ICN is testing this electronically. She said there is a plan to look at audit tools for other departments.

9. Project Update:**i) MRSA Screening**

The latest figures for MRSA screening for October – December are reporting that we are 88% compliant.

ii) SAB & CDI HEAT Target

For the latest quarter July – September, which has just been published, Ann reported the following:-

- CDI : 120 cases (37.9 per 100,000 total OBDs)
- SAB : 117 cases (33.7 per 100,000 acute OBDs)

For Quarter 4 there have been 104 SAB patient cases and 78 CDI patient cases. Ann confirmed that, as of today, there are 21 CDI patient cases and 29 SAB patient cases.

Tom commented that there has been no information regarding changes to denominators.

iii) IPCAT

The IPCAT programme is ongoing and Kirsty advised they are going to check if Care Plans are in place. Ann reported that Synbiotix/SIGMA are having some technical issues. She said previously when an audit had to be changed we had to contact the company direct but they have now given us this package that will allow us to amend audits.

Item	Action
<p>iv) SSI Surveillance Update</p> <p>The fortnightly SSI reports have been issued to the Lead Nurses.</p> <p>At QEUH Ann reported that there is a surveillance meeting arranged for next Wednesday. She said that there are changes in April to the way SSI data is collected and we will only need to return mandatory surveillance to HPS.</p> <p>v) E-Coli Bacteraemia Surveillance</p> <p>In relation to the E-Coli surveillance Ann advised that for Quarter 3 there have been 359 E-coli cases and for Quarter 4 there are 364 cases.</p> <p>vi) Point Prevalence Study</p> <p>Ann provided a presentation on the recent survey and said that she was asked to present this to BICC members and will also present this to AICC members. Ann updated on the main points of the survey:-</p> <p>She said that every board in Scotland had to participate in the Point Prevalence Survey which lasted for a period of three months and the last survey was in 2011. The detail provided in the presentation was an overview of local results and has not been validated by HPS.</p> <p>To carry out the survey there were 8 Antimicrobial Pharmacists and 26 IPC staff and Admin bank support was provided to input the data from the forms collected. The daily roster included 4 wards surveyed by six members of staff which resulted in:-</p> <ul style="list-style-type: none"> • 10 Hospitals surveyed = 224 wards • 3834 patient forms completed • 1344 total hours data collection <p>For this survey the overall burden for GGC was 4.7% with a national rate of 4.9%. The highest HAI identified was pneumonia with a rate of 23%.</p> <p>The number of patients prescribed antimicrobials in acute was 36.7% and the most commonly prescribed antibiotic was Amoxicillin & Co-amoxiclav.</p> <p>In relation to device prevalence the number of patients in acute with a CVC were 181 patients (5.2%), PVC were 1256 patients (36.4%) and urinary catheter were 636 patients (18.4%).</p> <p>If anybody wishes any other detail to let Ann know and to let Teresa know if anybody wants further information regarding the pneumonia cases.</p>	
<p>10. PHPU Update</p> <p>A teleconference has been arranged for tomorrow with HPS to discuss M Chimaera with regards to cardiac machines and to proceed with a patient notification exercise.</p>	
<p>11. Finance Report</p> <p>Tom advised that there is increasing pressure to produce 10% savings for next year. He said that he has met with the Director of Finance and have hopefully agreed a 4% savings.</p>	

Item	Action
<p>12. HEI Reports</p> <p>The HEI report for the inspection to PRM has been received and the report for the recent inspection to QEUH is due in March. At QEUH Sandra stated that the inspectors were concerned regarding the front door at the emergency department and escalated this to Scottish Government. There was a follow up inspection by the inspectors in December which was more favourable. An action plan was created with the escalation points from the visit.</p>	
<p>13. Clinical Governance Related Guidance</p> <p>Copies of the Guidance have been issued.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p> <p>i) <u>Annual Report</u></p> <p>As work has commenced on the Infection Control Work Programme Tom said that the Annual Report will need to be updated as this is mandatory. Ann will write out to authors of each section of the report to request an update.</p> <p><u>Records Management</u></p> <p>There is a mandatory Records Management module on Learnpro which all staff need to complete. Ann advised that she will provide a further update at the meeting in March. Tom requested that any new member of staff completes this module before they have access to the shared drive.</p> <p><u>iMatter Team Report 2016</u></p> <p>A copy of the iMatter report was distributed with the agenda. Tom commented that our Employee Engagement Index is 83%. He said that we need to write an action plan on the three areas that got the lowest scores and describe how we can improve on these.</p> <p><u>Role of the Infection Control Team in New Builds and Refurbishments</u></p> <p>Tom reported that this document was created due to a number of concerns regarding our input to new builds and our advice not being adhered to. He said this document now details what Infection Control will be involved in and at what stage and has been signed off by the Director of Facilities. Teresa mentioned that we were not involved at the beginning of the work regarding neuro theatres, whereas now we will be able to walkround the area before and after users move in.</p> <p>Teresa asked the ICDs to let her know of any ventilation or water issues.</p> <p>Kirsty advised that at team meetings there are a number of projects ongoing and said it would be good to have a template for smaller jobs. It was agreed to check with Kate on this and for an ICD to lead on these.</p> <p><u>CPE Policy</u></p> <p>At the Lead Nurse meeting Sandra stated that there is inconsistency of advice given at certain times and suggested having a Question and Answer sheet for CPE and have a Multi Drug Resistant Policy. She said that she has a copy in draft format and will include the updated organism list from HPS. Pamela to take this forward with the SOP group.</p>	

Item	Action
<p><u>Draft National HAI Reporting Documents</u></p> <p>The draft Chapter 3 documents of the national Infection Prevention & Control Manual were issued by HPS. Sandra updated that the definitions have changed and we have a template report in the Outbreak policy which will be amended with the one issued.</p> <p>Teresa commented that the Hot Debriefing document is new but does not appear to be user friendly.</p> <p><u>Cystic Fibrosis Policy</u></p> <p>This policy will sit as an Infection Control policy and work will be started on this next week. Discussion will take place to see whether to have a separate policy for Adults and Paediatrics.</p>	
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> The next meeting will focus on Structural Dynamics. Sandra said they are also working on Respiratory guidance.</p> <p>ii) <u>ICD Meeting</u> Teresa advised that there was nothing raised that was not on the agenda.</p> <p>iii) <u>Board Infection Control Committee</u> Tom and Sandra had met with Mags McGuire to consider the lack of senior representation at these meetings.</p> <p>iv) <u>Acute Infection Control Committee</u> The last meeting of the committee was on 9th January 2017.</p> <p>v) <u>Partnership Infection Control Support Group</u> Iain said that they discussed the Health and Prison network.</p> <p>He also stated that there is a link in with the Dementia course although he said this is more for acute care.</p>	
<p><u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • In relation to a gargle sample the question was asked whether to use tap water for this. Teresa advised that she will email Rory Gunson about this. • Teresa updated that there are two pieces of respiratory equipment to prioritise. Discussion took place at the Decontamination meeting on how to progress the respiratory equipment with Procurement. ■■■ said they are trying to set up a short life working group with clinicians and Tom agreed to raise this at the next BICC meeting • There was agreement from the Decontamination Group to use the breast biopsy guns but Joan feels this has not been feedback to staff and ■■■ agreed to look into this. • There is a plan to follow up any new MRSA or CDI patient and visit them the following week and to also speak to patients that are in the hospital long term (more than a month). Pamela to create a proforma of questions to ask patients. • At the Lead Nurse meeting Sandra stated that there is inconsistency of advice given at certain times and suggested having a Question and Answer sheet for CPE and have a Multi Drug Resistant Policy. She said that she has a copy in draft format and will include the updated organism list from HPS. Pamela to take this forward with the SOP group. 	

Item	Action
<p>18. Any Other Competent Business</p> <ul style="list-style-type: none"> • With regards to the short life working group on community SABs Kirsty said that they identified two factors which include drug use and diabetic. The group have not identified any quality improvement. • Guidance for Service Users on Alerting Laboratories to Potentially Infectious Samples was distributed to the group. Teresa advised that this document came from Anne Cruickshank who asked that SMT approve this. It was agreed that we are happy with the document from an Infection Control perspective. 	
<p>19. Date and time of next meeting</p> <p>The next meeting scheduled for 23 February 2017 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital will be for an OD event.</p> <p>The next meeting of the Senior Management Team will be held on Thursday 30th March at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Thursday 30th March 2017
at 1.30pm**

Boardroom, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Dr Teresa Inkster	TI	Lead Infection Control Doctor
Sandra McNamee	SM	Associate Nurse Director, Infection Control
Dr Alison Balfour	AB	ICD, Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Kate Hamilton	KH	Lead Infection Control Nurse, North
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow Adults
Susie Dodd	SD	Lead Infection Control Nurse, Paediatrics
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Dr Sulman Hasnie	SH	Infection Control Doctor
Dr Kalliopi.Valyraki	KV	Infection Control Doctor
Dr Barbara Weindhardt	BW	Infection Control Doctor
Padmaja Polubothu	PP	Microbiology Trainee
Kam Khalsa	KK	Microbiology Trainee

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Tom Walsh	Kirsty Ferguson	Ann Kerr	Pamela Joannidis
Iain Kennedy	Sarah Jamdar		

Item	Action
<p>1. Welcome & Apologies Teresa welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 26 January 2017 The minutes of the previous SMT meeting held on 26 January 2017 were accepted as an accurate record.</p> <p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p>	
STANDING ITEMS	
<p>3. Matters Arising There were no matters arising that were not on the agenda.</p>	
<p>4. Sector Update</p> <p>i) Geographical Sector Update The IC Sector updates for February were distributed with the agenda.</p>	

Item	Action
<ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported that they have had quite a few SABs in the north and they have rolled out the new Care Plan. • 3 wards were closed with Influenza A in February and 1 ward closed with Influenza B in March. This was discussed at the Lead Nurse meeting and the policy is to be changed regarding the bed spacing between patients. • A patient was swabbed in error for CPE as he has a history of travel to India. The patient is now CPE positive and has been tagged. • There was an HEI visit to Stobhill and GRI. From these visits the inspectors found the staff knowledge to be good but the staff records for education undertaken was not easy to find and was in different formats. • South Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan reported of a third case of endophthalmitis. She said there had been 1 case in December and January and 3 cases in March. A PAG meeting was held on 10th March and actions were agreed. There are no links to the cases and the SOP is awaited from the clinical team. Fibres were found in some of the kits and Shirley Herdman, Lead Nurse is raising this with the manufacturer. • A patient in RAH was AAFB positive and had been in the hospital for 4 days in different wards and contacts have been identified. • There was a significant flood in a medical ward but this has now been resolved. • Plans have now been signed off for ITU and they will have 2 negative pressure rooms. • South Glasgow (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported that there were 2 HAI SABs and the PVC Care Plan had not been implemented. • Outbreak of Influenza in Ward 55 with 6 patients and 3 staff affected. An IMT meeting was held on 20th and 24th February and the HIIAT was green. • 4 wards closed with D&V and 3 of the wards had positive norovirus. 3 further wards closed and positive results have been received for 2 of the wards. Staff education is being carried out in the wards next week. • HEI report for QEUH was published today. The inspectors were concerned about the ED department and Lynn said a meeting was held and hand hygiene and education sessions for staff have been carried out in this area. Teresa has also provided education to the medical staff. • A flood in a bed bay in ITU2 occurred whereby water from the piping appeared to have black mould. 3 rooms were taken out of action and work is ongoing. Lynn advised that mould can be seen travelling along the concrete and Teresa asked if this was coming from the dialysis points. She said the other 156 points will need to be checked as this could be a chronic issue. • South Glasgow – Paediatrics (Susie Dodd) <ul style="list-style-type: none"> • Susie reported one SAB case in February that had been entered on Datix. • A meeting was held on 3rd March regarding the increase in multi organisms in ward 2A. While observing the staff practice over a 2/3 week period Susie said they found bad practice and noted that there was no nurse specialist in this area. She said they are going to look at reconvening the Vascular Access short life working group. • 3 cases of Elizabethkingia were identified and a PAG meeting was held. The water testing tested negative and the HIIAT for this was green. 	

Item	Action
<ul style="list-style-type: none"> • Ongoing surveillance is being carried out regarding the Serratia outbreak in NICU. • There was an outbreak of Influenza in Ward 3A and a PAG was held on 3rd March. The ward was not closed and this was HIIAT as green. • An IMT was held regarding 3 cases of Aspergillus in Ward 2A. All patients have now been started on treatment and the source has not been identified. Susie said they are monitoring a potential fourth case. • Water was leaking from beams in the ceiling at RHC and this is being checked. <ul style="list-style-type: none"> • West & Partnerships (Alison Balfour) <ul style="list-style-type: none"> • At Dykebar there were 3 wards closed with suspected norovirus. • Ward 8A at GGH was closed with norovirus. • The outbreak of Endophthalmitis has been closed after there were 5 cases at GGH. The treatment room has been closed for renovation. • There was a PAG meeting regarding the VRE cases at the Beatson. Isolates were sent to the Reference Lab for typing and patients were found to have different strains with no infection control link. • Ward 3A at GGH was closed with norovirus. 	
<p>5. HAIRT Report – February Update</p>	
<p>The HAIRT report for February 2017 was distributed with the agenda.</p>	
<p>Sandra updated that we have received the figures from HPS for the latest quarter from October – December 2016. She advised that the SAB rate for GGC is 30.1 and the rate for CDI is 23.8.</p>	
<p>The published SSI rate for hip arthroplasty for October to December was 0.4% and this is below the national SSI rate of 0.7%. The SSI rate for Caesarean sections for October to December 2016 was 1.1% and this is also below the national SSI rate of 1.2%</p>	
<p>The HEI inspectors visited QEUH for an unannounced inspection and were concerned regarding the Emergency Department and an escalation plan was created following their visit. A CNO Algorithm for QEUH was invoked which invites HPS to look at the report and action plan and visit the hospital. Annette Rankin, Nurse Consultant from HPS met with Elaine Burt, Billy Hunter, Sandra and Teresa to discuss the actions to be taken. HPS will write a report and this will be sent to Scottish Government. Teresa advised that she will deliver education sessions with Annette to junior doctors and will also speak to consultants.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector</p>	
<p>A copy of the report for December and January was distributed with the agenda.</p>	
<p>Sandra McNamee provided an update on the report:-</p>	
<ul style="list-style-type: none"> • 47 Infection Prevention and Control Audits were completed during December and January. 60% of the clinical areas scored 65% or less in the Quality Improvement section of the audit. • Theatre audits are online and audits for mental health are up and running. 	
<p>7. IPC Work Plan</p>	
<p>The IPC Work Plan for 2016/17 is complete and Sandra reported that the plan for next year has been circulated for comments. The BICC agreed for wording to be added to the new build document as per Dr Armstrong.</p>	

Item	Action
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Teresa reported that they are to review the Pseudomonas Risk Assessment.</p> <p>With regards to water coolers Teresa advised that she will write a SBAR and this will be forwarded to Alan Gallagher for comments and will then be issued to SMT. She said water coolers should not be in workplaces but if there are any already in these will not be removed. Lynn asked if the SBAR will include ice machines. It was agreed to have a policy to cover water coolers and ice machines.</p> <p>ii) Theatre Maintenance & Management Group The last meeting of the group was cancelled.</p> <p>iii) Infection Control Policy Group The CJD, Scabies and Group A Strep SOPs were all approved at BICC.</p> <p>Discussion to take place regarding MRSA, CF and Shingles SOPs at the meeting next week.</p> <p>In relation to CF in schools Teresa advised that there is confusion over who has responsibility for this. A meeting is to be arranged with Infection Control, Public Health and the CF Team to discuss this.</p> <p>v) Decontamination Group Kate updated that she had met with Andrew Smith and Julie Dryden to look at the actions for the group. Copies of the action points have been circulated with the papers and Kate said they now have a shorter turnaround time of 7 days to reply to any questions.</p> <p>iv) Education Group As Pamela is taking over the Education Group from Lynn, Alison said she will arrange to meet with Pamela.</p> <p>vi) Person Centred Care The group met last week and Joan updated on some of the ongoing work of the group:-</p> <ul style="list-style-type: none"> - In relation to TV availability for patients in single side rooms each sector representative is to provide their management team with the numbers required. - Look at the PVC information leaflet and collate this information and will provide feedback on this. - Joan attended a study day on person centred care which included "What Matters to Me". She said she has trialled this and raised this at the Senior Charge Nurse meeting. <p>vii) Audit Group Kate reported that they are testing the audit tool in Outpatient Department. 20 theatre audits have been completed at GRI and one ward received an amber score.</p>	<p>TI</p>

Item	Action
<p>9. Project Update:</p> <p>i) MRSA Screening The latest figures for MRSA screening for this quarter are reporting that we are 81% compliant.</p> <p>ii) SAB & CDI HEAT Target Sandra reported that for CDI we have an extra 10 cases this quarter and SAB remains stable. She said that there are some compliance issues that they are going to look at. Kate to speak to the Dean of Education to speak to doctors.</p> <p>iii) IPCAT Nil to report.</p> <p>iv) SSI Surveillance Update At QEUH Teresa reported that they are working through the action plan with surgeons. She said she attended a meeting with Andrew Seaton and Ysobel Gourlay to discuss prophylaxis on patients with a high BMI and to also look at creating a policy. In neuro Teresa stated that there is a potential issue with EVD infections and that a period of surveillance would be undertaken for which the definitions have been updated.</p> <p>v) E-Coli Bacteraemia Surveillance In relation to the E-Coli surveillance Sandra advised that 23% of the cases were health care acquired and most were associated with urinary tracts.</p> <p>vi) Point Prevalence Study As the survey is now complete Teresa advised that they are going to look at pneumonia and urinary tract infections as pneumonia was identified as the highest HAI. With regards to the pneumonia cases Teresa stated that most of the cases are over 65 years and patients with end of life. Some of the patients with urinary tract infections, the majority of these were not catheter related. Barbara Weinhardt commented that in relation to the patients with end of life the consultants are giving them two courses of treatment and she asked if we should maybe question the number of courses given. Teresa said that this is something that could potentially be raised with Dr Armstrong.</p>	
<p>10. PHPU Update As Dr Kennedy sent his apologies there was nil to update.</p>	
<p>11. Finance Report Sandra advised that the budget position is balanced. If any ICDs require a Thinkpad they are to let Teresa know.</p>	

Item	Action
<p>12. HEI Reports There was a recent inspection to Stobhill and GRI and the report will be issued to GGC on 3rd May.</p>	
<p>13. Clinical Governance Related Guidance Copies of the Guidance have been issued.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p> <p>i) <u>CPE and KPIs</u> The CNO issued a letter informing all boards that they must reinforce the mandatory policy requirement for CPE screening in NHS Boards across Scotland. Sandra advised that the patient will be asked this at the same time as the MRSA question. Kate commented that a patient in Pre Op Assessment was screened at Victoria ACH and asked if all patients should be screened. Sandra replied that all maternity patients should be screened. Joan commented that a patient in RAH had three negative screens and was admitted to a neurology ward and asked if this patient should be rescreened. It was advised to not rescreen this patient and to change the wording in the documentation to “subsequent travel”.</p> <p>ii) <u>iMatter Team Report 2016</u> It was agreed to carry forward this item to the next meeting.</p> <p>iii) <u>CNO Algorithm QEUH</u> As discussed earlier.</p> <p>iv) <u>M. chimaera Patient Notification Exercise</u> A Patient Notification Exercise (PNE) resulting from the identification of mycobacterial infections associated with the use of heater cooler units within cardiothoracic surgery is to be carried out. Dr Inkster reported that there are 170 patients in Royal Hospital for Children that will be contacted and if there are any confirmed cases staff should contact Public Health.</p>	
<p>With regards to the echo machines in RHC and QEUH Teresa advised that two of the machines had high TVCs. There was an issue after the machine was used on a patient then left to sit and then reused for an emergency patient. Teresa said they are going to look into this and to disinfect these machines. If there are any enquiries from congenital patients Teresa suggested sending them information as well.</p>	
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil to update.</p>	

Item	Action
<p>ii) <u>ICD Meeting</u> Teresa advised that there was nothing raised that was not on the agenda.</p> <p>iii) <u>Board Infection Control Committee</u> Copies of the agenda and minutes of the last BICC were distributed with the agenda.</p> <p>iv) <u>Acute Infection Control Committee</u> The last meeting of the committee was held on 6th March 2017 and noted.</p> <p>v) <u>Partnership Infection Control Support Group</u> Alison asked if we should stop using actichlor plus for cleans from the end of March onwards. Sandra agreed to stop using this from tomorrow and restart if there are any ward closures.</p>	
<p><u>Review of Actions and Decisions</u></p>	
<ul style="list-style-type: none"> • Teresa to create a policy to cover water coolers and ice machines. • Sectors to stop using actichlor plus for cleans from tomorrow and restart if there are any ward closures. • Kate to send an email to the Water Group regarding taps for flushing scopes. 	
<p>18. Any Other Competent Business</p>	
<ul style="list-style-type: none"> - Interviews were held and two new ICNs have been appointed. Lynn said that one will be starting in her team and the other in Kirsty's team. - In Endoscopy Kate commented that at the Victoria ACH they are wanting to change the taps to single hot and cold taps to be able to flush scopes. Kate to put this in an email to the Water Group. 	
<p>KH</p>	
<p>19. Date and time of next meeting</p>	
<p>The next meeting of the Senior Management Team will be held on Thursday 27th April at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Thursday 27th April 2017
at 1.30pm**

Boardroom, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Dr Teresa Inkster	TI	Lead Infection Control Doctor
Tom Walsh	TW	Infection Control Manager
Sandra McNamee	SM	Associate Nurse Director, Infection Control
Dr Alison Balfour	AB	ICD, Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Margaret-Ann Montague	MAM	Senior Infection Control Nurse, Clyde
Ann Kerr	AK	Lead Nurse, Surveillance
Gillian Mills	GM	Senior Infection Control Nurse, North
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow Adults
Susie Dodd	SD	Lead Infection Control Nurse, Paediatrics
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Pamela Joannidis	PJ	Nurse Consultant
[REDACTED]	[REDACTED]	[REDACTED]
Dr Sulman Hasnie	SH	Infection Control Doctor
Dr Kalliopi.Valyraki	KV	Infection Control Doctor
Sarah Hall	SH	Microbiology Trainee
Dr Iain Kennedy	IK	Consultant Public Health

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Kate Hamilton Sarah Jamdar

Item

Action

1. Welcome & Apologies

Teresa welcomed everyone to today's meeting and apologies were received from the above mentioned.

2. Presentation by Kerry Lochrie, Records Manager

Kerry Lochrie, Project Lead from Records Management provided an update. She said the Public Records (Scotland) Act 2011 requires all NHS bodies in Scotland to prepare a Records Management Plan (RMP) which sets out the organisation's arrangements for managing our records. GGC is committed to ensuring that good records management is practiced throughout the organisation and will be rolled out across GGC. This will be presented to the Clinical Governance Group in May

The Business Classification Scheme (BCS) is how records are structured and each area is to nominate a records management champion. All areas are to look at what corporate records are held, but not patient records. A "data cleanse" of all emails, filing cabinets and shared drives are to be considered in line with the Business Classification Scheme.

Sandra asked how long records should be kept for and Kerry Lochrie replied that there is a Retention Schedule which details the time period. Lynn asked if this was the same for emails and asked how long to keep them for. Kerry responded that attachments should be saved in the file management system.

Item	Action
<p>Ann reported that all members of staff in Infection Control, with the exception of one staff member, have completed the Records Management module on Learnpro. Kerry stated that all staff are to complete this training module and to look at how records are stored on individual or shared drives. Also to look at paper as well as electronic information and Kerry confirmed that they might be able to provide a shared drive to each department and to build folders in line with BCS which they can assist with.</p> <p>3. Minutes of SMT Meeting held on 30 March 2017</p> <p>The minutes of the previous SMT meeting held on 30 March 2017 were agreed with the following amendments:-</p> <p>Page 2, South Clyde – should read “... in December and January and 1 case in March”.</p> <p>Page 2, South Glasgow Paediatrics – should read “A meeting was held on 3rd March regarding the increase in positive blood cultures in ward 2A”.</p> <p>Page 2, South Glasgow Paediatrics – should read “..... found bad practice relating to line care”.</p> <p>i Rolling Action List</p> <p>A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> <p><u>Actions Update</u></p> <p>Teresa to send out the SBAR regarding water coolers. Joan asked what the risks are and Teresa replied that it is regarding the cleaning and maintenance of these and who is responsible for the cleaning. She said the SBAR will go to the Water Safety Group and then to committees for approval and following this a policy will be developed. In the meantime, the guidance states to not have these in high risk areas. Pamela advised that if a machine is already in e.g. ITU, they should remain but not to be put in new areas.</p>	<p>TI</p>
STANDING ITEMS	
<p>4. Matters Arising</p> <p>Iain reported that an email will be issued with suggested dates for a meeting regarding CF in schools.</p> <p>5. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector updates for March were distributed with the agenda.</p> <ul style="list-style-type: none"> • North (Gillian Mills) <ul style="list-style-type: none"> • Gillian reported that they have 10 SABs in the north and 9 of these are HAI related. • One severe CDI case in a patient that unfortunately died. • There was an outbreak of Influenza and the HIIAT was assessed as red. The ward reopened on 6th March. • Ward 20/21 decanted to GGH on 8th April. • Ward 9, GRI closed at the weekend but reopened on Monday. • Ward 7/16 closed last night with 4 patients and 1 staff with suspected outbreak of gastroenteritis. • A patient was transferred to Ward 52 as CPE positive. In GRI Gillian confirmed that they have 3 CPE patients. 	

Item	Action
<ul style="list-style-type: none"> ● South Clyde (Joan Higgins) <ul style="list-style-type: none"> ● In Ophthalmology at IRH Joan reported that there was another endophthalmitis case following IVT procedure in April. An IMT was held on 12th April and actions were agreed. She said they carried out a walk through of the patient journey and no issues were identified. Fibres were found in some of the kits and a meeting is being arranged with the manufacturer. Alison advised that the 4 cases have different organisms and there appears to be no clear link. Joan asked if masks should be worn for these procedures. Teresa advised that this is not a requirement but during an incident or outbreak they could be used. ● South Glasgow (Lynn Pritchard) <ul style="list-style-type: none"> ● Lynn reported that there was a death in Mearns Kirk and another death in April. ● 3 wards closed recently with D&V and Ward 11A closed on 7th April with suspected gastroenteritis. ● Work is ongoing in A&E with training and teaching for medical staff and a difference has been noticed in the area since the HEI inspection. ● Estates moved from Neuro building to the main QEUH building and staff reported a strong smell of chemicals and this has been sampled. ● Works regarding the dialysis points in ITU2 have been taking place and Lynn said they may look at other dialysis points. ● Lynn advised that they did not receive a scribe for the work that was to be carried out in Ward 6A and have entered a datix for this. ● In YDU there was a trigger for CDI. A few issues have been identified and a meeting has been arranged for next week with the Lead Nurse. ● South Glasgow – Paediatrics (Susie Dodd) <ul style="list-style-type: none"> ● Susie reported 3 cases of Aspergillus in Ward 2A and the HIIAT was red, but had been reduced to amber on Tuesday. ● An outbreak in Ward 2A with rotavirus and Astrovirus was identified with 9 cases and the ward reopened on Tuesday. ● An increase incidence of VRE was identified in Ward 2A and Susie said there has been an increase in the number of positive blood cultures. A PAG has been arranged for Friday. ● Teresa advised that nursing staff also reported a water leak in 2A and mouldy tiles were found in the ceiling board. A Water Damage Policy should be rolled out across sites, Teresa and estates colleagues are working on this. ● West & Partnerships (Alison Balfour) <ul style="list-style-type: none"> ● Kirsty updated that there has been an increase incidence of 5 cases of endophthalmitis following intravitreal injection within the outpatient clean treatment room at GGH. The treatment room has been closed for renovation and procedures are being carried out in DSU. ● There was an outbreak of Rotavirus/Astrovirus in a ward with 3 confirmed cases. ● The main entrance of the Beatson has been closed for refurbishment. 	
<p>6. HAIRT Report – April Update Nil to update due to the postponement of the NHS Board meeting.</p>	
<p>7. Bi-Monthly Activity Report for Acute Sector Nil to update.</p>	

Item	Action
<p>8. IPC Work Plan The IPC Work Plan for 2016/17 is complete and Sandra reported that the plan for next year will go to the BICC for approval.</p>	
<p>9. Sub-Groups/ Short Life Working Groups Update: i) Water Safety Group No meetings have taken place since last SMT. Pamela reported that they are to review the Pseudomonas Risk Assessment and taps should be run for 3 minutes.</p>	
<p>ii) Theatre Maintenance & Management Group The group are working on a draft SOP for the revalidation of theatres.</p>	
<p>iii) Infection Control Policy Group The CJD, Shingles and Group A Strep SOPs were all approved at BICC. The Outbreak SOP has been removed as Chapter 3 is now available on the website. Pamela advised that the group are working on an aide memoire for disease specific SOPs.</p>	
<p>v) Decontamination Group █, Kate and Andrew Smith are now meeting monthly to look at SOPs. █ reported that they now have a complete respiratory list.</p>	
<p>iv) Education Group Scottish Infection Prevention & Control Education Pathway Pamela informed the group of the new education pathway from NES consisting of foundation and intermediate modules. She said this will replace the Cleanliness Champions programme. Agreement is to be sought on what is mandatory for all Health Care Support Workers.</p>	
<p>vi) Person Centred Care The group are to meet in a couple of weeks and Joan updated on some of the ongoing work of the group:-</p> <ul style="list-style-type: none"> - The PVC information leaflet given to patients was poor and the data will be collated per sector. - To try to provide information to patients with MRSA regarding decolonisation and treatments. In relation to long standing MRSA patients they receive two decolonisation treatments and Joan suggested that there should maybe be a reasonable timeframe for decolonisation. - Launch of the national initiative "What Matters to Me" is week commencing 6th June and Joan stated that they are updating the proforma. 	
<p>vii) Audit Group Kirsty reported that the group met on Tuesday and they have tested the audit tool for Outpatient Departments and the tool will be implemented on 1st July 2017.</p>	
<p>viii) Research Group The Research Group is to start up again and this will be chaired by Teresa and Pamela will be the depute. This will be added as an agenda item for future SMT meetings.</p>	

Item	Action
<p>10. Project Update:</p> <p>i) MRSA Screening The latest figures for MRSA screening for this quarter are reporting that we are 81% compliant. Ann reported that the tool for April – June incorporates CPE which is completed at original admission. She said that she will compare the data to last year to see if there is a high volume of patients at the same time last year. Susie asked if KPIs will be rolled out to Paediatrics and was informed that they would not.</p> <p>ii) SAB & CDI HEAT Target For Quarter 1 Ann reported there have been 114 SAB patient cases which is 37% above the target. The Heat Target is 24 which is 83 patient cases for a quarter.</p> <p>The quarterly Enhanced SAB reports for each sector were issued with the agenda. The north sector are 118% above aim for the quarter and 63% of HAI SABs in the last rolling year in the sector were directly linked with an IV Access Device.</p> <p>In South Glasgow, Ann reported that Ward 6C at QEUH has seen a reduction in HAI cases in the last rolling year. However, Ward 8C has had two successive rolling year increases and is now an outlier.</p> <p>The report for Women's and Children details that PRM NICU have had four HAI SABs this current quarter and are an outlier for the last rolling year with 8 HAI SAB.</p> <p>A copy of the Enhanced Surveillance report for <i>Clostridium difficile</i> infection was distributed with the agenda and Ann updated the following:-</p> <ul style="list-style-type: none"> - 94 CDI cases were reported between 01/01/2017 and 31/03/2017. - 66% of in-patient cases were on PPI therapy on admission. - 73% of in-patient cases had antibiotic therapy in the past 28 days. <p>Teresa advised that she emailed Andrew Seaton and Ysobel Gourlay as 2/3 of patients with CDI are on PPI therapy. [REDACTED] commented that they carried out an audit of patients on PPI therapy and found that GPs are not reviewing patients and giving out repeat prescriptions. Pamela suggested that this a project for the Research Group.</p> <p>iii) IPCAT Pamela reported that they looked at the data collected for IPCAT and looked at the audit tool. She said they used IRH as a pilot and out of 30 questions 5 were above 20% and some of these included hand hygiene posters and sharps boxes not labelled. She said this could be rolled out at each site and the data can be used in sectors for quality improvement work.</p> <p>iv) SSI Surveillance Update The SSI reports for February have been issued. Ann updated that mandatory surveillance for large bowel surgery and vascular commenced on 1st April.</p> <p>v) E-Coli Bacteraemia Surveillance In relation to the E-Coli surveillance Ann advised that there are approximately 300 cases for the quarter. Urinary tract infections seems to be the cause but there are a higher proportion of community cases.</p> <p>vi) Point Prevalence Study No update. That national report was due to be published in April but this has been delayed until the end of May.</p>	AK

Item

11. PHPU Update

Dr Kennedy updated on some of the ongoing work in PHPU:-

- They have to do some work with the care homes and have discussed this with the Care Commission and now have access to their system.
- Questions have been raised regarding the waste disposal of sharps in the community.
- With regards to SABs Ann Kerr provided information and Iain said there appears to be no clear outliers. Looking at the confidence intervals over a 2½ year period there is no clear trend in hospital data.
- The CPHM meeting was today. Iain informed that they discussed:-
 - The interaction between HSCP and Infection Control.
 - Chapter 3 of the Infection Prevention & Control Manual and advised that Public Health will not be using Chapter 3.
 - iGAS guidelines were discussed regarding the increase in vulnerable groups which suggests prophylaxis for patients. The CPHM Group did not accept these guidelines and said they would need more evidence. He said 10% of cases develop CDI.
 - Death certification and what is to be referred was considered. The Fiscal wants Boards to write the guidance and detail who falls into this category.

12. Finance Report

Tom advised that we originally received a 10% savings target but this has now been set at 5% which will mean minimal clinical affect on the department.

13. HEI Reports

The 16 week HEI follow up letter for QEUH was issued. A meeting has been arranged with management to discuss the report. Sandra advised that we are waiting on the report from HPS on their findings.

The report for the recent HEI inspection to Stobhill and GRI is due in on Wednesday.

Tom reported that the HEI Steering Group meetings are to be reinstated and he has been asked to chair these.

14. Clinical Governance Related Guidance

Nil to update.

COMMUNICATIONS/ FEEDBACK**15. Core and Divisional Team Brief**

Copies of the latest Briefs have been issued.

NEW BUSINESS/ AGENDA ITEMS**16. New Business****i) iMatter Team Report 2016**

In relation to the iMatter Team Report we received an engagement index score of 83%. Tom advised that from this report we are to pick three main themes and prepare an Action Plan. He suggested updating this at a future meeting in a couple of months time.

Item	Action
<p>ii) <u>HAI – NIPCM Endorsement of Chapter 3 Letter to Boards</u> Chapter 3 of the manual has been published and the Outbreak SOP has been removed from the website. Sandra said that she will try to do a one page summary of the documents to use and circulate this for comments. She said the Hot Debrief document should be used and circulated to Comms.</p> <p>iii) <u>OD session Feedback Report</u> A copy of the Feedback Report from Juli McQueen was issued with the agenda. A meeting with Tom, Sandra and Teresa has been arranged with Juli to discuss an event for all Infection Control staff.</p> <p>iv) <u>Role of IPCT – New Build</u> This document was approved at the recent BICC meeting. Teresa said to let her know of any projects or major works that sectors are not involved in.</p>	
ITEMS FOR NOTING	
<p>17. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Sandra updated that they discussed the prescribing of new piriton.</p> <p>ii) <u>ICD Meeting</u> Teresa advised that there was nothing raised that was not on the agenda.</p> <p>iii) <u>Board Infection Control Committee</u> There have been no BICC meetings since last SMT.</p> <p>iv) <u>Acute Infection Control Committee</u> There have been no AICC meetings since last SMT.</p> <p>v) <u>Partnership Infection Control Support Group</u> There have been no PICSG meetings since last SMT.</p>	
<p>18. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Teresa to issue the SBAR for water coolers. • The latest figures for MRSA screening for this quarter are reporting that we are 81% compliant. Ann reported that the tool for April – June incorporates CPE which is completed at original admission. She said that she will compare the data to last year to see if there is a high volume of patients at the same time last year. 	
<p>19. Any Other Competent Business</p> <ul style="list-style-type: none"> - In relation to M.chimaera Teresa reported that the two ecmo machines are out of use in Adults and Paeds and there is no requirement to do a patient look back exercise. Decontamination of the machines will be reviewed by Teresa and Andrew Smith - Jane Grant has authorised the work in Paediatrics BMT to be completed by the end of July. Four rooms are to be upgraded and the recommendation is for transplants to be stopped during this period. 	
<p>20. Date and time of next meeting</p> <p>The next meeting of the Senior Management Team will be held on Thursday 25th May at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Thursday 25th May 2017
at 1.30pm
Boardroom, West Glasgow Ambulatory Care Hospital**

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Sandra McNamee	SM	Associate Nurse Director, Infection Control
Dr Alison Balfour	AB	ICD, Partnerships
Margaret-Ann Montague	MAM	Senior Infection Control Nurse, Clyde
Ann Kerr	AK	Lead Nurse, Surveillance
Kate Hamilton	KH	Lead Infection Control Nurse, North
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow Adults
Susie Dodd	SD	Lead Infection Control Nurse, Paediatrics
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Pamela Joannidis	PJ	Nurse Consultant
Dr Sarah Jamdar	SH	Infection Control Doctor

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Dr Iain Kennedy Joan Higgins Dr Barbara Weinhardt Dr Sulman Hasnie

Item**Action****1. Welcome & Apologies**

Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.

2. Minutes of SMT Meeting held on 27 April 2017

The minutes of the previous SMT meeting held on 27 April 2017 were agreed with the following amendments:-

Page 3, South Glasgow section – should read “Some wards reported a strong chemical smell in the QEUH building and Estates are undertaking work investigating this issue”.

Page 6, Item 12 – should read “.... at 5% which can be managed to have minimal clinical effect on the department”.

i Rolling Action List

A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.

STANDING ITEMS**3. Matters Arising**

Nil to update.

4. Sector Update**i) Geographical Sector Update**

The IC Sector updates for April were distributed with the agenda.

Item	Action
<ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported that she met with Chris Deighan and Ann Frances Fisher to discuss SABs at GRI and the Clinical Director contacted Dr Armstrong on what we are doing. • A couple of wards have closed recently. • New CPE patient diagnosed following transfer from hospital in India. • There was a CDI trigger in Ward 15/28 at GRI with 4 patients positive with CDI. All samples have been typed and there appears to be no cross transmission. • The number of CDI cases have reached 6 for GRI for the month of April. The Antimicrobial Pharmacist looked at the 6 cases in GRI and commented that a few of the patients are on PPI. Kate stated that when looking at the SPC chart they found a spike at this time last year. The upper control limit is 9 cases and an alert was sent to the senior management team at GRI and a timeline created. • A patient was transferred to GRI from QUEH diagnosed with MDRTB. An IMT was held on 5th May and a few issues were addressed. • South Clyde (Margaret Ann Montague) <ul style="list-style-type: none"> • Margaret Ann reported that there were 2 patients with Campylobacter and were nursed in single side rooms next to each other. Samples have been sent for typing and a hand hygiene audit will be carried out. • 2 cases of VRE were identified in G South, IRH. Both patients were in a four bedded room in G South and isolates have been sent for typing. • In Ward 23, RAH there were 2 positive MRSA results from patients within the same bay. Samples have been sent for typing and a hand hygiene audit was carried out with a score of 72% and more training has been offered. • South Glasgow (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn reported that there was a trigger for CDI in YDU and a Hot Debrief and Trigger Report was completed. • A CDI trigger in Ward 52, QUEH and the hand hygiene audit result is awaited. • Ward 11A, QUEH was closed due to viral gastroenteritis on 9th April and 6 patients were affected. • Work has been completed in Ward ITU2, QUEH and all dialysis points have been checked. An audit of other dialysis points have taken place and some points need further investigation which will be staged work to avoid disruption. • Lynn advised that there has been an increase in spinal SSIs with 4 cases reported for April. A meeting has been arranged for Monday and staff will be referred to Occupational Health for screening. Dressings for the patients have been reviewed as the Theatre Co-ordinator advised that the dressings have changed. • South Glasgow – Paediatrics (Susie Dodd) <ul style="list-style-type: none"> • Susie reported of an outbreak in Ward 2A with rotavirus and Astrovirus. A full debrief meeting was chaired by HPS and the staffing levels in this ward were discussed. She said that they are waiting on the report from HPS. • The increase in positive blood culture rates in Ward 2A is better. • With regard to the query MDRTB case in Ward 2C the patient is now positive in sputum. • A new isolate of chickenpox (possible HAI) was identified in Ward 2A. A second case was reported with a rash and this has been queried by medical staff as possible chickenpox. Swabs of the patients have been taken and results are awaited. 	

Item	Action
<ul style="list-style-type: none"> • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • Kirsty updated that there has been no more cases of endophthalmitis since March and procedures have now been moved back to the treatment room. • Ward 6C is in the process of being looked at for a winter ward. 	
<p>5. HAIRT Report – April Update Nil to update due to the postponement of the NHS Board meeting.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector The above report was discussed at the last BICC meeting. Tom reported that the committee stated the reports need more focus on what actions have been taken.</p>	
<p>7. IPC Work Plan The 2017/18 IPC Work Plan for this year was distributed with the agenda. Sandra advised that the Outbreak SOP is to be updated to reflect the new national documentation. The HEI Steering Group and the revised Heat Targets will be added to the plan.</p> <p>The OD event for all IPC staff has been confirmed for 14th June. Tom reported that this will be centred on the IPC Work Programme and Work Plan and themes will be selected for group discussion supported by admin staff.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Pamela reported that the Pseudomonas Risk Assessment and SOP has been updated following comments received from the Water Safety Group. She asked SMT to approve these so that they can be put on the website and this was agreed.</p> <p>ii) Theatre Maintenance & Management Group The last meeting of the group was cancelled and Kate confirmed that all theatres are up-to-date. She said that Ian Powrie is in the process of circulating the revalidation periods and giving areas 3 months grace if they cannot gain entry to theatres and will seek Infection Control advice after this period. The revalidation has been completed for QEUH and RHC and Kate advised that they are looking at other areas e.g. anaesthetic rooms.</p> <p>iii) Infection Control Policy Group The MRSA, Shingles and Cystic Fibrosis SOPs were all approved at BICC.</p> <p>Discussion took place at the BICC regarding the Respiratory SOP and Pamela stated that Dr Hague was concerned regarding the section on FFP3 masks with regards to children. Pamela advised that after meeting Dr Hague she was happy if a caveat was entered in the SOP regarding this.</p> <p>The next meeting of the group will discuss Influenza, Outbreak, Cleaning of Equipment and PPE.</p> <p>v) Decontamination Group Copies of the Action Lists for the Decontamination Sub Group were issued to the group.</p> <p>Kate reported that she was asked if the endoscopes that have been quarantined for CJD patients could be used for research purposes. Kirsty asked where the boxes come from and how are the instruments cleaned as Outpatient Departments are using bags and not boxes for these.</p> <p>Sandra recommended that the SOPs for Decontamination are approved at committee in the same way that Infection Control policies are approved. Kate agreed to speak to Andrew Smith about the policies.</p>	

Item	Action
<p>SBAR Decontamination of Percussionnaire and Travel Air Respiratory Equipment At the recent Decontamination Group meetings █████ reported that they prioritised two items. Firstly, they looked at Percussionnaire and agreed that these should be single use items and there should be a record for cleaning these. Secondly, they discussed the Travel Air Respiratory Equipment which is a small device used at home and this should be for single patient use. Kate suggested that this should be discussed at the next AICC meeting.</p>	
<p>iv) Education Group Medical staff have reviewed the induction powerpoint presentation and Pamela advised that the Education group are looking at the presentation for nursing staff to have more scenario based learning included.</p>	
<p>vi) Person Centred Care The group met recently and evaluated the Care Plans for MRSA. Pamela stated that the Care Plan was revised and a checklist was developed via the Policy Group. The launch of the national initiative “What Matters to Me” is week commencing 6th June.</p>	
<p>vii) Audit Group Kirsty informed that the audit tool for Outpatient Departments will be live on 1st July 2017.</p> <p>It was agreed to merge agenda items Audit Group with IPCAT for future meetings.</p>	
<p>viii) Research Group The Terms of Reference for the Research Group have been approved and dates for meetings for the remainder of the year have been issued.</p>	
<p>9. Project Update: i) MRSA Screening Nil to update.</p>	
<p>ii) SAB & CDI HEAT Target Ann reported that there have been 114 SAB patient cases from January – March and 41% of these are HAI related. For the months of April and May there have been 65 patients cases in total with 43 cases for April and 22 cases for May.</p> <p>In relation to CDI for this quarter so far there are 62 patient cases with 29 cases for April and 33 cases for May.</p> <p>In October revised Heat Targets should be issued. Tom commented that Harry Burns is leading a group looking at all Heat Targets and there is to be a separation between in hospital cases and out of hospital cases with a target for community cases highly likely.</p>	
<p>iii) IPCAT As discussed earlier.</p>	
<p>iv) SSI Surveillance Update The revised SSI surveillance for large bowel surgery and vascular commenced on 1st April. In relation to c-section procedures Ann stated that this includes readmission for patients up to 30 days.</p>	

Item	Action
<p>v) E-Coli Bacteraemia Surveillance For quarter 1 Ann advised that there are 292 E-coli cases and all have been entered on ECOSS. 53% of the cases are community acquired and 21% hospital acquired.</p> <p>vi) Point Prevalence Study The national report for the Point Prevalence Study was published on Tuesday. Ann updated that the overall prevalence in Scotland is 4.6% which is a significant decrease from 5% in 2011. All GGC hospitals had a score of under 4.6% and GGC provided 31.1% of all acute hospital records. Urinary tract infections were the most prevalent in Scotland. Ann commented that the data quality was very good and to recognise the hard work undertaken to carry out this study.</p> <p>vii) Scottish Infection Prevention & Control Education Pathway (SIPCEP) Pamela informed that NES have produced a new education pathway although there is no confirmation on what is mandatory training. She said a CNO letter should be issued in June and hopefully this will confirm what is mandatory.</p>	
<p>10. PHPU Update As Dr Kennedy submitted his apologies there was no update from PHPU.</p> <p>Tom mentioned that a meeting was held this morning with Scottish Government to explore the impact of Health and Social Care Integration on existing Infection Prevention and Control and Public Health services. In attendance were representatives from NHSGGC, Ayrshire, Lanarkshire and Forth Valley. He said they discussed the issues regarding policies etc. and representatives stated that they do not have the resources to cover Social Care.</p>	
<p>11. Finance Report Nil to update.</p>	
<p>12. HEI Reports The report for the recent HEI inspection to Stobhill and GRI was issued with 6 requirements. An Action Plan for the requirements has been prepared and sent back to HEI.</p> <p>Kate stated that Ann Frances Fisher is to carry out HEI corporate inspections at GRI and will use our corporate tool.</p> <p>Tom reported that the HEI Steering Group is being reconvened.</p>	
<p>13. Clinical Governance Related Guidance A copy of the Clinical Governance Related Guidance for April was distributed with the agenda.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief Copies of the latest Briefs have been issued.</p>	

Item	Action
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p> <p>i) HPS Annual Report A copy of the HPS Annual Report 2016 was issued with the agenda. The Executive Summary at the beginning of the document lists the main points in the report.</p>	
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Sandra updated that there was no new business to discuss.</p> <p>ii) <u>ICD Meeting</u> Nil to update.</p> <p>iii) <u>Board Infection Control Committee</u> Copies of the agenda and minutes of the last BICC were distributed with the agenda.</p> <p>iv) <u>Acute Infection Control Committee</u> The last meeting of the committee was held on 8th May 2017 and noted.</p> <p>v) <u>Partnership Infection Control Support Group</u> As Mari Brannigan is to retire Tom said that he will arrange to meet with Mari before the next PICSG meeting to discuss the new chair of this committee.</p>	
<p>17. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Sandra recommended that the SOPs for Decontamination are approved at committee in the same way that Infection Control policies are approved. Kate agreed to speak to Andrew Smith about the policies. • Tom to issue the report that was sent to the Care & Clinical Governance Committee regarding what the IPCTs do. 	
<p>18. Any Other Competent Business</p> <ul style="list-style-type: none"> - Tom said that he was asked by Dr Armstrong to prepare a report on what Infection Prevention & Control teams do and present this at the next Care & Clinical Governance Committee on 6th June. He said that he is meeting with Susan Brimelow, chair of the committee next week and will share the report with SMT. - Pamela reported that HSE inspected our board and GGC received a Notice of Contravention letter regarding three areas. A short life working group has been formed to produce an Action Plan by 21st July 2017. - In relation to CPE a plan is in progress to roll this out to Paediatrics. 	TW
<p>19. Date and time of next meeting</p> <p>The next meeting of the Senior Management Team will be held on Thursday 29th June at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

Thursday 29th June 2017
at 1.30pm
Boardroom, West Glasgow Ambulatory Care Hospital

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Sandra McNamee	SM	Associate Nurse Director, Infection Control
Ann Kerr	AK	Lead Nurse, Surveillance
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Kate Hamilton	KH	Lead Infection Control Nurse, North
[REDACTED]	[REDACTED]	[REDACTED]
Dr Barbara Weinhardt	BW	Infection Control Doctor
Pamela Joannidis	PJ	Nurse Consultant
Angela Johnson	AJ	Senior Infection Control Nurse, Paediatrics
Dr Sulman Hasnie	SH	Infection Control Doctor

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Dr Teresa Inkster Susie Dodd Lynn Pritchard Dr Alison Balfour
 Dr Pepi Valyraki

Item**Action**

- | | |
|---|--|
| <p>1. Welcome & Apologies
 Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p> <p>2. Minutes of SMT Meeting held on 25 May 2017
 The minutes of the previous SMT meeting held on 25 May 2017 were agreed as an accurate record.</p> <p>i Rolling Action List
 A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> | |
|---|--|

STANDING ITEMS

- 3. Matters Arising**
 Nil to update.

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector updates for April were distributed with the agenda.</p> <ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported that there have been a few SABs in the North sector. Samples taken are all different types but there is concern that they may be line related. • The score for the audit in Ward 63 was poor and Kate said the audit the Practice Development Nurse carried out also had the same result. • The CDI trigger at GRI has now finished. • The number of CDI cases have reached 7 for the month of May and no single strain has been identified. • A patient was admitted to PRM and is now being treated for TB. Information has been given to patients and Public Health has been contacted. • Lightburn Hospital is to close and patients will be transferred to Stobhill Hospital. • There was an HEI visit to PRM to follow up the requirements from their last visit in October and all 7 requirements have been met. They also visited theatre and were pleased with the area and the feedback received was positive. • South Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan reported that there were 2 patients in an orthopaedic ward at RAH positive with MRSA. The results have come back with the same spa type and a hand hygiene audit has been carried out. • South Glasgow (Donna McConnell) <ul style="list-style-type: none"> • Donna reported that a PAG was held regarding the increase incidence of spinal SSIs with 4 cases reported and a further 3 cases for neuro. 3 staff members will be referred to Occupational Health for screening. • There was a CDI trigger in Ward 52 and Ward 9D, QEUH but with different ribotypes. • 3 cases of enterobacter have been identified in neuro and typing is awaited. • South Glasgow – Paediatrics (Angela Johnson) <ul style="list-style-type: none"> • Angela reported that they have had 7 SAB cases for June with 4 of these HAI related and 3 related to central lines. An audit and more education will be carried out. • In Ward 3C, Renal Unit they received 0% compliance as there was a problem with the Care Plan. The SCN has been asked to clarify this. • The IPCAT programme is on schedule. Ward 2A has received a second audit due to an outbreak there. Their score was 74%, green and Angela advised that they still have cleaning issues. Hand Hygiene sessions have been carried out for staff. • Prior to the norovirus outbreak in April/May 2 patients are still positive with loose stools in Ward 2A. Tom advised that there are ongoing meetings regarding Ward 2A every Friday. • A debrief meeting was held on 12th May regarding the rotavirus outbreak. HPS attended this meeting and the control measures have been successful. <p>Sandra updated on the analysis of Mycobacterium abscessus in cystic fibrosis patients. She said that a SBAR was sent to the Medical Director and an IMT meeting will be arranged within the next couple of weeks. Brian Jones, Head of Microbiology will chair this meeting and HPS will also be involved to provide epidemiological support and share lessons learned.</p>	

Item	Action
<ul style="list-style-type: none"> • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • Kirsty updated that there was a CDI death in Ward 5C with a second case 5 days later. She said that there was no connection between the 2 cases but mentioned a lack of ward pharmacy input. The HIIAT score was green. 	
<p>5. HAIRT Report – June Update</p> <p>A copy of the HAIRT report for June was distributed with the agenda and Sandra stated that the report includes information regarding HAI prevalence for the period covered.</p> <p>She said that it looks like we may not meet the SAB Heat Target but should meet the CDI Target.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector</p> <p>Nil to update.</p>	
<p>7. IPC Work Plan</p> <p>The 2017/18 IPC Work Plan was distributed with the agenda. Sandra encouraged the group to look at any new ideas to be included in the Work Plan.</p> <p>Continuous improvement work is in progress to map areas with high incidence of SAB with results from improvement audits to determine effect. Sandra stated that the north have the highest number of SABs and Kate informed that Alastair Ireland is doing some quality improvement work and has asked for details of patients with line related SABs. Sandra said it would be good to know the proportion of lines put in a week at each site. Kate stated that most of their SABs are in ITU and not just renal patients. She said there are averaging 7/8 patients a month and commented that the hospital is very busy. Ann said to be mindful that the patient population is changing and patients are older and more sick.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Nil to update.</p> <p>ii) Theatre Maintenance & Management Group The last meeting of the group was last month and Kate advised that there were no major issues to discuss. She said the revalidation for sites is in progress and Estates were able to provide HEI with the revalidation information at the latest inspection. Ian Powrie is to send Kate the revalidation data and once she receives this will forward to SMT.</p> <p>iii) Infection Control Policy Group The Chickenpox, TB, Hand Hygiene, Influenza, Policy Development and Cleaning of Near Patient Equipment SOPs and two patient information leaflets are all going to the committees for approval. There was a decision that the patient information leaflets do not require to have a date on them now.</p> <p>v) Decontamination Group Copies of the Action Lists for the Decontamination Sub Group were issued to the group and the SOPs for Decontamination are now going to the committees for approval. Tom commented that he is chairing the next AICC and will point out the key changes in the SOPs.</p>	KH
<p>Kate reported that the procedure for enquiries and replying within 7 days is working well.</p>	

Item	Action
<p>iv) Education Group Scottish Infection Prevention & Control Education Pathway (SIPCEP) Pamela informed that NES have produced a new education pathway which was launched in June. She said this replaces the Cleanliness Champions programme and will be rolled out to all colleges and universities for nurses to complete.</p> <p>A meeting was held with Lyndsay Lauder and Pamela informed that they discussed the induction for medical staff. She said there is a proposal for Statutory Mandatory training to be an online course and to they are also going to look at IT strategies for online completion of HAI modules. An Education work programme has been developed for approval.</p> <p>At a recent FY1 training session Kate said that doctors commented that they would have liked to have had this training earlier.</p> <p>An IPC Newsletter has been produced and Pamela asked for permission to send this out. It was agreed that Pamela/Kerry will issue this to SMT.</p>	PJ
<p>vi) Person Centred Care The next meeting of the group is scheduled for mid July. Pamela and Joan to meet to discuss the "What Matters to Me" day.</p> <p>Joan reported that they have trialled the MRSA checklist and are working on the MRSA decolonisation patient leaflet.</p>	
<p>vii) Audit Sub Group / IPCAT Kirsty informed that they are in the final stages of working on the audit tool for Outpatient Departments which will go live on 1st August 2017. She said this will be a two year rolling programme of all outpatient areas where there is clinical activity.</p>	
<p>viii) Research & Quality Improvement Group At the recent OD event Pamela reported that she had received some good ideas at the Quality Improvement table and said she will discuss this at the group meeting next week.</p> <p>The group will also discuss the audit carried out of 100 patient records on ICNET regarding ICN input and will look at the themes from these.</p>	
<p>9. Project Update:</p>	
<p>i) MRSA Screening / KPIs The latest figures for MRSA screening are reporting that we are 92% compliant with CRA and 70% for swab compliance. Ann reported that this quarter included CPE/CPA cases and 250 patients were included. Although there is no requirement to collect the data Tom asked how long do we have to do the pilot for and Ann replied that it is for this quarter only. She said that as the collection is the same set up as the data collection process it might be worthwhile to carry on collecting this data.</p>	
<p>ii) SAB & CDI HEAT Target Ann reported that there have been no new Heat Targets issued so far and the figures for quarter 1 should be published in early July.</p> <p>With regards to SABs she confirmed there are 114 SAB patient cases which puts us above the Heat Target. For quarter 2 there are 38 cases for June which is 110 cases for the quarter so far. Of the 38 cases for June 20 were HAI related and 11 of the 20 cases were IV access device related.</p>	

Item	Action
<p>In relation to CDI for this quarter there are 30 cases for June and 99 cases to date. Once quarter 1 is finalised Ann said that we should know if we have met the national Heat Target.</p>	
<p>iii) SSI Surveillance Update</p>	
<p>The SSI surveillance is ongoing. Ann reported that the one year funded seconded post in Regional Services finishes in July. She said there is learning to be taken from the surveillance and noted that the non waterproof dressing for patients need to change to waterproof dressings as some of the patients are developing an SSI.</p>	
<p>iv) E-Coli Bacteraemia Surveillance</p>	
<p>Ann advised that there are 328 E-coli cases and 21% of the cases were hospital acquired. To date in June there are 104 cases and 20 of these cases are healthcare acquired.</p>	
<p>10. PHPU Update</p>	
<p>As Dr Kennedy was not at the meeting there was no update from PHPU.</p>	
<p>Tom mentioned that a meeting was held to discuss the responsibility for community services as Kirsty has some grey areas to cover. At the meeting it was agreed to collect the enquiries and a small group to assist with advice and answers.</p>	
<p>11. Finance Report</p>	
<p>Tom and Sandra met with our management accountant to discuss the budget and Tom advised that the budget position is balanced.</p>	
<p>12. HEI Reports</p>	
<p>The HEI Steering Group has been reconvened and the first meeting was last Friday. At the meeting Sandra said she raised the issue of inspections and suggested to the Chief Nurses that one of their staff or Lead Nurse assist Infection Control with these inspections.</p>	
<p>Notification of inspectors arriving at sites was also discussed and Sandra reported that she will write up a process for this.</p>	
<p>13. Clinical Governance Related Guidance</p>	
<p>A copy of the Clinical Governance Related Guidance for May was distributed with the agenda.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief</p>	
<p>Copies of the latest Briefs have been issued.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p>	
<p>i) Feedback from OD Event</p>	
<p>Tom advised that he has received the feedback from Juli McQueen for the OD event and will issue this to all staff.</p>	TW

Item	Action
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Sandra updated that there was no new business to discuss.</p> <p>ii) <u>ICD Meeting</u> At the last ICD meeting █████ advised that they had somebody from the Press Office to speak to the ICDs which they found useful. The ICD meeting in July has been cancelled and the next meeting is scheduled for August. Tom asked the ICDs to nominate a chair for this meeting in Teresa's absence.</p> <p>iii) <u>Board Infection Control Committee</u> Nil to update.</p> <p>iv) <u>Acute Infection Control Committee</u> The next meeting is scheduled for Monday.</p> <p>v) <u>Partnership Infection Control Support Group</u> Nil to update.</p>	ICDs
<p>17. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Kate to send out the revalidation data for theatres when she receives this from Ian Powrie. • Pamela/Kerry to send the IPC Newsletter to SMT. • Tom to issue the notes from Juli McQueen regarding the OD event. • ICDs to nominate a chair for the ICD meeting in August. • Pamela to speak to the renal teams regarding screening for patients returning from dialysis centres in London. 	
<p>18. <u>Any Other Competent Business</u></p> <ul style="list-style-type: none"> • Brian Jones attended the meeting to discuss cover for Teresa in her absence. He reported that he will now take on a co-ordinating role and Sully will cover the north sector and █████ will cover the south sector and increase their hours to full time for IPC. He said that it has been hard to provide cover especially during the summer months with annual leave and there are also three ICDs on maternity leave, although Huma will be returning from maternity leave at the beginning of August. Brian stated that he had no ICD cover for the north sector for week commencing 21st July but Sarah Jamdar will transfer to the north for this week and John Hood will cover Golden Jubilee site. Tom asked teams to try and minimise referrals to the ICDs and to look at different chairs for IMTs during this period. It was agreed that if a Lead Nurse is on annual leave the Band 7 should contact Sandra in the first instance and if anything needs escalating to contact Tom or Sandra before contacting Brian. • As Catriona Renfrew has now left GGC Tom reported that Dr Armstrong is taking on some of her work and has to decrease the workload she has at the moment. This means that we will now be reporting to Dr David Stewart and monthly meetings have been set up with him. • A Modern Apprentice is starting with the Data Team on 3rd July. 	

Item	Action
<ul style="list-style-type: none"> • Joan informed of a patient that had colitis/loose stools and samples received were negative but had bloody diarrhoea and asked if the patient should be isolated until the result is received from the Reference Lab. [REDACTED] confirmed that the patient should be isolated but if they did not have colitis a risk assessment should be carried out. • A patient in RDU at Vale of Leven is going to the dialysis centre in London and they have asked for 3 negative CPE screens for the patient. Joan asked if we should be repeating this when the patient returns back to our hospital in Scotland. Pamela agreed to speak to the renal team in GGC and to revisit the decision/guidance available. • Kate reported that she had a visit from a GAMA rep offering GGC a trial of a UV light decontamination unit. It was agreed to accept this offer and to decide what hospital this should go in. • With regards to CPE Pamela confirmed that this has been rolled out to the Obstetrics Team and they are taking forward the education locally. Medical staff have queried the implementation start date of 1st July and discussions are ongoing with Evelyn Frame. 	PJ
<p>19. Date and time of next meeting</p> <p>The next meeting of the Senior Management Team will be held on Thursday 27th July at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Thursday 27th July 2017
at 1.30pm
Boardroom, West Glasgow Ambulatory Care Hospital**

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Sandra McNamee	SM	Associate Nurse Director, Infection Control
Ann Kerr	AK	Lead Nurse, Surveillance
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & Partnerships
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Kate Hamilton	KH	Lead Infection Control Nurse, North
[REDACTED]	[REDACTED]	[REDACTED]
Dr Alison Balfour	AB	Infection Control Doctor
Pamela Joannidis	PJ	Nurse Consultant
Sofie Singh	SS	Senior Infection Control Nurse, South Glasgow
Susie Dodd	SD	Lead Infection Control Nurse, Paediatrics

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Lynn Pritchard Professor Brian Jones Dr Sulman Hasnie Dr Barbara Weinhardt
Dr Pepi Valyraki

Item**Action****1. Welcome & Apologies**

Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.

2. Minutes of SMT Meeting held on 29 June 2017

The minutes of the previous SMT meeting held on 29 June 2017 were agreed with the following amendment:-

- Page 5, item 9iv should read "Ann advised that there are 328 E-coli bacteraemia cases for Quarter 2 to date and"

i Rolling Action List

A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.

Discussion took place regarding CPE screening and if patients should be rescreened when they return from holiday dialysis. Sandra suggested that an SBAR is created for the renal consultants and for them to decide if they should rescreen patients on return. Pamela agreed to draft the SBAR.

PJ**STANDING ITEMS****3. Matters Arising**

Nil to update.

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector updates for June were distributed with the agenda.</p> <ul style="list-style-type: none"> • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported that there have been less SABs than of late and 2 they have are PVC related. • One ward was closed with Para-influenza 3. • HEI inspection to PRM on 20th and 21st June and the draft report is due 9th August. • South Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan reported that there was one PVC related SAB. • 3 severe CDI cases and 1 CDI case which was listed on Part 2 of the death certificate. • In RAH Joan reported that they have had 4 HAI CDI cases this month which gives them a total of 9 with 8 in RAH and 1 in IRH. Sandra advised that the data was sent to HPS to look at and they suggested that all specimens are sent to the Reference Lab. She said that a lot of the patients have PPI prescriptions. • South Glasgow (Sofie Singh) <ul style="list-style-type: none"> • Sofie updated that there was an IV access device related SAB and education has been carried out. • With regards to CDI the trigger has been reached and samples have been sent for typing. She said this has been the fourth trigger this month. Sofie commented that in April the CDI cases were both the same type but for May and June the typing has been different and the typing is awaited for this month. • Sandra advised that antibiotic review has been requested at GGH and chlorine cleans have been reinstated. Kirsty stated that clinicians are concerned regarding the pharmacy input. Ann commented that Ysobel Gourlay receives data every Tuesday from IPC regarding CDI. • South Glasgow – Paediatrics (Susie Dodd) <ul style="list-style-type: none"> • Susie reported that they have had 7 SAB cases for June with 4 of these are HAI related and 3 are related to central lines. • In NICU there have been 3 <i>Staphylococcus capitis</i> cases in a 9 day period. A PAG was held on 13th July and typing has been sent. The PVC score and hand hygiene were good and the HIIAT score was green. ■■■ will also be carrying out teaching on 18th August. • In Ward 2A a PAG was held for <i>Stenotrophomonas maltophilia</i> with 2 cases in 8 days. One patient has been discharged and all samples have been sent for typing. The HIIAT score was red. • High fungal counts were found in one of the rooms in Ward 2A and this room has been taken out of use. Weekly reports are sent to Jennifer Rodgers regarding the information for Ward 2A. Sandra asked if there have been blood cultures and ask Ann to check this information from ICNET. In relation to the blood cultures Susie advised that the SOP states that these patients should be isolated and asked when to stop the isolation. 	

Item	Action
<ul style="list-style-type: none"> • West & Partnerships (Kirsty Ferguson) <ul style="list-style-type: none"> • Kirsty updated that there was a CDI trigger in Ward 3A with 2 CDI cases in a 3/4 day period. She said they are working through the tool and have put in chlorine cleans and antimicrobial review. • Discussion took place regarding the use of wipes from Ecolab. Kate advised that there are other wipes available and an alternative can be offered and stated that what is used in one site should be used in all sites. 	
<p>5. HAIRT Report – No Update</p>	
<p>Nil to update.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector</p>	
<p>A copy of the above report was distributed with the agenda and noted.</p>	
<p>7. IPC Work Plan</p>	
<p>The IPC Work Plan for July was distributed with the agenda. Sandra said that she will look at the suggestions from the OD event to maybe add these to the Work Plan. She will also include more information regarding Health and Social Care Partnerships to reflect the work that has started there.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p>	
<p>i) Water Safety Group</p>	
<p>At the request of the ICDs Pamela informed that the Risk Assessment form for Pseudomonas has been updated to include adult HDU. She said this form is now in place.</p>	
<p>ii) Theatre Maintenance & Management Group</p>	
<p>The last meeting of the group was cancelled. At the previous meeting Kate advised that the humidity in theatres was discussed. She said they used to have 40-50% for humidity but are now sitting at 20-30% for humidity. She said there is no national guidance for higher or lower humidity levels and it was agreed that as this is not an Infection Control issue. Kate agreed to speak to Estates regarding this.</p>	
<p>iii) Infection Control Policy Group</p>	
<p>The Hand Hygiene, Influenza, Chicken Pox, TB, Development & Approval and Cleaning of Near Patient Equipment SOPs were approved at AICC and were going to the BICC meeting on Monday for approval.</p>	
<p>Pamela reported that there have been 4 updates to the national manual which include:-</p>	
<ul style="list-style-type: none"> - Category of 'mandatory' included in the NIPCM development process - SBAR for donning, doffing and decontamination of powered respirators - Interim competency framework for PPE for Infectious diseases of high consequence - Surgical scrub with ABHR now on line 	
<p>She said that HPS continue to update the A-Z of alert pathogens.</p>	
<p>v) Decontamination Group</p>	
<p>Copies of the Action Lists for the Decontamination Sub Group were issued to the group. Kate advised that HPS are looking at the CF respiratory equipment. She said that new guidance has been issued and she will issue this to the group.</p>	<p>KH</p>

Item	Action
<p>iv) Education Group Pamela informed that she has updated the Education Strategy and this is with Sandra for approval.</p> <p>A meeting was held with Lyndsay Lauder and Pamela reported that they will look at the education data to capture for medical staff.</p>	
<p>vi) Person Centred Care At the last meeting Joan advised that they discussed the checklist and are looking to develop a leaflet regarding colonisation for patients with MRSA.</p> <p>Pamela and Joan to meet to discuss the "What Matters to Me" day. Pamela said that she will look at the themes that were raised.</p>	
<p>vii) Audit Sub Group / IPCAT Kirsty informed that the audit tool for Outpatient Departments will go live on 1st August 2017. In October she said they will look at the decontamination section in the Outpatient tool.</p> <p>Kirsty asked if the question regarding staff education should be taken out of the audit tool and it was agreed to remove this section.</p>	
<p>viii) Research & Quality Improvement Group A meeting was held by the group yesterday and Pamela informed that they are going to look at the QI projects going forward.</p>	
<p>9. Project Update:</p>	
<p>i) MRSA Screening / KPIs For the quarter April to June the figures for MRSA screening reported that GGC were 92% compliant with CRA and 85% was the published rate for Scotland.</p> <p>ii) SAB & CDI HEAT Target Ann reported that with regards to SABs for Quarter 1 we reported a rate of 28.1 cases per 100,000 AOB. She said this is above the Scotland rate but below the Heat Target of 32 and for Quarter 2 there are 103 CDI cases.</p>	
<p>In relation to SAB cases GGC reported for January to March 2017 a rate of 32.9 cases per 100,000 AOB and for Quarter 2 we have 116 cases.</p> <p>As there is no confirmation of revised Heat Targets Tom confirmed that he will contact Abigail Mullings about this.</p>	TW
<p>iii) SSI Surveillance Update In GRI Ann stated that GRI noticed an increase in ortho SSIs although patients have existing co morbidities and a number of revision procedures. Kate said that she has spoken with the Clinical Director and will discuss this with Barbara Weinhardt on her return from annual leave.</p> <p>For Quarter 2 Ann reported that for hip procedures there were 7 SSIs for the quarter and 6 of these are revision procedures.</p> <p>In relation to the SSI surveillance in neuro Ann informed that there have been 2 cranial and 1 spinal SSI for late June/early July. The Surveillance Nurse for neuro has been extended for one year and the next meeting in neuro is scheduled for 1st August.</p>	

Item	Action
<p>iv) E-Coli Bacteraemia Surveillance Ann advised that there are 346 E-coli cases for Quarter 2 and all cases should be entered on ECOSS by each admin person.</p>	
<p>10. PHPU Update Dr Kennedy provided an update on PHPU:-</p> <ul style="list-style-type: none"> - An ongoing lookback exercise regarding BBV in a Healthcare worker is nearly complete. Recommendation from UKAP on patient notification is expected week commencing 8th August. - Ongoing issue regarding missing results and not acted on regarding a patient with Hep C. The results of the test came back after the patient had been discharged. Iain stated that with any liver testing this will now include Hep C testing. He said that PHPU are receiving a monthly list of Hep C cases. - Cyclospora outbreak – Scotland have had the most cases and the surveillance has been reduced asking where people have been. - Food Borne Outbreak Control Plan will be exercised in December and will be community based. - Reference Lab - There have been discussions around the governance of this group at national level. The group changed its purpose and terms of reference and is now disbanded. There is a Microbiology group which will have a broad remit and this is being led by Michael Lockhart. - Two patients from the [REDACTED] have been transferred to GGC. - Vaccine Transmission Programme - There is a new GP contract and vaccination and training will no longer form part of the GP contract. He said they are looking at ways to deliver the child vaccination programme and may use community clinics for the delivery of the programme. <p>Tom asked if there were any further developments with Public Health and Infection Prevention & Control. Iain advised that a couple of meetings have taken place and there is a new Public Health Reform Oversight group which will have representatives from COSLA, academic reps and Public Health. This group will be responsible for oversight and setting up Public Health priorities for Scotland and Duncan Selbie will chair this group.</p> <p>Iain confirmed that there will be a new Public Health service group in 2019 and Linda deCaestecker will chair this group.</p>	
<p>11. Finance Report Tom advised that for this year we were short of the savings target by approximately £30,000 - £40,000. He said that if we do not meet this target we may have to freeze any future vacancies.</p>	
<p>12. HEI Reports The next meeting of the HEI Steering Group has been scheduled for 17th August.</p>	
<p>13. Clinical Governance Related Guidance A copy of the Clinical Governance Related Guidance for June was distributed with the agenda.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief Copies of the latest Briefs have been issued.</p>	

Item	Action
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p> <p>i) iMatter</p> <p>A copy of the iMatter Action Plan has been previously circulated and Tom reported that we had a score of 83% for Employee Engagement Index. An Action Plan has been created with three key areas for further activity.</p> <p>Feedback from OD Event</p> <p>Tom stated that he thought the OD event went well and will now reflect on what is included in the Work Plan and to have more detail regarding Health & Social Care Partnerships.</p> <p>At the OD event Juli McQueen asked groups to comment on the Team Purpose Statement for Infection Prevention & Control or to create a new one. The 7 statements were emailed to SMT and Tom asked for the ICDs and sectors to pick one Team Statement which will best represent us and to return this prior to the next SMT meeting.</p>	All
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil to update.</p> <p>ii) <u>ICD Meeting</u> The next ICD meeting is scheduled for 15th August and Alison will chair this meeting.</p> <p>iii) <u>Board Infection Control Committee</u> The next meeting of the group is on Monday. Tom updated that David Stewart will now chair these meetings.</p> <p>iv) <u>Acute Infection Control Committee</u> The last meeting of the committee was on 4th September and Tom reported that Chris Jones, Chief of Medicine will chair future meetings.</p> <p>v) <u>Partnership Infection Control Support Group</u> As Mari Brannigan is retiring a new chair of PICSG is sought. In the meantime Tom said that he will chair the meeting in September.</p> <p>Tom and Sandra met with Mari Brannigan to discuss PICSG and asked if someone from Addictions could be on the committee and also review membership of the group. Mari Brannigan to write out to HSCP to understand it is their responsibility to feedback any issues from these meetings to their sites.</p>	
<p>17. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Pamela to prepare an SBAR regarding the screening of CPE patients when they return from holiday dialysis. • Kate advised that HPS are looking at the CF respiratory equipment. New guidance has been issued and Kate will issue this to the group. • Tom to contact Abigail Mullings regarding new Heat Targets. • ICDs and sectors to pick one Team Statement and return this prior to the next SMT meeting. 	

Item	Action
<p>18. Any Other Competent Business</p> <ul style="list-style-type: none"> • Kate updated that she has some evidence regarding the Clinell UV light. • Iain mentioned that there is now a Board Public Health Sub Committee which is authorised to sign things off and will meet every 4 months with the next meeting scheduled for October. Tom said that Infection Prevention & Control can contribute to let him know. • With patients that have CRO Susie asked if we can use the CPE information leaflet for these patients. It was agreed that as we do not have a leaflet for CRO we can use a leaflet from another board. • Kate reported that two wards at Ravenscraig are moving to Inverclyde in August and Ravenscraig will be decommissioned. 	
<p>19. Date and time of next meeting</p> <p>The next meeting of the Senior Management Team will be held on Thursday 31st August at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

Thursday 28th September 2017
at 1.30pm
Boardroom, West Glasgow Ambulatory Care Hospital

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Professor Brian Jones	BJ	Head of Service, Microbiology
Sandra McNamee	SMcN	Associate Nurse Director, Infection Control
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Kate Hamilton	KH	Lead Infection Control Nurse, North
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Susie Dodd	SD	Lead Infection Control Nurse, Paediatrics
Dr Alison Balfour	AB	Infection Control Doctor
Dr Barbara Weinhardt	BW	Infection Control Doctor
Dr Huma Changez	HC	Infection Control Doctor

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Ann Kerr Dr Iain Kennedy [REDACTED] Pamela Joannidis
 Kirsty Ferguson Dr Sulman Hasnie

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned. It was agreed at the last ICD meeting that one ICD from the north and south will attend future SMT meetings. Additional ICDs are of course welcome if available to attend.</p>	
<p>2. Minutes of SMT Meeting held on 27 July 2017 The minutes of the previous SMT meeting held on 27 July 2017 were agreed with the following amendment:-</p> <ul style="list-style-type: none"> - Page 3, Decontamination Group – Kate to provide an amendment regarding the new guidance in this section. <p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p>	
STANDING ITEMS	
<p>3. Matters Arising Nil to update.</p>	
<p>4. Sector Update</p> <p>i) Geographical Sector Update The IC Sector updates for July and August were distributed with the agenda.</p>	

Item	Action
<ul style="list-style-type: none"> • West & Partnerships (Dr Alison Balfour) <ul style="list-style-type: none"> • Alison reported 2 cases of HAI CDI on ward 3A in July. • 5 cases HAI CDI for GGH site for month of July. The SPC upper control line for this site is 5.8. Use of Actichlor for routine clean by domestic staff reintroduced and will continue throughout July/August as a precautionary measure. • South Glasgow (Lynn Pritchard) <ul style="list-style-type: none"> • Lynn updated a CDI trigger in Ward 8C, QEUH. Trigger tool commenced and typing returned different ribotype and an action plan has been done. • HEI carried out an unannounced inspection which resulted in one requirement to ensure medical staff in the emergency department remove and dispose of gloves at the point of use or at the earliest opportunity and perform hand hygiene. • Ceiling and ventilation improvement work started two weeks ago in Ward 4B and work should last approximately 8 weeks. • South Clyde (Joan Higgins) <ul style="list-style-type: none"> • Joan reported 5 C-Section SSI cases for July. A PAG was held and actions were agreed. A follow up meeting was held yesterday with clinicians and all actions have been completed. • The interim Lead Midwife for Clyde has asked if we can check when the ventilation was serviced and validated in Clyde. Kate agreed to send Joan the validation theatre results for Clyde. • South Glasgow – Paediatrics (Susie Dodd) <ul style="list-style-type: none"> • Four patients with <i>Staphylococcus capitis</i> in NICU isolated from blood cultures. PAG held on 4th August with another case identified this week and Susie said that she will inform the PAG of the latest case. Typing has been requested and practice in line care will be carried out. • A PAG was held relating to 4 cases of Gentamicin Resistant <i>E.coli</i> in NICU over a 6 week period. 2 of the cases have a different typing result but the other 2 cases are the same strain. • North (Kate Hamilton) <ul style="list-style-type: none"> • Kate reported that they have completed 4 weeks sampling for MRSA in the burns unit and no new patients have been identified. Environmental sampling to be carried out in November. • 2 <i>Staphylococcus capitis</i> cases in NICU and typing results are awaited. One patient was transferred to SCBU, a timeline was completed and a PAG prepared. • There was a query CRO in a baby in NICU. • CDI trigger in enhanced surgical recovery area which is a short term surgical ward. • 2 SABs identified in NICU. <p>5. HAIRT Report – August Update</p> <p>A copy of the HAIRT report for August was issued with the agenda. Tom updated that there is no update on the national version regarding the revised format of the report.</p>	<p>KH</p>

Item

Action

6. Bi-Monthly Activity Report for Acute Sector

A copy of the above report was distributed with the agenda and noted. This report was presented to the Acute Clinical Governance Committee and Sandra reported that they noted the environmental audits carried out in theatres at RAH.

There has been a spike in the number of CDI cases and Health Protection Scotland also notified of the increased amount of CDI cases occurring by mid July. Typing has been sent to HPS regarding the issues in GRI and they have confirmed there are no similar types and no linked cases.

7. IPC Work Plan

Sandra stated at the last HEI Steering Group meeting Dr Chris Deighan suggested that instead of carrying out a corporate inspection, for each sector to carry out an inspection of an area identified for improvement following an HEI visit. The IPCT will carry out audits in A&E departments. Kate said that Ann Frances Fisher is keen to look at all the requirements and recommendations from previous reports.

8. Sub-Groups/ Short Life Working Groups Update:**i) Water Safety Group**

The meeting of the group was postponed to 16th October and Tom informed that Pamela is a representative on this group. He said that if there is a relevant specific topic he will invite an ICD to attend. Barbara commented that she attends the North Water Group meetings.

Water coolers were discussed and the decision was that new ones should not be installed. In ICU at RAH Joan reported that the department are concerned patients no longer receive cold water. It was agreed that Joan will pass on the comments from ICU to Pamela for her to raise at the next Water Group. Jackie Smart is also to raise this at a health board level. Susie advised the current policy was that these can be used in high risk areas if already plumbed in but new ones cannot be installed.

ii) Theatre Maintenance & Management Group

The group met on 26th September and Kate advised that the validation programme for theatres is up-to-date with no exceptions. She said the validation will now expand to anterooms and Ian Powrie is working on this.

iii) Infection Control Policy Group

Some of the patient information leaflets in Public Health do not fully match IPC versions and Sandra informed that Pamela is looking into this.

v) Decontamination Group

Copies of the Action Lists for the Decontamination Sub Group were issued to the group. Kate advised that the group are responding to any queries received within 7 days and this is working well.

The breast biopsy decision was made.

Previously Andrew Smith had requested for obsolete scopes for research purposes and Kate advised that these were all labelled from CDU. Andrew has now decided he no longer requires these and a decision has to be made on how to destroy the scopes. Kate advised that NHS Lothian may be interested.

With regards to CF respiratory equipment HPS are looking into this and the guidance on stacking of surgical trays. Alan Stewart has advised that these should be stacked in layers of 3 or less.

JH

Item	Action
Kate updated that information regarding dental decontamination is on the website.	
Paediatrics want to build their own local decontamination unit and Kate said that they are keen to get input regarding this.	
iv) Education Group	
Kirsty informed that the group are looking at the wording on the PVC insertion video to change this in line with the new Care Plan.	
vi) Person Centred Care	
Joan advised that the aide memoire poster for patient MRSA decolonisation is complete. A patient card will be prepared for staff to remind them how to decolonise MRSA patients. She said this will include information on mupirocin.	
After this Joan reported that the Patient Centred Care Group will integrate with the Research and Quality Improvement group.	
vii) Audit Sub Group / IPCAT	
In relation to the audit tool for Outpatient Departments this went live on 1 st August 2017. Dates have been canvassed to look at the Decontamination section for the audit tool and the group will include representatives from Cowlairs and Endoscopy to cover their areas.	
9. Project Update:	
i) MRSA Screening / KPIs	
The information relating to the above is included in the HAIRT report.	
ii) SAB & CDI HEAT Target	
Nil to update.	
iii) SSI Surveillance Update	
As Ann sent her apologies for the meeting Lynn updated on issues at QEUH. She said the neuro surgeons perceived they had an increase in spinal SSIs with 6 possible cases. As there is no data to compare this she said the only thing to compare this to is neck of femur cases. An IMT meeting was held to discuss this and the HIIAT score was green. The type of dressing used was also discussed as these dressings are kept on for a long period of time and frequently disrupted. ICT at QEUH agreed an action to observe practice in theatres and to maybe do this on a Friday when there is a change in staff.	
MSSA screening was discussed at the meeting and for chlorhexidene to be used for pre-op washing but Lynn said staff in this area said sometime patients are emergency cases and cannot always get a wash beforehand. Susie suggested altering the pre op checklist to say they should have a shower before attending hospital for an operation.	
iv) E-Coli Bacteraemia Surveillance	
Tom advised that we are waiting to hear if there is a new target for this surveillance.	
10. PHPU Update	
Dr Kennedy sent his apologies for the meeting.	

Item	Action
<p>Tom and Sandra met with Iain last week to discuss policies and information leaflets.</p> <p>Public Health are carrying out a live outbreak exercise plan in December and Tom said that they will issue information regarding this with invitations for IPCT members to participate.</p> <p>Huma asked that when they are on call and e.g. an E.coli 157 case is admitted should they inform Public Health at weekends if the case has not been confirmed. Alison said that she would contact them to say there is a potential E.coli case and return the call once confirmed as positive or negative. Tom suggested inviting Iain Kennedy along to a future ICD meeting to discuss these reporting issues.</p>	
<p>11. Finance Report</p> <p>Tom advised that for this year we are short of approximately £20,000 towards the savings target. He said that a new vacancy management protocol was issued and any new vacancies must go to management for approval and there might not be automatic approval to replace any administrative posts.</p>	
<p>12. HEI Reports</p> <p>The last HEI report received was for the follow up inspection to QEUH in August which resulted in one requirement.</p> <p>Sandra reported that there was a follow up theatre inspection to PRM in June and all the requirements were met. The inspectors are now starting to conduct themed visits e.g. how we manage urinary catheters in wards and may visit more than one hospital per inspection to compare sites. She said recently the theme is regarding isolation and how we manage patients and CAUTI. Pamela is leading on the CAUTI group and working with Practice Development.</p>	
<p>13. Clinical Governance Related Guidance</p> <p>A copy of the Clinical Governance Related Guidance for July and August were distributed with the agenda.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued and discussed.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p> <p>i) Team Purpose Statement</p> <p>One of the actions arising from the OD event in June was to agree a new Team Purpose Statement for the Infection Prevention & Control Service. From the responses received the group agreed with the following statement:-</p> <p style="padding-left: 40px;">- <i>Working together to make healthcare safe by preventing and controlling infection</i></p> <p>ii) HEI Letter re. CAUTI</p> <p>Joan updated that she met with Practice Development to discuss CAUTI. Pamela and Kate Coccozza have developed an Action Plan and will produce a policy for inserting and maintenance of catheters.</p> <p>A sweep across all wards will be carried out to look at catheter maintenance and the patients in the ward on that day and also to check if the patient has a Care Plan. Sandra and Pamela have sent paperwork to the Chief and Lead Nurses regarding the tool.</p>	

Item	Action
<p>NES have also given us the video from Learnpro. Dr Weinhardt commented that this was raised at a recent governance meeting and Tom stated that this was also raised at the PICSG and Karen Jarvis, Senior Professional Nurse Advisor, H&SCP is doing some work on the catheter passport.</p>	
<p>iii) Enhanced Precautions in Ward – Terminal Cleans Lynn asked that if there was a potential outbreak of D&V in QEUH with the wards having single side rooms and are put on enhanced precautions for 48 hours is there any guidance available to say when to stand down precautions. She said it would be helpful to have this specifically for QEUH and Pamela agreed to put some words together and to try and get a statement on what IPC would be happy with as a minimum.</p>	PJ
<p>iv) False Positive Results At the recent Lead Nurse meeting Lynn advised that IPCT have received a higher number than usual of false positive results for CDI and MRSA in QEUH and GRI. She said that in previous guidance it stated that an ICD or Microbiologist would inform the patient but █████ thought this should be a clinician or the ICN. After discussion it was agreed that an ICN would inform the patient and if the patient wants to escalate this an ICD would be involved. Brian Jones recommended having a discussion with Sandra Higgins in Microbiology about this.</p>	Agreed
<p>v) Report on IPCN Alert Documentation on ICNET Nurses on wards are required to complete audit documents. Sandra reported that IPCN documents should also be audited and Pamela is looking at what is contained in the reports. There will be ongoing discussion and review at the Lead Nurse meeting. Joan commented that they were asked to produce this at the last inspection at Vale of Leven.</p>	
<p>vi) Norovirus Reporting HPS have produced a new template to complete for the norovirus reporting. Sandra stated that they have now requested a whole week's information regarding norovirus instead of what wards were closed on a particular day. The Data Team will manage this and the report will be produced on a Tuesday and this will start from 2nd October.</p>	
<p>vii) I Matter The iMatter process will be run again in January and Tom said the next stage will be to engage with teams and develop action plans.</p> <p>The next national Staff Satisfaction Survey will relate to Dignity at Work.</p> <p>The flu vaccination programme will be starting soon and Tom encouraged all staff to get their vaccination.</p>	
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil to update.</p> <p>ii) <u>ICD Meeting</u> The next ICD meeting is scheduled for Tuesday and Tom asked for any comments on the agenda.</p> <p>iii) <u>Board Infection Control Committee</u> The next meeting of the group is on 9th October. Tom informed that it has reverted back to Dr Armstrong to chair these meetings.</p>	

Item	Action
<p>iv) <u>Acute Infection Control Committee</u> The last meeting of the committee was on 4th September which Tom said he chaired and reported that Chris Jones, Chief of Medicine will chair future meetings.</p> <p>v) <u>Partnership Infection Control Support Group</u> The last meeting of the group was on 21st September and Tom said he will be chairing these meetings pending the new appointment for Mari Brannigan. He said that Elaine Love will be covering H&SCPs until Mari's replacement has been appointed.</p>	
<p>17. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Kate agreed to send Joan the validation theatre results for Clyde. • Joan to send Pamela the comments from ICU regarding the water coolers for her to raise at the next Water Group. • With regards to enhanced precautions in a ward and specifically for QEUH Pamela agreed to put some words together and to try and get a statement on what IPC would be happy with as a minimum. • Alison to send Brian and Tom the email from Keith Morris requesting information regarding which group various Microbiologists sit on in an ICD capacity. • Lynn to check if the ongoing issues in neuro theatres are part of the Regional Risk Register. 	
<p>18. Any Other Competent Business</p> <ul style="list-style-type: none"> • With regards to the ICD national network that Teresa previously attended Brian Jones asked who attends these now. Tom reported that the group meets twice a year and proposed to discuss this at the next ICD meeting. Alison commented that she has an email from Keith Morris requesting information regarding which group various Microbiologists sit on in an ICD capacity and said that she will forward this to Brian and Tom. • Joan said that Sully asked her to raise a point whereby a patient was admitted in RAH with bloody stools and the patient was isolated but the sample was referred to the Reference Lab. Brian advised that only during a PAG or IMT should typing results be requested from the Reference Lab. • In RDU at the Victoria ACH Kate reported that they are dealing with a complaint regarding infection control issues. She said they will carry out a SICPs audit with backshift staff and do some work with them. • Alison reported of a Save the Date event on 23rd and 24th March 2018 which will include ventilation. • In QEUH Alison reported that there was a sewage leak in neuro theatres and asked for a look back exercise. Lynn stated that they have a plan in place to renew all the pipes and the work will be carried out from Friday to Sundays. She will also check if this is in the Regional Risk Register. The new theatres should be opened in January. 	<p>AB</p> <p>LP</p>
<p>19. Date and time of next meeting</p> <p>The next meeting of the Senior Management Team will be held on Thursday 26th October at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Wednesday 8th November 2017
at 9.30am
Meeting Room 2, West Glasgow Ambulatory Care Hospital**

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Professor Brian Jones	BJ	Head of Service, Microbiology
Sandra McNamee	SMcN	Associate Nurse Director, Infection Control
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Susie Dodd	SD	Lead Infection Control Nurse, Paediatrics
Ann Kerr	AK	Lead Nurse, Surveillance
Pamela Joannidis	PJ	Nurse Consultant
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & HSCP
Gillian Bowskill	GB	Senior Infection Control Nurse, North

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Kate Hamilton Dr Iain Kennedy Joan Higgins

Item**Action****1. Welcome & Apologies**

Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.

2. Minutes of SMT Meeting held on 28 September 2017

The minutes of the previous SMT meeting held on 28 September 2017 were agreed with the following amendment:-

- Page 3, Item 8v – Sandra to provide Ann a form of wording regarding the breast biopsy decision.
- Page 4, Item 9iii – Should read “She said the orthopaedic surgeons perceived they had”
- Page 4, Item 9iii – Should read “... possible cases and there is no data to compare spinal surgery to within neurosurgery.”
- Page 4, Item 9ii – Should read “... was also discussed as sub optimal dressings had been used.”
- Page 6, Item 15iv – Should read “...results for CDI and MRSA in QEUH and Kate said also for GRI.”

i Rolling Action List

A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.

STANDING ITEMS**3. Matters Arising**

Nil to update.

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector updates for August and September were distributed with the agenda.</p> <p>As the Lead Nurses provided an update from their sectors at AICC on Monday it was agreed to provide any new business or update since Monday:-</p> <ul style="list-style-type: none"> • Kirsty reported that the patient in Ward B8 with Pseudomonas isolated in the blood culture is back in the ward again. • With regards to the Water Safety checklist Kirsty advised that ice cubes are being used and the water is filtered to 0.9 microns. She said the ward were using tap water but on checking with Estates they agreed this was okay to use. • In B8 Kirsty reported that there were high counts for air sampling and commented that each time the high counts occur they are in different rooms. Estates are going to look at the hepafilters. An HAI scribe is in place to replace the IPS panels and Estates will clean the vents. • The patient contacts regarding the patient in Ward 3C with sensitive Pseudomonas have been screened and there is no requirement to rescreen. • Susie reported that she did a walkround with Iain Kennedy on Monday in Ward 2A. She said he asked for the report to be reconfigured, a timeline put in and to enter in actions. An audit of the ward was carried out yesterday and the score was 92%. Tom advised that Dr Armstrong asked for an update on Ward 2A to the next BICC to provide assurance to the committee. • Susie stated that Alastair Leonard phoned to say the fungal count in the room was the room that did not have a hepafilter. Sandra said she has made a request to HPS regarding this. 	
<p>5. HAIRT Report – October Update</p> <p>The HAIRT report for October was discussed at AICC on Monday.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector</p> <p>A copy of the above report was distributed with the agenda and noted.</p>	
<p>7. IPC Work Plan</p> <p>The IPC Work Plan for October was discussed at AICC on Monday.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Nil to update.</p> <p>ii) Theatre Maintenance & Management Group Nil to update.</p> <p>iii) Infection Control Policy Group Pamela thanked the group for the comments received regarding Appendix 11 and they have been forwarded to HPS.</p> <p>Sandra commented that eyelashes have been added into the SOP, although there is no evidence relating to this but has been included in the PPE requirements from HPS.</p> <p>v) Decontamination Group Nil to update.</p>	

Item	Action
<p>iv) Education Group Pamela informed the group that SIPCEP was launched by the CNO in June 2017 with a recommendation that it become part of undergraduate nursing courses but that at this time it was not mandatory for health care staff in NHS boards to complete. The NHS GGC HAI Education strategy has been updated to include that Standard Infection Control Precautions and CDI are mandatory at point of induction. Staff can then use modules within SIPCEP as update training. Pamela has recommended that since the foundation layer of SIPCEP has replaced the cleanliness champions programme (CCP), that SCN undertake the foundation layer of SIPCEP if they have not completed the CCP. The Statutory Mandatory SIPCEP will be an online module as well as face to face. Gillian asked if the ICNs should do this module and it was agreed they should.</p> <p>Following an HSE inspection in GGC, the Health and Safety team have advised that the hand hygiene module on SIPCEP be mandatory to cover education on skin health.</p> <p>The next IPC Newsletter will be issued today.</p>	
<p>vi) Person Centred Care “What Matters to You” campaign has been included in the Newsletter. Pamela advised that we will still look to include the patient journey. It was noted that there were no patient stories from the community and Kirsty agreed to raise this at the next PICSG meeting.</p> <p>Pamela reported that the group will review the IPCAT audit results that have been carried out over the last year. Dr Armstrong has requested that we focus on poor audit scores and to look at what remedial action needs to be taken.</p>	KF
<p>vii) Audit Sub Group / IPCAT The group met on Friday. Kirsty reported that representatives from Endoscopy, Dental and Cowlairs will be invited to discuss the audit tool for Decontamination. With regards to the audits Ann asked if the type of audit could be included in the subject header if anything needs to be checked as there are 5 different audits on IPCAT.</p>	
<p>9. Project Update:</p> <p>i) MRSA Screening / KPIs CRA compliance for Q2 (July - September 2017) in GGC was 89%. The swabbing compliance is 44% for this quarter with 36 out of the 82 swabs taken being sent for testing.</p> <p>In relation to CPE screening compliance is 87% for this quarter and the swabbing compliance is 33% with only 3 patients meeting the criteria.</p> <p>ii) SAB & CDI HEAT Target For October Ann reported that there have been 32 CDI cases and 37 SAB cases.</p> <p>iii) SSI Surveillance Update With regards to SSI surveillance orthopaedics remains settled. In October there were 2 hip infections in IRH and Ann reported that there were 18 hip operations carried out in total.</p> <p>For Vascular SSI, 50 procedures have been carried out at QEUH with 4 SSI patients but Ann commented that these patients had other risk factors.</p> <p>In Neurosurgery there have been 3 spinal SSI cases for September.</p>	

Item	Action
<p>iv) E-Coli Bacteraemia Surveillance The figures for Quarter 2 have been published today and Ann reported that a high proportion are community cases.</p>	
<p>10. PHPU Update Dr Kennedy sent his apologies for the meeting. Tom reported that there are additional places available for the outbreak exercise.</p> <p>A Registrar from Public Health will be spending a day with the Infection Control Team at West & Partnerships.</p>	
<p>11. Finance Report Tom advised that for this year we are slightly short of the savings target. He said that any new vacancies must be approved through a vacancy management process.</p>	
<p>12. HEI Reports As discussed at AICC meeting on Monday.</p>	
<p>13. Clinical Governance Related Guidance A copy of the Clinical Governance Related Guidance for September was distributed with the agenda.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief Copies of the latest Briefs have been issued and discussed.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p> <p>i) CPE/CRO Discussion took place regarding screening of patients.</p> <p>The question raised was if a CRA patient is screened as positive do they need to be rescreened if they have not been abroad. The answer was agreed as no but to reassess the patient.</p> <p>Another question asked was if the patient was positive do they need to be rescreened and Professor Jones commented that it was likely once positive always positive so there is no need to rescreen the patient. Pamela agreed to update the Fact Sheet.</p>	PJ
<p>ii) Lab Results With regards to lab results it was agreed that the ICNs would notify the patient of the result but will not contact the patient after they have been discharged. Sandra advised that the responsibility of the result is for the requestor and a statement to this is included in the lab report for communicating.</p>	
<p>iii) Blood Cultures Susie reported that all positive blood cultures are reported to IPCT until discharged. In Ward 2A she said a number of patients may board in other wards and asked if we should be following the patient or the blood culture as they have a number of open cases in Ward 2A. It was agreed to close the open cases as it is the blood culture and not the patient journey that is followed. Pamela confirmed that she will update the SAB algorithm.</p>	PJ

Item	Action
<p>iv) MRSA Screening of Previous +ve patients at Ante Natal When patients are booked in at Antenatal and are previous MRSA, Pamela asked if they should be screened again. It was agreed there was no requirement to rescreen unless clinically indicated.</p> <p>v) Ice Machines As discussed earlier.</p>	
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil to update.</p> <p>ii) <u>ICD Meeting</u> The next ICD meeting is scheduled for next week.</p> <p>iii) <u>Board Infection Control Committee</u> The next meeting of the group is on 27th November.</p> <p>iv) <u>Acute Infection Control Committee</u> The last meeting of the committee was on 4th September and was chaired by Dr Chris Jones, Chief of Medicine.</p> <p>v) <u>Partnership Infection Control Support Group</u> The next meeting of the group is scheduled for tomorrow.</p>	
<p>17. Any Other Competent Business</p> <ul style="list-style-type: none"> • With regards to near patient testing for Influenza at GRI and the Beatson Sandra asked if there were plans to roll this out to other areas. Brian advised that this was too late to do now but could look at this for next year. • Sandra stated that if the Lead Nurses were going to sector group meetings and were asked about the patient pathway regarding the flu plan to recommend that our role is advisory. Pamela advised that all influenza information is available on the website. Gillian stated that ITU at GRI and QEUH are updating their documents regarding flu as those sites are working together. Sandra confirmed that she is updating the corporate flu plan. • In relation to a patient who has Pseudomonas and is CRO positive in sterile site Susie asked if this patient should be kept in isolation as they will have repeat admissions long term. Brian replied that he would not view this patient as positive. It was agreed that a Fact Sheet for CRO and CPE be created. • In the Dental Hospital Kirsty reported that level 6 is being refurbished. She said that Andrew Smith has asked for air changes per hour to be increased. One of the rooms carries out implants and they require 10 air changes. Andrew consulted Peter Hoffman and he suggested to seek opinion from HFS and they recommended 10 air changes per hour. • Brian and Tom are to attend one of the Lead Nurse meetings in December. 	

Item	Action
<p>18. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Kirsty to raise patient stories from the community at the next PICSG meeting. • Pamela to update the Fact Sheet for CPE/CRO that if a patient is positive there is no need to rescreen the patient. • Pamela to update the SAB algorithm to include that the blood culture and not the patient journey is followed. 	
<p>19. <u>Date and time of next meeting</u></p> <p>The dates for the SMT meetings for 2018 were distributed with the papers.</p> <p>The next meeting of the Senior Management Team will be held on Thursday 25th January at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Wednesday 25 January 2018
at 1.30pm**

Board Room, Ground Floor, West Glasgow Ambulatory Care Hospital

PRESENT

Chair

Tom Walsh	TW	Infection Control Manager
Prof Brian Jones	BJ	Head of Service, Microbiology
Sandra Devine	SDe	Associate Nurse Director, Infection Control
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Susie Dodd	SD	Lead Infection Control Nurse, Paediatrics
Ann Kerr	AK	Lead Nurse, Surveillance
Pamela Joannidis	PJ	Nurse Consultant
Alison Edwardson	AE	Senior Infection Control Nurse, West & HSCP
Kate Hamilton	KH	Lead Infection Control Nurse, North
Joan Higgins	JH	Lead Infection Control Nurse, South Clyde
Dr Iain Kennedy	IK	Consultant Public Health Medicine

In Attendance

Pauline Hamilton (Minutes) PA Infection Control

Apologies Received

Kirsty Ferguson Barbara Weinhardt Christine Peters Teresa Inkster

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 8 November 2017 The minutes of the previous SMT meeting held on 8 November 2017 were agreed with the following amendment:</p> <ul style="list-style-type: none"> • Page 2: Item 4: bp2: should read "With regards to the Water Safety checklist for Pseudomonas aeruginosa where it is stated sterile water should be used for making ice cubes, Kirsty advised that tap water is being used on B8/B9 BWoSCC. Estates have advised the tap water is filtered to 0.9 microns and Brian Jones felt this was satisfactory. <p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and an update was provided for each action as noted below:</p> <p>SMT 28/09/17 – c/f – SAB to Water Safety Group. Pamela will take forward issues relating to ice machines.</p> <p>SMT 08/11/17 –</p> <p>bp1: patient stories – update today from Alison Edwardson is that patient stories can only be provided if they are written by the patient themselves however patient experience can be recorded by staff. A file is being prepared for shared learning.</p> <p>bp2: Fact Sheet for CPE/CRO – Pamela will develop a leaflet for staff.</p> <p>bp3: Pamela to update SAB algorithm – nil of note.</p>	PJ

Item	Action
STANDING ITEMS	
<p>3. Matters Arising Nil to update.</p>	
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IPC Sector Update for December 2017 was distributed with the agenda and the additional update was provided today as noted below.</p> <p>South Glasgow Adults:</p> <ul style="list-style-type: none"> Lynn reported that Ward 8A was closed due to influenza the ward was subsequently used as a flu cohort ward but the ward has returned to normal as of 19/01/18. [REDACTED] reported on CPE in neuro surgery with a confirmed case of cross-transmission. The index case was a known CPE to A&A but was not known to GGC. The 2nd patient was colonised and was treated as a precaution. The 2nd patient was difficult to manage due to behavioural problems however it was noted there were no IPC practice issues on the ward. Screening results are awaited for 5 patients in total. Dr Kennedy updated that this was discussed at the IMT where it was agreed that contact should be made with the GP. <p>Clyde:</p> <ul style="list-style-type: none"> Joan updated on ongoing water ingress in RAH mainly due to blocked pipes and the flat roof. The medical block has been completed and work is commencing on the surgical block. There was also an issue where some water has compromised a prep room in the theatre area. IPC have provided advice and Dr Marek has been in communication. Of note, Ann received a request from Marie Farrell to re-name South Clyde to Clyde. CDI trigger in Ward 10 in December. Different ribotypes. Reduction in influenza numbers following a lot of activity. <p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> Susie updated that there were 11 cases of <i>Acinetobacter baumannii</i> in PICU which have occurred over several months and typing results are the same for 7 cases. In addition, at the last IMT it was mentioned that there was a new case of pseudomonas in January who was in the same bay as a previously positive case with a similar antibiograms. PAG on 22/01/18 (pseudomonas) HIIAT AMBER due to one patient unstable and on ECMO who required antimicrobials. HIIAT stepped down to GREEN on 24/01/18 and patient is now stabilised and has completed antibiotic therapy. Some issues with the environment had been raised at the IMTs. Tom asked about the fans as he believed these were not recommended. Kate explained that the ordinary fan blades collect dust however Dyson house the fan blades inside the unit. Susie added that IPC always advise against fans in high-risk areas. Dr Kennedy further added that fans were discussed at AICC and HPS are still considering advice flagged by NHS Lothian IPC following an outbreak of Aspergillus. It was agreed that if there is a clinical need then a full risk assessment should be carried out until definitive guidance is available from HPS. 	

Item	Action
<ul style="list-style-type: none"> • PAG held on 05/01/18 in relation to influenza-A in Ward 2C Admissions. HIIAT GREEN. One case was re-assessed as not HAI by clinical staff. No other issues. • Dr Kennedy reported that HPS has requested to visit GGC in relation to <i>Mycobacterium chimaera</i>. <p>North Glasgow:</p> <ul style="list-style-type: none"> • Kate reported there is currently one ward still being used as a cohort ward for influenza and point of care testing is still being carried out. • Update on pseudomonas in Burns Unit that patient is ready to be discharged. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Alison reported on VRE in B8. Stool sample results returned some similar but not identical. Aleks added that this was discussed with John Coia re relevance. Further environmental screening is planned. • Huma referred to the air handling units which will need to be switched off to facilitate revalidation in B8 and B9 however portable units will be provided. Patients will be moved as areas are revalidated. The plan for this will be decided by the local team. Sandra raised issue of ventilation in GRI Endoscopy as there are only 2 air changes. Estates have commissioned a report by the engineers and Ian Powrie will get back to Sandra with further information when this is known. Aleks added that this is the first one uncovered and should be added to the South Glasgow risk register. Aleks and Kate will raise at TUMM. 	
<p>5. HAIRT Report – December 2017 Update</p> <p>The HAIRT report for December 2017 was distributed with the agenda. Sandra reported there had been an increase in SABs and a decrease in CDI. The Medical Director and Board continue to be concerned about the number of SABs. Sandra recently met with Karon Cormack to discuss Datix. Karen explained that SAB and CDI are not highlighted in Datix reports and suggested that IPC follow the rapid alert process for SABs where there has been an obvious breach in policy or procedure. Sandra welcomed any ideas about SABs to pass to the Medical Director.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector</p> <p>A copy of the above report was distributed with the agenda and noted. Sandra updated that the new HPS reports will change how data is presented locally. Trend data in IPCAT has been included and there are now a couple of years of audits. This report is taken to the Acute Clinical Governance Forum Group. Pamela will run a report on urinary catheter compliance which will go the Directorate/Sector SMTs then to the ACGF.</p>	
<p>7. IPC Work Plan</p> <p>The IPC Work Plan for January 2018 was distributed with the agenda. Pamela reported this is the penultimate work plan report for 2017/2018. At the next meeting a draft work plan for 2018/2019 will be prepared. The IPC Programme informs the IPC Work Plan. Pamela explained it can be seen where items are progressing and pointed out one key item as education. Online training is now available via LearnPro and the IPC Education Group have been working on this. Sandra welcomed any suggestions of any work being carried out and asked the group to include any initiatives as well as putting forward any ideas for setting up new initiatives.</p>	

Item	Action
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Pamela reported that she and Teresa Inkster normally sit on the Water Safety Group and thanked Aleks and Sully for attending in Teresa's absence.</p> <p>HPS and HFS SLWG are reviewing the <i>Pseudomonas</i> SOP around water testing and sensor taps in high-risk areas and this will be fed back to the IPC SMT once finalised. Joan asked if sensor taps are advisable and Aleks explained they are not due to the complicated mechanism. The group agreed it would be best to remove existing sensor taps as well as not including them in new builds.</p> <p>ii) Theatre Maintenance & Management Group Kate reported that the group next meet on 29/01/18. Validation process in theatres is ready. There are no exceptions apart from endoscopy units.</p> <p>iii) Infection Control Policy Group Pamela reported that the updated Influenza SOP turned into a seasonal influenza SOP. This has been circulated to the IPC committees for consultation and will be submitted to the BICC for approval. Pamela welcomed any further comments.</p> <p>HPS have proposed updates on Appendix 11 of the NIPCM through the IPC Network and Pamela can provide this information if required. Pamela, Iain Kennedy and IPC representatives from Ayrshire & Arran HB were invited back due to comments submitted. Pamela provided an overview particularly around the use of FFP3 masks which has raised the question about management issues. Susie reported that they have had a first chickenpox today and staff have expressed concerns around the use of FFP3 masks. The final draft will be submitted for approval at the next steering group. It was pointed out that out-patient settings may differ from patient placement settings. Pamela is also expecting feedback from the IPC Network. Iain Kennedy asked if Chapter 2 is still in draft format. It was noted that this has been altered but the older version is currently on the IPC website. Iain Kennedy explained that the NIPCM conflicts with national guidance and that the TB network will return a definitive answer in relation to the use of FFP3 masks. Sandra suggested that the IPC policies are updated as required with caveats included. Also paediatric staff should be asked to raise any concerns with IPC direct for consideration.</p> <p>v) Decontamination Group Kate reported that actions from the group are still being worked on at the moment. The last meeting has been re-scheduled.</p> <p>Tom reported that Andrew Smith has indicated he wishes to stand down as chair of this group. Tom expressed thanks for the sterling work provided. Aleks has been asked to be the new chair however this needs to be agreed with Brian Jones and Teresa Inkster.</p> <p>iv) Education Group Pamela reported that statutory/mandatory education has been available online from 22/01/18 and that all new staff are required to complete SICPs training. Staff will be asked to repeat SICPs in 3 years. The Education Strategy has not changed. At the request of the Medical Director at the last BICC, Pamela will meet with Lindsay Donaldson to discuss clinical staff training. Tom stated this is helpful particularly in relation to HEI inspections.</p>	

Item	Action
<p>vi) Audit Sub Group / IPCAT Alison reported that the decontamination audit has been forwarded to Alan Stewart for comment/suggestion.</p>	
<p>vii) Research & Quality Improvement Group Pamela reported that the team are working on urinary catheter sweeps. A baseline audit was done in December 2017 and the group are now working to analyse the data collected. As much as possible information has been gathered onto one part of the website (UCC Hub).</p>	
<p>9. Project Update:</p> <p>i) MRSA Screening / KPIs Ann reported the last quarter remained at 89%. The target score for Scotland is 90%.</p> <p>ii) SAB & CDI HEAT Target Ann reported Q3 was published at the start of January. HPS have indicated that we have above normal activity for community CDI cases for Q3 however it was noted that this had reduced again in Q4. Pre-meeting held today to discuss HPS exception report.</p> <p>There were 116 SAB cases reported in Q4 to date. An ICD is reviewing some of the unknown (origin) cases.</p> <p>Sandra is meeting with Karen McGugan to discuss the possibility a PICC surveillance initiative. Feedback from non-specialist wards is that staff are unsure how to manage PICC lines. Ann will present at the next BICC so all suggested initiatives are welcome. Ann met with one of the non-executive directors and described and explained the SAB data which offered assurance that hard work is ongoing in relation to SAB reduction. The IPC audit system was also very well received.</p> <p>iii) SSI Surveillance Update Ann reported that the November SSI Surveillance Updates were recently sent out. There are four mandatory categories; hip arthroplasty, C-section, large bowel and major vascular. The current figures suggest a settled period. IPC still undertake surveillance on knee arthroplasty although not mandatory. One of the current difficulties for IPC is having no access to one of the electronic systems BadgerNet which also holds patient information in relation to C-section surveillance Sandra has taken this forward.</p> <p>There have been a few infections in neuro as well as a CPE incident, and MSSA in Max Fax.</p> <p>The two Neuro SSI Surveillance posts are ending at the end of January 2018 therefore IPC will be unable to provide support from this point. IPC have identified areas for improved practice.</p> <p>iv) E-Coli Bacteraemia Surveillance Ann reported there are still around about 300 plus cases every Q and just under 20% of these are true HAI. HPS have identified that NHSGGC is an outlier in relation to community ECB cases and IPC have been tasked to provide an action plan. Ann welcomed any suggestions.</p>	

Item	Action
<p>10. PHPU Update</p> <p>Iain Kennedy provided a PHPU update:</p> <ul style="list-style-type: none"> • Influenza Report: HPS publish a weekly influenza report and it was noted that IPC do not currently receive this. Iain will arrange to have IPC included in the distribution. Of note, a reduction in influenza cases is now being seen. • Influenza Leaflets: A meeting was held on 12/01/18 with some of the health boards to discuss influenza in particular the use of FFP3 masks. The Care Commission are very keen to have IPC leaflets available for any care setting. HPS are currently reviewing the evidence around the period of contagiousness and influenza symptoms. • Joint Health Protection Plan: The Joint Health Protection Plan has been approved by the DPH and will go to the Board Public Health Sub-Committee for approval. Of note, this provides cover until April 2020. • Health Protection Network: A proposal has gone to the Network Programme Board which will become a topic group as part of the Health Protection Network. This was previously the HAI Programme Board and raises issues around management etc. • Training: HPS HAI Incident Management Training has been arranged for both hospital and community settings. Also, Public Health Infection Control training around MERS. Aleks asked if ICDs can attend the MERS training. Iain suggested Aleks contact Sally Johnston who is co-ordinating attendance. • Public Health Reform: Currently there is a Regional Chief Executive and a Regional Director of Public Health and there is also regional planning however there is a move towards a territorial structure and looking at national priorities for Public Health. Further meetings have been arranged and will take place in Edinburgh, Glasgow and Aberdeen. Iain will circulate the dates to the group. • Reference Lab Group: A CPHM representative now sits on the Reference Laboratory Advisory Group who report into the HPS Microbiology Diagnostic Group and Lab Services. The first meeting is being held on 31/01/18. • Microbiology Strategy: Michael Lockhart at HPS is developing a Public Health Microbiology Strategy. • Reference Lab: New Scottish Mycology Reference Lab particularly on the back of the Candida auris. 	<p style="text-align: center;">IK</p> <p style="text-align: center;">IK</p>
<p>11. Finance Report</p> <p>Tom reported IPC are currently £20k short of the annual savings target.</p>	
<p>12. HEI Reports</p> <p>Sandra reported no exceptions.</p>	
<p>13. Clinical Governance Related Guidance</p> <p>Copies of the Clinical Governance Related Guidance for November and December 2017 were distributed with the agenda. It was agreed to remove this as an agenda item however will continue to be distributed when it becomes available and can be added for discussion if required.</p>	

Item	Action
COMMUNICATIONS/ FEEDBACK	
<p>14. Core and Divisional Team Brief Copies of the latest Briefs have been issued and discussed.</p> <p>Tom updated that decisions have now been made around the Historic new GP contract which has been accepted by the profession.</p> <p>Agreed transfer of in-patient and day case paediatrics from Ward 15 RAH to the RHC. Also, proposals to replace Lightburn with new healthcare facilities.</p> <p>Influenza vaccination is still available for staff.</p> <p>The Information Asset Management Register is business orientated and all staff needs to ensure they are registered and store data appropriately on the shared drive. IPC require assurance that ICNet and Synbiotix data is stored within IPC only.</p> <p>Statutory/Mandatory training should be completed every 3 years and this includes records management (above). Of note, training will be audited.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. New Business</p> <p>i) EIC (Excellence in Care) Pamela reported on EIC (Excellence in Care) which is a national nursing initiative and has 13 HAI strands of nursing care initiatives. Lesley Shepherd from HPS is leading on this and some Webex sessions have been planned to discuss what the parameters should be for improving outcomes. Nationally have been asked to look at MRSA and CPE screening. GGC IPC will do one or two pilots alongside A&A IPC.</p> <p>ii) Exception Reports (HPS) Ann provided an update on the Exception Reports (HPS).</p>	
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil of note.</p> <p>ii) <u>ICD Meeting</u> Tom reported that HFS presented at the last scheduled ICD meeting which was believed to be a worthwhile exercise. Sandra has copies of the HFS DVD and if anyone wants a copy they should contact Sandra. The ICDs will next meet in February.</p> <p>iii) <u>Board Infection Control Committee</u> An agenda for the next BICC on 31/01/18 and the minutes of the last meeting held on 27/11/17 were distributed with the SMT agenda. Tom highlighted improvements in QEUH Ward 2A and SAB improvement previously mentioned.</p> <p>Of material interest is the role of IPCT in new builds and refurbishment which has been agreed with Facilities and is rolling over as there are no material changes required. There are currently clinical care governance issues around the QEUH environment.</p>	

Item	Action
<p>iv) <u>Acute Infection Control Committee</u> An agenda for the AICC on 08/01/18 and the minutes of the meeting held on 06/11/17 were distributed with the SMT agenda.</p> <p>Iain Kennedy chaired the January AICC and there was a further update on progress of QEUH Ward 2A. Also, the BMT rooms required a replacement part and this has now been rectified with testing starting this week.</p> <p>v) <u>Partnership Infection Control Support Group</u> An agenda for the PICSG on 18/01/18 and the minutes of the meeting held on 09/11/17 were distributed with the SMT agenda.</p> <p>Tom reported there was discussion around exceptions for CDI and E-coli bacteraemias. Also, there is no funding available for HAI-SCRIBES in MHS. Pamela stated concern was raised in relation to the new generic scheme and she will take this to the Water Safety Group.</p>	
<p>17. Any Other Competent Business</p> <ul style="list-style-type: none"> • Pamela reported guidance on Candida auris is now available on page 11 of the NIPCM. As it is not possible to create an alert for this on ICNet it has been agreed that Microbiology will inform IPC of any cases. Of note there have been no cases in Scotland to date. • Pamela reported that a request was made on 29/12/17 to create cohort guidance for influenza. An aide memoire was developed by Pamela and Iain Kennedy and has been approved by HPS. The aide memoire has been put out for use and will now go through the normal process via the SOP Group. Tom asked what a trigger would be and Kate described the cohort put in use at GRI and reported it worked well. • Aleks Marek asked Iain what Public Health would want to know out-of-hours and at weekends. Iain explained that Public Health are currently developing a prioritising list and can provide this list once finalised for helpfulness. • Susie had a query from adult/paediatric in relation to a CF adolescent with abscessus. Susie explained that from 2014 this patient has had 3 negative sputum samples and asked if TBP can be removed as requested by Adult CF staff. Pamela stated there is guidance available from the CF Trust and she will source this information and send to Susie. • Ann reported that ICNet has been running slow and not all lab results have come through. The issues have now been identified and rectified. • Joan reported a couple of babies with MRSA in RAH and asked if the ICDs recommend decolonisation. Kate reported there is no decolonisation at GRI. Huma described the risks and stated there is no guidance available around this. Iain added if not known if PVL positive this would need to go back to the paediatric dermatologists. • Joan reported that an influenza positive patient who was symptomatic went into labour and was C-sectioned. Virology advised baby is separated from mum. 	<p>PJ</p>

Item	Action
<ul style="list-style-type: none"> • Tom reported there has been some discussion around the potential introduction of HPV to decontaminate rooms where patients with M abscessus have been located in both adults and paediatrics. HPS have issued a literature review with some suggestions that must be considered prior to use. Before being introduced, the costs, clinical efficacy and Health and Safety implications for Facilities colleagues would need to be considered in full. Christine Peters has been liaising with clinicians in relation to this and has produced an SBAR with Teresa Inkster. Mary Anne Kane is aware of the suggested introduction of HPV and is actively speaking to HPS. Operational issues would need to be discussed if implemented. Iain stated the introduction of HPV use would have a massive impact and expense and referred back to the use of HPV for VHF which did not take 4 hours but 3 days to complete the process. Tom pointed out that processes are required to be followed for any implementation of service. • Tom asked if the IPC SMT should meet separately to discuss clinical and business items as used to be the case. The group agreed to keep the IPC SMT as is, i.e. both clinical and business items being discussed at the one meeting. 	
<p>18. <u>Review of Actions and Decisions</u> Actions are noted throughout the minutes.</p>	
<p>19. <u>Date and time of next meeting</u> The next meeting of the Senior Management Team will be held on Thursday 22 February 2018 at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

Thursday 22nd February 2018
at 1.30pm
Board Room, West Glasgow Ambulatory Care Hospital

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Sandra Devine	SDe	Associate Nurse Director, Infection Control
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Susie Dodd	SD	Lead Infection Control Nurse, Paediatrics
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & HSCP
Kate Hamilton	KH	Lead Infection Control Nurse, North
Dr Aleks Marek	AM	Infection Control Doctor
Dr Kalliopi.Valyraki	KV	Infection Control Doctor
Sharon Irvine	SI	Microbiology Trainee
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Dr Alison Balfour	AB	Infection Control Doctor
Dr Iain Kennedy	IK	Consultant Public Health Medicine
Susan Kennedy	SK	Senior Surveillance Nurse

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Ann Kerr Pamela Joannidis

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 25 January 2018 The minutes of the previous SMT meeting held on 25 January 2018 were agreed with the following amendment:-</p> <ul style="list-style-type: none"> - Page 9, Item 17 – Should read "...Christine Peters has been liaising with clinicians in relation to this and has produced an SBAR." <p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p>	
STANDING ITEMS	
<p>3. Matters Arising Nil to update.</p>	

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector updates for January were distributed with the agenda.</p> <p>North Glasgow:</p> <ul style="list-style-type: none"> • Kate reported that 4 wards were closed in January, 8 in December and 1 ward has closed in February. She said there has been a rise in Influenza cases again. • One of the wards closed at GRI with norovirus but the ward has now received a terminal clean. • There was a CDI trigger in Ward 43B with two HAI cases within 14 days. The hand hygiene score was 85% and the SICPs result was 85%. The typing has come back the same and both patients have been isolated. • In GRI a patient died and C-diff was cited on Part 2 of the death certificate. • Another patient died and SAB was cited on Part 2 of the death certificate. <p>South Glasgow Adults:</p> <ul style="list-style-type: none"> • Lynn reported that there were VRE cases in Ward 4A and a PAG was held. Education was carried out and a hand hygiene audit was completed but it was not a good result. Lynn stated that there have been 4 VRE cases on the fourth floor this month. • With regards to CPE in Ward 64 the community patients are being followed up and Iain Kennedy notified the GP and all patients have tested negative. • An IMT was held in Philipshill ward in relation to Klebsiella. The HIIAT for this is green and practice issues have been identified. • There are ongoing plumbing issues in Neurosurgery. Teresa reported that there was a water leak which went into the treatment room where there are Max Fax patients. She said urgent recommendations were made as they do not have the adequate air changes in the room and a meeting has been arranged to discuss this. <p>Clyde:</p> <ul style="list-style-type: none"> • Joan updated on ongoing water ingress from damaged roof in prep room at RAH. She said a meeting was arranged with clinicians and Estates and Teresa and Huma attended this meeting. A survey of the roof space was carried out. • There was a CDI trigger in a RAD ward at RAH. 2 patients had hospital acquired C-diff and a terminal clean was carried out and isolates have been sent for typing. The SICPs result was 80% and a hand hygiene score of 60%. Joan said they voiced their concerns to the Ward Manager and have offered to provide education. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty reported a CDI trigger in B9 with 2 cases identified and she said they are waiting on typing results. • Larkfield ward closed on 16th February to 19th February with 6 patients with Influenza and 4 of these were confirmed as Influenza B. • In Brownlee there were 4 patients with RSV. An IMT was held on Monday and the ward reopened after a deep clean. All patients have been discharged home. • The ICNs and ICDs are involved in the work regarding Theatre G at GGH. • Kirsty said they are also involved in the discussions regarding water at the Dental Hospital. 	

Item	Action
<p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • Susie updated that a SAB was reported in Ward 3C. A CVC sweep was carried out which resulted in 0% and today another two SABs have been identified in renal patients. Work will be carried out in this area next week. The use of the CVC Care Plan was not good. • A new case of Acinetobacter was identified this month and this will be the 9th month in a row that this is above the upper control line. • An investigation into Cupriavidus in the Aseptic Unit was carried out as two patients were identified in December and January. Water testing was negative and now the outlets have tested positive. The treatment rooms were closed and retested and the typing for Cupriavidus was unique. • Ward 1E closed with 2 patients with norovirus. One patient was transferred to PICU on Wednesday and outbreak precautions are in place. 2 staff and 2 relatives have reported symptoms. • With regards to the VRE cases in Ward 3A there is no time or place link. 3 HAI cases were identified and a PAG was held on 16th with the HIIAT as green. This incident is now closed. 	
<p>5. HAIRT Report – February Update</p> <p>The HAIRT report for February was issued with the agenda.</p> <p>Sandra reported that SSI rates remain stable. She said the HEAT figures will change in April due to the change in HPS reporting denominators. The rates for SAB and CDI will be split into healthcare associated infection and community infection. If there are any unknown origin this will default to healthcare associated.</p> <p>Iain advised that he attended the NHS Board meeting with Dr Armstrong to discuss flu. He said there was no discussion of SABs at the meeting just brief comments regarding CDI.</p> <p>Tom reported that Alan Cowan, Non Executive Director met with him, Sandra and Ann Kerr to discuss the format of the HAIRT report and he was very pleased with the discussions at the meeting.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector</p> <p>Nil to update.</p>	
<p>7. IPC Work Plan / Annual Infection Control Programme</p> <p>A draft copy of the IPC Work Plan for 2018/2019 and the Annual Infection Control Programme were distributed with the agenda and noted. Sandra reported that a number of new initiatives have been added and if anybody has any comments or other ideas that could be added to let her know. These documents will go to the committees in March for approval.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>Nil to update.</p> <p>ii) Theatre Maintenance & Management Group</p> <p>Kate advised that there have been no meetings of the group since last SMT but the issue of air changes has been raised.</p>	

Item	Action
<p>Teresa stated that a board wide group is looking to be set up but someone needs to chair this group.</p> <p>For the BICC meetings Tom advised that Alan Stewart is now the representative from Facilities for these meetings.</p>	
<p>iii) Infection Control Policy Group & Updates to NIPCM</p> <p>Pamela is to write up an SBAR on the key changes regarding Chapter 2 of the national manual and this will be presented to the committees for approval.</p> <p>Sandra reported that there are significant issues to wear the FFP3 masks as advised in Chapter 2 of the manual. This will also be a resource issue for Facilities in relation to terminal cleans. She advised that herself and Pamela will work through the Implementation Plan and ask the Chief Nurses and Chief of Medicines for comments.</p>	
<p>iv) Decontamination Group / CJD Group</p> <p>The Decontamination Group have not met since last SMT. Tom reported that Andrew Smith has stepped down as chair of this group and Aleks Marek will now be the Deputy Lead ICD.</p> <p>The CJD Group met this week and Kate reported that they are looking at the instruments used in Ophthalmology. Iain commented that an audit needs to be carried out to ascertain if the single question is being asked and suggested that this could perhaps be asked on admission and be included in the KPI update.</p>	
<p>v) Education Group</p> <p>Nil to update.</p>	
<p>vi) Audit Sub Group / IPCAT</p> <p>The Audit group have not met recently.</p> <p>Kirsty updated that she met with Kate and Alan Stewart to discuss the audit tool for Decontamination. She said that Alan is keen to continue with the audits and to maybe look at the national tool and adopt this for CDU and the Endoscopy Reprocessing Unit. Kate commented that the SICPs section of the tool is not relevant to them. Alan suggested that a short life working group be set up to look at the national tool and he agreed to carry out education. Iain stated that the consistency of the Infection Control audit will be the national monitoring framework and Sandra commented that in the framework it suggests that we will go back in and carry out quality improvement work but this is not possible with the amount of wards we have.</p>	
<p>vii) Research & Quality Improvement Group</p> <p>The ICNs carried out a full sweep of all wards regarding compliance with urethral urinary catheters. Sandra confirmed that a report on the findings will be sent to each directorate/sector senior management team and Tom updated that information is included in the acute sector monthly reports.</p>	
<p>9. Project Update:</p> <p>At the Acute Clinical Governance Committee a yearly SAB report which listed the figures was presented to the committee. Sandra reported that she was asked if we can map the number of SABs we have and to look at where SAB is the highest against compliance in the IPCAT audit. She said that Ann prepared a SPC chart for PVC compliance and confirmed that she will issue this to the group.</p>	SDe

Item	Action
<p>10. PHPU Update</p> <p>Iain provided an update on the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • Public Health Reform: No update regarding the reform. There are changes within the HAI Policy Unit at Scottish Government. The Policy Unit are continuing to look at what process to use to recruit new professional advisors to the policy team. • Norovirus: Ongoing norovirus outbreak in a care home which has been ongoing for 26 days. The GP informed Public Health of this care home and discussions have taken place with the Care Inspectorate and the City Council visited the home yesterday. The Service Manager and Senior Manager from Cordia are looking into the length of time this has been ongoing and what issues there are. Iain said that there are no nurses working there just residential staff and training issues were discussed. He said that the home does not use chlorine based products and have only one domestic in the unit between 8am and 3pm and no domestic between 3pm and 7am. Iain said that the recommendations will be written up. Aleks advised that advice has been given to visitors and the home are not discouraging visitors but are not taking in any new clients. • Community: A community based scout group were having a healthy eating talk and invited a person who is diabetic to talk to the group. The group then decided to test their blood sugar levels using a needle but never had parental consent to carry this out. Iain said that they were asked for advice regarding the potential risk but said the risk was low as lancet needles were used each time. Iain commented that there was an HAI Alert which stated that lancet delivery is involved with Hepatitis B. CDC have updated their guidance to say not to use on multiple patients and Iain said they are now looking at what they can recommend. Alison recommended looking at the diabetic person as they will be the index case and Tom suggested sending a letter to the index case and invite the others for testing. • Vaccines: Over 65s to move to a .??? vaccine and under 65s will have a quadrivalent vaccine. For healthcare workers a quadrivalent vaccine is recommended. 	
<p>11. Finance Report</p> <p>Tom reported IPC were £20k overspent but are now currently £26k short of the annual savings target. He asked the group to be mindful in what they are purchasing until the end of the financial year.</p>	
<p>12. HEI Reports</p> <p>There have been no recent inspections and Sandra said that the inspectors are suggesting carrying out multi system audits in each board.</p> <p>Kate commented that at a recent OPAH inspection at GRI two inspectors were shadowing other staff. She said that they will probably include “5 Moments” in the wards when carrying out the weekly visits.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>13. Core and Divisional Team Brief</p> <p>Copies of the latest Briefs have been issued and discussed.</p>	

Item	Action
NEW BUSINESS/ AGENDA ITEMS	
<p>14. New Business</p> <p>i) SBAR External Peer Review of Infection Surveillance</p> <p>Tom reported that we asked HPS to undertake an external peer review of GGC processes (infection surveillance) related to Appendix 13 of the national manual. A peer review meeting was held with HPS on Wednesday 29th November 2017. This was commissioned following the Laboratory reporting an increase in the number of Exophiala colonisations in cystic fibrosis patients over an 18 month period to September 2017.</p> <p>As we use ICNet as the main infection surveillance system Sandra said this system should be limited to teams, ICDs and Public Health but not go wider at this time.</p> <p>Based on the discussions at the meeting the following was agreed:-</p> <ul style="list-style-type: none"> - To establish that an agreed organism list is in place - Agree alert organisms for specific high risk groups is in place - To have consistency in relation to reporting by microbiology of resistant bacteria - Confirm clinical incidents are reviewed at SMT <p>Joan stated that it would be helpful to have a SOP for resistant organisms so there is agreement of some processes. Iain said that Eleanor Anderson from HPS is leading on a Gram Negative SOP. It was agreed that Pamela, Sandra and Teresa to take this forward.</p>	PJ/TI/ SDe
ITEMS FOR NOTING	
<p>15. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Discussed Chapter 2 and how to take this forward.</p> <p>ii) <u>ICD Meeting</u> The next ICD meeting is scheduled for Tuesday.</p> <p>iii) <u>Board Infection Control Committee</u> Nil to update.</p> <p>iv) <u>Acute Infection Control Committee</u> Nil to update.</p> <p>v) <u>Partnership Infection Control Support Group</u> Nil to update.</p> <p>16. Any Other Competent Business</p> <ul style="list-style-type: none"> • Kirsty reported that Parkhead site closes on 15th March and Ward 60, GRI opens on 6th March. • With regards to dyson fans Lynn reported that she has received a few queries asking to purchase these. One area said they had funding for these but Procurement would not allow the order to be processed. She said she is waiting on national guidance regarding this. • A Paediatric ward at RAH closed on 9th February. 	

Item	Action
<ul style="list-style-type: none"> • Teresa provided an update on ventilation:- <ul style="list-style-type: none"> - Ward 4B, Adult BMT the work has been finished. A meeting will be held next week. Waiting on water testing results. - Two rooms have been upgraded to positive pressure rooms in Paediatric BMT. - A feasibility is underway regarding the negative pressure in ICU. • Aleks stated that Brian Jones covers the Stem Cell Lab at GGH and has produced a report but there is nothing obvious showing. • Kate reported that the Lister Building at GRI is fully demolished. • Sandra updated that she met with Aleks and Huma to discuss the ventilation in the Endoscopy Unit at GGH. She said they have been informed they are carrying out low risk procedures there and they will review the information relating to the ventilation. 	
<p>17. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Sandra to send out the SPC chart for PVC compliance that Ann Kerr prepared. • Pamela, Sandra and Teresa to look at a Gram Negative SOP. 	<p>SDe PJ/TI/ SDe</p>
<p>18. <u>Date and time of next meeting</u></p> <p>The next meeting of the Senior Management Team will be held on Thursday 29th March at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

Thursday 29th March 2018
at 1.30pm
Board Room, West Glasgow Ambulatory Care Hospital

PRESENT**Chair**

Dr Teresa Inkster	TI	Lead Infection Control Doctor
Sandra Devine	SDe	Associate Nurse Director, Infection Control
Pamela Joannidis	PJ	Nurse Consultant
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Angela Johnson	AJ	Senior Infection Control Nurse
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & HSCP
Dr Aleks Marek	AM	Infection Control Doctor
Dr Kalliopi.Valyraki	KV	Infection Control Doctor
Ann Kerr	AK	Lead Nurse Surveillance
Susan Kennedy	SK	Senior Surveillance Nurse
Gillian Bowskill	GB	Senior Infection Control Nurse
Dr Barbara Weinhardt	BW	Infection Control Doctor
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Dr Huma Changez	HC	Infection Control Doctor
Dr Iain Kennedy	IK	Consultant Public Health Medicine

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Tom Walsh Kate Hamilton Alison Balfour Susie Dodd

Item**Action****1. Welcome & Apologies**

Teresa welcomed everyone to today's meeting and apologies were received from the above mentioned.

2. Minutes of SMT Meeting held on 22 February 2018

The minutes of the previous SMT meeting held on 22 February 2018 were agreed as an accurate record.

i Rolling Action List

A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.

STANDING ITEMS**3. Matters Arising**

Nil to update.

4. Sector Update**i) Geographical Sector Update**

The IC Sector updates for February were distributed with the agenda.

Item	Action
<p>Clyde:</p> <ul style="list-style-type: none"> Joan updated that there has been one ward closure in IRH. With regards to the endoscopy room issue Huma asked if the clinicians should be contacted and Teresa suggested to send an email to update them. <p>North Glasgow:</p> <ul style="list-style-type: none"> Gillian reported that they had a query MERS case which highlighted issues regarding FFP3 masks and placement of the patient. She said the patient was placed in respiratory which had no ante room and asked if these patients should go to ICU in future. Teresa replied that the patient shouldn't be placed in ITU but if there are no other rooms available this should be acceptable. She asked Gillian to send her a note of all the issues highlighted. Sandra updated that she asked Kate to inform the Lead Nurse that no staff member in the ward able to confirm that they had been fit tested. Aleks stated that there was a CRO patient and contact screening was carried out. In Maternity they received a sterile pack from Cowlairs with silverfish and Aleks contacted Alan Stewart about this. <p>South Glasgow Adults:</p> <ul style="list-style-type: none"> Lynn reported that there were an increase in VRE cases and a PAG was held in February. Hand hygiene audits were carried out and practice issues were highlighted. Lynn said that she met with the Lead Nurse and a meeting has been arranged for two weeks to support the ward. No new cases of Klebsiella have been identified in Philipshill. A terminal clean of the area was carried out. A meeting with the Occupational Therapist was arranged as they carried out hand therapy. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> Kirsty reported 5 SAB cases for March, with 3 cases in the Beatson and 2 in GGH. She said the patients are all in different wards and there are different sources. 2 patients died and for one of these patients this was cited on Part 2 of the death certificate. There was a flood in Theatre C, GGH and the repairs to the flooring are completed. Theatre B, GGH closed on 19th March following an issue with new flooring and will reopen next week. Theatre G has been closed until new laminate flows have been installed. Barbara advised that a meeting was held last week and there is an issue as the estates managers have indicated that they do not require taps with TCV to be installed as no patients would be unsupervised in this area. There was some debate about a scald risk but IPCT advised as long as they confirm to the building notes and do not have flow straighteners then this was acceptable but would have to be approved by the site clinical team in terms of the risk assessment for scalds.. Teresa confirmed that we are working to HTM 04:01 and suggested to put in writing what our preference is and if they do not choose these to do a risk assessment. Barbara agreed to draft a note and will send this to Sandra for comments. Kirsty confirmed that she has a copy of the HTM 04:01 document and will send this to the group. B7 and B9 air handling unit will be have revalidation when they move off site although what this area may be used for in the future is uncertain. Teresa said they might have to move patients back due to the air handling unit in QEUH so it would be prudent to have this area validated as a contingency. 	<p>GB</p> <p>BW KF</p>

Item	Action
<p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • Angela updated that a CVC sweep was carried out in the renal ward which resulted in 83% compliant which showed a significant improvement. Work is ongoing with the SCN. • In NICU there have been 2 neonatal deaths. One patient was E-coli positive from a blood culture taken in NHS Ayrshire and Angela stated that NHS Ayrshire have been informed. The other patient died due to other causes. • Contamination on detergent wipes cultured with Pseudomonas have been identified. Angela informed that she issued an email today to remove packets with a specific batch number She said Procurement are dealing with this. <p>Water Incident</p> <p>Teresa provided an update on the water incident at RHC and QEUH.</p> <p>Initially, she said the focus was on testing the water in Ward 2A due to a patient with Cupriavidus isolated from a blood culture in a patient who had received antibiotic prepared in the Aseptic unit. She said they looked at aseptic planning and their water supply tested negative, so then looked at Ward 2A and found counts greater than 100.</p> <p>One patient with Cupriavidus and three patients with Stenotrophomonas were identified Infection Control measures were introduced with bottled water available and portable sinks brought in. The system has been dosed with chlorine on several occasions to date.</p> <p>The water was tested in Ward 3C and the same was found in the taps and showers there. She said there is now widespread contamination in RHC. Teresa said they looked at Ward 4B, QEUH and the same issue was identified with a different gram negative with fungus found in the water. Point of use filters have been put on the taps and showers..</p> <p>Initial thoughts are that this could have come from the time of commissioning the hospital and the flushing of taps at the beginning.</p> <p>Control measures now put in place include:-</p> <ul style="list-style-type: none"> - Chlorine dioxide dosing - Replacement taps - Point of use filters <p>With regards to Paediatric BMT patients Teresa confirmed that they are safe providing the filters are changed every 7 days and transplants are going ahead.</p> <p>A list of alert organisms have been added, which is for the children's hospital only and these include:-</p> <p>Delftia Acidovorans Comamonas species Achromobacter species Elizabethkingia species Brevundimonas species Cupriavidus Sp</p> <p>Teresa also said the drains were found to have high risk bugs and Teresa said that Estates are to start a drain cleaning programme for the sinks and showers. The acute IMT has been stepped down but a short life working group will look at the control measures and the filter programme.</p>	

Item	Action
<p>5. HAIRT Report – February Update The HAIRT report for February was issued with the agenda.</p> <p>Sandra reported that Dr Armstrong has requested that the draft copy of the HAIRT report is presented to the committees for comments prior to going to NHS Board meeting. The denominators are to change and Sandra advised that we will do a summary of this and how to calculate the rates and include this in the next HAIRT.</p>	
<p>6. Bi-Monthly Activity Report for Acute Sector This report will be provided to the Acute Clinical Governance Committee monthly now.</p>	
<p>7. IPC Work Plan / Annual Infection Control Programme A draft copy of the IPC Work Plan for 2018/2019 was issued with the agenda.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group An extra meeting with Mary Anne Kane, Tom, Pamela, Sandra and Teresa was held to discuss the terms of reference for the Water Group which were tabled at BICC. She said they are to review the water results and add in Ward 4B to the risk assessment. Teresa to circulate the information to the group. She said there will be a more robust structure regarding water with Infection Control input. Brian Jones has also emailed the ICDs to say if they are unable to attend any water group meetings to try and get another ICD to attend.</p>	TI
<p>ii) Theatre Maintenance & Management Group The group met this week and Aleks informed that there are final revisions to the Theatre Maintenance Plan. She said they are waiting on scribe regarding the fire doors and looking for a steer regarding the ventilation at GGH not being good.</p> <p>Some theatres have humidifiers and some do not and some departments have asked if these can be disposed of. It was agreed that Teresa and Aleks will look into this. It was also noted that some sites switched off their ventilation at night as a cost saving exercise but this was an inconsistent practice across the board and may perhaps need further exploration.</p>	TI/AM
<p>iii) Infection Control Policy Group & Updates to NIPCM Pamela updated that the Decontamination SOP, CDI for Paediatrics SOP and the Education Strategy were all approved at BICC. RSV and Staff Screening SOPs will be presented to the next committee.</p> <p>Updates to the following SOPs include:-</p> <ul style="list-style-type: none"> - Asked to put the cohort Influenza as an Appendix to the Influenza SOP. - Recirculate the multi drug resistant gram negative SOP which is out for comments. - Terminal clean of ward to be revised. <p>An SBAR regarding the changes to the national manual was discussed at BICC. Pamela reported that on 21st March HPS issued a revision to the manual to say only need to clean a room, where an AGP patient was, when the room is vacated. This was flagged as a concern regarding the impact for this. She said that HPS have stated that Appendix 11 is an Aide Memoire and that boards required clarification.</p> <p>Teresa asked if anybody has any emails regarding this issue to forward them on to her.</p>	

Item	Action
<p>Joan reported that as serratia is now an alert organism and there is a case in IRH she found the information not to be very clear.</p>	
<p>With regards to TB patients and guidance Iain said that Public Health staff will email Teresa with any issues regarding these patients. He said they are waiting for publication on all the comments received. Sandra commented that we may need to create an Environmental SOP and it was agreed that Pamela would look at a SOP for Multi Drug Resistant Gram Negative and Environmental SOP.</p>	
<p>iv) Decontamination Group / CJD Group</p>	PJ
<p>The Decontamination Group met recently and Lynn updated that they discussed scope handles and trans vaginal probes guidance has been issued.</p>	
<p>In RAH Joan said a department cannot source wipes and Lynn agreed to look into this.</p>	LP
<p>v) Education Group</p>	
<p>The SICPs module for Statutory Mandatory training was launched at the end of January. Pamela reported that this should be completed every three years with an assessment to be carried out. She said if a staff member receives a score of 80% or higher they are not required to do the assessment again. She said this was passed at BICC.</p>	
<p>The issue for staff not having access to e-learning was flagged up and Pamela said they are exploring alternative ways of learning to include Apps, Storyboards and Interactive learning.</p>	
<p>vi) Audit Sub Group / IPCAT</p>	
<p>Kirsty updated that Alan Stewart is keen to have an audit tool for Decontamination but HPS have said there is no appetite for this at a national level.</p>	
<p>vii) Research & Quality Improvement Group</p>	
<p>An analysis of Urinary Catheter Care has been undertaken to improve the use of the Urinary Catheter Care Plan. Pamela reported that the Chief Nurses are to make a decision on whether the Passport should be used instead of the Care Plan.</p>	
<p>She said the group looked at one year's data of the IPCAT audits. The main failure is decontamination of clinical equipment and the group are to do some focus work on this.</p>	
<p>9. Project Update:</p>	
<p>i) MRSA Screening / KPIs</p>	
<p>For the quarter January to March the figures for MRSA screening reported that GGC were 92% compliant with CRA and 94% for swab compliance.</p>	
<p>ii) SAB and CDI HEAT Targets</p>	
<p>Ann reported that Quarter 4 data is released and due to be published next Tuesday.</p>	
<p>For Quarter 4 GGC reported 94 CDI cases with an occupied bed rate of 29%.</p>	
<p>In relation to SAB cases GGC reported 116 cases and, as of yesterday, for Quarter 1 we have 110 cases.</p>	
<p>Ann advised that there will be a different way that the data is presented and looking at the graphs she said it looks like GGC will be lower for health care associated cases.</p>	

Item	Action
<p>A paper was received from Huma today to look at the unknown bacteraemias and it was noted that 39% of these had a different source. Ann reported that there is a downward trend in the number of PVC SAB cases with one case reported in February and one in March.</p>	
<p>A significant proportion of cases did not have clinician input and Ann said that we need to raise the awareness of this with management. Teresa advised that she will issue the paper from Huma and asked for comments back by 20th April.</p>	TI
<p>iii) SSI Surveillance Update</p>	
<p>Ann updated that SSI surveillance is ongoing and for hip arthroplasty GGC had a rate of 1.5% with the Scotland rate at 0.8%. For c-section the rate for GGC is 1.2% and the rate for Scotland is 1.5%.</p>	
<p>Neuro surveillance is ongoing and will end at the end of April.</p>	
<p>iv) EColi Bacteraemia Surveillance</p>	
<p>Locally, Ann said that we do not report on the number of E.coli cases but HPS emailed to say that GGC have been highlighted as an exception in community associated E.coli bacteraemias. To date we have 279 cases but these are predominantly community cases.</p>	
<p>10. PHPU Update</p>	
<p>Iain provided an update on the ongoing work in PHPU:-</p>	
<ul style="list-style-type: none"> • Public Health Reform: The Executive Delivery Group has been set up. The key points include the Public Health priorities and a list has now been drawn up and will be approved in April with publication in May. Meetings have been held by Scottish Government regarding Public Health and Infection Control joint working and a paper has been written about this. • Measles: Iain reported a probable measles case regarding a 10 month old baby from Pakistan who had a couple of visits to A&E at RHC. The patient is being tested to see if any action is required. A PAG is being held at 4.00pm and A&E have produced a list of patients that were in A&E at the time. • Public Health Microbiology Strategy for Scotland, which is led by Michael Lockhart, developed a draft strategy document with the aim of delivering a co-ordinated and effective Public Health Microbiology Service for Scotland. Iain asked for comments to be returned by today. 	All
<p>11. Finance Report</p>	
<p>Sandra reported that IPC were £6k overspent.</p>	
<p>12. HEI Reports</p>	
<p>Nil to update.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>13. Core and Divisional Team Brief</p>	
<p>Copies of the latest Briefs have been issued and discussed.</p>	
Item	Action

NEW BUSINESS/ AGENDA ITEMS**14. New Business****i) SAB Steering Group**

A meeting of the SAB Steering Group is being arranged.

ii) Public Health Microbiology Strategy

As discussed earlier.

iii) Neonatal Unit Programme

Copies of documents relating to the management of incidents and outbreaks in neonatal settings were distributed with the agenda. Teresa asked for comments on the documents to be returned by 20th April.

All**ITEMS FOR NOTING****15. Meetings Update:****i) Lead Nurse Meeting**

Discussed SOPs regarding changes to the manual.

ii) ICD Meeting

The last ICD meeting was cancelled.

iii) Board Infection Control Committee

The group met yesterday and the water incident at RHC and QEUH was discussed.

iv) Acute Infection Control Committee

The last meeting of the group was cancelled.

v) Partnership Infection Control Support Group

Sandra informed that the governance of this group is being discussed. Wilma Hepburn is to chair future meetings.

16. Any Other Competent Business

- With regards to point of care testing Teresa reported that Virology are asking how we would like the results reported during the week and at weekends. Lynn advised that she has written a report regarding the good and bad points of the testing and said she will forward this to Teresa. Barbara said she would like clarification on when the season starts and ends for the testing. Pamela advised that she will include near patient testing in the RSV SOP and will forward this to Barbara and Aleks for comments. Teresa updated that we need to look at what on call microbiologists do at the weekend and to have a single daily phone call with results. She asked if anybody had any comments to let her know.
- On ICNET Pamela stated that Hep A does not come across and she has sent Rory Gunson a list of alert organisms.
- Previously there was a query for Public Health to produce a list regarding out of hours and Iain said this will be raised at the monthly consultant meeting next week.
- A healthcare Infection training day was held which had a positive response. Iain commented that this included scenarios regarding staff screening. Teresa said the key aim for the day was to encourage better communication between teams.

LP**Item****Action**

- Aleks stated that a BMS Student is doing a project on molecular testing and asked if they would be able to use old samples. Teresa suggested to Aleks to speak to the lab at GRI.

17. Review of Actions and Decisions

- Gillian to send Teresa a list of the issues highlighted regarding the query MERS case at GRI.
- Barbara to draft a note regarding what taps should be installed forward this to Sandra for comments.
- Kirsty to issue the HTM 04:01 document to the group.
- Teresa to forward the information regarding the water incident to SMT.
- In relation to humidifiers Teresa and Aleks to discuss if they can be removed.
- Pamela to look at creating a SOP for Multi Drug Resistant Gram Negative and Environmental SOP.
- Joan commented that there is an issue with wipes in RAH and Lynn to look into this.
- With regards to the unknown bacteraemias Teresa agreed to issue the paper from Hume with comments to be returned by 20th April.
- Comments are due in to Iain regarding the Public Health Microbiology Strategy for Scotland.
- Teresa asked for comments on the documents relating to the management of incidents and outbreaks in neonatal settings

18. Date and time of next meeting

The next meeting of the Senior Management Team will be held on Thursday 26th April at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.

Thursday 26th April 2018
at 1.30pm
Board Room, West Glasgow Ambulatory Care Hospital

PRESENT**Chair**

Sandra Devine	SDe	Associate Nurse Director, Infection Control
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Pamela Joannidis	PJ	Nurse Consultant
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & HSCP
Dr Kalliopi.Valyraki	KV	Infection Control Doctor
Ann Kerr	AK	Lead Nurse Surveillance
Kate Hamilton	KH	Lead Infection Control Nurse, North
Dr Barbara Weinhardt	BW	Infection Control Doctor
Dr Linda Bagrade	LB	Infection Control Doctor
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Dr Iain Kennedy	IK	Consultant Public Health Medicine

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Tom Walsh Dr Aleks Marek Dr Alison Balfour Susie Dodd

Item	Action
<p>1. Welcome & Apologies Sandra welcomed everyone to today's meeting and apologies were received from the above mentioned.</p> <p>2. Minutes of SMT Meeting held on 29 March 2018 The minutes of the previous SMT meeting held on 29 March 2018 were agreed with the following amendments:- Page 2, West Glasgow/HSCP update – Kirsty to forward rewording for bullet point 4. Page 4, item 8iv – should read “.. said a department cannot source alcohol wipes” Page 5, item 9ii – should read “...GGC reported 94 CDI cases with an occupied bed rate of 29.0. Page 6, 1st para – should read “... noted that 39% of these had a definite source.”</p> <p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> <p>SMT 30/03/17 – c/f – Taps for flushing scopes. Kate to send Pamela correspondence to raise at the next Water Safety Group meeting. SMT 29/03/18 – bp1: Issues regarding the query MERS case at GRI – Aleks and John Hood did a review of the negative pressure rooms and Teresa to take this forward. bp4: Teresa to forward information regarding water incident – Agreed to wait for report being issued.</p>	TI

Item	Action
<p>bp5: c/f - Teresa and Aleks to discuss if humidifiers can be removed – This is not relating to infection control but regarding flammable gases.</p> <p>bp6: Pamela to create a SOP for Multi Drug Resistant Gram Negative and Environmental SOP – Pamela and Teresa met and a first draft of the SOP has been issued to the SOP group for comments.</p>	
STANDING ITEMS	
3. Matters Arising	
Nil to update.	
4. Sector Update	
i) Geographical Sector Update	
The IC Sector updates for March were distributed with the agenda.	
Clyde:	
<ul style="list-style-type: none"> • Joan updated that there has been a couple of RAD wards closed with norovirus but both have reopened now. 	
North Glasgow:	
<ul style="list-style-type: none"> • Kate reported that a couple of wards had closed with norovirus. • With regards to the query MERS case Kate confirmed that all staff in respiratory have now been fit tested. • In relation to the query TB case it was identified that staff had not been fit tested and Kate informed that she has spoken to the SCN to have train the trainer days. She said that she has drafted a memo regarding fit testing and will send this to SMT for comments. • There were a cluster of patients with Group A Strep in the Burns Unit at Outpatients. Environmental sampling was carried out and there was a positive swab from the shutters used which was the same type as two of the patients. Kate advised that she will do a timeline but all patients have been to the clinic on different days and will also carry out a postcode link relating to the patients. A terminal clean was carried out and no new cases have been identified since the control measures were put in place. Results should be available on Monday and Andrew Smith wants to look into this further. Iain reported that there are household clusters of iGAS with a M type link. 	KH
South Glasgow Adults:	
<ul style="list-style-type: none"> • Lynn reported that there was an outbreak of norovirus in Ward 52, QEUH with 15 patients and 6 staff. • The VRE cases have settled down, but work is still ongoing in Renal. • Swabbing was part of a series of actions carried out in the gym at Phillipshill due to an increase in Klebsiella. Lynn said that Alison suggested looking at the wheelchairs that patients use until their own wheelchairs are available but there were no positive swabs. • The work in Ward 4A has been done and a scribe has been completed. 	

Item	Action
<p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • Teresa reported that the water incident is now over. She said that there were problems with the filter efficacy. Samples of the water were sent for typing and the water was fine so it was decided to carry on with the filters. Susanne Lee, a water expert was brought in and she said that there could have been damage relating to the installation with contaminated pipe works or taps. Teresa advised that the filters can last 30 days and should reduce the risks, but the costs to have filters on longer than 2 years (which is what SL was suggesting as a time line to resolve the issue) would be very expensive. • A patient in NICU with necrotising fasciitis is stable. • Discussion took place regarding damp linen. Kirsty informed that she contacted Hillington and they confirmed they have a robust quality improvement in place and there have been no changes to the cleaning of the linen. The linen cages are all cleaned and the linen is ironed. They did say they are not sure what the process is once the linen is delivered to sites and how quickly it goes to the dispatch area. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty reported that there was a flood in Theatre C and Theatre B reopened on 16th April. • 2 HAI VRE cases were identified in BOC in April with a previous case in March. She said that these were sent for typing but there have been no results so far. Environmental sampling tested negative and the IPCAT score was 99%. • East ward at Dykebar was closed with 2 patients with D&V and only 1 patient remains symptomatic. • In Theatre G it was recommended not to have mixed valves and to carry out a risk assessment of scald risk. Teresa said the validation for this needs to be checked and to carry out a walk round. • Barbara said with regards to the validation in B7 and B9 they plan to do this out of hours and the group agreed for this to go ahead. 	
<p>5. HAIRT Report – April Update</p> <p>The HAIRT report for April was issued with the agenda.</p> <p>Sandra reported that this includes a summary of the water incident at RHC. She said that Ann is drafting the next report which will include the change to the denominators.</p>	
<p>6. Monthly Activity Report for Acute Clinical Governance Committee</p> <p>This report is provided to the Acute Clinical Governance Committee monthly now.</p> <p>In the ward information for IPCAT Sandra reported that this will now include a red or green arrow if the ward has improved their score or not. Kate advised that in the February report that the red audit should have been amber.</p>	
<p>7. IPC Work Plan / Annual Infection Control Programme</p> <p>A draft copy of the IPC Work Plan for 2018/2019 was issued with the agenda.</p> <p>Sandra reported that the work plan includes the following:-</p> <ul style="list-style-type: none"> - Pamela has been doing some work with regards to education. Said there is a self directed module for vascular access device and the problems with the evaluation of the SIPCEP module have now been fixed. 	

Item	Action
<ul style="list-style-type: none"> - The audit group are working on an audit tool for CDU and this should be completed in June. - The SAB meeting is scheduled for 4th May. - Surveillance work was carried out on PICC lines at the Beatson and as this is resource intensive Sandra said we do not have the staff to support this at this time. 	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p>	
<p>i) Water Safety Group The group have not met recently and Pamela advised that the risk assessment and SOP for Pseudomonas is due to be updated. Ward 4B has been added to the high risk areas. A short life working group at HPS is updating the Pseudomonas guidance but there is a delay in issuing this as it has been issued to the wider group for comments.</p>	
<p>The Terms of Reference have been updated to reflect the governance of the groups.</p>	
<p>ii) Theatre Maintenance & Management Group At the last meeting Kate advised that there were no issues with theatre maintenance. She said the group are looking at negative pressure and isolation rooms. All sites have been asked to look at air handling. Sandra updated that she reported the issue at GGH to Ann Traquair-Smith.</p>	
<p>iii) Infection Control Policy Group & Updates to NIPCM Pamela reported that the Decontamination SOP, CDI for Paediatrics SOP and the Education Strategy were all approved at BICC. RSV and Staff Screening SOPs will be presented to the next committee.</p>	
<p>The Influenza SOP has already been approved and this includes an Aide Memoire on cohort.</p>	
<p>Last week the group reviewed the terminal clean and twice daily clean for isolation rooms and Paeds rooms. Barbara asked if there was any confirmation on when the Influenza season starts and finishes. An email has been sent to Kathleen Harvey-Wood for confirmation. Sandra suggested asking Virology to end the triggers for point of care testing. Teresa commented that we need to think of communication to Infection Control teams and out of hours regarding the point of care testing.</p>	
<p>With regards to TB patients Teresa informed that Neil Ritchie contacted her regarding changes to PPE. She said that we agreed to review our TB SOP and Erica Peters will be involved in these discussions. Iain recommended that a TB Nurse be involved in the discussion and Kate agreed to find out the name of the TB nurse at GRI.</p>	KH
<p>iv) Decontamination Group / CJD Group The next meeting of the Decontamination Group is scheduled for June.</p>	
<p>Kate advised that there are discussions ongoing regarding cleaning of the da Vinci robots and to introduce a new robot for neuro.</p>	
<p>v) Education Group Pamela reported that the group are looking at novel ways for staff to learn. Last month she said the group met with the person that organises the GGC App and stated that we could have an App for Infection Control. A talk regarding SICPs is being looked at for staff that do not have access to e-learning.</p>	

Item	Action
<p>The next Newsletter will be issued at the end of May and Pamela asked for any articles to be sent to her.</p>	
<p>vi) Audit Sub Group / IPCAT Kirsty updated that they are looking at the audit tool for Decontamination.HPS had been contacted to find out if there was a national tool but it was confirmed that there was not.</p> <p>On Monday Kirsty said that she and Yianni went to HPS for them to look at Synbiotix as part of the SLWG regarding environmental audits.</p>	
<p>vii) Research & Quality Improvement Group An analysis was undertaken to look at one year's data of IPCAT results but due to the framework it has been decided to postpone this meantime.</p> <p>With regards to the Catheter Passport, Pamela advised that she is waiting to hear feedback from the Chief Nurses.</p> <p>The QI workshop was held yesterday and there was good feedback from this.</p>	
<p>9. Project Update:</p> <p>i) MRSA Screening / KPIs The new quarter for April to June has commenced.</p> <p>ii) SAB and CDI HEAT Targets Ann reported that for Quarter 1 GGC reported 80 CDI cases with 23 of these community cases and 57 healthcare associated. For April to date there are 22 cases.</p> <p>In relation to SAB cases GGC reported 119 cases for Quarter 1 which is higher than Quarter 4 and 23 of these are true community cases. As of today, there are 37 SAB cases and 23 of these are hospital acquired, 4 are PVC related hospital acquired and 1 case is healthcare associated.</p> <p>Ann advised that we need to discuss this at the SAB group meeting as a lot of the cases are not known.</p> <p>iii) SSI Surveillance Update Ann updated that the February reports have been issued.</p> <p>For c-section SSIs there are 4 superficial cases and 2 are 30 day readmissions but all are within the control limits.</p> <p>In relation to large bowel surveillance there is 1 superficial SSI case. Ann said that she will discuss with Ysobel Gourlay the redosing of the patient if the procedure lasts for 4 hours or more. The cumulative rate for July to February 2018 is 3.4%.</p> <p>Neuro surveillance is ongoing with a rate of 2.1% for cranial procedures and 2.2% for spinal procedures.</p> <p>For ortho surveillance there have been 2 superficial SSIs for knee procedures at GRI which makes this above the upper control limit. Ann reported that the 90 day surveillance for ortho procedures is not highlighting anything.</p> <p>With regards to major vascular procedures there have been no SSIs and the cumulative rate for this is 2.5%.</p>	

Item	Action
<p>iv) EColi Bacteraemia Surveillance For Quarter 1 Ann reported that we have 293 E.coli cases with 24 of these cases hospital acquired. Looking further into this, Ann stated that 70% of the cases related to over 65 years old.</p>	
<p>10. PHPU Update Iain provided an update on the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • Public Health Reform: There is a website for this which is www.publichealthreform.scot. An update was released on Public Health priorities and the summary includes e.g. early years, poverty, harmful, place in the community, diet and physical activity. • Emerging Threats Group: This group is being reformed and will meet twice a year. There will be two functions which include to support the development of plans and assurance process to board • Care Home: This has been raised with the national group and a meeting has been arranged for next week. • Department meeting: Discussions ongoing regarding Public Health practice on who Public Health communicate with and how. They are also to attend Scottish Government team working. • TB and Induced Sputum: A pregnant women rejected a scope due to the potential risk to her baby. An induced sputum could not be carried out at Victoria ACH as only QEUH do these procedures. Clyde also do not carry out sputum induction and the Lead Nurses agreed to check what happens in their areas. 	LNs
<p>11. Finance Report Sandra reported that IPC were approximately £6k overspent.</p>	
<p>12. HEI Reports A letter was received from HEI inspectors who advised that they will be undertaking larger inspections, encompassing all HEI inspection topics and theatre and will increase their visit to 3 days and this will start from the end of May.</p> <p>They have also requested information regarding bed numbers and theatres for each hospital which the Lead Nurses are providing.</p> <p>Pamela informed that Ian Smith, Interim HEI Senior Inspector from HEI will be providing an update at the next HEI Steering Group meeting scheduled for 14th June.</p>	

Item	Action
COMMUNICATIONS/ FEEDBACK	
<p>13. Data Protection & Records Management</p> <p>With regards to Data Protection Sandra stated that it is important that individuals should only ever access information for their own work and not individual details unless it relates to the course of their duties.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>14. New Business</p> <p>i) Annual Report</p> <p>A copy of the Annual Report was distributed with the agenda. Sandra advised that as this report is linked to the Implementation Plan, Tom is suggesting that this is the last Annual Report as the update on the work plan is an ongoing update of how we are performing against the requirements of the ICP. If anybody has any objectives to this they should let Tom know.</p> <p>ii) Safe Haven</p> <p>Roma Armstrong, Senior R&D Manager met with Tom, Pamela, Ann and Yianni to discuss Safe Haven. Safe Haven offers a resource for health-related research and there are 350 different databases used in the West of Scotland region.</p> <p>Roma sent Tom a copy of the powerpoint presentation she provided at the meeting Sandra agreed to send this to the group and will include the notes that Pamela took at the meeting.</p> <p>iii) CF Patients and the use of the Medicinema</p> <p>Discussion took place regarding CF patients using the Medicinema. Teresa commented that there is no guidance available regarding this and Pamela stated that there is a difference of opinions for CF patients to use the Medicinema. Teresa agreed to reissue the SBAR and it was agreed that CF patients can use the Medicinema with the caveat to look at the risks.</p>	SD PJ
ITEMS FOR NOTING	
<p>15. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil to update.</p> <p>ii) <u>ICD Meeting</u> The next ICD meeting is scheduled for Tuesday.</p> <p>iii) <u>Board Infection Control Committee</u> Nil to update.</p>	TI

Item	Action
<p>iv) <u>Acute Infection Control Committee</u> The next meeting of the group is scheduled for tomorrow.</p> <p>v) <u>Partnership Infection Control Support Group</u> The next meeting of the PICSG is scheduled to meet on 10th May.</p>	
<p>16. Any Other Competent Business</p> <ul style="list-style-type: none"> • With regards to Badgernet Sandra advised that if someone does not put PVC information on the system there is no way to update ongoing care and maintenance. • Lynn asked if OLM could be added as an agenda item for future SMT meetings. • In relation to fans and the email from HPS Lynn advised that critical care were gifted 30 fans and Kate informed that in GRI every ward was gifted 4 fans. Sandra stated that HPS are in the process of working with Procurement regarding dyson fans and dyson have suggested that there is an alternative model that can be used. Teresa commented that the methodology is flawed as HPS said there was no comparison to other fans or the environment. She suggested that if HPS have not issued an alert we can use these fans but not have them in high risk areas. • The plans for the negative pressure rooms have been signed off. Teresa advised that there are rooms in ICU, QEUH and in RHC they are in PICU, CDU and Ward 2C. • Teresa updated that she had a discussion with Erica Peters regarding a MERS patient. A document has been put together with A&E colleagues and this has links to HPS documents which she agreed to issue to the group. If the patient is a confirmed case and the patient requires to move for specialist care the manual states that they should not be moved unless there is a clinical need. • With regards to HPV in the CF unit and the use of HPV to decontaminate a room Teresa asked if the process would require the two hour wait (normal practice) before this procedure commenced. The group agreed that this process would take longer than two hours so they would not have to wait two hours before commencing the process. • Huma is leaving Infection Prevention & Control and Teresa wished to pass on her thanks and to say she will be missed. • HPS have developed an IPC toolkit for care inspectorate. Iain said this is due to be published at the end of May and he will circulate this when available. • Clinell have offered to sponsor a couple of places for the Infection Prevention Society day in Glasgow later this year. • In connection with MSSA screening in Renal Department at Victoria ACH and Stobhill ACH Kate asked if they need to continue screening or if once the line was in can they stop. Teresa agreed to look into this further. 	<p>TI</p> <p>TI</p>

Item	Action
<ul style="list-style-type: none"> Lynn also commented that Renal Department have agreed across Scotland that if a patient goes for dialysis while on holiday they will be screened for CPE on their return. Teresa to discuss this with Dr Peter Thomson, Consultant Nephrologist. 	TI
17. <u>Review of Actions and Decisions</u>	
<ul style="list-style-type: none"> Issues regarding the query MERS case at GRI – Aleks and John Hood did a review of the negative pressure rooms and Teresa to take this forward. In relation to the query TB case it was identified that staff had not been fit tested and Kate informed that she has spoken to the SCN to have train the trainer days. She said that she has drafted a memo regarding fit testing and will send this to SMT for comments. With regards to TB patients Teresa informed that Neil Ritchie contacted her regarding changes to PPE. She said that we agreed to review our TB SOP and Erica Peters will be involved in these discussions. It was recommended that a TB Nurse be involved in the discussion and Kate agreed to find out the name of the TB nurse in GRI. An induced sputum could not be carried out at Victoria ACH as only QEUH do these procedures. Clyde also do not do sputum induction and the Lead Nurses agreed to check what happens in their areas. As Roma sent Tom a copy of the powerpoint presentation she provided at the meeting Sandra agreed to send this to the group and Pamela will also issue a copy of her notes. Teresa updated that she had a discussion with Erica Peters regarding a MERS patient. A document has been put together with A&E colleagues and this has links to HPS documents which she agreed to issue to the group. In connection with MSSA screening in Renal Department at Victoria ACH and Stobhill ACH Kate asked if they need to continue screening or if once the line was in can they stop. Teresa agreed to look into this further. Lynn also commented that Renal Department have agreed across Scotland that if a patient goes for dialysis while on holiday they will be screened for CPE on their return. Teresa to discuss this with Dr Peter Thomson, Consultant Nephrologist. 	
18. <u>Date and time of next meeting</u>	
<p>The next meeting of the Senior Management Team will be held on Thursday 31st May at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

Thursday 31st May 2018
at 1.30pm
Board Room, West Glasgow Ambulatory Care Hospital

PRESENT

Chair	TW	Infection Control Manager
Tom Walsh		
Sandra Devine	SDe	Associate Nurse Director, Infection Control
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Susie Dodd	SDo	Lead Infection Control Nurse, Paediatrics
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Liz Marshall	LM	Senior Infection Control Nurse, West & HSCP
Dr Kalliopi.Valyraki	KV	Infection Control Doctor
Ann Kerr	AK	Lead Nurse Surveillance
Kate Hamilton	KH	Lead Infection Control Nurse, North
Dr Barbara Weinhardt	BW	Infection Control Doctor
Dr Linda Bagrade	LB	Infection Control Doctor
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Sarah McAllister-Hall	SMcA	Microbiology

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Pamela Joannidis Dr Aleks Marek Dr Alison Balfour Kirsty Ferguson

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 26 April 2018 The minutes of the previous SMT meeting held on 26 April 2018 were agreed with the following amendments:- Page 5, Item 8vi – should read “... part of the SLWG regarding national monitoring framework.”</p> <p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> <p>SMT 30/03/17 – c/f – Taps for flushing scopes. Kate to send Pamela correspondence to raise at the next Water Safety Group meeting next Tuesday. SMT 29/03/18 – Bp2: Teresa to forward information regarding water incident – Final comments on the report due in by tomorrow and the report will be issued next week.</p>	

Item	Action
<p>bp6: Pamela to create a SOP for Multi Drug Resistant Gram Negative and Environmental SOP – Pamela and Teresa met and a first draft of the SOP will be sent to the SOP group for comments. SMT 26/04/18 –</p> <p>bp1: Kate drafted a memo on fit testing regarding a TB case and will send this to SMT for comments – A memo has been drafted and issued for comments. To wait and see our risk assessment against Appendix 11.</p> <p>bp2: Discussions to take place to review our TB SOP – Teresa, Pamela and Erica Peters met to discuss the TB SOP. This will go to the Infection Control committees for approval and will be issued as interim at the moment.</p> <p>bp3: c/f - Lead Nurses to check what happens in their areas regarding induced sputums.</p> <p>bp4: Tom to issue the presentation by Roma Armstrong regarding Safe Haven – Tom to ask for a list of the systems that contribute to Safe Haven.</p> <p>bp5: Teresa to issue the document that has been put together with A&E colleagues regarding a MERS patient - A walkround of the area was carried out. A draft guidance document has been prepared and issued with comments due back by today.</p> <p>bp6: In relation to MSSA screening in Renal Department at VIC ACH and Stobhill ACH to check if need to continue screening or if once line is in can they stop screening – Teresa is waiting on feedback from Pete Thomson.</p>	TW
STANDING ITEMS	
3. Matters Arising	
Nil to update.	
4. Sector Update	
i) Geographical Sector Update	
The IC Sector updates for March were distributed with the agenda.	
Clyde:	
<ul style="list-style-type: none"> • Joan reported that confirmed norovirus has been reported in 7 wards in IRH and RAH during April and May. As of today all wards have reopened. • A TB patient was identified in IRH on 22nd May and was AAFB positive on 24th May. She said they have a list of patient contacts with 5 in total. 	
North Glasgow:	
<ul style="list-style-type: none"> • Kate updated on the Group A Strep in the Outpatients Department. She said they received a further 2 positive samples and a patient is the same type as the patient in the ward. There appears to be a time and place link to Ward 45. Control measures have been put in place with additional cleaning. • Wards 4 and 39 at GRI were both closed with norovirus. 	
South Glasgow Adults:	
<ul style="list-style-type: none"> • Lynn reported that norovirus was reported in 3 wards at QEUH and enhanced precautions are in place. • Work is ongoing regarding the VRE cases. • There was a follow up meeting regarding CPE in Ward 64. This incident has been closed off and actions are being followed up. The MDR group are to look at the questions relating to CPE. The HIIAT for this was green. 	

Item	Action
<p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • Susie reported that there was an increase in VRE cases in Ward 2A, RHC. In one month there were 6 HAIs reported but the numbers have now decreased. • In PICU there were 4 HAI Acinetobacter cases and yesterday there was a fifth HAI case. Transmission based precautions are in place and the HIIAT for this was Green. Susie reported that there are issues regarding cleaning. All patients are well and an IMT meeting will be arranged. • Ward 2A, RHC had 3 Stenotrophomonas maltophilia cases and one of these was an HAI. A PAG was held on 18th May. Susie said that an audit of the environment was carried out, parent education has taken place and she said they are looking at the number of people on the ward, as at one point there were 90 people on the ward. The HIIAT for this was Amber. • There was an increase in the number of Enterobacter cloacae in blood cultures amongst Ward 2A and 2B patients. 4 blood cultures were reported and 2 of these were HAI. A PAG was held on 18th May and the HIIAT for this was Green. A number of actions have been carried out and the concern regarding cleaning was reported to Mary Anne Kane. Susie advised that the General Manager for Domestic and Mary Anne Kane are to visit Ward 2A to see how to improve this area. A meeting was held on Tuesday and HPS have provided support. They will look at the epidemiology, staff practice and facilities. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty reported that there was a CDI trigger in Ward 8C, GGH with 2 HAI cases within an 11 day period and one case did go on to be asymptomatic. A terminal clean of the ward was carried out and education will take place for the staff. There were also a few issues regarding environmental and knowledge practice. • Varicella zoster was identified in the Beatson. Kirsty advised that there is a community issue regarding fit testing and work needs to be carried out. • In the Women & Children's directorate at Leverndale a GP diagnosed a baby with chickenpox. She said there was an issue with fit testing and no masks were available. A PAG was undertaken and the swabs carried out tested positive. The HIIAT for this was Green. Some of the mums and babies had sickness and diarrhoea at the weekend. 3 babies and 1 mum were symptomatic and 2 of the babies had confirmed norovirus. The ward has not been closed but additional cleaning has been put in place. • There has been an increased burden of norovirus in BMT in B9 with 2 HAI cases. A terminal clean has been completed and twice daily cleans of actichlor have been requested for the ward. 	
<p>5. Draft HAIRT Report – June Update</p> <p>A draft copy of the HAIRT report for June was issued with the agenda. Tom reported that Dr Armstrong requested that the draft copy go to the BICC for comments before being sent to the NHS Board meeting.</p> <p>He said this is the first report with the new denominators and the rates for SAB and CDI will be split into healthcare associated infection and community infection. The CDI rate for healthcare associated infection is 15.3 and for community associated cases the rate is 7.5.</p> <p>Barbara asked if HPS take into account that we have more regional services etc. and Tom replied that there is some adjustment for these in prevalence studies, but not for the quarterly reports.</p>	

Item	Action
<p>The report also includes an update on the water incident and astrovirus in Ward 2A.</p> <p>With regards to SSI the rates for hip arthroplasty had increased but these have come back down again.</p> <p>At the AICC meeting Barbara commented that Andrew Seaton mentioned the funnel chart on SABs but she said she had not seen this report. Tom also commented that discussion took place regarding c-diff and how some boards are outliers.</p> <p>Tom reported that there will be no new HEAT standards set until April 2019 and asked for any comments on the new report. The report was discussed at agenda item 15.</p>	
<p>6. Monthly Activity Report for Acute Clinical Governance Committee</p> <p>The Monthly Activity report that was issued for the Acute Clinical Governance Committee was distributed with the agenda.</p> <p>Sandra advised that the report includes the following:-</p> <ul style="list-style-type: none"> - In relation to SABs we have better figures for May. - On Learnpro 3,700 staff have completed the Learnpro module and 136 medics have completed SICPs. - With regards to IPCAT the Data Team have included arrows in the reports to indicate if the audit for the ward is better or worse than last time. - Information to be included regarding SAB and C-diff due to the change in denominators. 	
<p>7. IPC Work Plan / Annual Infection Control Programme</p> <p>A copy of the IPC Work Plan for 2018/2019 was issued with the agenda.</p> <p>The Work Plan has some new additions included which are:-</p> <ul style="list-style-type: none"> - The new IPC SOPs - Terms of Reference for the Water Group - Reduce E-coli bacteraemia cases by 50% - To look at resources to carry out surveillance for Klebsiella and Pseudomonas <p>Sandra asked if anybody wishes to add anything to let her know.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>The Water Safety group are due to meet next week. Teresa reported that the Terms of Reference for the group were discussed at BICC. She informed that the agenda will be split into two sections – Facilities and Infection Control.</p> <p>ii) Theatre Maintenance & Management Group</p> <p>The last meeting of the group was on Tuesday. Kate updated that Aleks tabled the SBAR regarding endoscopy.</p> <p>Teresa reported that the ventilation meeting next week will cover isolation.</p> <p>iii) Infection Control Policy Group & Updates to NIPCM</p> <p>As Pamela sent her apologies Kate provided an update on behalf of Pamela. Kate reported that the Staff Screening SOP was approved at the last BICC meeting. With regards to the RSV SOP Dr Armstrong asked for clarity regarding time for a room to be left following an aerosol generating procedure.</p>	

Item	Action
<p>The TB SOP was reviewed by Teresa and Erica Peters and will be circulated to the SOP group.</p> <p>The Terminal Clean of Ward and Twice Daily Clean are currently being reviewed by the SOP group.</p> <p>Clarification is being sought from HPS regarding what sections are mandatory in the national manual.</p>	
<p>iv) Decontamination Group / CJD Group The Decontamination Group met a couple of weeks ago which Sandra chaired.</p> <p>Kate advised that Andrew Smith is dealing with the decommissioning of scopes. She said they are looking to have a board wide group to have standardisation of what is being used.</p>	
<p>v) Education Group Kate provided an update on behalf of Pamela.</p> <p>The Education Sub-Group are updating the IV medicines presentation to ensure consistency across each sector. They are also exploring the use of social media e.g. Twitter and Apps.</p>	
<p>vi) Audit Sub Group / IPCAT Kirsty updated that they are piloting the Decontamination audit tool this month and for it to go live in July. The pilot will take place in IRH, CDU, Cowlairs and ED Department at QEUH.</p> <p>Sandra suggested to look at the critical non compliance and to pilot this in Ward 2A. She said we need to set up a new framework regarding IPCAT. The Data Team are to send out a standardised template for each ward.</p>	
<p>vii) Research & Quality Improvement Group Kate provided an update on behalf of Pamela as follows:-</p> <p>The last meeting of the group was held in June and they met to agree the methodology for UUC improvement plan.</p> <p>In June there was a meeting with Chief Nurses and Lead Nurses in Partnerships to agree a pathway for catheter passport. There was a request to Clinical Effectiveness to use new acute care guidance for UUC as an interim document awaiting approval but have received no response to date.</p>	
<p>viii) OLM Lynn updated that OLM is part of EES and is starting in August. The administrators for this will be Pauline Hamilton and Calum MacLeod. She said that any training Infection Prevention & Control provide will be supported by this system.</p> <p>At the next meeting Lynn said that she will ask if this covers medics as well and noted there was no medic on the OLM group.</p>	

Item	Action
<p>9. National Surveillance Update:</p> <p>i) MRSA Screening / KPIs For the quarter January to March the figures for MRSA screening reported that GGC were 92% compliant with CRA and the Scotland rate was 83%.</p> <p>The data collection for CPE has been collected for the last year but Ann advised that HPS do not publish this. For Q4, January to March 85% of patients were screened on admission. Ann commented that the screening for April to June is ongoing.</p> <p>ii) SAB and CDI Rates Ann updated that the Quarter 1 data from HPS will be published in early July.</p> <p>For April, GGC reported 44 SAB cases with 27 of these hospital acquired cases. For May there have been 22 cases and 12 of these are hospital acquired. Ann commented that they are seeing a lot of PVC related cases with 60% of these in Regional Services.</p> <p>Kate reported that they had a meeting regarding an increase in the number of SAB cases in Renal at the Victoria ACH. She said they felt the issues are due to the elderly admissions and the new consultant commented that more transplants are taking place. With the population increasing they said it will be difficult to reduce the number of SABs.</p> <p>iii) SSI Surveillance Update The March surveillance report has been issued.</p> <p>In relation to the HAIRT mandatory surveillance the SSI incidence rate for hip arthroplasty is 0.6% for January – March 2018 and for the last reporting quarter the rate was 1.5%.</p> <p>For c-section the SSI incidence rate is 0.8% which is down from the previous quarter when the rate was 1.2%.</p> <p>Ann reported that HPS do not publish the rates for vascular and major bowel procedures as few boards are participating in this surveillance. In GGC the rate for large bowel procedures is 1.4% and the rate for major vascular procedures is 2.7%.</p> <p>Neuro surveillance is ongoing with no concerns reported.</p> <p>iv) EColi Bacteraemia Surveillance With regards to E.coli cases Ann reported that for April we have 104 cases with 22 of these cases hospital acquired. For the month of May to date there are 27 cases with 19 of these hospital acquired and 3 of these were hospital acquired to IRH. Joan said that her and Linda reviewed these cases.</p> <p>v) CPE It was agreed to add CPE as a new agenda item for future meetings.</p>	
<p>10. PHPU Update Tom confirmed that there is a positive joint working approach with Infection Control and PHPU and Iain Kennedy had suggested that we might be invited to attend their PHPU meeting.</p>	

Item	Action
<p>11. Finance Report</p> <p>Tom reported that he has been asked to make approximately £100,000 savings this year.</p> <p>Sandra suggested possibly charging Synbiotix as they wish to use our audit information. Tom said that he will speak to Pat McGorry about this.</p> <p>Kate informed that they have digital cameras and asked if these could be sold.</p> <p>Tom asked for any suggestions around income generation – such as providing services to other boards and agencies.</p>	TW
<p>12. HEI Reports</p> <p>There have been no HEI inspections since last SMT.</p> <p>Ian Smith, Interim HEI Senior Inspector from HEI will be providing an update at the next HEI Steering Group meeting scheduled for 14th June. The new inspections will be board wide inspections with the Chief Executive and will move to a QI approach. Inspectors have also been allocated two boards to support and maintain communication with.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>13. Data Protection & Records Management</p> <p>Information Asset Register roadshows are scheduled to take place in June and July.</p>	
<p>14. Wider Organisation</p> <p>In the recent iMatter survey issued Tom reported that one of the things that were mentioned was that the teams in Infection Control felt they didn't know enough about the wider organisation. The Medical Director has been invited to a future SMT meeting to discuss transformational change.</p> <p>Updates from Clinical Governance Committees will be provided to the group for information.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. HPS Annual Report</p> <p>A copy of the above report from HPS was distributed with the agenda. An executive summary of the main points is available on page 9.</p> <p>Ann reported that with regards to c-section, GGC submitted 32% of all procedures and 25% of all infections in Scotland.</p> <p>18% of Scotland's hip arthroplasty procedures are carried out in GGC, but GGC have a third of Scotland's SSIs. Ann stated that Golden Jubilee carry out most of the hip arthroplasty procedures and had 5 SSIs out of 1740 procedures. Also if a patient is readmitted then they are admitted to a general hospital.</p> <p>In relation to SABs and CDI GGC are above the 95% confidence intervals for healthcare associated infections.</p> <p>The rate for the catheter associated UTIs is 7.7%.</p>	

Item	Action
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> The Lead Nurses are working through the IPCAT framework. Sandra reported that at the last BICC meeting the whiteboards in wards was mentioned which should identify how many PVCs the wards have every day. It was suggested that Infection Control check this but it was agreed that this is not feasible. Sandra agreed to discuss this with Chief Nurses.</p> <p>ii) <u>ICD Meeting</u> Teresa reported that they are updating the ICD job description.</p> <p>iii) <u>Board Infection Control Committee</u> The last meeting of the group was on 23rd May and Sandra informed that the group discussed the IV oral switch and Dr Seaton is to create a job description and business case for a nurse practitioner.</p> <p>Jennifer Rodgers provided an update on Ward 2a, RHC.</p> <p>The SAB Steering group has reconvened and is chaired by Dr Chris Jones. A SAB summit has been arranged for 22nd June and representatives from NHS Lothian and Ayrshire & Arran will attend. The summit will look at their interventions and how they can reduce SABs.</p> <p>iv) <u>Acute Infection Control Committee</u> Discussion took place at the AICC regarding a series of regional based meetings to look at integration of Infection Control and Public Health teams. A paper was prepared for the regional meeting, which Tom and Iain attended, to have a single point of leadership, interchangeable roles, shared on call services but all networks were not happy with this paper and it was withdrawn. Tom advised that he is sitting on the Public Health Review Strategy Group.</p> <p>v) <u>Partnership Infection Control Support Group</u> Work is ongoing regarding responsibility of equipment which requires a risk assessment.</p> <p>HEI have asked for the contact names for all hospital sites and Sandra said to be mindful they could visit sites at any time.</p> <p>Tom said that he has written to all HSCP Directors to ask for nominated representation for this committee.</p>	
<p>17. Any Other Competent Business</p> <ul style="list-style-type: none"> • The SMT meeting in either September or October will be for an OD day chaired by Juli McQueen. Tom, Sandra and Teresa are to meet with Juli to discuss this. Tom advised that the focus of the day will be on the work programme and team relationships. As most of the group have completed the structural dynamics he asked if anybody has not done this to let him know. • Lynn reported that the Estates Manager contacted her to ask if our board would give consideration to use a surface disinfectant fogging device which turns into fog once sprayed. It was agreed to say we already have this in QEUH. 	

Item	Action
<ul style="list-style-type: none"> • The TB Liaison Nurse contacted Linda to ask if Infection Control should be contacting patients. Kate advised that we contact the GP and Consultant and it is their responsibility to contact the patient. Sandra suggested this is discussed with Iain Kennedy and for him to clarify with the TB Liaison Nurse. • Linda stated that she receives exception reports regarding endoscopy which Andrew Smith used to deal with. It was agreed to maybe ask Andrew to come along to an ICD meeting to explain what to do with these results. • With regards to the medical review of SABs Barbara commented that there is a duplication of work as the ID Consultants are carrying this out as well as Beth White and Dr Fox as they are doing this as part of the SAB ward rounds. She when she was to see a patient it was noted that the patient had already been seen by a representative from Infectious Diseases. Tom recommended this was raised at the next AICC and SAB Steering Group meetings. • Kate asked what to do with a scrub solution from a SCN in Theatres and it was agreed to discuss this at the Lead Nurse meeting. 	TI
<p>18. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Tom to ask Roma Armstrong for a list of the systems that contribute to Safe Haven. • With regards to Synbiotix Sandra suggested possibly charging them to use our audit information and Tom to speak to Pat McGorry about this. • Teresa to ask Andrew Smith to come along to an ICD meeting to explain what to do with the results from the exception reports for endoscopy. 	
<p>19. <u>Date and time of next meeting</u></p> <p>The next meeting of the Senior Management Team will be held on Thursday 28th June at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

Thursday 28th June 2018
at 1.30pm
Board Room, West Glasgow Ambulatory Care Hospital

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Sandra Devine	SDe	Associate Nurse Director, Infection Control
Dr Alison Balfour	AB	Infection Control Doctor
Susie Dodd	SDo	Lead Infection Control Nurse, Paediatrics
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Kirsty Ferguson	KF	Lead Infection Control Nurse, West & HSCP
Ann Kerr	AK	Lead Nurse Surveillance
Kate Hamilton	KH	Lead Infection Control Nurse, North
Dr Barbara Weinhardt	BW	Infection Control Doctor
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Hannah Soulsby	HS	Microbiology/Infectious Diseases Trainee
Dr Aleks Marek	AM	Infection Control Doctor

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Pamela Joannidis Dr Teresa Inkster Dr Linda Bagrade

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 31st May 2018 The minutes of the previous SMT meeting held on 31 May 2018 were agreed with the following amendments:- Page 3, Item 4, 1st bp – should read “Liz Marshall reported that there was a CDI trigger... “ Page 3, Item 4, 3rd bp – should read “A PAG was undertaken and the swabs carried out tested negative.” Page 5, Item 8iv – should read “Liz Marshall updated that they are piloting”</p>	
<p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> <p style="margin-left: 40px;">SMT 30/03/17 – c/f : Taps for flushing scopes. Kate to raise at the next Water Safety Group meeting. SMT 29/03/18, bp2 – c/f : Pamela and Teresa to meet to discuss a first draft of the SOP will be sent to the SOP group for comments.</p>	

Item	Action
<p>SMT 26/04/18 – bp1: Kate drafted a memo on fit testing regarding a TB case but has not been issued until the update on Appendix has been agreed. Teresa and Erica Peters to discuss. bp5: Teresa to issue the document that has been put together with A&E colleagues regarding a MERS patient - A walkround of the area was carried out. A draft guidance document has been prepared and issued with comments due back by today.</p> <p>SMT 31/05/18 – bp1: Tom asked Roma Armstrong for a list of the systems that contribute to Safe Haven and is waiting on a reply. bp2 – c/f: Tom to speak Pat McGorry regarding the possibility of charging Synbiotix to use our information. bp3: Teresa asked Andrew Smith to attend an ICD meeting to discuss the results from the exception reports for endoscopy. Andrew cannot attend any of the dates given and it was suggested that he come along before or after to a future SMT meeting to meet the ICDs.</p>	
STANDING ITEMS	
<p>3. Matters Arising Nil to update.</p>	
<p>4. Sector Update</p> <p>i) Geographical Sector Update The IC Sector updates for May were distributed with the agenda.</p> <p>Clyde:</p> <ul style="list-style-type: none"> • Joan reported that a ward was closed with possible norovirus in IRH with 12 patients and 1 staff affected. • Joan said they were informed of an Endophthalmitis case where a patient had an injection on 13th June. The patient was readmitted on 18th June to theatre but has now been discharged home. <p>North Glasgow:</p> <ul style="list-style-type: none"> • Kate reported that two rooms were closed in the Cardiology ward in June. • There was a Group A Strep outbeak in the Burns Unit. • A patient with necrotising fasciitis in ITU has died. • Aleks updated on a patient who was MSSA resistant. She said Public Health are looking into this case as the patient was in a care home. The patient is in a single side room with ensuite facilities and precautions are in place. Discussion took place regarding tagging this patient. Kate suggested a tag is entered on ICNET and Trakcare as the patient should be isolated on admission. Ann asked that the Data Team are informed of this patient and Kirsty added that text can be entered in manually on ICNET. Sandra recommended that Kirsty's team visit the care home and liaise with Public Health. <p>South Glasgow Adults:</p> <ul style="list-style-type: none"> • Lynn reported that Ward B8 and B9 will transfer to QEUH on Saturday. • In May and June Group A Strep cases were identified in the Maternity Unit and were of the same type. One of the patients was linked to time and place in the labour suite. Another case was identified yesterday and Lynn said they checked Badgernet and no particular nurse was involved. Alison commented that there seems to be more overall Group A Strep cases in the last 6 months compared to 2017. 	KF

Item	Action
<ul style="list-style-type: none"> The CPE incident in neuro has been closed but Lynn reported of another CPE case in spinal. There is one index case and 3 patient contacts. She said she is working with Gillian Penrice who is dealing with the communication. The typing is 147 which has not been seen in GGC before. Colindale have advised that there have been 6 cases in the last year in the UK with 3 in London and 3 in Midlands. The patient has been placed in a single side room and there are some environmental issues with cracked sinks etc. and remedial work will be started on Tuesday. Environmental screens will be carried out tomorrow afternoon or Monday morning. The HIIAT for this is Amber. <p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> Susie reported that the Acinetobacter incident has been closed off as no new cases have been identified. The HIIAT for this was Green. With regards to a water system incident at the start of the week in Ward 2A/2B there were 17 cases of gram negative bacteraemias. The SPE audit carried out scored 71% and the IPCAT result was 91%. Susie advised that they are working with the SCN and Lead Nurse in relation to work to be done on line care. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> Kirsty reported that there was a CDI trigger in Ward 8C, GGH and training has been carried out with the service. Ward B8 and B9 will transfer to QEUH on Saturday. There has been an increased burden of norovirus in the unit but this has settled now. Theatre G is almost ready to reopen. 	
<p>5. HAIRT Report – June Update</p> <p>A copy of the HAIRT report for June was issued with the agenda. Sandra reported that the report includes the new definitions and this means that we are slightly below the national average for community SABs. She said we are working on an IV access device related SAB graph.</p> <p>A SAB summit took place with colleagues from NHS Ayrshire & Arran and NHS Lothian. The action plan will be updated and a copy of the minutes will be issued to SMT. Tom said he also has a copy of the paper from NHS Lothian. In NHS Lothian they informed that when a patient presented at the front door e.g. diabetic patient they are referred to a specialist consultant as soon as possible. NHS Ayrshire & Arran identified areas with the highest number of SABs and completed SPC charts on device use.</p> <p>Sandra stated that she attended the NHS Board meeting and one of the members pointed out that with regards to the cleaning scores at QEUH they consistently score at 90% which is lower than other hospitals.</p> <p>The new quarterly SSI reports have been issued by HPS but the data is embargoed until 3rd July 2018.</p>	
<p>6. Monthly Activity Report for Acute Clinical Governance Committee</p> <p>The Monthly Activity report that was issued for the Acute Clinical Governance Committee was distributed with the agenda.</p> <p>Sandra advised that the report includes the following:-</p> <ul style="list-style-type: none"> The Data Team have included arrows in the IPCAT reports to indicate if the audit for the ward is better or worse than last time. The number of staff completing the Infection Control module on Learnpro is encouraging. 	

Item	Action
<p>7. IPC Work Plan / Annual Infection Control Programme</p> <p>A copy of the IPC Work Plan for 2018/2019 was issued with the agenda.</p> <p>The Work Plan has some new additions included which are:-</p> <ul style="list-style-type: none"> - The new IPC SOPs - To set a target for next year for E-coli. This was proposed to the SARHAI group for sign off in September. To reduce E-coli bacteraemia cases by 50%. - Terms of Reference for the Water Group <p>Sandra said that Ann is to prepare an annual surgical site infection report which will be the first one we have completed.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group The Water Safety group signed off the Terms of Reference and governance structure for the group.</p> <p>ii) Theatre Maintenance & Management Group Joan reported that the air conditioning was not working in local theatres and the temperature in theatres was 31.5 degrees. It was agreed that there is no maximum temperature limit.</p> <p>iii) Infection Control Policy Group & Updates to NIPCM The Policy Group are looking at the TB SOP and discussed fit testing and FFP3 masks.</p> <p>iv) Decontamination Group / CJD Group The last meeting of the Decontamination Group was cancelled. Kate advised that all decommissioned scopes have now been destroyed.</p> <p>v) Education Group The Education Group are preparing the next Newsletter.</p> <p>vi) Audit Sub Group / IPCAT Kirsty updated that the Audit Group met recently. She said they are on target for the Decontamination audit tool to go live in July.</p> <p>vii) Research & Quality Improvement Group Kate reported that the group are to prepare a poster regarding the education strategy and will be issuing questionnaires. GAMA Healthcare have offered to sponsor two places for the Infection Prevention Annual Conference at the end of September. Ann commented that ICNET are willing to sponsor us if we can do a presentation or poster and Lynn advised that she can prepare a CPE poster.</p>	<p>LP</p>
<p>viii) OLM (Oracle Learning Management) Lynn updated that NHS Lanarkshire have recently went live with OLM. She said that GGC are on track to go live in August and she will ask if medical staff should be included and if they need to be trained. Infection Control have two administrators for this and these will be Pauline Hamilton and Calum MacLeod. Lynn advised that she can issue the link to the module. The ICDs asked for this to be an agenda item for the next ICD meeting.</p>	<p>LP</p>

Item	Action
<p>9. National Surveillance Update:</p> <p>i) MRSA Screening / KPIs For the quarter April to June the figures for MRSA screening reported that GGC were 92% compliant and for this quarter we are 84% compliant.</p> <p>There was discussion regarding a tag for CRO on ICNET and it was stated that this can be entered manually.</p> <p>ii) SAB and CDI Rates Ann updated that Dr Seaton and Ysobel Gourlay were concerned regarding the text on IV switch on the SAB sticker. They have sent her a new version and this has been sent out for comments.</p> <p>For Quarter 1, GGC reported 81 SAB cases and 81 C-diff cases. For Quarter 2 (April – June) there has been an increase in C-diff cases and as of today, Ann reported that there are 96 C-diff cases. With regards to SABs there are 119 local cases and as of today there are 104 cases.</p> <p>iii) SSI Surveillance Update The SSI rates for hips and c-sections are below the previous quarter with an SSI rate of 0.9%.</p> <p>Ann reported that they are starting the light surveillance on spinal surgery for six months.</p> <p>Surveillance for neuro and Max Fax is ongoing.</p> <p>iv) EColi Bacteraemia Surveillance In relation to E-coli Ann confirmed that 50% of the cases are community cases. For Quarter 2 there are 289 cases with 66 of these cases hospital acquired.</p> <p>v) CPE With regards to CPE GGC were 85% compliant for CRA completion and for this quarter GGC are 87% compliant, although there is no target for this.</p>	
<p>10. PHPU Update</p> <p>Tom confirmed that he attended the first meeting of the Strategy Group. This group are to report in December how the new Public Health body will integrate with other services. He said he is the representative for the ICM network, Pamela is the representative for the SICN network but there is no ICD on this group.</p> <p>Kate reported that they are carrying out an audit on ophthalmology surgery after concern was raised that an extra screening question was not being asked. She said they are going to look at how many of the patients should have been asked the question and is happy to share the paper with the group.</p>	
<p>11. Finance Report</p> <p>The first report from Finance for 2018/19 has been issued. At the moment Tom reported that we are approximately £8,000-£9,000 underspent although we have not received a savings target as yet.</p>	

Item	Action
<p>12. HEI Reports</p> <p>There have been no HEI inspections since last SMT.</p> <p>Ian Smith, Interim HEI Senior Inspector from HEI had been asked to attend the HEI Steering Group meeting on 14th June but had to cancel. Another date is being arranged for him to attend.</p> <p>Some other boards, including Ayrshire & Arran, Orkney and Dumfries & Galloway have already received a visit from the inspectors. The visit lasted 3 days and 9 inspectors were involved to look at multiple strands in that board.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>13. Data Protection & Records Management</p> <p>It was agreed to delete this agenda item.</p>	
<p>14. Wider Organisation</p> <p>From the iMatter survey Tom stated that teams in Infection Control felt they didn't know enough about the wider organisation. The Medical Director has been invited to the SMT meeting in September to discuss transformational change.</p> <p>With regards to regional working there is no update on how this will impact on boards and services.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15.</p> <ul style="list-style-type: none"> • NICU Draft Guidance Documents regarding the above were issued from HPS and distributed with the agenda. Susie reported that there is a short life working group regarding the screening of neonates in the unit and they have prepared an algorithm. She said the main points of concern are not isolating neonates on admission and to have a cohort of high risk patients. The Appendix states to have a PAG or IMT for one infection. • Audit Framework Kirsty informed that the short life working group for HPS are due to meet next Tuesday. She said the draft framework did not mention who was responsible for what and she will provide an update at next SMT. • HFS Isolation Summary Comments are due to be returned in August regarding the above document. Sectors confirmed they are meeting with Estates and will provide Tom with a response. • Water Incident Report A copy of the Water Incident Report was issued and noted. This will be presented to AICC, BICC and will also go to the governance committees. • Emerging Pathogens Group/MERS Guidance Nil to update. 	

Item	Action
<ul style="list-style-type: none"> • Feedback from SAB Summit As discussed earlier. 	
ITEMS FOR NOTING	
16. Meetings Update:	
i) <u>Lead Nurse Meeting</u> Nil to update.	
ii) <u>ICD Meeting</u> Teresa reported that they are updating the ICD job description and discussed SBARs.	
iii) <u>Board Infection Control Committee</u> Nil to update.	
iv) <u>Acute Infection Control Committee</u> A copy of the agenda for the meeting in June and the minutes for the meeting held in May were distributed with the papers and noted.	
v) <u>Partnership Infection Control Support Group</u> Nil to update.	
17. Any Other Competent Business	
<ul style="list-style-type: none"> • Tom, Sandra and Teresa met with Juli McQueen to discuss an OD day regarding structural dynamics. Tom suggested to have the OD day on either 3rd or 10th October or 29th November. As the ICDs already have a meeting scheduled for 9th October this date was also suggested. It was agreed to ask for Juli's availability on 9th October and 29th November. • Aleks asked if fabric tourniquets should be used and Sandra advised not to use these. • Kirsty informed that they were contacted by the Homelessness Team to transform a building into a heroin assisted building and it was agreed to pass this to HFS. • Joan asked for clarification regarding the use of dyson fans. HPS have stated that these should not be used but Infection Control have said these can be used as long as a risk assessment completed. Tom recommended this is taken to the next AICC meeting for comments. • With regards to the memo issued regarding returning workers Susie asked if we should be doing anything and it was agreed that Public Health should deal with this. 	
18. <u>Review of Actions and Decisions</u>	
<ul style="list-style-type: none"> • Sandra recommended that Kirsty's team visit the care home where the MSSA patient came from and liaise with Public Health. • Lynn to prepare a CPE poster for ICNET. • Lynn to issue the link to the OLM system and the ICDs asked for this to be an agenda item at the next ICD meeting. 	
19. Date and time of next meeting	
The next meeting of the Senior Management Team will be held on Thursday 26 th July at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.	

Thursday 6th September 2018
at 1.30pm
Meeting Room 2, West Glasgow Ambulatory Care Hospital

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Sandra Devine	SDe	Associate Nurse Director, Infection Control
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Pamela Joannidis	PJ	Nurse Consultant
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Kirsty McDaid	KMcD	Lead Infection Control Nurse, West & HSCP
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Kate Hamilton	KH	Lead Infection Control Nurse, North
Dr Alison Balfour	AB	Infection Control Doctor
Angela Johnson	AJ	Senior Infection Control Nurse, South Paeds
Dr Iain Kennedy	IK	Consultant Public Health Medicine

In Attendance

Ann Lang (Minutes) PA Infection Control

Apologies Received

Dr Linda Bagraade Susie Dodd Ann Kerr Dr Aleks Marek Dr Barbara Weinhardt

Item	Action
<p>1. Welcome & Apologies Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 28th June 2018 The minutes of the previous SMT meeting held on 28 June 2018 were agreed as an accurate record.</p>	
<p>i Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> <p>SMT 30/03/17 – c/f : To use tap water for flushing scopes. Teresa said this should be raised at the next AICC. SMT 29/03/18, bp2 – c/f : Pamela to forward the Multi Drug Resistant Gram Negative and Environmental SOPs to a future meeting of the Infection Control committees.</p>	

Item	Action
<p>SMT 26/04/18 – Bp3: Kate drafted a memo on fit testing regarding a TB case but has not been issued until the update on Appendix 11 has been agreed. It was agreed that this should sit with AICC and to comment on this when we have clarity on Appendix 11.</p> <p>SMT 31/05/18 – Bp1: Tom asked Roma Armstrong for a list of the systems that contribute to Safe Haven and is waiting on a reply.</p> <p>SMT 28/06/18 - Bp1: Kirsty's team to visit the care home where the MSSA patient came from and Kirsty informed that there was not an issue in terms of MSSA. Bp2: Lynn was to prepare a CPE poster for the IPS conference but was too late to submit this. Bp3: Lynn issued the link to the OLM system.</p>	
STANDING ITEMS	
<p>3. Matters Arising Nil to update.</p>	
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector updates for June and July were distributed with the agenda.</p> <p>Clyde:</p> <ul style="list-style-type: none"> • Joan reported that there were no issues from the reports issued for June and July. • For August she reported that there have been a number of CDI and SAB cases in RAH. 10 CDI cases were reported for August with 6 of these HAI related. With regards to SABs there have been 13 cases with 5 of these HAI related. An antimicrobial review was carried out but there was nothing identified to indicate a rise in the number of cases. Sandra also reported that there has been a rise in all sites with the number of CDI cases. • In Ortho 6 SSIs were identified and a meeting was held with the clinical team to discuss the cleaning solution and dressings used. A further follow up meeting has been arranged for 19th September and the HIIAT for this scored at Green. • The ICU new unit has been built in a pre existing ward. Communication was received to say the unit would not meet the guidance as there was no extract ventilation. Joan said that she and Linda met with the relevant engineers to discuss the negative pressure rooms and they are now having to retro fit an extract fan. Joan said she has email communication and there is a time delay of at least 5 weeks as Capital Planning need to arrange this outside of the building. When completed there should be two isolation rooms. <p>North Glasgow:</p> <ul style="list-style-type: none"> • Kate reported that in July there were 6 SSI cases in Ortho surgery which were all different types. No cases have been identified for August. • Two wards in August received a red score for their environmental audit. One of the wards was Physio and a meeting has been arranged to meet with them next week to address the issues. The other ward is the Labour Ward which already received a red score in November and an amber score in February. This has been escalated to the Chief Midwife and Kate and Gillian Mills met with Evelyn Frame. The CSM visited the ward and spoke to staff and an Action Plan will be completed. In QEUH Lynn stated that they created two checklists one for midwives and one for Healthcare workers and said she will forward this to Kate. • A ward at Victoria ACH was closed with D&V. 	LP

Item	Action
<p>South Glasgow Adults:</p> <ul style="list-style-type: none"> • Lynn reported 4 cases of Klebsiella in Philipshill and 2 of the patients remain on the ward. All patients are being screened on admission and Teresa said this can now be stopped. Education and audits have been carried out and the ward is visited three times a week. Sandra suggested that if patients are in the ward long term they could locally decide after three negative screens to maybe screen again after a few weeks. • There is ongoing work in relation to the 5 MRSA cases. • In the Maternity Unit the 2 Group A Strep cases identified were of the same type. With regards to these cases Iain commented that Public Health and Microbiology disagreed giving prophylaxis to Neonates but the Consultants took the decision to do this. • Water ingress was found in the Neuro building. • There was a CDI trigger in ITU1 and the CDI cases were not in the unit at the same time. AMP were asked to complete a review. • After reviewing the CDI cases in August Lynn reported not very many cases. Alison advised that every quarter the Lab do a snapshot of 14 patients and 3 were identified as the same type but there was no link. • BMT moved to QEUH in July and Lynn said this is taking up a lot of resource. • Paravirus was identified in a patient in BMT ward that was symptomatic. As there were 4 pregnant staff members on the ward Teresa spoke to the staff and they all had their blood taken. All results came back negative and Teresa also spoke with Occupational Health. <p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • Susie reported that in NICU 4 Serratia cases were identified for July and these were all HAIs to NICU. Two of the cases are linked and typing is awaited for the fourth case. One patient developed Sepsis but the patient recovered. Two of the patients are in the ward and one is in SCBU. • An IMT was held yesterday regarding a new Gram Negative blood culture. 3 of the cases have potential link to the bacteria found in the drains from the water samples taken. The HIIAT for this scored Green. Susie said some of the actions include disabling the trough sinks, swab the drains in Wards 2A, 2B and 4B Adults and consider a drain cleaning programme. A meeting has been arranged for Monday to review the swab results. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty reported that for August 7 cases of Para Influenza in Ward B7, Beatson were identified. The ward has reopened and extra cleaning is in place and the HIIAT for this scored Green. • No CDI cases to report. 	
<p>5. HAIRT Report – August Update</p> <p>A copy of the HAIRT report for August was issued with the agenda. As this was discussed at the recent AICC meeting there was no further update.</p>	
<p>6. Monthly Activity Report for Acute Clinical Governance Committee</p> <p>The Monthly Activity reports that were issued for the Acute Clinical Governance Committee were distributed with the agenda and noted as per discussions at AICC.</p>	

Item	Action
<p>7. IPC Work Plan</p> <p>A copy of the IPC Work Plan for 2018/2019 was issued with the agenda.</p> <p>The Work Plan has some new additions included which are:-</p> <ul style="list-style-type: none"> - Evaluate the resource impact of collecting additional mandatory data regarding Klebsiella and Pseudomonas bacteraemias. - Consider a plan to reduce e-coli bacteraemias by 50% in HAI cases and 10% in all cases. 	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>The Water Safety group met on Tuesday.</p> <p>In Ortho at QEUH they asked if they could have an ice machine to assist patient cases with ankle or knee problems. It was agreed that they could have ice and keep this in the kitchen.</p> <p>ii) Theatre Maintenance & Management Group</p> <p>Teresa reported that she was asked to issue the SBAR regarding endoscopy procedures. She said she sent an email and only received one response. On the SBAR it states to wear PPE if required and the turnaround to use the room again is 7 minutes. Sandra suggested asking the surgical General Managers to look at this.</p> <p>iii) Infection Control Policy Group & Updates to NIPCM</p> <p>The Policy Group have approved the Loose Stools and Norovirus SOP. The MDRO and Environmental SOP will go to the next round of Infection Control committees for approval. Pamela advised that Appendices 1 – 11 are recommendations and Appendices 12 – 15 are mandatory.</p> <p>Iain stated that new norovirus literature has been issued this week and it suggests to wear surgical masks as good practice although there is little evidence to support this. Sandra said there is concern that all staff should be wearing these masks for all procedures.</p> <p>At the recent Policy group meeting Joan said there was discussion surrounding the Loose Stools SOP and how sectors are sending specimens to Virology. In Clyde Joan said this was not happening as they were following the policy which doesn't state to do this. She said she will arrange for this to happen from now on.</p> <p>iv) Decontamination Group / CJD Group</p> <p>A copy of the Rolling Action List from the Decontamination Group was issued with the agenda. Kate provided an update on the actions below:-</p> <ul style="list-style-type: none"> - Looking to test the Da Vinci Robot Scopes. - Decontamination of Transvaginal Ultrasound Probes - a short life working group has been set up and a meeting will be arranged in the next couple of weeks. - Thomas Splints Turnaround issues at CDU. Request to use splints from another ward after cleaning with Actichlor 	<p>TI</p> <p>JH</p>

Item	Action
<p>v) Education Group The Education Group are to meet next week and will consider the following:-</p> <ul style="list-style-type: none"> - Toolbox talk - Induction for midwifery staff - Newsletter planned to be issued at the end of September. 	
<p>vi) Audit Sub Group / IPCAT Kirsty updated that the Decontamination audit tool is now live.</p> <p>The next meeting of the national framework SLWG will be on 21st September. Tom reported this was discussed at the ICM network meeting and not supported. Some boards said they may still develop this but will not be required to do this if they have something else in place. Pamela said approval for funding was sought to have a platform for this and Synbiotix was mentioned.</p>	
<p>vii) Research & Quality Improvement Group An acute guideline for UCC has been completed and is to be approved. Pamela advised that she is meeting Margaret Connelly on Tuesday to discuss the PPV Care Guideline.</p> <p>The group are looking to increase the use of Rapid Improvement Tools regarding PPE.</p> <p>Sandra and Pamela to meet to discuss hand hygiene.</p>	<p>PJ</p> <p>SDe/ PJ</p>
<p>viii) OLM (Oracle Learning Management) Lynn updated that our board are due to go live with eESS in November. This system will hold education and staff training details. Tom asked managers to check all the staff they have are correct on the system and said this system also relates to Doctors.</p>	
<p>ix) SAB Group The next meeting of the SAB group is scheduled to take place next week.</p> <p>In relation to chlorhexidene impregnated dressings Iain said he issued some literature which states it reduces skin colonisation but is a very expensive dressing to use.</p>	
<p>9. National Surveillance Update:</p> <p>i) MRSA/CPE Screening / KPIs Sandra informed that the rates have dropped and the QEUH site brought down the rates for the overall report. An SBAR has been drafted and sent to the Chief Nurses for noting.</p> <p>ii) SAB and CDI Rates There were 30 SAB cases reported for last month.</p> <p>Kate reported they are trialling MDT and looking at a couple of SABs and have agreed with the outcome that was reported. She said they will review other cases in November.</p>	

Item	Action
<p>iii) SSI Surveillance Update Copies of the Large Bowel and Vascular Summary Reports for Quarter 1 were issued with the agenda. Sandra reported that our board is doing well against rates in Scotland.</p> <p>In GRI Kate said there had been a slight increase for large bowel SSIs with 3 cases reported. Aleks will discuss this with clinicians to see if they have any concerns but there appears to be no link in time and place.</p> <p>With regards to Ortho SSI Sandra said they are looking to do a business case for MSSA screening.</p> <p>iv) EColi Bacteraemia Surveillance Sandra confirmed that we have had our highest rates for Ecoli but there appears to be no specific reason for this.</p>	
<p>10. PHPU Update Iain provided an update on the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • The Joint HP Plan has been signed off. • Public water points where the public can fill a bottle up with water will be started in Buchanan Street. • In relation to query MERS cases HPS sent recent communication to change the case definition. • Novichok and how to remove items. A note was issued by Public Health England looking into all contacts but all contacts were negative. • Staff flu vaccine is continuing and there is agreement that midwives may start to vaccinate pregnant women. • A few care homes have reported norovirus with one care home reporting 22 patients and 7 staff affected. • In the South red bags have been trialled which will be used to transport patients' items from care homes to a hospital and these bags will be tagged from the care home. This will now be rolled out in the north. • There is a plan to set up a new community HAI Board. • A meeting took place last week regarding the Public Health Reform. Iain said that a Chair and Chief Executive will be appointed soon. Tom advised that this will be called Public Health Scotland. • The Board Public Health Strategy was approved by the board at the last NHS Board meeting. Some of the key streams include place, early years and role of origin in Public Health. 	
<p>11. Finance Report At the moment Tom reported that we are approximately £20,000 underspent, although we have been asked for £50,000 towards savings. Sandra to ask Finance for copies of the Finance reports for the Lead Nurses.</p>	SDe

Item	Action
<p>12. HEI Reports</p> <p>There have been no HEI inspections since last SMT.</p> <p>Some other boards have stated that the HEI approach is now more quality improvement focused.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>13. Wider Organisation – Moving Forward Together Programme</p> <p>A copy of the presentation Moving Forward Together was issued with the papers. Dr Armstrong has been invited to the next SMT meeting on 27th September and will provide a short presentation on this.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>14.</p> <ul style="list-style-type: none"> • Point of Care Testing for Influenza A meeting is being held next week to discuss point of care testing and Teresa suggested that one of the Lead Nurses or ICNs attend as well. Teresa reported that she was informed this would not interface with Telepath. She said discussion needs to take place on how Lead Nurses wish to receive these results. Kate commented this worked well in sites last time as patients could be cohorted. In the West Kirsty advised that they used stickers and agreed to forward these to the Lead Nurses. • OD Event A meeting was held with Juli McQueen to arrange two half day sessions to discuss structural dynamics. Tom asked Ann to reissue the dates to the group. • Vascular and Large Bowel SSI Reports As discussed earlier. 	<p>KMcD</p> <p>AL</p>
ITEMS FOR NOTING	
<p>15. Meetings Update:</p> <ul style="list-style-type: none"> i) <u>Lead Nurse Meeting</u> Nil to update. ii) <u>ICD Meeting</u> An ICD meeting is scheduled to take place next week. iii) <u>Board Infection Control Committee</u> Copies of the agenda and minutes of the last BICC were distributed with the agenda. iv) <u>Acute Infection Control Committee</u> The last meeting of the committee was held on 31st August and noted. v) <u>Partnership Infection Control Support Group</u> Wilma Hepburn chaired the last meeting of PICSG. Community SABs were discussed as well as fit testing for FFP3 masks. 	
<p>16. Any Other Competent Business</p> <ul style="list-style-type: none"> • A Fun Day is being held by Infection Control Team in QEUH to raise awareness of Infection Control. Pamela said this will also be included in the IPC Newsletter. 	

Item	Action
<ul style="list-style-type: none"> Lynn was contacted by the TB Liaison Nurse who asked Lynn to carry out contact screening as a patient with TB was in the maternity ward for 6 hours. Iain agreed to speak to Gillian Penrice regarding this. 	IK
<p>17. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> Lynn stated that in QEUH they created two checklists for cleaning, one for midwives and one for Healthcare workers and said she will forward this to Kate. With regards to the SBAR regarding endoscopy procedures Teresa to ask the General Managers to look at this. Joan to arrange for specimens in Clyde to be sent to Virology. Pamela to meet with Margaret Connelly to discuss the PPV Care Guideline. Pamela and Sandra to meet to discuss hand hygiene. Sandra to ask Finance for copies of the Finance reports for the Lead Nurses. Kirsty to forward the stickers they used in relation to point of care testing in the West. Ann to issue the dates for the OD events in October and November. Iain to speak to Gillian Penrice regarding the request to carry out contact screening by the TB Liaison Nurse. 	
<p>18. <u>Date and time of next meeting</u></p> <p>The next meeting of the Senior Management Team will be held on Thursday 27th September at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.</p>	

**Thursday 27th September 2018
at 1.30pm
Board Room, West Glasgow Ambulatory Care Hospital**

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Sandra Devine	SDe	Associate Nurse Director, Infection Control
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Ann Kerr	AK	Lead Nurse, Surveillance
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Kirsty McDaid	KMcD	Lead Infection Control Nurse, West & HSCP
Dr Kalliopi.Valyraki	KV	Infection Control Doctor
Kate Hamilton	KH	Lead Infection Control Nurse, North
Dr Barbara Weinhardt	BW	Infection Control Doctor
Dr Linda Bagrade	LB	Infection Control Doctor
Graham Quigley	GQ	Senior Infection Control Nurse, Clyde
Dr Iain Kennedy	IK	Consultant Public Health Medicine

In Attendance

Dr Jennifer Armstrong	Medical Director
Ann Lang	(Minutes) PA Infection Control

Apologies Received

Dr Alison Balfour	Joan Higgins	Dr Aleks Marek	Pamela Joannidis
Susie Dodd			

Item	Action
<p>1. Welcome & Apologies</p> <p>Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Presentation by Dr Armstrong – Moving Forward Together</p> <p>Dr Armstrong provided an update on the Moving Forward Together programme.</p> <p>She said this is a phased programme of work that was agreed by NHS Greater Glasgow and Clyde and the six Integration Joint Boards over the period from October 2017 to June 2018. The aim was to develop a Vision for the future of health and social care services for the people of Greater Glasgow and Clyde, based on best available evidence and looking over the next 5 to 10 years and beyond. Services are provided for 2.7m population.</p> <p>Key principles were developed and one of these include "Concordant and complementary to the West of Scotland Group" and this group is lead by John Burns.</p> <p>Another principle is "Embracing technology and the opportunity of e-health". Dr Armstrong reported that we have a Stakeholder Reference Group which is chaired by John Ritchie and approximately 30-40 people are on this group. Meetings were held to gauge staff opinions and these meetings reached around 1,000 staff. From this it was identified that there could be 43,000 more people over the age of 65 in the next 3 years which is a 10% increase.</p>	

Item	Action
<p>Dr Armstrong stated that the ICNs work to the top of their licence whereas other specialities do not. Work was carried out in the community with an Advance Nurse Practitioner and only 15% of patients were sent to hospital. She realises the GP out of hours service can be challenging but she said we need to reduce the barriers between primary and secondary care.</p> <p>With regards to the ortho review and from an Infection Control perspective Barbara commented that it is difficult to work in as we do not know what the plans are at GGH. Dr Armstrong stated that a Trauma centre will open at QEUH in 2020/2021 which will mean approximately 4,000 more patient cases. £10m has been provided from the Scottish Government to implement a 24 hour service and there has been investment in theatres at GGH. A bid has also gone in for £5.2m to put in a new rehab unit.</p> <p>Tom thanked Dr Armstrong for the presentation and said this is helpful with the integration starting and said that we will be working closely with Public Health and Partnerships on this. Two half day OD events have been arranged with Juli McQueen and these will include discussion on how we stay relevant.</p>	
<p>3. Minutes of SMT Meeting held on 6th September 2018</p> <p>The minutes of the previous SMT meeting held on 6 September 2018 were agreed with the following amendment:-</p> <p>Page 3, bp3 – should read “... giving prophylaxis to Neonates. In future cases this will be a decision made by Paediatric Consultant and Public Health”.</p> <p>Page 3, bp6 – should read “... Lynn reported less cases than the north ...”.</p> <p>Page 3, bp8 – should read “ Parvovirus was identified in a patient in BMT ...”.</p> <p>Page 3 bp8, last sentence – should read “All results came back negative indicating no common factors and Teresa also spoke with Occupational Health and Obstetrics”.</p> <p>i Rolling Action List</p> <p>A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p>	
<p>SMT 30/03/17 – To use tap water for flushing scopes. Teresa said that tap water should not be used and that it should be sterile water that is used.</p> <p>SMT 29/03/18, bp2 – c/f : Pamela to forward the Multi Drug Resistant Gram Negative and Environmental SOPs to a future meeting of the Infection Control committees. A draft copy is available and will go to the next round of committees for approval.</p> <p>SMT 31/05/18 – c/f : Tom asked Roma Armstrong for a list of the systems that contribute to Safe Haven and is waiting on a reply.</p> <p>SMT 06/09/18</p> <p>bp3 – c/f : Sandra to ask Finance for copies of the staff reports for the Lead Nurses.</p> <p>bp6 – c/f : Iain to speak to Gillian Penrice regarding the request to carry out contact screening by the TB Liaison Nurse. It was agreed that a meeting be set up to include Gillian Penrice, Teresa, Sandra and Iain. At present, ICT to identify any contact screening and the TB nurses will carry out the screening.</p>	<p>TI/IK/ SDe</p>

Item	Action
STANDING ITEMS	
4. Matters Arising	
Nil to update.	
5. Sector Update	
i) Geographical Sector Update	
The IC Sector update for August was distributed with the agenda.	
Clyde:	
<ul style="list-style-type: none"> • Joan reported that there are 3 SABs for clinical review with 2 of these PVC related. • In Ortho 6 SSIs were identified with a further 2 cases reported recently. A meeting was held with the clinicians on 19th September and a further meeting will be arranged in a month's time. • 6 CDI cases and 12 SAB cases were reported in RAH. 	
North Glasgow:	
<ul style="list-style-type: none"> • Kate reported that the Labour Ward received a red audit. A meeting was held with the Chief Midwife to discuss the issues. • One ward was closed with norovirus. • A previous known CPE patient was admitted to hospital and it was missed to put a CPE alert on for this patient. The patient was admitted to a medical ward before being placed in a single side room. Contact screening was carried out as per policy and all contacts tested negative. • Contact screening is to be carried out in ITU with a patient with <i>Morganella morganii</i>. 	
South Glasgow Adults:	
<ul style="list-style-type: none"> • Lynn reported work is ongoing in Philipshill and they are waiting on typing results to come back. • There were 2 SAB deaths and a meeting with the clinical team has been arranged. Lynn said that she spoke with Karon Cormack regarding the form to complete. • A trigger was reported in ITU but typing was different. • The children from Ward 2A/B have moved to Ward 6A. Work was carried out at the weekend and the children moved yesterday. Some patients have been transferred to Ward 4B. • In Mearnskirk Lanrig ward will close in October and Millbrae ward will close in November. • Work is ongoing in Clinical Research. • A Vascular SSI meeting was arranged but this has been changed to Friday. 	
South Glasgow Paeds:	
<ul style="list-style-type: none"> • Teresa reported that there is the ongoing issue with the drains with 6 gram negative bacteraemia cases. The IMT looked at all the different options available and the decision was to decant the ward and move the patients to Ward 6A/B. She said she met with Estates on Tuesday and a drain survey will be carried out and patients should hopefully be back in the ward in 4 weeks time. Tom said he is grateful for the amount of work that has been done by everyone. He said he is still receiving questions from Scottish Government, HPS and HFS and a report is to go to the Cabinet Secretary. Teresa commented that the report on Ward 2A/B and the epidemiology report from HPS is still outstanding. 	

Item	Action
<p>The issue with the taps has been discussed and Teresa said it was agreed by the experts to use the markwik tap. Teresa also said that as this tap has already been approved in Dental HPS have been contacted for their advice.</p> <p>At the BICC meeting yesterday Dr Kennedy reported that Dr Armstrong has asked for a meeting with Scottish Government regarding the questions being raised in relation to the water incident by HPS, Scottish Government and HFS.</p> <p>Tom advised that Tom Steele is the new Director of Facilities and takes up his post on Monday.</p> <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty reported that there have been some ward moves in the Beatson. <ul style="list-style-type: none"> - 2 clinics have opened. - The Discharge Lounge has opened - Ward 2C (which is a 24 bedded ward) has opened. <p>Ann asked Kirsty to inform the Data Team of these changes.</p>	
<p>6. HAIRT Report</p> <p>A copy of the HAIRT report for October was issued to the Board Clinical Governance Forum meeting on Monday for comments.</p>	
<p>7. Monthly Activity Report for Acute Clinical Governance Committee</p> <p>Nil to update.</p>	
<p>8. IPC Work Plan</p> <p>A copy of the IPC Work Plan for 2018/2019 was issued with the agenda.</p> <p>Sandra updated on some of the work included in the Work Plan:-</p> <ul style="list-style-type: none"> - Practice Development are to complete the Urinary Catheter Care guidance. - Ann is finalising the SSI yearly report. - Consider a plan to reduce e-coli bacteraemias by 50% in HAI cases and 10% in all cases. This has not been started as the target will be issued in 2020 and this will be deferred in the Work Plan. 	
<p>9. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>The Water Safety group met recently but there was no clinical representation as they wanted to discuss legionella control systems.</p> <p>Teresa reported that when testing the water in QEUH they found legionella species. Estates actioned this and an issue brief was sent to clinicians to issue to patients. She said the flushing does not appear to be happening. Linda commented that the incoming temperature was 22 degrees and Teresa said this was the same for the north. She said they are seeing more positive samples in QEUH and Linda stated that testing is not taking place in Clyde. She said she will check this and asked Teresa to issue a note to all Microbiologists.</p> <p>ii) Theatre Maintenance & Management Group</p> <p>The group met on Tuesday and Teresa reported that they discussed the SBAR regarding endoscopy procedures. Verification was carried out in Vale of Leven and the results were sent to Aleks. Verification will also be carried out at GRI in October/November.</p>	<p>LB/ TI</p>

Item	Action
<p>iii) Infection Control Policy Group & Updates to NIPCM At the recent BICC the following SOPs were approved:-</p> <ul style="list-style-type: none"> • Loose Stools SOP • Norovirus SOP • Mumps SOP • Rubella SOP • Measles SOP 	
<p>iv) Decontamination Group / CJD Group The group have not met since the last SMT.</p>	
<p>v) Education Group Nil to update.</p>	
<p>vi) Audit Sub Group / IPCAT Kirsty updated that the national framework SLWG will send audits to SEND tomorrow. This will include the implementation framework and this will be the ownership of the Executive and Nurse Directors but not Infection Control.</p> <p>There is a change to the Rapid Improvement Tool.</p> <p>Funding is being pursued to have an audit platform.</p>	
<p>vii) Research & Quality Improvement Group Nil to update.</p>	
<p>viii) OLM (Oracle Learning Management) Lynn updated that eESS is due to go live in November and this applies to medics as well.</p>	
<p>ix) SAB Group At the recent SAB group meeting Linda informed that the following was discussed:-</p> <ul style="list-style-type: none"> - Education and awareness of supporting documents as compliance is poor for SABs. It was discussed how this can be improved and the resources available. Dr Seaton looking at a FY1/2 for educational processes for induction. - Engagement of clinicians as this is not very good. This was discussed with Sandra and Pamela to try and make the reports more relevant and for this to be raised at ward rounds. As Clyde have no formal ward rounds it was agreed to maybe carry out a SAB ward round in RAH and possibly in IRH. - PVC Care Plan and when this should be rolled out. Sandra stated that Pamela is preparing a SBAR for Chief Nurses and if they agree this can be rolled out. - Dr Seaton and Dr Jones discussed that if there was any deviation from policy this should be entered on Datix. Iain asked who should Datix this and Barbara replied that at the AUC meeting Ysobel Gourlay said the Pharmacists complete this. Sandra pointed out that there is a gap in the process. If there is a 4/5 review and someone goes on holiday the Datix will not be completed. The ICNs do a 14 day review to assist the AMPs but Sandra said she will discuss this with the Lead Nurses for the ICNs to do a final check on Datix. Tom said to ensure we do not own this and to do on a trial basis. - Lynn reported that Karon Cormack has been asked to come along to a future Lead Nurse meeting to discuss Datix but thought maybe she should come to SMT instead. Lynn to contact Karon. 	LP

Item	Action
<p>10. National Surveillance Update:</p> <p>i) MRSA/CPE Screening / KPIs Ann informed that the compliance rate for Quarter 2 for MRSA Screening/KPIs has dropped to 72%, with the target being 90%. She said 27 patients out of 250 had a positive CRA.</p> <p>The CRE compliance with CPE is 71% and only one patient was positive.</p> <p>ii) SAB and CDI Rates HPS have issued the validated data for Quarter 2 but this is embargoed to 2nd October.</p> <p>From the validated data Ann reported there were 105 SAB cases and 89 of these were healthcare associated which is a rate of 21.3 per 100,000 bed days. 16 of these were community associated which is a rate of 5.5 per 100,000 population</p> <p>With regards to CDI there were 96 CDI cases which includes 75 healthcare associated which is a rate of 18.0 per 100,000 bed days. 21 community associated cases which is a rate of 7.2 per 100,000 population.</p> <p>The local data for July to September is as follows:-</p> <ul style="list-style-type: none"> - 85 SAB cases which includes 40 hospital acquired, 19 healthcare associated, 24 community associated cases and 2 cases are to be confirmed. - 112 CDI cases which includes 53 hospital acquired, 27 healthcare associated, 10 not known and 22 community associated cases. <p>iii) SSI Surveillance Update Further discussions are to take place regarding the increase incidence in vascular SSI at QEUH.</p> <p>The validated data for Quarter 2 for the rate for hip SSIs was 3.1% with 12 out of 381 procedures. The rate for Scotland is 0.8%. The local data for July to September for hip arthroplasty is 1 to date which is a rate of 0.3%.</p> <p>With regards to c-section procedures for Quarter 2 the rate was 1.2% for GGC with a national rate of 1.5% for Scotland. It was identified sub optimal skin preparation was being used and patients were not washing prior to elective procedures.</p> <p>For large bowel procedures there were 12 cases for the quarter July to September. 8 SSIs were identified in July and these were across all four sites.</p> <p>Overall GGC SPC is above the upper control limit but this is not included in the national reporting figures.</p> <p>iv) EColi Bacteraemia Surveillance Ann confirmed that for Ecoli bacteraemias there were 288 cases for Quarter 2. 150 of these were healthcare associated which is a rate of 36.0, 138 were community cases which is a rate of 47.3.</p> <p>The number of cases for July to September are 325 cases with 165 of these healthcare associated and 160 are community associated.</p>	

Item	Action
<p>11. PHPU Update</p> <p>Iain provided an update on the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> • The staff flu vaccination programme has started and Iain encouraged all staff to get vaccinated. • A couple of probable Meningococcal cases in university students with 1 confirmed case. • The Public Health Reform is ongoing and the legislation includes setting up Public Health Scotland which is expected to end in 2019. • A Pertussis case was reported in a nurse in Adults and there will be a debrief regarding this. Iain reported that they had a complex cluster of pertussis cases and the guidance has been updated for healthcare workers. He said the process regarding staff contacts lies with Occupational Health. A meeting is to be arranged to discuss this with Public Health, Occupational Health and Infection Control. He said looking at the Occupational Health Illness Policy the roles and responsibilities are very vague. 	
<p>12. Finance Report</p> <p>Tom reported that we are approximately £25,000-£30,000 underspent and we have not been asked for a savings target.</p> <p>In relation to the Management Activity Reports Sandra advised that objectives should be entered onto Turas. Tom reported that monthly directorate management reports will be issued which will include sickness absence which is 4% and there is a 80% target for all mandatory training.</p>	
<p>13. HEI Reports</p> <p>Nil to update.</p>	
COMMUNICATIONS/ FEEDBACK	
<p>14. Wider Organisation</p> <p>Dr Armstrong provided the presentation earlier in relation to the wider organisation.</p>	
NEW BUSINESS/ AGENDA ITEMS	
<p>15. Nil to update.</p>	
ITEMS FOR NOTING	
<p>16. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Sandra said they discussed the Environmental SOP which will cover all high risk units and a trigger will be applied.</p> <p>ii) <u>ICD Meeting</u> Nil to update.</p> <p>iii) <u>Board Infection Control Committee</u> The committee met yesterday. At the meeting Dr Armstrong asked for a note of who has attended these meetings in the last year as attendance has been poor.</p> <p>Near patient testing was discussed. Teresa advised they met a few weeks ago to discuss what machine to use. Barbara commented that the results are going on Telepath and there should be a final discussion regarding the process.</p>	

Item	Action
iv) <u>Acute Infection Control Committee</u> Nil to update.	
v) <u>Partnership Infection Control Support Group</u> There is a new chair for PICSG and this will be Karen Jarvis. She has requested to look at the membership for this group.	
17. Any Other Competent Business	
<ul style="list-style-type: none"> • Linda advised that the ITU project has been put back to 21st December which is not an ideal date. If this is not possible the date for completion could be February 2019. • With regards to false positive MRSA results on ICNET Lynn advised that they have received a complaint from a patient who was told they had MRSA when they did not. • Barbara asked for clarification on the OD days as the 9th October is difficult for staff to attend. Tom confirmed 29th November will now be the first date for the event and the 9th October will be cancelled. 	
18. <u>Review of Actions and Decisions</u>	
<ul style="list-style-type: none"> • Iain to speak to Gillian Penrice regarding the request to carry out contact screening by the TB Liaison Nurse. It was agreed that a meeting be set up to include Gillian Penrice, Teresa, Sandra and Iain. • Teresa said they are seeing more positive samples in QEUH and Linda stated that legionella testing is not taking place in Clyde. She said she will check this and asked Teresa to issue a note to all Microbiologists. • Lynn to contact Karon Cormack to come along to a future SMT to discuss Datix. 	
19. Date and time of next meeting	
The next meeting of the Senior Management Team will be held on Thursday 25 th October at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.	

Thursday 13th December 2018
at 1.30pm
Board Room, West Glasgow Ambulatory Care Hospital

PRESENT**Chair**

Tom Walsh	TW	Infection Control Manager
Sandra Devine	SDe	Associate Nurse Director, Infection Control
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Ann Kerr	AK	Lead Nurse, Surveillance
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Kirsty McDaid	KMcD	Lead Infection Control Nurse, West & HSCP
Pamela Joannidis	PJ	Nurse Consultant Infection Control
Dr Barbara Weinhardt	BW	Infection Control Doctor
Dr Linda Bagrade	LB	Infection Control Doctor
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Susie Dodd	SD	Lead Infection Control Nurse, South Paeds
Dr Alison Balfour	AB	Infection Control Doctor
Marlene Hay	MH	Senior Infection Control Nurse, North

In Attendance

Karon Cormack (for Agenda Item 2)	Head of Clinical Risk
Ann Lang	(Minutes) PA Infection Control

Apologies Received

Dr Kalliopi.Valyraki	Kate Hamilton	Dr Aleks Marek	Dr Iain Kennedy
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Item	Action
<p>1. Welcome & Apologies</p> <p>Tom welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Presentation by Karon Cormack, Head of Clinical Risk</p> <p>Karon Cormack provided an update on the Datix system.</p> <p>A Scottish Government Bill - the Duty of Candour was introduced in April 2018. The new Duty of Candour Policy regulations will create a legal requirement for health and social care organisations to inform people (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received. The principles of disclosure of the adverse event include:</p> <ul style="list-style-type: none"> • Open & timely communication • Acknowledgement of harm • Apology/expression of regret • Supporting the needs & expectations of patients/family <p>There is an expectation that the adverse event will be investigated and that the results of this will be shared with the patient/family.</p> <p>Karon stated that there needs to be evidence of harm of a significant level and this can be difficult to determine in Infection Control. Looking at the Policy she said they are going to start to look at deaths associated with a SAB as she feels the process regarding the 4/5 review and SCI could be tightened.</p>	

Item	Action
<p>After the review the clinical team have the recommendations but Karon asked how do we know these are carried out. She said all incidents are logged and included on a report which is sent quarterly to each sector.</p> <p>Work was carried out at QEUH and Karon said she worked with Lynn and produced a SCI template which identified a couple of gaps. Sandra said she is not clear whose responsibility it is to fill in the 4/5 review and advised that Infection Control log what we think is harm and do an investigation and the reports are issued to the Chiefs of Medicine. Ann stated that all SAB cases are included in the monthly activity reports.</p> <p>Karon advised that there is a SCI toolkit and training available. She recommended the Yorkshire Contributory Factors Framework which is a tool which has an evidence base for optimising learning and addressing causes of patient safety incidents. With regards to a flowchart Karon reported that they received feedback regarding the roles and responsibilities and who to send the 4/5 review to. She also commented that there is a Learnpro module available and everything you need to know regarding this is on the website.</p> <p>Joan asked why do we need to Datix any patient that dies. Tom replied that the Fiscal office requested that every HAI death should be reviewed. If on the death certificate that the death could have been avoidable this will go to the Morbidity and Mortality Committee.</p> <p>Tom said that if we are to follow the clinical governance process that it would be helpful if Juli McQueen come along to an AICC meeting.</p> <p>It was agreed that a short life working group be set up and Teresa and Sandra agreed to take this forward and discuss with Chris Jones.</p>	
<p>3. Minutes of SMT Meeting held on 27th September 2018</p> <p>The minutes of the previous SMT meeting held on 27 September 2018 were agreed with the following amendment:- Page 3, section 5i) Clyde – should read “Graham reported that there are.....”. Page 5, section 9vi), first sentence – should read “ ... the national framework SLWG will send papers to SEND tomorrow”.</p> <p>i Rolling Action List</p> <p>A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> <p>SMT 31/05/18 – c/f : Tom asked Roma Armstrong for a list of the systems that contribute to Safe Haven and is waiting on a reply. SMT 27/09/18 – c/f: Iain to speak to Gillian Penrice regarding the request to carry contact screening by the TB Liaison Nurse. SMT 27/09/18 – GGH validation regarding air changes: Teresa has information for a host of units. She has emailed the Chiefs of Medicine of what units are not compliant. GGH, GRI, RAH and IRH all passed and it was agreed that any patients that had TB would be put to the end of the list.</p>	TI/SD

Item	Action
STANDING ITEMS	
4. Matters Arising	Nil to update.
5. Sector Update	i) Geographical Sector Update
	The IC Sector update for November was distributed with the agenda.
	Clyde:
	<ul style="list-style-type: none"> • Joan reported that there was an HEI inspection at RAH last week. The inspectors looked at compliance for PVC and Urinary Catheter Care Plan and she said the initial feedback was positive with a couple of domestic issues. Joan stated that she will meet with the Domestic Supervisors to discuss the issues raised and the issues regarding the audit that scored amber. Tom commented that he attended the feedback session and the inspectors were very positive regarding the Infection Control team and how visible they are. He said the inspection focused more on a quality improvement approach and areas were given a chance to rectify any issues that were raised by the inspection team. The Public Partner also said that the patient feedback of the wards visited were very positive. • An endoscopy decontamination audit at the Vale of Leven was carried out. This area is managed by nurses and Joan said they asked for the Decontamination Unit Manager from Paisley to visit the area. There was concern regarding the quality assurance document and information will be fed back to the service for them to look at. The SCN from Vale of Leven also came over to Paisley to see how things work there. A decision will be made on whether these items continue to be decontaminated at Vale of Leven and the Lead Nurse is to do an SBAR to the service.
	North Glasgow:
	<ul style="list-style-type: none"> • Marlene reported that there has been an increase in norovirus activity at GRI. Wards 8, 32 and 38 all closed and an IMT will be held tomorrow. • The second batch of CPE letters have been issued to contacts. Marlene reported that they are receiving a number of phone calls from patients in the community. It was agreed that this should be discussed with Public Health and how to manage this in future.
	South Glasgow Adults:
	<ul style="list-style-type: none"> • Lynn reported that there were a few more Klebsiella cases in spinal injuries with the typing the same. Positive samples were identified in the drains and estates cleaned the drains.
	South Glasgow Paeds:
	<ul style="list-style-type: none"> • Susie reported that the Pseudomonas incident in Theatre is now closed as all typing was unique. • The norovirus incident in Ward 2A is now closed. • 5 cases of Staphylococcus epidermidis have been identified in NICU and this is being looked into.

Public Health

Item	Action
<p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty reported that Theatre G was flooded this week. She said this area is used as storage but is validated on an annual basis incase it ever has to be used. • With regards to the refurb theatre there is no plan what to use this for but grit and debris was found in the area. Kirsty said Estates have been informed that they need to look at this. • A GP diagnosed a staff member who worked in PET Scanner with whooping cough. All contact screening will be looked at. 	
<p>6. HAIRT Report</p> <p>A copy of the draft HAIRT report for December was distributed with the papers and noted.</p>	
<p>7. Monthly Activity Report for Acute Clinical Governance Committee</p> <p>The Monthly Activity Report for October was noted.</p>	
<p>8. IPC Work Plan</p> <p>A copy of the IPC Work Plan for 2018/2019 was issued with the agenda.</p> <p>Sandra updated that a final copy of the Community Urinary Catheter guidelines is awaited.</p> <p>With regards to the ventilation issue she asked if this should be included in the work plan or the Risk Register and it was agreed this should be on the corporate Risk Register.</p> <p>There is a plan to reduce e-coli bacteraemias by 50% in HAI cases and 10% in all cases. She said there is a plan drawn up and this will be circulated to SMT next time.</p>	
<p>9. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>Teresa and Pamela confirmed they attended the Water Safety group meeting last week.</p> <p>The issue regarding the use of ice machines was not agreed and Teresa said she will prepare a SBAR regarding this which will be similar to the use of water coolers.</p> <p>The risk group were asked if they could be more clinical and Teresa suggested that a list of users be at the meetings.</p> <p>The interim Pseudomonas guidance from HPS has been issued and this will be benchmarked against our Pseudomonas SOP.</p> <p>ii) Theatre Maintenance & Management Group</p> <p>Nil to update.</p>	

Item	Action
<p>iii) Infection Control Policy Group & Updates to NIPCM At the recent BICC the following SOPs were approved:-</p> <ul style="list-style-type: none"> • Meningococcal Disease SOP • Toy Cleaning SOP • Whooping Cough SOP • Environmental Organisms in High Risk Areas SOP • Multi-Resistant Organisms (MDRO) SOP <p>The CPE SOP, Decontamination SOP and Chickenpox SOP will go to the committees in January for approval.</p> <p>iv) Decontamination Group / CJD Group The last meeting of the group was cancelled.</p> <p>Tom provided an update regarding the incident at Cowlairs. He said that he will circulate the SBAR to SMT for awareness. Teresa advised that we need to act on particle counts regarding air sampling. Discussion took place to establish if air sampling is carried out at IRH and the Dental Hospital.</p> <p>Teresa and Tom said that they have written to Tom Steele to ask for couple of extra ICD sessions regarding the built environment in CDU.</p> <p>v) Education Group Pamela updated that the Education Group are to:</p> <ul style="list-style-type: none"> • Update the video for the new Care Plan • A number of toolbox kits are being developed regarding SICPs. <p>At the recent HEI inspection to RAH the inspectors asked for the compliance rate for statutory IPC modules. Pamela said that we could only provide the % compliance rate for RAH but could not provide a list of staff that have not completed this. Workforce Planning had to provide this information. It was agreed this should be discussed at the next HEI Steering Group meeting.</p> <p>vi) Audit Sub Group / IPCAT The Audit Sub group have not met recently.</p> <p>Kirsty and Pamela met to discuss the national framework and to see why failures can occur and to look at our processes against this. This will be discussed at the AICC meeting.</p> <p>It was noted that the remit of the HAI Executive Lead was not consistent with the role within GGC. Tom and Pamela wrote to Scottish Government and they agreed to action this.</p> <p>vii) Research & Quality Improvement Group Pamela provided an update on the work of the group.</p> <p>The group looked at the SOPs to benchmark where we do not comply with the policy and the TB and RSV SOPs are the ones that do not comply. She said she has provided a draft and will write to HPS.</p> <p>The PVC Care Plan has been rolled out and Pamela advised they are working through the national framework. Practice Development are to look at improving the CRA</p>	<p>TW</p>

Item	Action
screening and a meeting has been arranged with them for tomorrow.	
Pamela reported that she met with Gillian Mills regarding UCC guidelines and these discussions will be ongoing.	
viii) OLM (Oracle Learning Management)	
It was agreed that this item can be removed from the agenda.	
ix) SAB Group	
Discussions are ongoing with Procurement regarding the PVC packs.	
10. National Surveillance Update:	
i) MRSA/CPE Screening / KPIs	
Ann informed that the data for Quarter 3 (October – December) is being prepared and MRSA compliance has dropped again. The CRA compliance for MRSA screening is 69% with a national requirement of 90%. The compliance for Regional remains high at 89% and the other sectors have the following compliance rate: Clyde – 72%, South – 65%, North – 56%.	
This information will be included in the monthly activity reports and Sandra informed this was raised at the Acute Governance Committee where the Chiefs of Medicine attend. Pamela issued this as a Hot Topic and this was included in the Infection Control theme of the week.	
With regards to CPE screening the CRA compliance included the following:- Regional – 91%, Clyde – 79%, South – 72%, North 67%. This gives the board a compliance rate of 76% with 4 patients positive. It was agreed this information should be forwarded to the Chief Nurses and Chiefs of Medicine.	
ii) SAB and CDI Rates	
In the last HAIRT report from October to date there have been 76 SAB cases with 12 of these community cases.	
With regards to CDI there were 69 CDI cases and 22 of these cases were community associated.	
Ann stated that one of the fields on the form to review the patients asks if the patient is on PPI or whether they have been on antibiotic treatment in the last 28 days. She said some of the 22 cases are GP specimens and she emailed the Public Health Nurses to ask if they could check this on their portal but they declined this.	
iii) SSI Surveillance Update	
The reports for October are being processed.	
Ann informed that the exceptions to report are there were 3 deep neck of femur SSIs in GRI in October which made the SPC chart to go over the upper control limit. All 3 procedures were carried out within 5 days and all had the same operator. 2 of the cases were identified as the same organism but no further cases have been identified.	
With regards to hip SSIs there have been 2 deep SSIs at GRI. The cases were in different theatres and different organisms were identified and Ann commented that both patients had a BMI greater than 30.	

Item	Action
<p>The ortho spinal surveillance was to be carried out for 6 months at QEUH but this has now finished and no SSIs were identified during this period.</p> <p>In relation to c-section procedures there has been an increase in the last quarter in QEUH and from October to date there have been 4 cases. Discussions have taken place with the Project Midwife regarding the Post Discharge Questionnaire surveillance as this will now stop at the end of December and information will be received from Badgernet. Information has been sent to Evelyn Frame to pass on to the Community Midwives that the paper version of the Questionnaires will finish.</p> <p>For large bowel and vascular procedures Ann reported that we now have SPC charts and all are within the control limits.</p> <p>In neuro, there have been 4 cranial SSIs for October which were 2 superficial and 2 deep SSIs. The procedures were carried out in different theatres and had different operators.</p> <p>With regards to spinal there was one deep SSI for October and this was a Staph Aureus Bacteraemia case and has been entered on Datix.</p> <p>In OMFS there have been no SSI cases for October and this has been the third consecutive month with no cases. After next month Ann reported that there will be 25 data points and an SPC chart will be produced.</p>	
<p>iv) EColi Bacteraemia Surveillance Ann confirmed that for Ecoli bacteraemias there were 263 cases for the quarter and half of these were community cases.</p>	
<p>11. PHPU Update Nil to update.</p>	
<p>12. Finance and Management Activity Reports Tom reported that we are approximately £38,000 underspent and we will not be able to continue with the secondments beyond the agreed dates in 2019.</p> <p>With regards to the management activity reports Tom updated on the following completion rates for Infection Control:-</p> <ul style="list-style-type: none"> - 78-79% for PDPs - 75% for IPC - 100% for Statutory Mandatory Training - 100% for Fire Training 	
<p>13. HEI Reports / Inspections The HEI inspection report for RAH is due to be issued on 23rd January 2019.</p>	
<p>14. Built Environment Teresa provided an update on Ward 2A at RHC.</p> <p>She said the ward has been decanted. Dosing has started and new sinks and taps are to be put in. While the ward was decanted she said they looked at the ventilation and the air change is less than 3 and the pressure was set to negative.</p>	

Item	Action
<p>There also appears to be an issue with the duct work and this contaminated the air which made the area not suitable for the patients to transfer back to.</p> <p>Options were looked at and it was decided to keep the patients decanted for 12 months to allow extensive work to be carried out. Teresa advised that an SBAR was produced for Scottish Government and a report is being prepared. She said this report will have implications for other boards as well.</p> <p>With regards to Ward 5C and 5D John Hood did some checks and there appears to be inconsistent pressures which will be checked by Estates. The ID clinicians are concerned the area is not safe for patients and asked for reassurance.</p> <p>No information is available regarding the rooms for Wards 7A, B, C, D.</p> <p>The patients in Ward 4C, Haematology were supposed to be put in Ward 4B but there is no hepa filtration in Ward 4B and the ward has issues.</p> <p>In QEUH and RHC Teresa reported that they are looking at the negative pressure upgrades. The first place failed the validation and for Phase 2 is 6% so the clinical team asked for the work to stop. This area can only be used for patients that are not immunocompromised. She said there are huge issues where to place patients at QEUH.</p> <p>In relation to Endoscopy all has been actioned from an Infection Control perspective and Teresa agreed to issue the email that was sent to the Chief Executive.</p>	<p>TI</p>
COMMUNICATIONS/ FEEDBACK	
<p>15. Wider Organisation</p> <p>A copy of the Public Health Reform - Leadership for Public Health Workforce Development has been issued and Tom agreed to send this to SMT for comments.</p>	<p>TW</p>
NEW BUSINESS/ AGENDA ITEMS	
<p>16. Draft CF Guidance</p> <p>Pamela reported that in Appendix 5 of the national manual regarding placement, PPE and environment it states that all CF patients should be treated with precautions and we have two separate SOPs to cover this.</p> <p>OD Event</p> <p>Juli McQueen is writing up the notes from the OD event and Tom said they will be issued in due course.</p> <p>It has been agreed to change the format of future SMT meetings so that every second meeting will be clinically focused. This will not be a formal meeting but to facilitate discussions.</p>	
ITEMS FOR NOTING	
<p>17. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u></p> <p>Tom to attend one of the Lead Nurse meetings.</p>	

Item	Action
<p>ii) <u>ICD Meeting</u> The ICDs are looking at the new guidance for SSIs. Teresa informed that the NICE guidance regarding MSSA and decolonisation is expanding and will be a recommendation for 2019.</p> <p>iii) <u>Board Infection Control Committee</u> An SBAR on Dyson Portable Cooling Fans was issued with the agenda for BICC but Dr Armstrong requested this is raised at AICC first.</p> <p>iv) <u>Acute Infection Control Committee</u> It was agreed to delete this item from the agenda as members from SMT attend this committee.</p> <p>v) <u>Partnership Infection Control Support Group</u> The last meeting was held on 8th September and this was the first meeting that was chaired by Karen Jarvis as the new chair.</p> <p>Kirsty reported that there are challenges regarding flushing water outlets. She said that if an area is unoccupied Estates/Facilities will carry this out.</p> <p>At the meeting Karen Jarvis requested that the Catheter Care Guidelines go to the governance group for approval. Karen is also to let Sandra know when the PICSG governance meetings are scheduled for.</p>	
<p>18. Draft Meeting Schedule A copy of the meeting schedule for 2019 was issued with the papers. It was agreed to keep the start time as 1.30pm instead of the new suggested time of 1.00pm.</p> <p>As discussed earlier every second SMT meeting will be a clinical meeting.</p>	
<p>18. Any Other Competent Business</p> <ul style="list-style-type: none"> • Sandra asked if a patient with CRO and MDRO has a couple of negative screens should we take the tags off of ICNET or wait until the next screen. It was agreed to refer this to the next clinical meeting but in the meantime to discuss with the ICD and put a note on ICNET. 	
<p>19. <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • A short life working group to be set up to discuss Datix and Teresa and Sandra agreed to take this forward and discuss with Chris Jones. • Discussions to take place with Public Health regarding the CPE letters issued to contacts and the number of phone calls ICT received from patients in the community. • Tom provided an update regarding the incident at Cowlairs. He said that he will circulate the SBAR to SMT for awareness. • Compliance rates for staff training to be raised at the next HEI Steering Group meeting. • In relation to Endoscopy all has been actioned from an Infection Control perspective and Teresa agreed to issue the email that was sent to the Chief Executive. • Tom to issue a copy of the Public Health Reform - Leadership for Public Health Workforce Development for comments. 	

20. Date and time of next meeting

The next meeting of the Senior Management Team will be held on Thursday 31st January 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital.

Thursday 31 January	1.30pm to 4.00pm	Boardroom, Ground Floor, Main Building. West Glasgow Ambulatory Care Hospital
Thursday 28 February	1.30pm to 4.00pm	Boardroom, Ground Floor, Main Building. West Glasgow Ambulatory Care Hospital
Thursday 28 March	1.30pm to 4.00pm	Boardroom, Ground Floor, Main Building. West Glasgow Ambulatory Care Hospital
Thursday 25 April	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 30 May	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 27 June	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 25 July	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 29 August	1.30pm to 4.00pm	Meeting Room WS5-033 Seminar / Education Room, Level 5, Queen Elizabeth University Hospital
Thursday 26 September	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 31 October	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 28 November	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 12 December	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital

**Thursday 28 February 2019
at 1.30pm
Board Room, West Glasgow Ambulatory Care Hospital**

PRESENT

Dr Teresa Inkster (Chair)	TI	Lead Infection Control Doctor
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Kirsty McDaid	KMcD	Lead Infection Control Nurse, West & HSCP
Pamela Joannidis	PJ	Nurse Consultant Infection Control
Joan Higgins	JH	Lead Infection Control Nurse, Clyde
Susie Dodd	SD	Lead Infection Control Nurse, South Paeds
Dr Alison Balfour	AB	Infection Control Doctor
Gillian Mills	GM	Senior Infection Control Nurse, North

In Attendance

Pauline Hamilton	(Minutes) PA Infection Control
Dr Kam Khalsa	SpR Microbiologist

Apologies Received

Tom Walsh	Sandra Devine	Ann Kerr	Kate Hamilton
Dr Aleks Marek	Dr Barbara Weinhardt	Dr Linda Bagrade	Dr Kalliopi.Valyraki

Item	Action
<p>1. Welcome & Apologies Teresa welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 13 December 2018 The minutes of the previous SMT meeting held on 13 December 2018 were agreed without amendment. Teresa agreed to ask Tom for clarification in relation to secondments (1st sentence of Item 12 page 7).</p> <p>Teresa reported changes to the ICM SMT and congratulated Sandra in her new role as Interim Infection Control Manager and Pamela as Interim Associate Nurse Director IPC. Tom has moved on to project manage enquiries in relation to the QEUH/RHC.</p>	TI
<p>I Rolling Action List A copy of the rolling action list was distributed with the agenda and representatives provided an update for their actions.</p> <ul style="list-style-type: none"> - SMT 31/05/18 – c/f: Tom asked Roma Armstrong for a list of the systems that contribute to Safe Haven and is waiting on a reply. <u>c/f 28/02/19 Tom Walsh</u> - SMT 27/09/18 – c/f: Iain to speak to Gillian Penrice regarding the request to carry contact screening by the TB Liaison Nurse. <u>c/f 28/02/19 Teresa will contact Iain Kennedy</u> - SMT 27/09/18 – Re Legionella testing not taking place in Clyde. <u>28/02/19 Joan reported this item as complete.</u> - SMT 13/12/18 – Datix SLWG update under <u>AOCB today.</u> - SMT 13/12/18 – PHPU and CPE Letter. <u>c/f 28/02/19 Iain Kennedy</u> - SMT 13/12/18 – SBAR CDU – <u>complete</u> January 2019. - SMT 13/12/18 – Compliance rates for staff training – was to be raised at the HEI Steering Group meeting held in February 2019. <u>c/f 28/02/19</u> 	

- SMT 13/12/18 - Endoscopy – Teresa updated today that the e-mail sent to the Chief Executive should read has been sent to the Chiefs of Medicine as agreed about what units are not compliant. An SBAR around air exchanges across the sites (apart from VIC ACH) and changes that have to be made around the endoscopy lists which in turn has meant changes to flow plans. Estates to upgrade the units. Of note, IRH has the best performing unit.
- SMT 13/12/18 – Tom issued an e-mail about Public Health Reform – Leadership for Public Health Workforce Development for return comments. c/f 28/02/19 - not known if comments were received.

STANDING ITEMS

3. Matters Arising

Nil to update.

4. Sector Update

i) Geographical Sector Update

The IC Sector update for January was distributed with the agenda.

Clyde:

- Joan reported another meeting was held in January in relation to Ortho SSI in IRH and some further actions were agreed. A further meeting will likely be held in March. There is just one issue with theatre ventilation and Joan and Linda will discuss this separately with Teresa.
- Obstetrics have had 6 post op C-section SSI in December in RAH Maternity. IMT meeting held and actions agreed. Another meeting will be held early March.
- Three cases of *Stenotrophomonas maltophilia* in RAH ICU within an 8-day period. One patient died and *S. maltophilia* was cited on part 1b of the patient's death certificate. Another case (colonised in wound) was identified in surgical ward in HDU. This patient had been in HDU with the 2 ITU patients. And, a further case identified who moved into the new ITU in RAH on 19/02/19 in swab taken that evening and typing sent. Not sure if linked to the other cases. The 3 original cases had same type. Swab from water cooler in ICU had a unique type. HDU had 3 different samples from kitchen. Today there are a total of 5 cases (4 different types); 3 patient cases are the same, the 4th HDU case is outstanding, and the 5th is the new patient. IMT held on 27/02/19. From the 5th case, patients were screened on the ward and environmental screens were taken from the new ICU and the old ICU outlets. One single swab from the old ICU was positive from suction tubing of the 5th case. Decided on 27/02/19 to stop patient screening, and back to normal cleans from twice daily cleans. Unless there are further cases or anything is identified from screens the IMT has closed down. Teresa asked about hypothesis. Joan reported there was another 2 patients at the same time as the ITU cases and the Lead Clinician thinks they are the same. Both units were very busy at that time.
- CDI trigger for 2 cases identified in RAH ICU. HAI to the unit. PAG held and isolates sent for typing however these could not be cultured therefore unable to get ribotypes.
- Legionella in IRH Neonatal Unit through routine sampling. High counts in parts of the unit since October and Estates have been doing remedial work in the unit. Dennis Kelly advised disinfection after a walk round a couple of weeks ago. Will meet with the clinical team on 05/03/19 to discuss which option is preferable to them. Chemical disinfection is a shorter time period. As an interim measure point of care filters are going on today or tomorrow.

- Baby identified with outbreak strain of *Staph aureus* in swab taken before transfer from RHC to RAH. Baby has since been transferred back to RHC. As a consequence weekly screens are being done of all babies. First screens are negative and waiting to see today if there is anything else.
- On routine testing two endoscopy machines in Vale of Leven identified channel patency alarm fails. A PAG was held with the STERIS rep and engineers in attendance and a time period request was made. An IMT meeting was held on 27/02/19 and Alan Stewart attended and one of the engineers from the CDU. The IMT risk assessed as quite low as all other steps in the process are managed well. This is a unique unit in the board as it is not managed by central decontamination processes but by nursing staff. There were actions from the IMT and Linda Bagnade has spoken to four clinicians involved and most of them would assess as low risk also. Linda will speak to the authorised engineer again and also to Andrew Smith when they return from annual leave. Linda will also speak to Clinical Risk and get people round the table from a duty of candour point of view due to the service highlighting as a risk.

North Glasgow:

- Gillian reported Ward 45 had an MDR-Pseudomonas patient confirmed positive from the beginning remains an in-patient. Patient has been moved from a side room to a 4-bedded bay. Practice continues to be monitored that area.
- Other issues highlighted in the report include 4 wards closed in February due to outbreaks of norovirus. One ward closed 3 times in 3 weeks. On the 3rd closure IPC visited and found faecal contamination on the underside of beds and commodes, and the following day when visited the issue had not been rectified. This has been escalated to the CSM and CN. Area continues to be monitored.
- Teresa reported on the NICU incident that involves all three NICUs in GGC (PRM, RHC, and RAH) subject to PAGs and IMT meetings for 3 bacteraemia cases. Look back at PRM showed there were another 3 babies colonised with the same strain which was Ciproxin/gentamicin resistant, and a rare *spa* type not seen in the UK before only in Germany and China. Meetings were held at GRI and appropriate measures were put in place however it continued to evolve and another baby was detected who had been transferred from PRM to RHC. However by the time this was identified baby had been moved from RHC to RAH and had not been isolated. This resulted in all babies on the 3 sites being screened. Another episode of cross-transmission in RHC occurred when a baby who had been next to the transferred baby moved into that bed space. The baby who had been transferred to RAH has now moved back to RHC and is still an in-patient decolonised. In RAH there is no evidence of cross-transmission although some screens are outstanding. Teresa explained it is common for babies to be colonised with MSSA and most are acquired from mum. What is unusual about this MSSA is it is Ciproxin/gentamicin resistant. There was subsequent transmission in PRM and a further 2 babies identified. Currently there are 10 babies across GGC affected (7 confirmed with the same strain, 1 possible previous colonisation, and 2 probable cases from this week). Sadly two of the very premature babies with bacteraemias have died. Look back at epidemiology was done. All different routes of transmission have been explored and it was decided to screen staff which started last week. Staff screening was focussed first on PRM. Being seen in nasal passages of staff at screening and staff identified have been excluded from work and are being decolonised for 5 days. Staff will stop for 48 hours and will be re-screened and decolonised again if appropriate before returning to work. The family of concern with skin conditions are also being decolonised including their two pet dogs. Teresa explained that the

strain itself is a toxin-producing strain one of which is toxic shock syndrome toxin 1 which causes sepsis. It is this particular toxin which makes the strain particularly pathogenic and virulent. Fairly aggressive control measures are in place and preparatory cleaning has been arranged over this weekend in RHC and RAH units for HPV starting on 04/03/19. It is not possible to start in GRI PRM due to hairline crack in ceiling pipe in corridor outside PRM NICU. Of note, significant cleaning is required before the HPV process can start. Also, the QacA gene identified through human genome sequencing is chlorhexidine resistant. HPS have been asked for their opinion on a chlorhexidine replacement agent if chlorhexidine is to be removed and it was noted that octenisan will need to be used as a replacement. This is a complex incident unfortunately not yet under control. Also, there were other issues picked up along the way in relation to vents and incubators and we will look at learning from what is found.

South Glasgow Adults:

- Lynn reported mucor identified in 2 patients in ITU-1 and ITU-2 within one day of each other. One patient had been in a dialysis room where there was a leak and hypothesis is perhaps from that room. Pulp was found but was a different mould from mucor. Air sampling was negative for mucor. Linen trolleys and bags were swabbed and staff confirmed they would not use any linen that came back damp. Patient equipment was swabbed also. One patient was intubated in a respiratory ward and one patient in ITU. Possibly now in the air. Colonised patient has been treated and discharged home. The other patient remains in ITU and is very unwell. Several meetings have been held with Teresa and the consultant with the patient's family. Inotropes have been reduced. Patient is still ventilated down to 45% oxygen however does seem to be improving. This patient had had influenza-A which likely has made them more susceptible to mucor. Teresa stated there was obviously a source of water leak as mentioned and pulp material was found between the dial point and dirty utility which was swabbed and grew *Fusarium* which is a soil fungi. It is unlikely this incident will be fully explained. IPC have investigated and there have been no further cases. As Lynn said it is known about associated with influenza and Aspergillus and would likely make patient susceptible to mucor.

South Glasgow Paeds:

- Susie reported that the Cryptococcus incident has been downgraded to HIIAT GREEN and been closed as has the water incident also HIIAT GREEN and closed. The chlorine dioxide dosing is underway and provisional results are good. This will continue until mid-March 2019. The sub-group looking at various issues identified is ongoing and pest control on the site for Cryptococcus is also ongoing.
- Ongoing issue of *Serratia* in NICU. Initially there was an outbreak in SCBU but became evident in NICU and an outbreak for the whole unit. There have been 11 cases, 12 possible cases and 1 community case now discharged. Typing results awaited. There were 7 HAI all colonisations. Typing of 4 cases were the same and 2 of these were unique types. Sample taken from drain swab was the same type also, and it is not known what came first. Environmental sampling and swabs of equipment were taken. Enhanced supervision on the unit is being carried out weekly. Preparation for the HPV process will start this afternoon (28/02/19). One of the strains has been identified as one of the strains as part of the 2016 outbreak. There were some cleaning issues picked up which are being addressed.

West Glasgow/HSCP:

- Kirsty reported 4 HAI Group A Strep cases across two MHS units in Stobhill. One was invasive GAS and the other patient passed away with Group A Strep cited on part 1b of the patient's death certificate. Cross-over of infection could not be ruled out. Two IMT meetings were held, the first IMT HIIAT AMBER then GREEN. Different strain results reported for 3 patients. Environmental screen found positive result for GAS from a cushion. The ward has now been terminally cleaned. Both wards remained opened and both have been terminally cleaned. Education and support for self-audit will be provided. There were also a few concerns around uniform and staff practice for one of the wards and this is being addressed also. Incident has now been closed.
- Endoscopy issue at GGH. On 31/01/19 issue reported with rinse water and sample taken rendered machine out-of-use. Two further samples were requested which came back with AFB. There was some dubiety around dates therefore sampling was repeated. On 22/02/19 sampling came back positive for AFB. An IMT meeting was held on 25/02/19. Cowlairs have spoken to the routine manufacturer who can do high-level disinfection. Look back at the first machine and cross-referencing by the ICD showed no matches. The same will be done for the second machine and will see if anything comes back from the lab isolates. It is puzzling why the second machine had AFB. There is concern if the other machines were to go down although manufacturer machines are on standby.

ii) QEUH Cryptococcus Incident

Teresa reported that mid-December 2018 two patients with Cryptococcus in blood culture were reported. This is unusual and Teresa explained this fungus can cause meningitis. Look back of both patients; one paediatric patient who had been an in-patient since August 2018 and the other was an adult haematology in-patient for 3 weeks. By definition 2 HAI. Cryptococcus is found in soil contaminated by bird droppings and can be picked up through birds pecking on vegetation and then carried in the gut. GGC were alerted to the issue in the plant room of the 12th floor of the QEUH where there was evidence of birds' droppings and feathers. On that basis an IMT meeting was held with hypothesis of source being the plant room. Control measures were put in place to include anti-fungal prophylaxis and HEPA filters in the high-risk units. Air sampling found Cryptococcus albidus grown from pigeon faeces. An Expert Advisory Group chaired by John Hood was convened to look at hypothesis and the helipad was included as there is a downdraught from this area. It was noted that there was extensive infestation on the QEUH site and might never be known the route of entry. Upgrading of Wards 2A and 2B to include HEPA filtration in all rooms is to be undertaken, and look at feasibility study in Adult Ward 4A and HEPA filtration in there also. There have been no further cases since December 2018. In the middle of that issue, the paediatric ward had mouldy showers with high particle counts. The showers were found to be in poor condition. The ward was decanted out again into the Clinical Decisions Unit to allow for repairs of the shower areas and patients have now moved back into Ward 2A. Susie reported that gyproc behind the tiles was not moisture resistant and was therefore absorbing moisture. There was also huge gaps in the flooring with water coming up and underneath there was black mould. Pamela reported that the drains were of a rigid structure and this will need to be looked at in future. Lynn reported that flooring had to be replaced in Wards 7A and 7D due to gaps in flooring and water damage. Teresa stated that a programme of repair is needed starting with high-risk areas and then to work through the building systematically. It is not known at this stage the extent of repairs required. Pamela referred to the national group and the built environment group who are looking into this and Pamela has put forward that technical documents could be consistent and legible in terms of IPC expertise.

5. HAIRT Report

A copy of the draft HAIRT report for February 2019 was distributed with the papers for noting. Teresa reported that the water incident is now downgraded to GREEN and the HAIRT is AMBER. Children have been decanted out to allow for ventilation work to be done and the chlorine dioxide dosing system is now in place. This means it is just the ventilation upgrade now to be done. Sero group 1 Legionella issue in QEUH Level 5 and 8 although quite a low level will be kept under observation. Levels starting to change due to chlorine dosing potentially dislodging biofilm.

6. Monthly Activity Report for Acute Clinical Governance Committee

The Monthly Activity Report for December 2019 was noted.

7. IPC Work Plan

A copy of the IPC Work Plan for 2018/2019 was issued with the agenda. Kirsty referred to the action on page 3 and reported that she met with Iain Kennedy and Ann Kerr who are pulling GP data together for community cases. Meeting on 25/02/19 they looked at the GP letter from Andrew Seaton addressed to all GPs reminding them about antimicrobial prescribing and PPI. Iain Kennedy has said perhaps also reminding GPs to send the form out or a more effective letter to all GPs about prescribing but suggested it may be best if someone who attends the LMC meetings could perhaps speak to the GPs in attendance in order to get feedback from the GPs.

8. Sub-Groups/ Short Life Working Groups Update:

i) Water Safety Group

Teresa and Pamela met with Alan Gallacher, Gordon Beattie and Mary Anne Kane this week to discuss the number of documents around flushing and there have been responses about water outlets other than taps to include ice machines and water coolers. Mary Anne had drafted a flushing regime for Legionella which led to discussion for the Board Water Safety Group. The document has not been ratified yet and has since been changed. The BWSG is currently an operational group and there is discussion they will become an executive group with a change to the agenda made at the next meeting. Water coolers were discussed and at this point in time they are still in use although the group are of the opinion they should be removed as they are sitting as little-used and/or high-risk as they are not being maintained and cleaned. A decision around this would need to be made by the Chief Executive. Concern was raised about staff being expected to drink tap water however Pamela offered assurance that tap water is safe. Pamela reported there were a lot of questions around ice machines and this has been fed back to Graham Quigley who is under pressure as an ice machine cannot be flushed. IPC have developed a toolbox talk on flushing. The toolbox talks are simple and straightforward for staff to use in their own departments. Pamela has cascaded the flushing toolbox talk to relevant staff. Teresa reported that NHS Lothian have managed this successfully and Joan added that the Clyde Water Safety Group discussed this also and the safety manager was asking if the ice machines should be taken out but they have been advised to hold back until a final decision is made. The Regional Day Bed Unit had water coolers and it was agreed this is a high-risk area. On Teresa's approval Joan can recommend to the Estates Manager in IRH that guidance will be attached in relation to the ice machines. There are 8 ice machines in IRH. Teresa added that some patient groups do need to be cooled down using ice and this needs to be considered. Teresa is attending the BWSG on 05/03/19 and it is expected that a decision will be made then and that guidance for board-wide issues needs to be decided. Teresa added there was a recommendation to expand the water group and she has e-mailed Mary Anne about that and need to look at the results being reviewed for hydro pools etc. Should go to local groups and then to the BWSG for any major decisions, e.g. removal/installation of water coolers and ice machines.

ii) Theatre Maintenance & Management Group

Nil of note.

iii) Infection Control Policy Group & Updates to NIPCM

Pamela reported that at the last BICC they tried to change the recommendation in the Chickenpox SOP to align with the NIPCM however this was met with resistance and IPC were not allowed to make the changes. This led to discussion around review of all IPC SOPs and them being benchmarked against the guidance in the NIPCM. The benchmark exercise was sent to HPS by Tom Walsh for consideration and Pamela is meeting with Jackie McIntyre to discuss this further and to take forward. Susie asked about FFP3 masks and Pamela explained that IPC have a high-risk assessment in place so that will need to wait until the meeting. Lynn asked what should IPC be advising staff at this present time in relation to chickenpox. Pamela stated there is no change to the current SOP and where there is a risk of respiratory excretions staff should wear an FFP3 mask.

Pamela added that although she was not asked to bring this today the Leads had discussed the option of having no IPC SOPs but to have aide memoires only with reference being made to the NIPCM. The SOPs however do support more than the NIPCM and so the Leads thought going forward to remove all Disease Specific SOPs and just have aide memoires and care checklists. This of course would need to be taken to the BICC for discussion and for a final decision to be made. Teresa asked her microbiology colleagues in attendance what they thought and they agreed they find the IPC SOPs to be very useful and would prefer them to be kept. Also, the point was made that on-call staff and microbiology trainees as well as junior IPCNs may require specific information and the SOPs provides this background. The Leads also felt that the SOPs provide good detail and background information and are concise which is important when referencing against. Following this discussion it was agreed to wait until after the meeting with Jackie McIntyre before a final decision is made about the IPC SOPs. Pamela added NHS England has agreed to adopt the national manual and that Ireland and Wales are thinking likewise.

iv) Decontamination Group / CJD Group

The Decontamination Sub-Group have not met recently. Teresa reported that medical microbiologist Michael Murphy will provide two ICD sessions a week with remit around CDU and the decontamination units. This will involve review of policy and procedures. The IPC recommendations made following recent issues at the CDU will need to be checked to find out if they have been implemented.

v) Education Group

Pamela reported that the toolbox talk for flushing is complete and has been circulated and is also on the IPC website. The delivery of IV for medicine has changed and has been shortened. IPC have helped review the national programme. The MDRO module is being reviewed at national level with particular focus on CPE to make clearer.

vi) Audit Sub Group / IPCAT

Kirsty reported that the Audit Group have not met recently. Kirsty and Pamela met last week to look at the national monitoring framework and to map the current IPC audit process to the framework. Continuous improvement by the SCN or department manager needs to be looked at. Also, need to have short, medium and long term actions and sign-off of actions also needs to be looked at. Other boards have smaller audit tools and will see if IPC audits can be tapered down before comparing to other boards. Pamela reported on comments from inspection colleagues and the monitoring framework around evidence of sustained improvement. Pamela described recent review of the last 3 months and 50% of audits that scored RED, GOLD or GREEN had

RED or AMBER sections which mean would have to do another 63 audits in a 6-month period and IPC do not have the capacity for this. Also 50% of the RED and AMBER are the QA section. Pamela was asked yesterday about changing the audit tool and reported that IPC are being criticised as there are around 170-180 audit tools in comparison to around 80 for other boards. Two other boards are changing their whole process because of the new framework and Pamela is keen to see how this is being tackled. This is in relation to SICPs. Teresa asked if there were plans for a national approach. Pamela explained that at the network it was changed to the national framework and this was published last year. IPC can manage short and medium term aims, and extending this to include long-term aims, e.g. a new sink or such like needed, cannot be done overnight and would likely be a long-term process. The framework version will be submitted to the next IPC SMT.

vii) Research & Quality Improvement Group

Pamela reported that the Research & Quality Improvement Group met this week. The revised PVC Care Plan has now been launched. The care plan was revised as part of QI and one session will be done with each of the groups. Next is the urinary catheter care plan as had to wait on the urinary catheter guideline. Each IPC sector will look at a ward where a pilot can start. Looking at insertion criteria and continuity. Also looking for ideas for projects for that group. Teresa suggested hospital acquired pneumonias for preventing aspiration etc which was discussed at HIS. Some HIS presentations may be available online. There have been so many recent incidents that could be included under research.

Teresa added that IPS are in Geneva and in Liverpool and that everyone could perhaps think about posters for these events.

viii) SAB Group

Teresa reported that she is currently doing some work with the Renal Unit on the back of the renal morbidity report that highlights Glasgow as an outlier. Teresa met with Scott Morris and Pete Thomson and there are a few actions to be taken forward specifically for renal patients. The other issue is not being able to do the ward rounds as do not have the capacity and also unable to fulfil the ward rounds due to lack of staffing. The SAB Group will expand to include renal representatives and Chief Residents from the sites who will be invited to attend the next and future SAB Group meetings.

Teresa updated the group that Kam will develop on the South Site alongside Lynn Pritchard. As part of QI Kam did a presentation and will forward this to Teresa for distribution to the group.

KK / TI

9. National Surveillance Update:

i) MRSA/CPE Screening / KPIs

Teresa provided a summary report on behalf of Ann Kerr who was not in attendance. The e-mail detail will be forwarded to the group after today's meeting.

PH

ii) SAB and CDI Rates

For January 2019 there were 45 SAB cases reported with 6 HAI which were device related SABs at the QEUH highlighting the need to get the ward round underway. There have been 34 SAB cases to date for February 2019 and 12 of these are HAI and 4 device related.

For January 2019 there have been 30 CDI cases 13 of which were HAI and for February 2019 to date there have been 21 CDI cases 8 of which were HAI. Kirsty and Iain Kennedy are meeting to discuss GP lettering in relation to PPI and antimicrobial use.

iii) **SSI Surveillance Update**

An IMT meeting was held on 19/02/19 to discuss vascular surgery SSI and Kam attended that meeting. In January 2019 there were 6 SSI cases reported among vascular patients at the QEUH. There is no fixed benchmark for those kinds of rates as screening only started in 2017. There were a few concerns around prophylaxis guidelines and vascular surgery. The vascular surgeons were not happy with current regimes and discussions back in 2014 show not using gentamicin and flucloxacillin as there were concerns in terms of renal toxicity and they felt that a lot of patients were getting renal toxin associated with that. This was brought up at the AUC meeting on 26/02/19 and the AUC decided to drop gentamicin. Kam did raise this as a concern from a microbiology point of view. In 2018 there were 23 cases and from those isolated there were gram negative organisms and a lot of these patients have graphs in also. This is still in discussion with AUC in relation to prophylaxis. Another feature at the meeting was the use of antiseptics and ChloroPrep 2%.

iv) **EColi Bacteraemia Surveillance / Action Plan**

There were 85 E. coli bacteraemia cases for January 2019 and 9 of these were HAI. Teresa asked how much work has been done by the QI Group around E. coli but realises this may not be straightforward with community numbers. Pamela explained that the data is acute numbers mainly. The group run by Abi Mullens may see more work from the Programme Board taken down and can certainly influence from a urinary catheter care point of view. Teresa stated new things on recent gentamicin resistant MSSA etc to look out for.

10. **PHPU Update**

Nil of note.

11. **Finance and Management Activity Reports**

As noted earlier underspend and secondment agreements to be clarified.

12. **HEI Reports / Inspections**

Pamela referred to the HEI unannounced visit to the RAH and that the report was published on 19/02/19. Theatres and wards were visited and of two requirements for theatres there was recommendation around storage of sterile equipment.

Pamela also referred to the unannounced HEI visit to the QEUH which looked at leadership policy and decontamination. The report has not yet been published. There were 14 requirements and 1 recommendation particularly around estates and facilities.

13. **Built Environment**

• **HSE & Independent Review of QEUH**

Teresa was asked about timeline ventilation set-up etc but has had no feedback to date. An independent review has been decided and will be chaired by two clinical experts not yet agreed.

COMMUNICATIONS/ FEEDBACK

14. **Wider Organisation**

Internal reviews, the built environment involving Tom Steele around flow through at QEUH, and Jonathan Best and Jennifer Armstrong doing patient safety so three work streams.

15. NEW BUSINESS/ AGENDA ITEMS

- **Portable Fans**

Pamela referred to the document distributed with the agenda and reported that in August 2018 HPS came out with an SBAR effectively asking GGC to remove bladeless fans as they have potential to host dust and there is no cleaning system of the fans in place. The follow-up of this report in January 2019 is that both bladeless and blade fans have potential to have the same risk. There is the issue around cleaning of the fans and it may be best to try and consider novel methods for decontamination. A portable HPV unit is available on site so could perhaps this could be used. IPC provided a risk assessment for the inspectors as part of the RAH evidence and will do the same for the QEUH. Teresa referred to HPV spray and the two-stage method; 1) spray, 2) machine to demist. Susie stated this method may already be in place. Pamela has put this into the inspectors report but is still exploring novel ways of decontamination.

- **NHS Board: Infection outbreak incident reporting**

Teresa asked if in any of the January 2019 incidents reporting to HPS need to be copied to Lesley Shepherd and Jason Birch. Pamela reported that at the ICM Forum on 22/02/19 Lesley was unsure why this was put out however IPC will need to wait until this is retracted before stopping sending. Pamela will chase to find out follow-up.

PJ

- **IPC Development Session**

Teresa referred to the CEL and there being two aspects; 1) assessing and reporting mandatory requirements and compliance with the HIIAT, and 2) communications and implications for IPC. Teresa had asked about IPC incidents and outbreaks and communications with patients and their families and the preparation of press statements. Teresa reported that the press statement is already being done but in terms of communicating directly with patients and their families Duty of Candour will now be included in the IMT agenda. Pamela referred to the CEL and stated that RED and AMBER HIIATs cannot be downgraded once assessed unless all patients and contacts have been spoken with. Teresa chairs the HPS Consensus Group and added that this particular item requires further discussion and that communication does go out to the families and to the wards but it is difficult to get this to them fast enough before the media reports. Pamela referred to a copy of the updated HIIAT (February 2019 dated January 2019) and it was noted that not everyone was aware this had been updated. Pamela will forward the updated version to the group. Teresa added that the changes only apply to RED HIIAT.

PJ

- **HPS Response on Appendix 11 - NIPCM**

Pamela reported that she is meeting with Jackie McIntyre as mentioned earlier and will go through everything in the manual and will feedback at the next SMT meeting.

ITEMS FOR NOTING**16. Meetings Update:**

- i) Lead Nurse Meeting

Tom attended one of the Lead Nurse meetings as agreed.

- ii) ICD Meeting

Teresa reported that the last meeting held was brief with focus on current issues and incidents.

- iii) Board Infection Control Committee

Teresa reported that BICC minutes were distributed for information. Pamela reported that following the HEI inspections requirement for RPE/PPE has been satisfied however

some comments from Cameron Raeburn were received and so it has been put out to the group one more time before being finalised. Lynn said this was around staff who could not be fit-tested and medical staff getting a certificate for when they move on to another area.

The POCT seems to have gone better this year although it was noted the same levels were not as high as last year.

v) Partnership Infection Control Support Group

Kirsty reported that Karen Jarvis has been appointed as the new chair for the PICSG. Karen has reviewed the Terms of Reference and the membership has been updated appropriately.

17. Any Other Competent Business

- SBAR – Staphylococcus aureus bacteraemia cases in PRM – Teresa stated that Gillian knows the background to this and why it was done. It was agreed to keep this as an ongoing action and to carry over to the next meeting.
- Gillian received a telephone call from theatres that they were about to run out of 2% chlorhexidine and who were asked to look to other areas for sourcing. Aleks Marek is currently in discussion with Pharmacy. The Lead Nurse has said this is a board-wide issue and wants to revert to Betadine Hydrex Clear temporarily. Of note none of the Leads have heard of this particular issue on their sites.
- Joan received a telephone call in relation to the contract for new posters that all suction waste and no vac sacks that contain gelling agents should all to go into the rigid containers. Joan has asked theatre staff to contact H&S. Joan showed the poster that went out on 25/02/19 evening. The posters were produced in January 2019. Teresa suggested referring staff directly to H&S.
- Kirsty referred to e-mails sent to Teresa and copied to Kirsty in relation to AHU currently in IRH and the plan to bring equipment purchased but never used to GGH. Testing of the equipment is still be done and if meets requirement will be put into use in the endoscopy unit.
- Teresa reported that the IPC Duty of Candour Group met for the first time on 22/02/19. A draft remit is currently with Sandra and this will be distributed to the SMT for comment in due course. The DOC group agreed that under comments of the PAG agenda any documents for discussion will be added and that the updated HIIAT mentioned earlier would be an example of what would be included, or the CEL communication with patients and their families. The clinician would be expected to communicate with patients and their families and the ICDs/IPCNs would support this by providing information, but not by communicating directly with patients and their families. Notes are under development but an appendix will be put together. Some of the AMBER incidents for example may be decided to be a DOC event and CPEs would likely constitute psychological harm. Joan referred to a recent meeting where there was a possible 5th case HIIAT GREEN and the decision was made to screen all patients and to do environmental screens also. Teresa explained that nursing staff not IPC staff provided communication for patients and their families about the decision to screen and why this was being. It was noted that as an action from the DOC Group Susie is to prepare an algorithm around communication. Teresa added that IPC have PILs for common incidents such as SAB, CDI etc and that it would be up to the clinician to inform the patient. This item will be picked up under the next SMT Clinical meeting.

- Teresa reported changes to IPC in terms of additional ICD support. Sarah Jamdar who was an ICD at the Golden Jubilee National Hospital will now spend Monday/Tuesday on the QEUH site and Alison and Teresa will continue as normal at the QEUH. Kam Khalsa who has almost finished training will provide one day a week supervised by Teresa. Pepi will provide one session a week. So there are now 5 ICDs altogether on the QEUH/RHC site which means ward rounds and quality improvement can be started. The North will stay the same at the moment.
- Susie has been asked to attend a SCN meeting (date to be arranged) who want to raise the issue about face masks as a lot more failures with fit-testing are being seen. There are more queries around hoods and hood use and how they are cleaned. Kirsty stated that the Beatson are also failing as they do not have smaller sizes available. The SMT as a group thinks this needs to be discussed and decided at a higher level by Occupational Health and H&S. Susie will advise that the SCN group needs to raise this through OH and H&S. Of note the Uniform Policy is to be updated around cleaning of masks and discarding of masks and they are not recommending new respiratory hoods as need to pass fit-test to wear a respiratory mask.
- **Review of Actions and Decisions**
 - As noted in the minutes.

18. **Date and time of next meeting**

The next meeting of the Senior Management Team will be held on Thursday 21 March at 1.30pm, Boardroom, Ground Floor, Main Building, West Glasgow Ambulatory Care Hospital. The SMT were originally scheduled to meet on the 28th however this was moved due to clash with the HPS Consensus Group meeting which Teresa chairs.

The next SMT on the 21st is a clinical meeting and as mentioned earlier Duty of Candour will be discussed in more detail. Teresa asked the group to consider items for discussion for future clinical meetings which Teresa will chair going forward. There was some discussion and the following items were noted as items for discussion at future clinical SMT meetings:

- Duty of Candour (21/03/19)
- SAB Ward Rounds
- Recent Incidents, e.g.:
 - MSSA due to staff screening and issues around this
 - Endoscopy at both GGH and IRH

Teresa used this opportunity to thank everyone for all their hard work at this particularly challenging time.

Thursday 31 January	1.30pm to 4.00pm	Boardroom, Ground Floor, Main Building. West Glasgow Ambulatory Care Hospital
Thursday 28 February	1.30pm to 4.00pm	Boardroom, Ground Floor, Main Building. West Glasgow Ambulatory Care Hospital
Thursday 28 March	1.30pm to 4.00pm	Boardroom, Ground Floor, Main Building. West Glasgow Ambulatory Care Hospital

Thursday 25 April	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 30 May	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 27 June	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 25 July	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 29 August	1.30pm to 4.00pm	Meeting Room WS5-033 Seminar / Education Room, Level 5, Queen Elizabeth University Hospital
Thursday 26 September	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 31 October	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 28 November	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 12 December	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital

Thursday 20 June 2019
at 1.30pm
Meeting room WS5-033 Seminar/Education Room, Level 5, QUEH

PRESENT

Pamela Joannidis (Chair)	PJ	Acting Associate Nurse Director, Infection Control
Dr Teresa Inkster	TI	Lead Infection Control Doctor
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Kirsty McDaid	KMcD	Lead Infection Control Nurse, West & HSCP
Susie Dodd	SD	Lead Infection Control Nurse, South Paeds
Kate Hamilton	KH	Lead Infection Control Nurse, North
Ann Kerr	AK	Lead Nurse, Surveillance
Dr Barbara Weinhardt	BW	Consultant Microbiologist
Dr Aleks Marek	AM	Consultant Microbiologist
Gillian Mills	GM	Acting Lead Infection Control Nurse
Saranaz Jamdar	SJ	Infection Control Doctor/Microbiologist

In Attendance

Nadia Hester (Minutes) Administrator Infection Control

Apologies Received

Sandra Devine Joan Higgins Dr Iain Kennedy Dr Alison Balfour
 Dr Linda Bagrade

Item	Action
<p>1. Welcome & Apologies Pamela welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 25 April 2019 PJ advised that as the previous minute had just been issued immediately before the meeting, it could be reviewed and amendments would be accepted outwith this meeting.</p>	
<p>i. Rolling Action List No rolling action list was provided, however the actions picked up from the previous minute were discussed as below:-</p> <ul style="list-style-type: none"> - SD advised that a short life working group had been set up and an algorithm put together for local IPCTs for guidance on whether duty of candour needs to be reviewed. It will be sent out for comment within 2 weeks. LP advised she is working on the patient information leaflet. - AK/KH confirmed that a space has been allocated for CRO contact patient and GP letters on the shared drive. TI advised that the Geneva conference had already passed therefore the opportunity to share the lessons learned from the incident had been missed. 	LP

Item	Action
<ul style="list-style-type: none"> - PJ advised that no comments had been received for the workplan. - PJ advised that she had spoken to Sandra Devine re the ventilation group. The governance around this is being reviewed and is still to be finalised. - PJ advised re the Built Environment Group. TI, KH, SD and herself will sit on the group but they are looking for clinical input also. PJ will update on the remit of the group in due course. Tom Steel will chair the first couple of meetings but will be looking to appoint a new chair after this time. - PJ provided an update on the water cooler issues. She advised that the coolers had been raised at the last 3 Board Water Safety Group meetings with no resolution. The last meeting was cancelled. She advised that the water flushing responsibility had been the focus of recent discussion, but decisions re water coolers and ice machines have not been finalised. It was noted that a crib sheet for water related incidents has been circulated for comment from HPS to provide guidance for Boards. The document is expected to be available by end of July. TI advised that the ICDs had previously put together an SBAR which stipulated that water coolers should be removed from high risk areas and risk assessment should be put in place in other areas where it was felt they were required. PJ added that there should be areas where water coolers or ice machines were not permitted. A new HPS risk assessment tool has been circulated. Concern was raised over who would be responsible for making the decision as to which areas could use the risk assessment tool. Some areas will still have them despite being a high risk area. AM mentioned a specific case where she had agreed for the use of the ice machine in ITU at GRI. PJ noted that Mary Ann Kane had given instruction to estates that no new coolers or ice machines are to be fitted and that estates ensure that all existing machines are up to date with their maintenance. PJ/TI to pull together draft document for risk assessment and send to estates for comment within 2 weeks. TI will re-issue SBAR. - PJ advised that she had been asked to develop a template from the last two HEI visits (RAH and QEUH) that included all the recommendations and requirements for these visits. This was to be shared with Chiefs of Nursing (CoN) and Facilities for them to benchmark across all sectors in GGC. KMcD advised that it would be useful for her sites to get sight of the document also. PJ will send document out to Karen Jarvis. The CoN and Facilities should lead on this work rather than IPC as most of the requirements are local / facilities based. Governance requirement around IC is not included as it was felt that this is already addressed elsewhere. 	<p>PJ/TI</p> <p>PJ/TI TI</p>
STANDING ITEMS	
<p>3. Matters Arising Covered.</p> <p>4. Sector Update</p> <p>i) Geographical Sector Update The IC Sector update for April/May was distributed with the agenda.</p> <p>Clyde:</p> <ul style="list-style-type: none"> • IMT – Rhinovirus. HIIAT Green. Lessons learned re visitors attending with colds etc. Incident now closed. 	

Item	Action
<p>North Glasgow:</p> <ul style="list-style-type: none"> • PRM NICU – last baby has now been discharged and the unit will receive a terminal clean. Weekly screening will continue for 4 weeks. It was agreed that TI will facilitate the debrief meeting and HPS will be invited. There will be one more IMT to close off the actions next week. • Ward 3 closed with confirmed influenza GM advised that the ward senior management team made the decision to open the ward without agreement from IPC. It was noted that there was confusion around interpretation of the advice given and only the bed spaces of the infected patients were cleaned in the first instance, however clarification was provided and a full terminal clean carried out. Ward continues to be monitored. X1 patient remains on ward who is asymptomatic but has a chronic cough. This patient could not have prophylaxis due to swallowing difficulties. 6 patients confirmed in total and 0 staff. • There had been 1 case of endophthalmitis in Stobhill and 1 at the VIC ACH, no common links were found. <p>South Glasgow Adults:</p> <ul style="list-style-type: none"> • Ward 4a – no more cases were reported since the original 4 reported last month. Screening discontinued with exception of one patient who has expressed anxieties about CRO, therefore arrangements are being made for screening at their next OPD appointment. A hot debrief will be issued on Monday and LP will send to PJ and TI. • Ward 6a and 11a both closed with possible norovirus but no positive results for norovirus obtained. • 1c and theatres – meeting arranged to discuss repairs to damaged ceilings and scrub area in theatre 1. <p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • Serratia incident still open until programme of taps and traps replacement takes place in NICU. No further cases reported. • <i>S. capitis</i> 4 cases in NICU, 1 in PICU. No new cases since 23 May. Typing has shown the 4 NICU isolates to be the same. No new cases. Incident can now be closed. • PAG held re gentamycin- resistant <i>E.coli</i>, HIIAT Green. Review of visiting teams to the unit identified some issues around decontamination of equipment – IPCT to follow up. • PAG held re 2 cases of Malassezia. No crossover between patients was identified. HIIAT Green • PAG re Ward 6a, HIIAT Green – proceeded to IMT on 05/06/19. Gram negative bacteraemia x3 HCAI, X2 HAI, monitoring to be continued. Water found to have reduction in gram negatives. . Theatre drains found to visibly dirty with grime. Samples taken from drains which have grown <i>Stenotrophomonas</i> and <i>Enterobacter</i>. • A patient was positive for <i>Mycobacterium chelonae</i>. The patient presented with chest lesions. Oncology treatment was stopped, the patient was discharged home and is now well. This was considered an HCAI. Water results show counts of greater than 100 fu of Mycobacteria in 6A outlets. SD is completing a time line. HIIAT was Amber It was noted that all water outlets in 6a have filters, however there are areas in imaging where Schiehallion patients may be seen that have no filters at present. Filters are being fitted into Theatre areas and the areas identified in imaging departments. It was noted that the concentration of the chlorine dioxide may have to be increased. TI advised that if shock dosing is required there will be major implications with having patients in the building. TI advised investigations are ongoing around Mycobacteria in tanks and shower heads. 	

Item	Action
<ul style="list-style-type: none"> • Ward 6a – 9 rooms with chilled beams leaked due to a boiler failure. Rooms were closed and works were carried out. • Thick mould found inside ceiling tile on Ward 6A also caused by a leaking pipe. The area was closed for 4 days and works carried out. • Ward 2a mould area found behind IPS panels in an area which is unoccupied. Leak was caused by high frequency of flushing. A full re-fit will be required. • AM suggested comparing <i>S.capitis</i> isolates from PRM with paedcs and confirmed that she will send on to Alison Balfour. 	AM
<p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • BW provided a brief summary of the endoscopy washer disinfectant incident at GGH. Mycobacteria were found, from samples of all 4 machines. Disinfection of the machines has been undertaken and all machines are now back in use for low risk procedures. The chlorine dioxide dosing is now in place however the levels are not sufficient as yet. Re-testing will take place next week. Dr Ian Kennedy is in discussions with Scottish Water. It was noted that Mary Ann Kane had contacted Intertek re sampling, however BW advised that there can be difficulties interpreting their results and expressed concerns with lack of communication around this as lead of the IMT. TI advised that Intertek is used at the QUEH. KH pointed out that historically ISIS machines have been known to be more problematic than the machines used at the GRI. BW advised that there have been no positive results for rinse water for some time but the filters have continued to be found positive. It was noted that the quarterly testing carried out is actually surplus to requirement. • KMCD provided an update on an incident at Munro ward in Stobhill. 2 patients positive for HIV are under investigation. 1 patient developed necrotising fasciitis and has sadly passed away. The second patient received surgery for an anal abscess. No further input is required from IPCT. 	
<p>5. HAIRT Report</p> <p>A copy of the HAIRT report for April 2019 was distributed with the papers and noted. No exceptions noted</p>	
<p>6. Monthly Activity Report for Acute Clinical Governance Committee</p> <p>No comments or queries re monthly report although PJ did make comment on the CDI numbers increasing.</p>	
<p>7. IPC Work Plan</p> <p>This has been tabled at BICC, there were no further comments from the SMT.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>TI provided an update.</p> <p>The recent water safety group meeting was cancelled.</p> <p>There has been discussion around water coolers/ice machines which has been touched upon earlier in this meeting.</p> <p>There has been discussion around flushing regimes for closed buildings. SHTM 04-01 part G gives advice on this. PJ will add details re this to the toolbox talk. The frequency of flushing depends on the duration of closure of the building.</p>	

Item	Action
<p>If in an operating unit a SCN chooses not to have a little used outlet removed they take on the responsibility for flushing. There is a push from estates to have little used outlets removed.</p>	PJ
<p>The Lead IPCNs have seen the draft HPS interim water guidance and the risk assessment. PJ will circulate to the ICDs.</p>	
<p>Comments have been fed back on the HPS crib card.</p>	
<p>Chapter 4 of the NIPCM will focus on water and ventilation in the healthcare environment.</p>	
<p>ii) Theatre Maintenance & Management Group - AM gave an update</p>	PJ
<p>The group are looking for a Lead IPCN nurse to replace KH on this group. PJ will ask for a volunteer.</p>	
<p>Details for the endoscopy room ventilation still outstanding for the ACADs. AM to chase this.</p>	AM
<p>TI updated that Room 2 in the endoscopy unit at the QEUH has 7.2 ac/h, which is less than that recommended therefore a risk assessment in place on the other sites has been implemented for this room.</p>	
<p>iii) Infection Control Policy Group & Updates to NIPCM - PJ gave an update</p>	
<p>The policies for Scabies, MRSA and Cleaning of near patient equipment were passed at the last BICC. Following discussion it was agreed that Facilities and Chief Nurses would develop local protocols for who cleans what as the responsibilities are different on each site.</p>	
<p>TB, influenza, CJD and Chickenpox are the next SOPs to be reviewed.</p>	
<p>There was discussion regarding the TB SOP and the fact that it would be useful to incorporate a section regarding patients who go to theatre. SD has an SOP which may be useful in this regard. SD to forward this to PJ and KH.</p>	SD
<p>iv) Decontamination Group / CJD Group Michael Murphy will chair the Decontamination group going forward. The next meeting is next week.</p>	
<p>v) Education Group The group have not met since the last SMT.</p>	
<p>vi) Audit Sub Group / IPCAT -KMcD gave an update</p>	
<p>This group last met in November. A separate piece of work is being taken forward to reduce the number of questions in the acute audit tool. This is ongoing.</p>	

Item	Action
<p>The IPCAT Strategy has been updated. The SICPs audit undertaken twice per year by the SCN / department manager will be included with responsibility to demonstrate sustained improvement through audit. Kirsty suggested that they are considering using the enhanced supervision audit tool as a rapid improvement tool for follow-up after IPCAT.</p>	
<p>vii) Research & Quality Improvement Group - PJ gave an update</p> <p>This meeting was cancelled. The UUC care plan is being updated. GM explained that not all comments received could be incorporated and she would update the group at the next QI group meeting.</p>	
<p>viii) SAB Group -TI gave an update</p> <p>The membership of this group has been updated to include renal and there has been very helpful input from Dr Thompson the Renal Physician regarding some interventions they have in place.</p> <p>There will be a piece of work ongoing regarding SSI as a source of SAB.</p> <p>Following an apparently higher number of unknown cause for SABs in Clyde sector TI has reviewed these and attributed a source in a proportion of cases. There was discussion around how sure we have to be in order to attribute source. TI assured the group that it was reasonable to attribute a source based on clinical impression and that definite proof was not always required as increasing the number with a source attributed would guide improvement works. It was agreed that where the ICD disagrees with the clinician regarding a source this need only be discussed with the clinical teams where a Datix has to be done.</p> <p>There was discussion about a possible trial of chlorhexidine showering prior to surgery. AM suggested that GRI might have some hotspots for SABs that would be suitable for a trial. AM to liaise with TI.</p> <p>PJ fed back that a trial of a PVC insertion pack was being compiled and the feedback was generally very positive.</p>	AM/TI
<p>9. National Surveillance Update:</p> <p>i) MRSA/CPE Screening / KPIs</p> <p>The last 4 quarters have been poor. Q1 looks really good with MRSA at 92% and CPE at 94%. No national target yet for CPE.</p> <p>KMcD raised the issue that GGH are not included in surveillance for MRSA CRA completion as they do not collect data on CPE and HPS want the two submitted together. The completion of the MRSA CRA for interhospital transfers within a board is required in the guidance. PJ suggested that KMCD raise with the areas involved that they should continue this process but that IC should not collect data in these areas.</p> <p>GM/LP also raised a slightly separate issue that the RAD wards screen on admission to RAD. The feeling is that this is to prevent cases of MRSA subsequently detected on clinical sampling from being attributed to them. LP and TI to look at the data regarding how many cases are being detected and the cost of this swabbing over a 6 month period retrospectively.</p>	KMCD LP/TI

Item	Action
<p>ii) SAB and CDI Rates 84 SABs, 19 community acquired. Several are IV access device related.</p> <p>iii) SSI Surveillance Update Nil of note for Ortho and C. section surveillance. There were 2 recent cases of large bowel SSI at GRI. GRI IPCT will meet with the clinical team to discuss these. Neurosurgery (adult) looks settled. There will be a 3 month pilot of EVD surveillance. Ann will update at the next meeting.</p> <p>iv) EColi Bacteraemia Surveillance / Action Plan There were 268 cases in Q2. High proportion community acquired of which many are hepatobiliary or UTI attributed. National targets for ECB are still not agreed.</p>	AK
<p>10. PHPU Update No update provided.</p>	
<p>11. Finance and Management Activity Reports No report.</p>	
<p>12. HEI Reports / Inspections There has been discussion about this previously in this meeting.</p>	
<p>13. Built Environment TI updated that the QEUH now have 3 negative pressure rooms. A patient placement document is being developed. Dr Peters from ID is working on the required changes to the patient pathways for MERS and TB.</p> <p>The project team meeting for the upgrade to the ventilation on 2A at the QEUH is meeting next week.</p> <p>It was also requested that the ICDs decide what they need to be involved with in terms of HAI SCRIBES.</p>	ICDs
<p>14. NEW BUSINESS/ AGENDA ITEMS</p>	
<ul style="list-style-type: none"> • Nil to report. 	
<p>ITEMS FOR NOTING</p>	
<p>15. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> C. diff sticker is being amended taking on board comments from Ysobel Gourlay.</p> <p>AM to investigate possible communications breakdowns regarding the recent outbreak of influenza in ward 3 at GRI.</p> <p>ii) <u>ICD Meeting</u> The last meeting was cancelled.</p> <p>iii) <u>Board Infection Control Committee</u> - PJ gave an update</p> <p>As discussed previously in this meeting there were some changes requested regarding the cleaning of near patient equipment SOP.</p>	<p>PJ</p> <p>AM</p>

Item	Action
<p>There was also agreement that there should be FFP fit testing for domestic staff.</p> <p>v) <u>Partnership Infection Control Support Group</u> - KF gave an update</p> <p>There were discussions around the use of fans, water coolers and the challenges with FFP.</p>	
<p>16. Any Other Competent Business</p> <p>i. Neonatal screening</p> <p>- TI gave an update</p> <p>Local agreement was sought on how to work the CPE screening policy. All agreed that the screening frequency should be 3x, then weekly throughout stay. All agreed that isolation throughout the stay was preferable.</p> <p>All agreed that body sites swabbed for MRSA in children should be as per adults.</p> <p>ii. Cystic fibrosis</p> <p>- TI gave an update</p> <p>HPS plans to disband the CF group. Policies in development are not to be taken forward. GGC has an SOP in place which will remain. Areas not covered include decontamination which KH will raise at the next decontamination meeting.</p> <p>iii. Laundries</p> <p>Investigation into the Hillington laundries had been undertaken in response to detection of Exophiala at QEUH. LP and SD plan to meet with Karen Connelly to take forward issues detected as a result of this. There are also laundries present at GRI and Lightburn.</p> <p>There was discussion around the use of disposable mops in BMT.</p> <p>iv. Recent survivor of infection of high consequence delivery</p> <p>An update regarding lessons learned in response to this event was given. This will be written up following a formal lessons learned exercise. The feeling is that this went very well and the main issues were around the difficulties in balancing the need for good communication with the need for patient confidentiality.</p> <p>v. CPE screening at GRI</p> <p>AM raised that with the limited numbers of side rooms at GRI the extension of the CPE screening time period to 5 years was causing some challenges. KH to write a risk assessment around bringing patients out of single rooms after a single negative swab.</p> <p>• <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • As noted in the minutes. 	<p>KH</p> <p>LP/SD</p> <p>KH</p>

17. Date and time of next meeting

The next meeting of the Senior Management Team will be 25 July 2019 @ 1.30-4pm, Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital.

Thursday 25 July	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 22 August	1.30pm to 4.00pm	Meeting Room WS5-033 Seminar / Education Room, Level 5, Queen Elizabeth University Hospital
Thursday 19 September	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 24 October	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 21 November	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 12 December	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital

Thursday 22 August 2019
at 1.30pm
Meeting room WS5-033 Seminar/Education Room, Level 5, QUEH

PRESENT

Sandra Devine (Chair)	SD	Acting Infection Control Manager
Pamela Joannidis	PJ	Acting Associate Nurse Director, Infection Control
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Gillian Bowskill	GB	Acting Lead Infection Control Nurse, South Paeds
Kate Hamilton	KH	Acting Nurse Consultant IPC
Dr Barbara Weinhardt	BW	Consultant Microbiologist
Ann Kerr	AK	Lead Nurse, Surveillance
Dr Aleks Marek	AM	Consultant Microbiologist
Gillian Mills	GM	Acting Lead Infection Control Nurse
Donna McConnell	DMcC	Lead Infection Control Nurse, Clyde
Liz Marshall	LM	Senior Infection Control Nurse
Dr Iain Kennedy	IK	Consultant Public Health Medicine
Dr KalliopiValyraki	KV	Consultant Microbiologist

In Attendance

Ann Lang PA, Infection Control (Minutes)

Apologies Received

Dr Linda Bagrade Dr Alison Balfour Dr Teresa Inkster Dr Saranaz Jamdar

Item	Action
<p>1. Welcome & Apologies Sandra welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of SMT Meeting held on 20 June 2019 The minutes of 20th June 2019 were agreed as an accurate record.</p>	
<p>i. Rolling Action List A copy of the rolling action list was distributed with the agenda and the following update was provided:-</p> <ul style="list-style-type: none"> - The first meeting of the Built Environment Group has taken place and Tom Steele is the chair of this group. The Terms of Reference and membership for the group are under discussion and once Sandra receives them she will forward to SMT. - Comms issued a Safety Action Notice from Health & Safety regarding water coolers. Pamela sent comments to the national group regarding SUP 05. She said that she created a Risk Assessment for areas/depts.to have a mains fed water cooler which can be used if there is contact with the company, a cleaning regime in place and that these are approved by Estates. Although it was noted that the high risk areas are not allowed these. Pamela informed that in the north they are trialling a tap which can deliver chilled water from the tap. Initially not as successful as hoped so Tom Fulton, Sector Estates Manager is looking at other options to use and he has found another tap that can be trialled. Pamela agreed to circulate the document to SMT. 	PJ

Item	Action
<ul style="list-style-type: none"> - In relation to the screening of MRSA cases in RAD wards Lynn said that she will meet with the General Manager for RAD and Janice Elliott, CSM next week to discuss this. She commented that she might need the Data Team to gather some data. - In Ward 3, GRI there was a possible communication breakdown regarding the recent outbreak of influenza. The Management Team decided to open the ward earlier than it should have been opened. Aleks looked into this and agreed there although there was a breakdown in communication it was agreed not to Datix this. - Kirsty looked into the two separate streams of laundry at Hillington. She sent a report to Facilities. It was agreed that Kirsty will liaise with the manager at Hillington and provide an update for the next meeting. Teresa and Lynn have met with Karen Connelly in relation to mop head cleaning in QEUH. There is guidance for cleaning the machines and Lynn reported that they handed over the issues they found. - Kate agreed to arrange a meeting with the Public Health Nurses to discuss the CPE letters issued to contacts. 	<p>LP</p> <p>KMcD</p> <p>KH</p>
STANDING ITEMS	
<p>3. Matters Arising</p> <p>Nil to update.</p>	
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector update for June/July was distributed with the agenda.</p> <p>Clyde:</p> <ul style="list-style-type: none"> • Donna updated that there were 3 cases of CDI and 2 SABs that were entered on Datix. • An outbreak of Rhinovirus/Enterovirus was identified in SCBU, RAH with a PAG and IMT held in June. • In Ward 4, RAH there was an increased incident of VRE. A PAG was held on 24th June but no other cases have been identified. • Two cases of Pseudomonas aeruginosa were identified in ITU, RAH. A PAG was held on 18th July. Routine testing was negative, but one of the wash hand basins in a toilet external to ITU tested positive on recent sampling. Work will be carried out in this area and this was discussed at the Clyde Water Group meeting. • There was an endoscopy issue at the Vale of Leven on 30th July. Infection Control Team were informed of channel patency issues identified to a Steris Machine. This machine was taken out of use but following investigation and repair is operating again with no further issues. Kate reported that she has been in discussion with Lysay Gracie, Head of Decontamination to consider moving the service under Decontamination. <p>North Glasgow:</p> <ul style="list-style-type: none"> • Gillian reported that they have had 2 cases of CRO in ICU West. One patient has been discharged and the other patient is in the Burns Unit. • There has been a cluster of 5 cases of pseudomonas in ITU West. A water safety checklist was completed in July, a PAG was carried out and the HIIAT for this was green. 	

Item	Action
<ul style="list-style-type: none"> • A presumptive case of botulism was identified in a patient in ITU West. The HIIAT for this was green. As this was an exception organism Pamela advised that this was reported to HPS. Iain commented that there could be double reporting to HPS as they also notify them of these kind of cases. He said they also completed an enhanced surveillance form for HPS and agreed to forward this to SMT. Sandra suggested discussing these cases with Public Health first to see if they have informed HPS and if not ICT will do and there will be no requirement for a PAG. Since 2014 Iain reported that there have been 43 cases of botulism with 12 cases confirmed, 11 discarded and the rest possible cases. • Iain highlighted that there had been a possible MERS case in Medical HDU, but the patient was negative. Gillian updated that there were issues with the initial assessment of the patient and patient placement in medical HDU. Following this incident there are discussions to have a negative pressure room in the medical area. <p>South Glasgow Adults:</p> <ul style="list-style-type: none"> • Lynn reported of a significant flood in Outpatients Area B with the flooring having to be lifted. She said she met with Karen Connelly to see if this area can maybe have disposable hand towels and she will follow this up with Billy Hunter. • A flood was reported on the 7th floor which was in the back of the walls which went to the basement but didn't go into the wards. • Another flood was reported in Neuro on the 6th floor. • 4 VRE cases were reported in Ward 4C from 29th July – 16th August. There were 3 blood cultures and one was transferred to RAH. • In the last SMT minutes regarding the CRO outbreak there was an additional patient who was very anxious despite the sample from the GP testing negative so when the patient came to Outpatients they re-swabbed her there and the patient tested negative. <p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • Gillian reported that the incident regarding <i>Mycobacterium chelonae</i> in Ward 6A has now closed. • There was an increased incidence of gram-negative bacteraemia with 11 confirmed cases and 2 possible. 4 of these cases were HAIs and the last confirmed case was on 1st August 2019. Enhanced precautions are in place and an IMT will be held tomorrow. • Serratia incident in NICU/SCBU is still open until taps have been fitted. This has been raised at the governance meeting. • In PICU the annual ventilation verification test was carried out in July but two side rooms failed the test but have now passed. There was a slow water leak above the ceiling tiles which has been repaired and the tiles have been replaced. • Some raised fungal counts were identified from air sampling in Ward 6A. This was due to leaking chilled beams due to a boiler failure but this has now been repaired. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Liz updated on the endoscopy incident at GGH. She said that another positive sample was identified and this incident has been ongoing since January. The water in the mains was tested and <i>M.chelonae</i> was found. Iain said that he persuaded Scottish Water to sample the water at GGH and this tested negative, but was informed of one positive sample on 27th June. Barbara commented that this area might need new machines. She said that Lynsay Gracie is aware of this and there could be the potential to replace the machines earlier than planned. 	IK

Item	Action
<p>The machine concerned was taken out of use and there is no impact to the service as scopes used for high risk patients are sent elsewhere. Sandra reported that this was discussed at the Water Group.</p> <ul style="list-style-type: none"> • Two Endophthalmitis cases were identified at GGH. 	
<p>5. HAIRT Report A copy of the HAIRT report for August 2019 was noted</p>	
<p>6. Monthly Activity Report for Acute Clinical Governance Committee No comments were received regarding the monthly report.</p>	
<p>7. IPC Work Plan A copy of the Work Plan was distributed with the agenda and Pamela updated on the following:-</p> <ul style="list-style-type: none"> - Pamela and Kirsty are working together to update the audit tool. A number of questions have been removed and this will go to the committees for approval. - Sandra has updated the governance framework and a draft is complete. - The Outbreak SOP has been revised and will go to the committees for approval. - The membership for the Board Water Group has been confirmed. - The Terms of Reference for the Built Environment Group have been updated. - The External Review is ongoing and this is being Project Managed by Ann. - Support local teams to roll out KPIs for CPE. - Development of an SOP for Candida auris. 	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group Pamela updated that the Water Safety Policy is out for consultation with comments due in by 30th August 2019. After this the policy will be sent to the committees for approval.</p> <p>ii) Theatre Maintenance & Management Group The last meeting of the group was on 23rd November and the group are to look at the Terms of Reference. Gillian Mills has agreed to replace Kate as the rep for this group. It was noted that Stobhill and Victoria ACHs have not provided ventilation reports for their endoscopy units and Kate agreed to provide Aleks with the names of the estates representatives..</p> <p>iii) Infection Control Policy Group & Updates to NIPCM Kate provided an update from the last IC Policy Group meeting.</p> <p>At the last BICC the committee approved the Chickenpox, CJD and Flu SOPs. Discussion took place at the meeting regarding the algorithm for the Flu SOP and this has been updated. The next SOPs to be approved at the BICC in October include Outbreak, VRE, CDI, Staff Occupational Illnesses, Headlice.</p> <p>Lynn commented that with regard to the HPS Pandemic Flu document stating that staff should wear FFP3 masks for the whole of their shift she said this would have an impact in ITU and Critical Care.</p> <p>Aleks also commented that the document states that there should be an IMT for any staff screening and currently this is not always our practice.</p>	KH

Item	Action
Aleks asked if there was any update regarding the near patient care testing reporting on the lab system. Pamela replied that the results will be fed into Lab Store and she said the Labs will work to try to connect this to TRAK. She agreed to ask Elaine McCormick for an update on this.	PJ
<p>iv) Decontamination Group / CJD Group The last meeting was chaired by Michael Murphy and Lynsay Gracie from Cowlairs also attended.</p>	All
<p>v) Education Group The group have not met since the last SMT with the next meeting to take place at the beginning of September. The Lead ICNs were asked to consider who is on this group and let Kate know. It was agreed for the Lead ICNs to update on the membership for all groups.</p>	All
<p>vi) Audit Sub Group / IPCAT As discussed earlier the audit tool has been updated and will be presented to the committees for approval. There will now only be two sections instead of four sections on the tool.</p>	All
<p>vii) Research & Quality Improvement Group The group have not met recently.</p> <p>The UUC document has been approved and will be entered on to the information HUB and the Care Plan will be updated. Gillian reported that the links in the document have been revised.</p>	All
<p>viii) SAB Group The next meeting of the SAB group is scheduled for 3rd September 2019.</p>	All
<p>9. National Surveillance Update:</p> <p>i) MRSA/CPE Screening / KPIs Ann reported that there is no update to what is contained in the HAIRT report.</p> <p>With regards to the MRSA CRA compliance for GGC in Q1 (April-June 2019) the rate is 92% and the rate for Scotland is 89%. The sector rates are as follows:-</p> <ul style="list-style-type: none"> - Clyde – 88% - North – 89% - Regional – 94% - South – 94% <p>The CRA compliance rate for CPE is 94% for Glasgow and 86% for Scotland. The sector rates are as follows:-</p> <ul style="list-style-type: none"> - Clyde – 97% - North – 98% - Regional – 86% - South – 93% 	All
<p>The data collection for July – September is currently underway.</p> <p>ii) SAB and CDI Rates In relation to SAB cases Ann reported that there were 46 cases for July with 38 of these healthcare associated and 8 community acquired. For August to date there are 25 cases with 4 hospital acquired and 3 origin cases to be confirmed.</p>	All

Item	Action
<p>Ysobel Gourlay sent an email regarding the updated SAB guidelines and Sandra advised that the SAB Group are working on this.</p>	
<p>The total number of CDI cases were as follows:-</p> <ul style="list-style-type: none"> - January – June 2018 = 38 cases - July – December 2018 = 37 cases - January - June 2019 = 42 cases with some linked to IV access device. <p>There has been a 31% increase in the placement of PICC lines.</p>	
<p>iii) SSI Surveillance Update The SSI reports have been issued. For the quarter reporting for April – June to day 10 for HPS GGC have had 1219 c-section procedures carried out with 4 SSIs reported. This is an overall rate of 0.3%.</p>	
<p>GGC undertakes voluntary readmission surveillance to day 90 and the number of SSIs for each procedure are:-</p> <ul style="list-style-type: none"> - 2 SSIs for knee procedures. - 0 SSIs for hip arthroplasty. - 1 SSI for large bowel procedures. There were 208 procedures and 3.4% are within the acceptable limits. Data regarding large bowel and vascular is available on NSS Discovery. Ann said that she met with Dr McKay and was informed that they take difficult cancer cases. Discussion took place regarding the patient information leaflet regarding presenting clean for elective surgery. The perioperative group are taking this forward. - 5 SSIs were reported for major vascular procedures which were all superficial. For the quarter reporting to HPS there were 7 SSIs out of 204 procedures. The overall rate is 3.6% - Cranial and spinal procedures at INS have had 2 SSIs in each procedure category. - 2 SSIs were detected in 6 OMFS procedures both had MSSA and Pseudomonas aeruginosa, but there were different surgical teams. It was noted that ward staff had not used chlorhexidine body wash prior to a procedure as there was a change in the ordering process but this has now been reinstated. 	
<p>Ann said that she will forward the ITU surveillance report to the group.</p>	AK
<p>iv) EColi Bacteraemia Surveillance / Action Plan The Quarter 1 HPS data published in early July.</p> <p>There were 156 healthcare associated EColi Bacteraemia cases and 151 community acquired cases. A third of the cases were lower UTI.</p> <p>Ann reported that EColi Bacteraemia is highly likely to become a HEAT standard.</p>	
<p>10. PHPU Update Iain provided an update on the ongoing work in PHPU:-</p> <ul style="list-style-type: none"> - Public Health Reform: there are interviews for a new Chief Executive. The Shadow Executive Team for Health Scotland will be replaced this year and the Public Health Reform Team will be stood down. He said that he has not seen a response to the consultation. - Iain said that he is chairing the short life working group looking at VHF in the West of Scotland. If patients are required to be transferred between boards they will go to NHS Lanarkshire or NHS GGC. 	

Item	Action
<p>They are looking at having a HUB for all information and Pamela and Iain are to discuss training.</p> <ul style="list-style-type: none"> - Discussion took place in PHPU regarding the transfer of patients with CPE to care homes. Iain reported that care homes are refusing to take these patients and Pamela commented that there is a community toolkit available for the care homes. A question was raised to maybe rescreen patients to demonstrate that the patients are now negative. Barbara suggested contacting Manchester Hospitals as they have a lot of CPE patients and Iain agreed to do this. - The staff flu vaccination programme will be starting and Iain encouraged all staff to get vaccinated. He said that some can become peer immunisers for their department. Kate suggested to use this as the theme for the month for September. Lynn reported problems last year with student nurses having access to vaccination if staff are not on site when the vaccination is taking place staff can get this done via Occupational Health. Kate agreed to raise this with the Flu planning Group. 	<p>IK</p> <p>KH</p>
<p>11. Finance and Management Activity Reports</p> <p>Sandra reported that we have a savings target of approximately £100,000.</p>	
<p>12. HEI Reports / Inspections</p> <p>The HEI report for Inverclyde Royal Hospital is due in next Wednesday.</p> <p>With regards to the HEI report for QEUH the last update was provided in July to HEI.</p>	
<p>13. Built Environment</p> <p>Aleks reported that there will be standard SOPs for HAI Scribes. Sandra suggested it would be useful to have a suite of low level scribes and she agreed to discuss this with Tom Steele.</p> <p>ICDs still to meet to decide what they need to be involved with in terms of HAI scribes. It was agreed that the ICDs would draw up a list for the Lead IPCNs to look at.</p>	<p>SD</p> <p>ICDs</p>
<p>14. NEW BUSINESS/ AGENDA ITEMS</p>	
<ul style="list-style-type: none"> • HSE Review A number of staff have been interviewed by HSE and Sandra reported this should be finished by the end of the month. • External Review Ann Kerr has gathered the data for the External Review Team. They requested a list of all infection rates from 2010 but this was changed to 2013. • Letters regarding Pseudomonas Control As discussed earlier. 	
<p>ITEMS FOR NOTING</p>	
<p>15. Meetings Update:</p> <ul style="list-style-type: none"> i) <u>Lead Nurse Meeting</u> Nil to update. ii) <u>ICD Meeting</u> Nil to update. 	

Item	Action
<p>iii) <u>Board Infection Control Committee</u> As discussed previously in the meeting the Water Safety Policy will go to the Health and Safety Forum for approval.</p> <p>v) <u>Partnership Infection Control Support Group</u> The minutes of the last PICSG meeting were noted.</p>	
<p>16. Any Other Competent Business</p> <p>National Infection and Control Manual Appendix 13 – NHSScotland Alert organism/ Condition list: A copy of the document was issued with the agenda. Pamela reported that some antibiotics that are listed we do not test for. She said she carried out a piece of work with Teresa to discuss what to do with patients that are in isolation. There is a significant change in the guidance if we have to do contact screening regarding patients with MDR Pseudomonas. It was decided to take this to the ICD group and Pamela agreed to issue the document to the ICDs for return comments within one week.</p> <p>Lynn asked if a patient that was positive for CPE about 2 years ago and now attends the Beatson Outpatient Department should we need to put in extra precautions. It was recommended to clean the area that the patient was in with actichlor and Aleks also suggested to clean the patients toilet if they are used by the patient.</p> <p>Sandra wished to thank Barbara for all her work as an ICD and wished her well for the future.</p> <p>Pamela congratulated the new Lead IPCNs and welcomed them to SMT.</p> <p>Kate reported that two Band 7s have been appointed. Katrina Black has been appointed to the permanent post and Jennifer Barrett has been appointed to the seconded post. A Band 6 secondment will be advertised soon.</p> <p>• <u>Review of Actions and Decisions</u></p> <ul style="list-style-type: none"> • Pamela to issue the Safety Action Notice from Health & Safety regarding water coolers to the group. • In relation to the screening of MRSA cases in RAD wards Lynn said that she will meet with the General Manager for RAD and Janice Elliott, CSM next week to discuss this. • Kirsty to liaise with the manager at Hillington laundry regarding the difference streams and will provide an update at the next meeting. • Kate agreed to arrange a meeting with the Public Health Nurses to debrief about the CPE outbreaks. • Iain to forward to SMT the enhanced surveillance form for HPS that is used for exception organisms. • Stobhill and Victoria ACHs have not provided ventilation reports for their endoscopy units and Kate agreed to provide contact information to Aleks. • Pamela to contact Elaine McCormick for an update on the results relating to patient care testing. • Lead ICNs to update on the membership for all groups their teams attend. • Ann to forward the ITU surveillance report to the group. • Iain to contact Manchester Hospital regarding their CPE patients going to care homes. • Sandra to discuss HAI Scribes with Tom Steele. 	<p>PJ</p>

Item	Action
<ul style="list-style-type: none"> ICDs still to meet to decide what they need to be involved with in terms of HAI scribes. It was agreed that the ICDs would draw up a list for the Lead IPCNs to look at. 	
<p>17. Date and time of next meeting The next meeting of the Senior Management Team will be 19 September 2019 at 1.30pm, Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital.</p>	

Thursday 19 September	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 24 October	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 21 November	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital
Thursday 12 December	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital

Thursday 24 October 2019
at 1.30pm
Meeting room WS5-033 Seminar/Education Room, Level 5, QUEH

PRESENT

Sandra Devine (Chair)	SD	Acting Infection Control Manager
Pamela Joannidis	PJ	Acting Associate Nurse Director, Infection Control
Lynn Pritchard	LP	Lead Infection Control Nurse, South Glasgow
Gillian Bowskill	GB	Acting Lead Infection Control Nurse, South Paeds
Kate Hamilton	KH	Acting Nurse Consultant IPC
Kirsty McDaid	KMcD	Lead Infection Control Nurse, West & HSCP
Ann Kerr	AK	Lead Nurse, Surveillance
Dr Aleks Marek	AM	Consultant Microbiologist
Gillian Mills	GM	Acting Lead Infection Control Nurse, North
Donna McConnell	DMcC	Lead Infection Control Nurse, Clyde
Dr Saranaz Jamdar	SJ	Consultant Microbiologist

In Attendance

Ann Lang PA, Infection Control (Minutes)

Apologies Received

Dr Linda Bagrade Dr Iain Kennedy Dr Kalliopi Valyraki

Item	Action
<p>1. Welcome & Apologies Sandra welcomed everyone to today's meeting and apologies were received from the above mentioned.</p> <p>2. Minutes of SMT Meeting held on 22 August 2019 The minutes of 22nd August 2019 were agreed with the following amendment:-</p> <p>Page 2, 3rd para – Kirsty to forward other wording for this paragraph. Page 3, SG Adults, 4th bp should read “4 VRE cases (3 blood cultures and 1 wound) were reported” Page 7, agenda item 13 – Delete first sentence.</p> <p>i. Rolling Action List A copy of the rolling action list was distributed with the agenda and the following update was provided:-</p> <ul style="list-style-type: none"> • Comms issued a Safety Action Notice from Health & Safety regarding water coolers and it was recommended to have no stand alone water coolers in high risk areas. The national Board Water Safety Group, which is chaired by Gerry Cox, Assistant Director of Estates and Capital is finalising SUP05 and there might be a revision to the use of water coolers. Once this has been agreed the national group will inform Estates in GGC. Pamela recommended that we do not do anything at present until we receive confirmation from the national group. Aleks asked if there was any Infection Control representative on the national group and Sandra agreed to check this. • In relation to the screening of MRSA cases in RAD wards Lynn said that she emailed the General Manager for RAD but received no reply and will follow this up. 	<p style="text-align: right;">SD</p> <p style="text-align: right;">LP</p>

Item	Action
<ul style="list-style-type: none"> • Kirsty looked into the two separate streams of laundry at Hillington. Lead Nurses to circulate the memo to their wards. • Kate arranged a meeting with the Public Health Nurses to discuss CPE letters but nobody attended from Public Health. Kate to follow this up. • Iain was to forward to SMT the enhanced surveillance form for HPS which is used for exceptional organisms. Sandra to contact Iain regarding this. • With regards to the ventilation reports for the ACADs Aleks said that she emailed about this and was informed that they do not carry out ventilation testing in the clinical rooms. Aleks agreed to follow this up and copy in Sandra to the email. • Pamela contacted Elaine McCormick and we now receive point of care results from Influenza as these come through ICNET. Aleks advised that she will contact Rory Gunson at Virology to inform him that this is taking place. • With regards to HAI Scribes Sandra confirmed that Tom Steele is happy for Gerry Cox to take this forward. Sandra McAulay from Golden Jubilee has advised that she is happy to share their scribes. Sandra said that she had spoken with Arwell Williams and Rachel Green to try and relieve the burden from the ICDs for some of the more straightforward scribes. It was agreed to discuss this at the next Lead Nurse meeting. HFS have said that they can run sessions for Estates staff which will be scenario based on HAI SCRIBE process. Aleks said that when reviewing scribes ICDs would like more detail and an appropriate amount of time to review these. Sandra suggested that a group is set up to include representatives from each sector to look at scribes. Sara and Aleks both commented that sometimes the scribe is changed and they need to be informed if there is any deviation to the scribe. Pamela agreed to issue dates for the group to meet and will include Gerry Cox. • Kate said that she forwarded the CPE document to Aleks for comments. Kate and Aleks to meet to discuss this. • Susie was to forward a SOP which could incorporate a section regarding patients with TB who go to theatre. Kate to look into this. • The possible trial of chlorhexidene showering prior to surgery was discussed and it was agreed to refer this to the SAB group as their next meeting is in November. 	<p>LNs</p> <p>KH</p> <p>SD</p> <p>AM</p> <p>AM</p> <p>PJ</p> <p>KH/AM</p> <p>KH</p>
STANDING ITEMS	
<p>3. Matters Arising</p> <p>Sandra updated that there are four ongoing investigations into the QEUH. She said at this stage it is documentation gathering. The following investigations include:-</p> <ul style="list-style-type: none"> • External Peer Review which has been requested by the Cabinet Secretary. • External Inquiry • HSE Inquiry – The report for this should be available in the next few weeks but will go to the Fiscal first. • Craig White who is the Divisional Clinical Lead in the Healthcare Quality and Improvement Directorate at the Scottish Government has been put in to be a liaison for the families in Ward 6A and the Board. 	

Item	Action
<p>IPC is being remodelled and Alison reported that she has two sessions at QEUH and Peppi has 3 sessions. Aleks asked if the document referred to could be shared. Sandra agreed to ask Imran Shariff, Dr Armstrong's Business Manager for a copy of the remodelling document from Jonathan Best that was tabled at BICC. She said the rationale is to put Infection Control back to the Diagnostics directorate to promote team working and a flexible workforce.</p>	SD
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector update for June/July was distributed with the agenda.</p> <p>Clyde:</p> <ul style="list-style-type: none"> • Donna updated that there were PVC associated SABs in 2 areas. Training has been carried out and a further sweep will be carried out next week. • The incident regarding Salmonella at RAH has been closed. There were 6 cases and 5 of these had links which were associated with Egypt. No further cases have been reported and one patient was readmitted. • Pseudomonas result reported from Endoscopy Washer / Disinfector. The machine was taken out-of-use until 3 clear samples obtained. No high-risk scopes were identified. • A Measles case at Vale of Leven was confirmed by Public Health. 21 staff and 17 patient contacts were identified as the index case was in the waiting area. Aleks commented that Occupational Health have a policy that they would not screen anyone born prior to 1970 and they are to take this forward to discuss having a catch up vaccine programme for Measles. • Waiting on typing regarding the VRE case. • Confirmed TB case in RAH and there are 9 contacts with an exposure of more than 8 hours to be discussed and a letter to be sent to consultants/GP. <p>North Glasgow:</p> <ul style="list-style-type: none"> • Gillian reported that there have been 2 CDI deaths and 1 HAI attributed to Ward 26. • A patient in Ward 51 had C-diff and was transferred to Ward 9 and was placed in the main ward overnight. Awaiting typing. The index case died and this was cited on Part 2 of the death certificate. • Ward 64, GRI had a HAI C-diff. Enhanced cleaning has been put in place and the Antimicrobial Pharmacist is looking at prescribing. • 5 extra beds have been placed in wards at GRI. Ward 24 has extra beds and are probably not at 2.7m bed space. Ward 17/31 is a 2 bed bay but now have 3 beds in the bay with not much space to walk round the beds. Ward 7 have a procedure room which is being used as a single side room. Ward 16 have an extra bed put in place. Aleks said she has raised her concerns to John Stuart and asked if a risk assessment has taken place and if this is on the Risk Register. Domestic staff were not aware of the extra beds which will mean additional cleaning will need to be carried out by them. Cardiology have also raised their concerns. Sandra said that she will discuss this with Scott Davidson when she next meets with him. 	SD

Item	Action
<p>South Glasgow Adults:</p> <ul style="list-style-type: none"> • A PAG was held for 4 VRE cases (3 blood cultures, 1 wound swab). Enhanced precautions are in place. Another new case was identified last week. This was discussed with Tissue Viability as some of patients had skin breaks. The new case was sent for typing. Aleks suggested that an antimicrobial audit be carried out and Lynn agreed to contact the Antimicrobial Pharmacist. Cleaning is in place and a terminal clean will be arranged. One patient has been discharged to IRH. • An IMT was held on 13th September regarding 2 cranial and 4 spinal SSIs and in September there were 3 spinal and 2 cranial SSIs. A further IMT has been arranged for 1st November. Education will be carried out and there is an action plan in place. Ann reported that patients are receiving topical Chloramphenicol ointment to promote healing and reduce scarring which is used in Max Fax and Plastics and was noted that this was a recent intervention. She said she has spoken with Heather Hodgson, Lead Nurse Tissue Viability and she said this should not be used. Alison stated that they have retained some isolates and the first ones coming back are of unique strains. • Ongoing Estates work with flood and drain issues. • Ward 52 and 53 are closed with norovirus with a high number of patients and staff. Ward 53 may be opened tomorrow. • CDI trigger in Ward 11B with two HAIs within a 10 day period. One patient has been discharged and another patient was readmitted for treatment. <p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • Serratia incident in NICU/SCBU is still open as waiting on taps being fitted. There has been an issue with access to rooms but the work should start soon. • There was an increased incidence of gram-negative bacteraemia in Ward 6A. The HIIAT for this was AMBER on 8th October. Another meeting has been arranged to look at the Root Cause Analysis. There are 15 cases with another possible case. There are 2 inpatients but no patients are giving cause for concern. There have been no new cases since 1st October. The Cabinet Secretary has met with the staff and parents of Ward 6A and the parents informed that they did not have a parents' room but this has now been installed. There was a leak from a boiler to the draining area which could be related to the thermostat which was too high and that could have caused the leak. This has been rectified and resealed. The drains have also been cleaned this week and there is a programme for a chemical clean of the drains. It is hoped the patients can move back in at the end of June once the project brief has been signed off. • Ward 3A had confirmed norovirus. • A staff member in Ward 2C was confirmed as having possibly acquired Pertussis. The index case was a patient who had been treated for a chest infection and had Pertussis in their blood. A look back exercise was carried out with Public Health and there were no new cases. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty updated that there was a severe CDI with a HAI attributed to Ward 3A. The patient died and this was cited on the death certificate. • Balmore ward at Leverndale closed on 8th October with 3 patients with symptoms of norovirus. The ward was closed and reopened on 11th October. • On Friday there was a major flood in Nuclear Medicine at GGH which infiltrated Interventional Radiology. Work is to be carried out in Nuclear Medicine with a new ceiling to be fitted. • There was a flood in the shower rooms of B4 and B7 and the floor is to be replaced. Kirsty said there is a challenge to get HAI Scribes completed at present. 	<p>LP</p>

Item	Action
<ul style="list-style-type: none"> With regards to the endoscopy incident at GGH it was decided in September that all of the machines should be removed and all scopes be sent to GRI and QEUH. Sara informed that these machines are called ISIS and other centres have replaced these kind of machines. At the Endoscopy meeting this morning Sara reported that they discussed the rolling replacement programme for machines and GGH could go top of the list now because of this issue. 	
<p>5. HAIRT Report</p> <p>A copy of the HAIRT report for October 2019 was noted. Sandra reported that the hand hygiene compliance on each site is now included in the report.</p> <p>Ysobel Gourlay also included information regarding antibiotic use and it was noted that GGC use more antibiotics than any other health board in Scotland.</p> <p>Ann stated that regarding the rates for the cleaning compliance at QEUH this has been separated into two sections i.e. QEUH and Langlands Building. This is following further NHSGGC scrutiny regarding the external service provider responsible for Domestic Services within Langlands Building. NHSGGC are taking remedial action to ensure that the appropriate level of service improvement is taken to achieve satisfactory standards of cleanliness which fully complies with the quality framework set out within the NHS Scotland National Cleaning Services Specification.</p>	
<p>6. Monthly Activity Report for Acute Clinical Governance Committee</p> <p>A copy of the Monthly Activity Report for August was noted.</p>	
<p>7. IPC Work Plan</p> <p>A copy of the Work Plan was distributed with the agenda and Pamela updated on the following:-</p> <ul style="list-style-type: none"> The SAB ward rounds are not taking place presently due to ICD resources. Sara asked what was the purpose of the ward rounds and was informed this was to try and reduce the numbers. Pamela stated that Ayrshire & Arran carry these out with a multi-disciplinary group. Lynn said that when these were carried out they looked at all HAIs and it was good to have an ICD to review these retrospectively. Ann said that she updated the standards for the Work Plan but this was not included and Pamela agreed to check this. 	PJ
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group</p> <p>Pamela updated that the Water Group met this morning and the Water Safety Policy was not approved as there needs to be another section for other organisms.</p> <p>Sandra informed that she needs to write to all ICDs regarding their responsibility for pseudomonas and legionella.</p> <p>An SOP for ice machines has been issued for approval.</p>	SD

Item	Action
<p>ii) Theatre Maintenance & Management Group At the last meeting of the group Gillian reported that medical staff are not happy that they cannot eat or drink in theatres and Ann Traquair Smith has asked for evidence relating to this. Staff are stating that although there are short procedures these are back to back and staff do not have an opportunity to leave theatres. It was decided that they can at least take in a sealed water bottle.</p> <p>Discussion took place at the meeting on who should clean the canopies when these are contaminated with blood as at present nursing staff are going up ladders to clean these.</p> <p>The ICE theatre is due to open in November 2019.</p>	
<p>iii) Infection Control Policy Group & Updates to NIPCM Kate provided an update from the last IC Policy Group meeting.</p> <p>At the last BICC the committee approved the CDI, VRE, Headlice and Staff Occupational Illnesses.</p> <p>There has been no update to the national manual.</p>	
<p>iv) Decontamination Group / CJD Group A meeting of the group was scheduled for next week but this was postponed until November.</p> <p>A short life working group is to be created to look at respiratory.</p>	
<p>v) Education Group The group have not met recently but will meet before the end of the year.</p>	
<p>vi) Audit Sub Group / IPCAT Work is ongoing regarding the audit for Mental Health areas.</p> <p>Outpatient areas will no longer be audited from 31st October 2019.</p>	
<p>vii) Research & Quality Improvement Group The group have not met recently.</p>	
<p>viii) SAB Group The next meeting of the SAB group is scheduled for 19th November 2019.</p>	
<p>9. National Surveillance Update:</p> <p>i) MRSA/CPE Screening / KPIs Ann reported that with regards to the MRSA CRA compliance for GGC in Q2 (July – September 2019) the rate has dropped to 87% and the swab compliance rate for GGC is 62%. The rates for each sector are as follows:-</p> <ul style="list-style-type: none"> • Clyde – 82% • North – 93% • Regional – 79% • South – 90% • W&C – 100% <p>There is no national target for the CRA compliance rate and the rate for GGC for CPE is 93% and the overall swab compliance rate is 57%.</p>	

Item	Action
<p>i) SAB / CDI / EColi Bacteraemia Rates</p> <p>The figures for Quarter 2 were published at the start of October. An exception report from HPS regarding healthcare associated CDI was received. The following are the rates relating to Quarter 2.</p> <ul style="list-style-type: none"> • CDI – 80 cases, 55 are healthcare associated and 25 are community acquired. • EColi - 320 cases, 174 are healthcare associated and 146 are community acquired. • SAB – 90 healthcare associated and 23 community acquired. <p>Quarter 3 local surveillance has been started and the rates for each category from October to date are as follows:-</p> <ul style="list-style-type: none"> • CDI - 30 + 1 (RHC patient) cases, 13 are hospital acquired, 10 healthcare associated, 3 unknowns, 3 community acquired and 1 to be assigned. 2 of the HAIs are attributed to Ward 11B. • EColi – 65 cases, 15 hospital acquired, 13 healthcare associated, 35 community acquired, 2 to be confirmed. • SAB – 11 cases, 3 hospital acquired, 3 healthcare associated, 5 community acquired. 	
<p>iii) SSI Surveillance Update</p> <p>There has been an increased incidence in spinal and cranial SSIs at QEUH. An IMT is scheduled to take place on 1st November 2019.</p> <p>In GRI there have been a cluster of SSIs in September with the following – 1 hip, 2 knees and 2 neck of femur SSIs. The procedures have taken place in different theatres, different surgeons and have different organisms. Ann said it appears to be related to haematomas as these are being classified as infected with the patient being returned to theatre. There is also no change to prophylaxis regarding post op. Aleks said that she would not count the haematomas as SSIs if there is no pus or infection. She said that she will review the cases that Ann sent.</p>	AM
<p>10. PHPU Update</p> <p>As Iain was unable to attend the meeting there was no update for PHPU.</p>	
<p>11. Finance and Management Activity Reports</p> <p>Sandra reported that we have partially met our savings target as there are a number of posts to fill.</p>	
<p>12. HEI Reports / Inspections</p> <p>The last HEI visit was to Inverclyde Royal Hospital in July which resulted in 4 requirements. Tom Steele has asked for the HEI Steering Group to be resurrected.</p> <p>Pamela updated that the Lead Nurses are looking at the tool for the corporate inspections and these will be carried out approximately 3 to 4 times a year.</p>	
<p>13. Built Environment</p> <p>Ventilation Group</p> <p>Lynn said that she had emailed Darryl Conner to ask what was happening and he said this would be a board wide group. Lynn to follow this up and cc in Sandra.</p> <p>A meeting of the Built Environment will be arranged and an agenda will be set up. Kate said that she is a member of this group. Sandra advised that the Water, Ventilation and Theatre groups will all report into the Built Environment Group and she will send the Terms of Reference for this group to SMT.</p>	LP
A48890718	SD

Item	Action
<p>14. NEW BUSINESS/ AGENDA ITEMS</p> <ul style="list-style-type: none"> <p>• CNO - HCAI New Standards and Indicators Ann reported that there are new Standards on Healthcare Associated infections and Indicators on Antibiotic Use.</p> <p>For SAB and CDI there is a reduction of 10% in the national rate of healthcare associated CDI and SAB from 2019 to 2022, with 2018/19 used as the baseline for CDI and SAB reduction target.</p> <p>With regards to EColi there is a reduction of 50% in healthcare associated EColi bacteraemia by 2023/24, with an initial reduction of 25% by 2021/22. 2018/19 should be used as the baseline for EColi bacteraemia reduction.</p> <p>Ann said that she will send the graphs to the group.</p> <p>• Endophthalmitis SPCs SPCs for Endophthalmitis following IVT were issued to the Lead Nurses and ICDs. Ann advised that she received an email from Donna to say that procedures are now being carried out in Vale of Leven and could this area be included in the graphs. Ann asked the Lead Nurses to check all their sites to make sure no areas are being missed.</p> 	<p>AK</p> <p>LNs</p>
ITEMS FOR NOTING	
<p>15. Meetings Update:</p> <ul style="list-style-type: none"> i) <u>Lead Nurse Meeting</u> At the last meeting HAI Scribes and ICD cover was discussed. ii) <u>ICD Meeting</u> The ICDs discussed writing up the maternity paper. iii) <u>Board Infection Control Committee</u> A paper was tabled regarding the ICD remodel. v) <u>Partnership Infection Control Support Group</u> There is a new chair of the PICSG who has a community background. <p>The group discussed custody suites in police stations as the same staff cover these areas. Kirsty said that she will arrange a meeting with them.</p>	
<p>16. Any Other Competent Business</p> <p>Kirsty asked if patients who screen pre op and are previous positive in throat and are moved to a different area they are being screened again for a throat swab.</p> <p>In relation to the ward closures Ann asked if sites can make it clear and mark in bold when there is confirmed norovirus or influenza.</p> <p>Lynn commented that 4 patients are in ITU and all were screened for CPE on admission as all were nurses who came from Germany and were unresponsive when admitted.</p>	

Item	Action
<ul style="list-style-type: none"> • <u>Review of Actions and Decisions</u> <ul style="list-style-type: none"> • Sandra to check if there is any Infection Control representative on the national Board Water Safety Group. • In relation to the screening of MRSA cases in RAD wards Lynn said that she emailed the General Manager for RAD but received no reply and will follow this up. • Kirsty looked into the two separate streams of laundry at Hillington. Lead Nurses to circulate the memo to their wards. • Kate arranged a meeting with the Public Health Nurses to discuss CPE letters but nobody attended from Public Health. Kate to follow this up. • Iain was to forward to SMT the enhanced surveillance form for HPS which is used for exceptional organisms. Sandra to contact Iain regarding this. • With regards to the ventilation reports for the ACADs Aleks said that she emailed about this and was informed that they do not carry out ventilation testing in the clinical rooms. Aleks agreed to follow this up and copy in Sandra to the email. • Pamela contacted Elaine McCormick and we now receive point of care results from Influenza as these come through ICNET. Aleks advised that she will contact Rory Gunson at Virology to inform him that this is taking place. • Pamela to issue dates for the group to meet to discuss HAI Scribes and to include Gerry Cox from Estates. • Kate said that she forwarded the CPE document to Aleks for comments. Kate and Aleks to meet to discuss this. • Susie was to forward a SOP which could incorporate a section regarding patients with TB who go to theatre. Kate to look into this. • Sandra to contact Imran Shariff, Dr Armstrong's Business Manager for a copy of the remodelling document from Jonathan Best that was tabled at BICC. • With the 5 extra beds that have been placed in wards at GRI Sandra agreed to discuss this with Scott Davidson when she next meets with him. • Aleks suggested that an antimicrobial audit be carried out regarding the VRE cases and Lynn to contact the Antimicrobial Pharmacist. • Ann said that she updated the standards for the Work Plan but this was not included and Pamela agreed to check this. • Sandra informed that she will write to all ICDs regarding their responsibility for pseudomonas and legionella. • Aleks to review the SSI cases at GRI that Ann had sent to her. • Lynn said that she had emailed Darryl Conner to ask what was happening with the Ventilation Group and he said this would be a board wide group. Lynn to follow this up and cc in Sandra. • Sandra to send the Terms of Reference for the Built Environment Group. • Ann to send the graphs regarding the reduction for the new Standards on Healthcare Associated infections and Indicators on Antibiotic Use. • Ann asked the Lead Nurses to check all their sites to check if they are carrying out Endophthalmitis following IVT procedure to make sure no areas are being missed. 	

Item	Action
<p>17. Date and time of next meeting The next meeting of the Senior Management Team will be 21 November 2019 at 1.30pm, Meeting Room WS5-033 Seminar / Education Room, Level 5, Queen Elizabeth University Hospital.</p>	

Thursday 21 November	1.30pm to 4.00pm	Meeting Room WS5-033 Seminar / Education Room, Level 5, Queen Elizabeth University Hospital
Thursday 12 December	1.30pm to 4.00pm	Meeting Room LO/A/010 Seminar Room 2, Laboratory Building, Queen Elizabeth University Hospital

Item	Action
<p>There will be two oversight groups which will look at communication and the IPC and governance. The first meeting of the group was held yesterday and the group consists of Lisa Ritchie, Pamela Joannidis, Alistair Leanord, Christina Coulombe and Frances Lafferty.</p> <p>The group will look at incidents from 2015/16 to see how they were managed and if they were reported appropriately. Dr Armstrong has already looked over the documents and is happy with what we have done and said that we have an excellent Infection Control team. The next meeting will take place next week and one person will be involved to gather all the information required.</p> <p>Alistair commented that the group want assurance that we have gone through the correct process when there was an incident and if the board responded properly. At the meeting the chair did say that other boards will be benchmarked against us and will be benchmarked against what guidance was in place in 2015.</p>	
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The IC Sector update for October/November was distributed with the agenda.</p> <p>Clyde:</p> <ul style="list-style-type: none"> • Donna updated that there was a severe CDI which was entered on Datix. • A severe CDI was cited on Part 1A of the death certificate. • There were a couple of SABs that were device related. Ward 11 is to receive teaching sessions in January. • An audit was carried out in the Renal Unit in IRH and the unit received a lower score from the last audit. • The measles incident has been closed. • In RAH there has been pipe work in the north and south towers which are having continual floods and wards are having to be decanted. • IRH had a query MERS patient who was admitted to A&E and put into a 6 bedded bay and Infection Control were not contacted but the patient had legionella. Linda and Donna are to meet with the clinical team in the New Year to determine why the patient pathway was not followed. • There has been an increase in Pseudomonas counts in sinks in Neonatal. Linda said that the water sampling is carried out by a private company. Donna reported that all outlets have been tested and interim results are negative and there is nothing to indicate any other isolates are positive. <p>North Glasgow:</p> <ul style="list-style-type: none"> • In Ward 11 there was a c-diff death which was cited on Part 2 of the death certificate. • There was a PVC associated HAI SAB in Ward 8, GRI. • In GRI a SAB death was reported in Ward 64 and this was cited on Part 1 of the death certificate. It was reviewed and it was deemed to be unavoidable as the patient had CPE. • Ward 2 and 3 were closed from 27th November – 2nd December with 7 patients and 9 staff with confirmed norovirus. • Ward 18 which had been lying empty was reopened on 29th November as a winter ward. • A PAG was held with the clinical team last week regarding the Ortho SSIs. There is to be a review of their surgical technique and to look at their practice. Stefan is to carry out a hand hygiene audit. It was found that people are coming in and out of theatre and the movement in this area will be tightened. 	<p>LB/ DMcC</p>

Item	Action
<p>North Glasgow (contd)</p> <ul style="list-style-type: none"> • 4 cases of VRE were identified in Ortho. Typing has been sent to the Reference Lab. 2 of the HAI cases were attributed to Ward 19, 1 to Ward 62 and another case to ICU West. • There was a query MERS case admitted to GRI but following assessment this was not deemed to be a MERS case as the medical staff said the patient came in with respiratory symptoms. <p>South Glasgow Adults:</p> <ul style="list-style-type: none"> • Two wards at Langlands were closed with confirmed norovirus. Ward 51 had staff off sick but there was no positive results and education will be carried out in this area. • Ward 65 in the INS was closed and there will be a final IMT held tomorrow. The HIIAT for this incident was Green. There have been no further spinal SSI cases and a surgical ward in the INS is having enhanced supervision. • There is now a modular building outside A&E which will be there for approximately 6 months. This will have 5 bays and will be for used for minor injuries. • Ward 8A was closed this morning. <p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • The incident in Ward 6A has been closed. Environmental water sampling is being carried out weekly, hand hygiene and enhanced supervision is in place and there will be no more IMTs. • In PICU the Scottish Government requested that the cases of Acinetobacter, Pseudomonas and Serratia be put together. In August there were cases of Acinetobacter and a cluster of cases in October. There were 3 cases of Pseudomonas and an IMT was held on 19th November with the HIIAT for this assessed as Green. One Serratia case was identified and an IMT was held on 27th November and the HIIAT for this was Amber. A further IMT has been arranged for Tuesday to close this incident. Environmental sampling was carried out and all samples were negative and the water samples were also negative. There continues to be hand hygiene audits carried out and an environmental audit was done with a score of 62% and 80% for PPE. Routine environmental swabbing will be carried out for 4 weeks. Weekly Hysan drain cleaning continues to be carried out for all rooms. • The number of RSV cases have peaked to 57 cases this week. • There was an HEI inspection of QEUH and RHC from 19th – 21st November 2019. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty updated that B7 and B4 are linked with scribe work although it has been difficult to get these completed. One of the rooms in B7 is being worked on. • Ward 3B in Leverndale was closed from 4th – 6th December with 2 patients and 1 staff with diarrhoea and vomiting. The ward has now reopened but no samples are available. • There have been issues with the pipes in GGH and in November there was a flood and radiology need a new ceiling put in. • 4 VRE cases were identified in Ward B7 with two of these HAI cases. 2 of the VRE cases were in blood cultures and stool samples are outstanding. Aleks has requested typing for these samples. 	
5.	HAIRT Report
A copy of the draft HAIRT report for December 2019 was noted.	

Item	Action
<p>6. Monthly Activity Report for Acute Clinical Governance Committee A copy of the Monthly Activity Report for October was issued with the agenda. It was noted that there was no IV device related SABs for October.</p>	
<p>7. IPC Work Plan A copy of the Work Plan was distributed with the agenda and updated with the following:-</p> <ul style="list-style-type: none"> • The IPCAT has been updated as there was approval to include improvement work which will be done via the QI group. • To carry out SAB ward rounds in the New Year. Linda asked what are the expectations from these as there are few resources to carry these out. Alistair commented that we need to prioritise the time of ICDs currently and, if there is no added value, to look at what we add to the process especially during this interim period. Pamela said that she can take this back to the SAB group. The SAB group are in the process of looking for a new chair. 	PJ
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group The Water Technical Group met this morning. Pamela reported that the Water Safety Policy has been issued for comments and there are discussions ongoing to decide what committee this should be approved at.</p> <p>Linda asked if water coolers are allowed in staff rooms in clinical areas. Pamela said that there has been no decision regarding this as extant guidance is due to be issued soon, but water coolers should not be put in new areas.</p> <p>ii) Theatre Maintenance & Management Group Aleks attended the last meeting of the group where they discussed staff not being able to eat or drink in Theatres. This was accepted at the TUMM meeting but the question was asked about longer cases in Theatres. This has now been escalated to Pamela who will ask the IC Network for their views and she will feed this back to Ann Traquair Smith and the Lead Nurses.</p> <p>With regards to the cleaning of canopies Gillian reported that it was agreed that Theatres should have their own SOP and Allison Connelly is taking this forward.</p> <p>iii) Infection Control Policy Group & Updates to NIPCM Kate provided an update from the last IC SOP Group meeting.</p> <p>At the last BICC the committee approved the Decontamination SOP.</p> <p>Continue to create new care check lists when required the most recent one is a care check list for Meningococcal disease. The current patient fact sheets have been translated into five languages.</p> <p>Appendix 11 of the national manual has been updated. Kate reported that in relation to AGPs - CPR has been removed and tracheostomy/tracheostomy procedures have been added, Angela Robertson will update all relevant SOPs. This is in alignment with England and Wales.</p>	PJ

Item	Action
<p>iv) Decontamination Group / CJD Group The group have not met recently. Michael Murphy met with the surgical team at GRI to discuss the use of tap water instead of sterile water as it had been raised as a financial saving, and this is being looked into.</p> <p>Outpatient audits have been suspended and Donna asked if there was any communication coming out regarding this. Kate said she will discuss this with Pamela.</p> <p>v) Education Group Nil to update.</p> <p>vi) Audit Sub Group / IPCAT The revised IPCAT is ready to go for acute. Kirsty reported that this is due to go live on 1st January 2020 but she is going to speak to Pamela to look at revising this date.</p> <p>vii) Research & Quality Improvement Group The group have not met recently.</p> <p>viii) SAB Group The last meeting of the SAB group was cancelled.</p>	<p>KH</p> <p>KMcD</p>
<p>9. National Surveillance Update:</p> <p>i) MRSA/CPE Screening / KPIs Ann distributed a copy of the CRA compliance for GGC in Q3 (October – December 2019) prior to the meeting.</p> <p>There is no national target for the CRA compliance rate for CPE and the rate for GGC for CPE is 95% and the swab compliance rate was only 29%.</p> <p>With regards to the MRSA CRA compliance for GGC the rate is 90% and the swab compliance rate for GGC is 85%.</p> <p>It was noted that patients that are in ARU for 6-8 hours have a CRA completed and then patients are transferred to GGH and are being screened again. This is being classed as a transfer although it is not a transfer from another health board. It was agreed that patients should not be rescreened at GGH if they have already been screened at QEUH.</p> <p>i) SAB / CDI / EColi Bacteraemia Rates</p> <p>The number of SAB rates for November has increased.</p> <p>Linda commented that she receives a daily update of the SAB cases and wondered why she receives this daily as she does not act on this. Kate informed that this is for information and Linda does not need to do anything with this. Linda said she would prefer to receive this data weekly instead of daily and Kate agreed to speak to Ann Kerr regarding this.</p> <p>iii) SSI Surveillance Update There had been an increased incidence in spinal and cranial SSIs at QEUH. There have been no further SSI cases for November and no definitive cause and no linkage.</p> <p>In GRI there had been a cluster of SSIs in September with the following – 1 hip, 2 knees and 2 neck of femur SSIs.</p>	<p>KH</p>

Item	Action
<p>10. PHPU Update As Iain was unable to attend the meeting there was no update for PHPU.</p>	
<p>11. Finance and Management Activity Reports Nil to update.</p>	
<p>12. HEI Reports / Inspections A meeting was held regarding the re-establishment of the HEI Group.</p>	
<p>13. Built Environment The Infection Control Built Environment Group met on Monday.</p> <p>HAI Scribes were discussed. Linda and Donna commented on the poor quality of scribes that they have been receiving with not much information included in the document and pointed out that sometimes the work is to start the next day. Kate informed that this has been raised at the Infection Control Built Environment Group and it was asked that there should be a minimum of one week's notice before work starts. Gillian Mills suggested entering on Datix if they have not been informed of works and they have already started and Pamela agreed with this. She said in the long term they are looking to develop a model that NHS Lothian currently have and to have a person to work on all scribes and look at the environmental issues.</p> <p>Pamela advised that she has spoken with Geraldine O'Brien from HFS regarding training for scribes and how this should be scenario based. Gerry Cox, Assistant Director of Estates is to liaise with HFS to set up training. It was noted that contractors are going straight to Lead Infection Control Nurses instead of Estates. Capital Planning are also saying that they should be involved. Kirsty stated that on her site works get done via charity funding and it was agreed that an email should be issued to say that Infection Control will not approve works unless it has went through the proper process.</p> <p>In GGH Kirsty reported that a new air handling unit has been installed in the Endoscopy Unit which is opposite the recovery area. She said if a patient had suspected TB this could affect the patients opposite as the door to the endoscopy room has no seal at the bottom and the recovery room doors cannot be closed as there are trolleys going by all the time. Pamela recommended that Kirsty contact Estates to put in a new door.</p>	KMCD
<p>14. NEW BUSINESS/ AGENDA ITEMS</p> <p>With regards to the NICU screening document the national document states to screen for CPE once but our local document states to screen monthly. This would mean if mum and baby meet the CPE requirements for admission screening this would imply that the baby is isolated for a long period. It was agreed to follow the HPS guidance and Kate agreed to update the website, remove the old version and put in a link to the most up-to-date version.</p>	KH
ITEMS FOR NOTING	
<p>15. Meetings Update:</p> <p>i) <u>Lead Nurse Meeting</u> Nil to update.</p> <p>ii) <u>ICD Meeting</u> The ICDs are to meet next week.</p>	

Item	Action
<p>iii) <u>Board Infection Control Committee</u> A copy of the agenda for the last meeting and the minutes from the October meeting were distributed with the agenda.</p> <p>v) <u>Partnership Infection Control Support Group</u> Public Health are running Influenza vaccine clinics in schools.</p> <p>The Facilities team are being restructured.</p> <p>When Kirsty leaves the Infection Prevention & Control team at GGH will be reorganised.</p>	
<p>16. Draft Meeting Schedule 2020 A copy of the meeting schedule for 2020 was issued and noted.</p>	
<p>17. Any Other Competent Business Kirsty reported that a Haematologist wanted to adopt the Point of Care testing for staff. It was agreed that this will need to be asked via the Point of Care Committee.</p> <p>Mental Health have asked Kirsty if ponies can come into the garden areas. HPS guidance say this group of animals should not visit hospitals/ patient care areas The SMT agreed that they should not visit.</p> <p>Alison commented that she receives a graph regarding the number of RSV cases and asked if this is replicated for flu cases. Kate said there is a graph and will ask the Data Team to include Alison in the distribution. She said last week there were 157 flu cases and 7 of these were HAI related.</p> <p>Donna stated that they had a patient who had a hip operation and had been in a while. The patient was found to have CRO Acinetobacter and 11 contacts were identified, 7 patients were discharged and only 4 remain inpatients. One of the patients did not have the capacity to consent as they have dementia and Donna said that they are waiting to speak with the patient's daughter regarding consent. She said they will speak to Public Health regarding the contacts as they will need to speak to the GPs regarding samples. Gillian reported that they have a letter which was sent to contacts of a patient that had CPE and said that she will forward onto Donna a copy of the letter that they used for that. The group also said to add this patient to the watch list and if the patient is readmitted a flag will show on the system.</p> <p>With regard to MDRO cases Linda reported that she is receiving emails to decide whether to remove and add items. If the patient is not CPE it is getting a MDRO tag and only the CRO's are being tagged. It was noted that an alert comes back from the Reference Lab but not from the external Reference Lab at Colindale and Telepath enter the result from the internal Reference Lab. Kate to discuss this with Ann Kerr.</p>	<p>KH</p> <p>GM</p> <p>KH</p>

Item	Action
<p>18. Date and time of next meeting The next meeting of the Senior Management Team will be 9 January 2020 at 1.30pm, Meeting Room WS11-033 Seminar / Education Room, Level 11, Queen Elizabeth University Hospital.</p>	

Subsequent SMT Meetings in 2020:

Thursday 9 January	1.30pm to 4.00pm	Seminar / Education Room WS11-033, Level 11 Queen Elizabeth University Hospital
Thursday 6 February (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS11-033, Level 11 Queen Elizabeth University Hospital
Thursday 5 March	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 2 April (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 7 May	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 4 June (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 2 July	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 6 August (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 3 September	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 1 October (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 5 November	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 3 December (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital

Thursday 9 January 2020
at 1.30pm
Seminar / Education Room WS11-033, Level 11, QEUH

PRESENT

Sandra Devine (Chair)	SD	Acting Infection Control Manager
Pamela Joannidis	PJ	Acting Associate Nurse Director, Infection Control
Kate Hamilton	KH	Acting Nurse Consultant IPC
Gillian Bowskill	GB	Acting Lead Infection Control Nurse, South Paeds
Kirsty McDaid	KMcD	Lead Infection Control Nurse, West & HSCP
Gillian Mills	GM	Acting Lead Infection Control Nurse, North
Lynn Pritchard	LP	Lead Infection Control Nurse, South Adults
Donna McConnell	DMcC	Lead Infection Control Nurse, Clyde
Ann Kerr	AK	Lead Nurse - Surveillance
Prof Alistair Leanord	AL	Consultant Microbiologist
Dr Aleks Marek	AM	Consultant Microbiologist
Dr Kalliopi Valyraki	KV	Consultant Microbiologist
Dr Mairi Macleod	MMcL	Consultant Microbiologist
Dr Iain Kennedy	IK	Consultant Public Health Medicine

In Attendance

Ann Lang PA, Infection Control (Minutes)

Apologies Received

Dr Linda Bagrade

Item	Action
<p>1. Welcome & Apologies Sandra welcomed everyone to today's meeting and apologies were received from the above mentioned.</p> <p>2. Minutes of SMT Meeting held on 12 December 2019 The minutes of 12th December 2019 were agreed with the following amendment:-</p> <p>Page 7, Item 17 should read "... to adopt the Point of Care testing for RSV for staff".</p> <p>i. Rolling Action List A copy of the rolling action list was distributed with the agenda and updated at the meeting. Please see separate action plan.</p>	
STANDING ITEMS	
<p>3. Matters Arising Lynn said that she had been asked if cloth theatre hats would be allowed and the group agreed that these should not be authorised.</p>	

Item	Action
<p>4. Sector Update</p> <p>i) Geographical Sector Update</p> <p>The Lead IPCNs provided an update for their sectors.</p> <p>Clyde:</p> <ul style="list-style-type: none"> • Donna reported that there had been an increase in Pseudomonas counts in sinks in NICU. An Action Plan was completed and there have been no other positive isolates. There was an issue with a blocked sink and the unit was closed to rectify this. • There was a confirmed case of CPO and this was discussed with Dr Bagraade and Public Health. 3 contacts were screened and letters will be sent to inform their GPs. • An iGAS case was identified at Vale of Leven and sadly the patient died. Staff were offered prophylaxis and no patient contacts were identified. • Wards 6 and 24 at RAH were closed due to suspected viral gastroenteritis and Ward 6 has now reopened. <p>North Glasgow:</p> <ul style="list-style-type: none"> • With regards to Ortho SSIs there have been 4 VRE cases all with different typing. 2 of the MSSA cases were the same type and 1 case had previous MSSA and typing is in progress. 3 further SSI positive for MSSA were identified from other surveillance however the sensitivity types are different. • Ward 18, GRI was a medical winter ward and is now a care of the elderly winter ward. • Ward 27, GRI was closed yesterday due to confirmed Norovirus. • In ICU East, GRI Pseudomonas was isolated from a CWHB. Decontamination with chlorine dioxide flushing was carried out. A tap is to be tested and Estates are also to look at the flexible hose. The CWHB has been taken out of use. 2 patients are colonised with Pseudomonas but were outwith the two week surveillance period. • Ward 2, GRI was closed from 27th December – 31st December with confirmed Influenza A. 8 patients were symptomatic and 1 patient had confirmed RSV. One patient died on 5th January and Gillian advised that Influenza will be included on the death certificate and will be discussed with the Procurator Fiscal. The death certificate is not available as yet. • Aleks informed that Renal carry out quarterly MRSA screening. Ann advised that the Data Team could run a report on all MRSA positive specimens for Renal specialties from January 2016 – January 2019. Lynn stated that she received an email from Gus McKillop and he said that patients are still being screened. • Aleks advised that SIMBA received funding and they asked if they could put in a kitchenette area in a delivery room and the group agreed this should not be taken forward. • Iain updated on the iGAS case at NICU, GRI and said there was a staff problem with PPE. He said there was an issue regarding prescribing prophylaxis for staff out of hours as Occupational Health did not have anyone that could prescribe to staff. He said arrangements are in place to prescribe in working hours but not out of hours. Work is ongoing regarding this issue and he said that he will raise this at the monthly Public Health meeting. 	<p>IK</p>

Item	Action
<p>South Glasgow Adults:</p> <ul style="list-style-type: none"> • Lynn reported that 4 wards have been closed or had enhanced precautions in place due to an increase of patients with diarrhoea and vomiting in the last month. She said she emailed the Lead Nurse for the areas and there were 2 confirmed cases in one area. • Minor Injuries Unit opened between Christmas and New Year and does not appear to be particularly busy. • There was a CDI trigger in Ward 53 with 2 HAI CDI cases within 10 days. A trigger tool has been started and the hand hygiene audit carried out was not good. A SICPs audit will be carried out today and education will be looked at. • Ward 64 in INS was due to get an upgrade to their environment but the ward has changed to a care of the elderly overflow ward and the refurb has been postponed. • Pepi and Lynn are to visit Podiatry next week as the theatre was closed and they are looking to reopen this again. • There was a PVL case in Maternity and Iain said he was informed by the GP. He said that it looked as if both patients had been screened with 5 days of each other and Lynn advised that there was no crossover with the 2 patients. Iain said that he had arranged for a sample to go to the Reference Lab on 3rd January but they said it was a mixed result and asked for a repeat test. <p>South Glasgow Paeds:</p> <ul style="list-style-type: none"> • In relation to the Gram Negative cases Gillian updated that there have been no new cases in blood cultures or BAL. The last IMT was held on 30th December and the HIIAT for this was Green. A further IMT will be held in the middle of the month. • In PICU there was a leak which was identified as rain water coming through from a window. • There were 2 late onset Group B Streptococcus cases identified in SCBU type 1A. A PAG was held on 20th December and the HIIAT for this was Green. • NICU had 2 cases of Serratia in the middle of December. A PAG was held and an action plan is in place. The HIIAT for this was Green. A third case was identified on 27th December and a further IMT was held on 27th December. On looking back to last year Gillian reported that following typing it is the same strain as last year. • Norovirus was identified in Ward 3A with 3 confirmed HAI cases. One patient died in the unit and Gillian said they are waiting on the Post Mortem to establish what the patient died of. Another new case was identified and the area got a full terminal clean on Monday. Precautions were put in place and the three patients have been isolated. <p>West Glasgow/HSCP:</p> <ul style="list-style-type: none"> • Kirsty updated that there was norovirus in Ward 3B Leverndale, Ward 8A and Ward 4C at GGH. • Ward 6C is now a winter ward. • Ward 5C is a second winter ward and opened on 3rd January. Previously they had 12 beds and now have 20 beds. • Ward 2A is an orthopaedic ward and will start to take major orthopaedic patients from February 2020. • Ward 4A is now a half surgical and half medical ward. • There are 9 ongoing projects on building works. • In B7 at the Beatson there have been leaks in the bathrooms with more water damage than expected. Environmental sampling is ongoing and fungal counts have been found in the bathroom. Kirsty said that it is difficult to decant the patients in B7. She said the bathroom in B4 is also wet and mouldy and there is a suggestion to decant the patients from B4 to B6. Kirsty suggested that maybe a holding press statement is prepared in case there are any press enquiries. Sandra agreed to inform the Press Office. 	<p style="text-align: right;">SD</p>

Item	Action
<p>5. HAIRT Report The HAIRT report for February is being worked on and will now include E-Coli bacteraemia.</p> <p>Ann reported that we have received an exception report from HPS as in Quarter 3 we were above the upper control level for SABs with a rate of 22.3 for GGC. Ann reported that HPS do not let us know what the confidence intervals are and Sandra will discuss this with HPS. Ann said that she completed an SBAR and 30 of the SAB cases were IV device related.</p>	SD
<p>6. Monthly Activity Report for Acute Clinical Governance Committee A copy of the Monthly Activity Report for November was issued and noted.</p>	
<p>7. IPC Work Plan A copy of the Work Plan was distributed with the agenda and noted. Kate is working on a tool to devise a strategy to reduce SABs due to skin and soft tissue infections.</p>	
<p>8. Sub-Groups/ Short Life Working Groups Update:</p> <p>i) Water Safety Group The Water Technical Group next meet on Friday. At the last Water Technical Group Pamela advised that she is carrying out environmental swabs in sinks and drains. She asked HPS what should we benchmark the result against, what is the objective for doing this and when should we stop this. At a meeting yesterday an engineer said that we should not put anything down the drains as the pipes are getting damaged.</p> <p>As SUP-05 has been withdrawn Pamela reported that the Lead Nurses are getting pressure to have water coolers in areas.</p> <p>Air, water and environmental sampling have been sent to HPS and Sandra said that a meeting will be set up with Microbiology, Infection Control, HPS and Estates to look at mapping analysis. In Ward 6A over 60 swabs have been taken in Ward 6A each week which is 11 swabs per room.</p> <p>ii) Theatre Maintenance & Management Group The next meeting of the group is scheduled for 28th January 2020.</p> <p>iii) Infection Control Policy Group & Updates to NIPCM With regards to the national manual Kate reported that the website has been updated at the beginning of December.</p> <p>Sandra stated that regarding following up of sensitive Staph Aureus in high risk areas this could potentially be an increase in the work load of the IPCT's and we need to think how we can manage this. Aleks thought there was supposed to be a meeting to discuss Table 6 of Appendix 13 and said that she will contact Michael Murphy regarding this. Iain also said he will discuss this at the ARHAI programme board meeting. Sandra commented that the DL does state to include ITU, PICU and NICU. Ann to give Sandra the total number of cases for 2019 so that she can take this to the committees to explain that we will need extra resources to do this.</p> <p>The policy group has not met recently but the Outbreak SOP has been updated and is on the website as is the MERS Guidance.</p>	AM IK AK

Item	Action
<p>Pamela reported that the protocol for CRA MRSA screening has been updated and been discussed with the IC network.</p> <p>The deadline regarding the Pseudomonas guidance is 15th January and Kate asked for any comments to be in by then. She said that she looked at the guidance and there is information regarding respiratory patients which she feels needs more clarity.</p> <p>iv) Decontamination Group / CJD Group The group have not met recently.</p> <p>v) Education Group The group have not met recently and Lynn is now the lead for this group.</p> <p>vi) Audit Sub Group / IPCAT The revised IPCAT is ready to go for acute. Kirsty reported that this is due to go live on 1st February 2020. It was agreed to keep the old version for 1 year and a month after the go live date.</p> <p>vii) Research & Quality Improvement Group The group have not met recently.</p> <p>viii) SAB Group A further meeting of the group is being arranged.</p>	
<p>9. National Surveillance Update:</p> <p>i) MRSA/CPE Screening / KPIs Ann updated on the rates for compliance.</p> <p>She reported the CRA compliance rate for GGC for CPE is 95% and the swab compliance rate was only 29%.</p> <p>With regards to the MRSA CRA compliance for GGC the rate is 90%.</p> <p>i) SAB / CDI / EColi Bacteraemia Rates</p> <p>The HPS report for Quarter 3 was issued this week and the Quarter 4 report will not be published until April.</p> <p>For Quarter 4 the number of cases for each category are as follows:-</p> <p>SAB – 69 healthcare associated cases. CDI – 35 healthcare associated cases for October, 16 cases for November and 17 cases for December which is 68 healthcare associated cases for the quarter. E-Coli – 150 healthcare associated cases and our aim is 112.</p> <p>iii) SSI Surveillance Update There have been 2 hip and 1 neck of femur SSIs for November, with no cases reported for December.</p> <p>There had been an increased incidence in spinal and cranial SSIs at QEUH and IMTs have been held with the next meeting scheduled for 17th January. One spinal SSI case was identified in November, with no new cases for December and January so far. There was one cranial SSI for December and this was discussed with Prof Leanord as there was suspicion of an infection.</p>	

Item	Action
<p>10. PHPU Update</p> <p>Iain updated on the new staff changes recently. He said that since the summer they had been down 2.5 consultants down. Catriona Milosevic has moved to Healthcare in Public Health, Daniel Carter started on Monday and Eleanor Anderson has joined the team.</p> <p>With regards to staff flu vaccination the uptake as of 5th January 2020 was 47% compared to 43% last year with a target of 60%.</p> <p>The Incident Management Plan is being updated with the deadline for comments is Monday.</p> <p>An HPS Briefing Note regarding a cluster of pneumonia of unknown aetiology in Wuhan City, China was issued. Iain reported that there was a teleconference with HPS this morning. As of 5th January there have been 59 cases reported, including 7 critically ill patients and no deaths. The first case became unwell on 12 December 2019 and the onset date of the last case was 29 December 2019. Some but not all cases were associated with Wuhan South China Seafood City market, which sells meat, poultry and seafood. Early assessment based on available information to date is as follows:</p> <ul style="list-style-type: none"> • Risk to residents/travellers to Wuhan City Huanan market is moderate • Risk to residents/travellers to Wuhan City but not Huanan market is low to moderate • Risk to UK residents is very low. 	
<p>11. Finance and Management Activity Reports</p> <p>Sandra reported that we have been given a 10% savings target.</p> <p>She asked the Lead Nurses to ensure all their TURAS is up-to-date.</p>	
<p>12. HEI Reports / Inspections</p> <p>Nil to update.</p>	
<p>13. Built Environment</p> <p>The dates for the Infection Control Built Environment Group meetings have been issued. The next meeting is scheduled for March. Sandra said that she will speak to Alistair Leanord regarding representation.</p>	SD
<p>14. NEW BUSINESS/ AGENDA ITEMS</p>	
<p><u>CNO Letter: Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) Policy Requirements</u></p> <p>The CNO issued a letter on 23rd December 2019 asking for Boards to confirm the mandatory HCAI and AMR policy requirements that must be adopted and implemented in all NHS healthcare settings. Sandra advised that she has issued a template to the main people concerned for them to complete their sections and return to her by 24th January. Once this is completed she said that she will issue the template to SMT.</p> <p>With regards to section 2.11 Ann said that all NHS Boards are required to participate in any future PPS of HCAI and HALT which could be a resource implication for us.</p>	

Item	Action
ITEMS FOR NOTING	
15. Meetings Update:	
i) <u>Lead Nurse Meeting</u> Nil to update.	
ii) <u>ICD Meeting</u> The ICDs are due to meet on 16 th January.	
iii) <u>Board Infection Control Committee</u> The next BICC meeting is scheduled for 20 th January.	
v) <u>Partnership Infection Control Support Group</u> The PICSG are meeting next Thursday.	
16. Update on Inquiries	
Sandra provided an update on the ongoing Inquiries.	
<ul style="list-style-type: none"> - The Health & Safety Executive issued GGC an Improvement Notice regarding Ward 4C. This notice requires us to carry out a verification of the ventilation system for Ward 4C. Alistair said that a meeting was held yesterday and it was noted that this area needs 6 air changes. A case will be put together regarding numbers and Alistair is working on this. - Dr Brian Montgomery and Dr Andrew Fraser are leading the independent review into the design, commissioning, construction, handover and maintenance of Glasgow's Queen Elizabeth Hospital. - Judge Brodie has been appointed to lead the Public Inquiry. - GGC are in special measures on level 4 for Infection Prevention & Control. Professor Marion Bain is now the Director of Infection Prevention & Control and Alistair said that he met with her yesterday. She is the HAI Executive Lead and he said in the first instance we report to Scott Davidson with any issues. A meeting will be held with the Government to take them through our governance processes. 	
17. Any Other Competent Business	
Sandra thanked Kirsty for her service to the IPCT as this was her last SMT prior to taking up a post at HPS	
Influenza POCT: Alex reported that Rory Gunson Consultant virologist is looking for evidence that POCT has been beneficial.	
The embargoed HEI report for the last visit to QEUH will be available 15/01/2020	
18. Date and time of next meeting	
The next meeting of the Senior Management Team will be 6 February 2020 at 1.30pm, Meeting Room WS11-033 Seminar / Education Room, Level 11, Queen Elizabeth University Hospital.	

Subsequent SMT Meetings in 2020:

Thursday 6 February (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 5 March	1.30pm to 4.00pm	Seminar / Education Room WS7-033, Level 7 Queen Elizabeth University Hospital
Thursday 2 April (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 7 May	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 4 June (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 2 July	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 6 August (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 3 September	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 1 October (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 5 November	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital
Thursday 3 December (clinical meeting)	1.30pm to 4.00pm	Seminar / Education Room WS9-033, Level 9 Queen Elizabeth University Hospital

NHS Greater Glasgow and Clyde

Acute Services

Women and Children Directorate (W&CD)

Hospital Paediatrics and Neonatology (HPN)

Terms of Reference – Clinical Review Group (CRG)

1. Introduction

This document sets out the terms of reference for the CRG.

2. Chair

The CRG will be chaired by the General Manager HPN.

The deputy chair will be the Chief Nurse HPN.

3. Membership

Membership of the CRG will be formed by senior members from:

- W&CD management
- Infection Control/ microbiology
- Estates
- Facilities
- Clinical Team

Named individuals from these areas will be identified to provide a consistent involvement. During absence deputies will be expected. It will be the responsibility of each department area to ensure representation to the CRG.

There will be no rules around Quorum.

An open invite will be offered to senior managers out with W&CD.

4. Standard Agenda

A standard agenda will be formed around the membership under point 3) above.

Under infection control the CRG will be responsible for monitoring

- infection rates
- enhanced inspection reports
- root cause analysis
- Water, air and other environmental sampling

When appropriate, it will function as an operational arm to a functioning Incident Management Team.

Under clinical team the CRG will report on activity, staffing, clinical cases of concern, staff and patient engagement.

The CRG will also inform on current corporate business linked to NHS Board Escalation (infection control).

5. Project Management Office (PMO)

The CRG will also function as the operational arm to the W&CD PMO.

6. Frequency of Meetings

The CRG will meet weekly at a standard time. Meetings will normally be scheduled to last 1-2 hours.

7. Reporting to

The CRG will report through formal W&CD management structures. Note is made to point 5).

It is also noted that the CRG will on occasion have indirect link to a functioning IMT.

8. Paperwork

The CRG will have a formal minute taken and approved at the subsequent meeting. An agreed agenda will be used as per point 4).

Jamie Redfern

General Manager HPN

Clinical Review Group

Monday 2nd December 2019 – 4:30pm

LEVEL 0 OPD Meeting Room OPD-016

In Attendance

Emma Somerville (ES)	Senior Charge Nurse	Ward 6a/4b Inpatients
Angela Howat (AH)	Senior Charge Nurse	Ward 6a Day care
Pamela Joannidis (PJ)	Senior Infection Control Nurse	
Gael Rolls (GR)	Lead Nurse	
Jen Rodgers (JRo)	Chief Nurse	
Alan Mathers (AMM)	Chief of Medicine	
Sharon Johnstone	Facilities Manager	
Jamie Redfern (JR)	General Manager	

Apologies

Brenda Gibson (BG)	Consultant Haematologist
Dermot Murphy (DM)	Consultant Oncologist
Melanie Hutton (MH)	Clinical Service Manager

Purpose of the Meeting

JR explained the purpose of the meeting. Noting this was an action from the IMT. The group would use minute of every previous meeting held every Monday in sequence from 2/12 onwards at 4:30pm to discuss issues affecting Ward 6a/4b and/or wider haematology oncology group.

Infection Control

PJ noted the last gram negative infection recorded was 15/11. 30 day period where this would be discounted from being used to trigger a PAG/IMT was 15/12. JR reminded all 2 cases would trigger a PAG. For all other processes that might follow thereafter JR referred to previous minute of last IMT meeting and as agreed with the Clinical Team.

ES/AH /PJ/ GR noted again the excellent results achieved by Ward 6a for enhanced infection control supervision audits in the week.

PJ noted that the SMART site study protocol was now in place and would be rolled out later this week; further updates to follow at future meetings on progress/learning points from this activity.

PJ noted Craig White had asked for further modification to Root Cause Analysis pro-forma being used. PJ asked (and agreed) if learning points from any completed RCAs in the absence of IMT should come through this group. PJ to send outputs from all relevant RCAs to the group since IMT closed.

PJ noted she was close to completion for SOP that would be used for boarded haematology oncology patients out with Ward 6a / 4b. In receipt this would be rolled out.

Group noted recent queries about use of bottled water. It was confirmed that outpatients supplies bottled water if required as they do not have access to a kitchen. JR had asked colleagues to think how arrangements for Ward 6a might be replicated. Position reiterated as follows: sterile water to BMT patients and filtered tap water for all other patient groups. Noted on ward rounds some families

still need reassured on safety of filtered tap water to drink as being supplied on Ward 6a. This would be an ongoing process of building confidence with families.

AH described a recent example with cardiology physiology where child had dropped dummy and parent had went to clean it with tap water. Member of staff had stopped them and said water was unclean; JR to pick up with department head. JR also think about how a similar message of safety is delivered to other departments both consistently and continuously.

Estates

JR agreed to speak to Mark Riddell/Alan Gallagher about whom from Estates department would attend this meeting moving forward.

ES noted the cleaning of chilled beam which is to happen in the ward every 6 weeks will be coming up soon; JR will speak to Estates colleagues about agreeing plan for this. Important parents are aware this is happening as routine maintenance and not any particular estate issue with the Chill Beams themselves. Noted this is a previous action of the IMT.

AH noted 2 rooms closed in Day Care ward 6a increasing to three. Reasons for closure

- Hoist over heating – closed
- Water seeping from toilet - closed
- Lights will not go out on thermostat – to be closed

JR to chase up Estates for timetable as to when rooms will be repaired; also could this be filtered in to the aforementioned chill beam cleans as priority areas for this particular task

ES noted 1 room in the inpatient area not in clinical use because being used for storage purposes; GR speaking to Estates for alternative solutions to allow room to be re-used for clinical purposes.

PJ noted the need to make sure program of flushing for little used outlet via Estates while any room out of commission. MH/GR to pick this up; agreed it should be Estates who do this and not nursing while rooms are out of use. Every week through this group needs to be confirmed this is happening.

Sink in the ward pre gen kitchen area needs to have a filter installed noting food is supplied from this area. Confirmed drinking water for patients was not supplied from this area.

For next meeting JR will chase up on outputs from any water/ventilation/environment testing results. JR will also ask for update on filter changes and confirm program is in hand. JR will also ask for update on drain cleaning.

Domestics

GR confirmed housekeeping vacancy has been processed.

No other domestic issues reported.

Clinical Services

ES confirmed Band 7a nurse now in post and doing well as per action agreed by IMT

ES also noted vacancies of band 5 posts had put forward at professional judgement for recruitment but Finance had not yet signed off; JR to chase up.

AH noted maternity leave cover to day care post being recruited like for like. ES noted applicants likely to be recruited from the ward.

ES noted parent / play room in Ward 6a functioning well.

JR noted DM had sent an update on Prophylaxis changes. JR noted a number of ongoing parent anxieties around this and how it linked to wider safety of the ward. JR will speak to DM and agree a timetable for when change from CIPRO will be implemented. He will also discuss any other proposed changes to prescribed prophylaxis for haematology oncology patient group including anti fungal drugs.

Recent death on the ward – see email from GR 2/12/19 Patient CHI [REDACTED] died [REDACTED] in Ward 6A QEUH. Patient had been a frequent inpatient and outpatient attender with this admission beginning on 11th November 2019. Death certificate lists cause of death as: 1. Refractory AML 2. Chest Infection 3. Ataxia

AN was not actively resuscitated at the time of her deterioration as parents were in attendance with palliative care medical input and in agreement of futility of such actions due to her disease process.

Patient / Family Engagement

JR/JRo noted process for managing individual case requests for information on links to historic water issues which have followed since letters from Chairman/Chief Executive Officer and media attention on subject. Progress against each of these cases is managed via Jen Haynes with communications coming through this group as appropriate. The Communication team respond to the Facebook posts, similarly these will be discussed here if appropriate to do so.

Parent timetable on family awareness sessions been put up on the parent room; further updates to be provided via GR/JRo. Can we use the Facebook page to promote these workstreams?

JR/JRo provided updates on ward visits – a number of parents positive about the service being provided. In last week JR/JRo along with ES had provided various briefings from Board including the Health Protection Scotland report to IMT.

Date and time of Next Meeting – Monday 9/12/2019 4:30pm venue to be confirmed

Draft Agenda – 9/12/2019 Ward 6a / Ward 4b Clinical Review Group

1. Introduction, attendance and apologies
2. Infection Control Update
3. Estate Update
4. Domestic Update

5. Clinical Team Update
6. Patient Engagement Update
7. Any Other Business

Matters Arising

- Covered from previous minute 2/12/2019
- Review IMT Action Plan

Clinical Review Group
Monday 9th December 2019 – 4:30pm
3rd Floor RHC Room 027

In Attendance

Kirsten Meikle (KM)	Senior Charge Nurse	Ward 6a/4b Inpatients
Angela Howat (AH)	Senior Charge Nurse	Ward 6a Day care
Pamela Joannidis (PJ)	Senior Infection Control Nurse	
Jen Rodgers (JRo)	Chief Nurse	
Sharon Johnstone	Facilities Manager	
Jamie Redfern (JR)	General Manager	
Brenda Gibson (BG)	Consultant Haematologist	
Kerr Clarkson (KC)	Senior Estates Manager	

Apologies

Dermot Murphy (DM)	Consultant Oncologist
Melanie Hutton (MH)	Clinical Service Manager
Gael Rolls (GR)	Lead Nurse
Alan Mathers (AMM)	Chief of Medicine

Infection Control Update

PJ confirmed there had been no new cases requiring root cause analysis to be completed in the reported week 2/12. In the 30 day reporting cycle there has been one Gram negative which had been reviewed with RCA. This would remain on the trigger point until 30 days completed 15/12.

PJ noted the SOP for haemato oncology patients cared for in other areas of RHC document v2 has been circulated but not signed off by Ventilation Group/ BICC. JRo noted problems in previous week operationally in Ward 3b and what rooms to locate 6a boarded patients in. JRo is keen this is approved to provide clarity for service. PJ will take the action to discuss with AL.

PJ noted routine screening in week for Ward 6a/4b showed that shower room (Room 9) had a Gram Negative identified in drains of the shower / hand wash basin; this represented two positives out of a much larger number of swabs in the ward. More results were awaited and would be sent to JR and JRo.

BG queried how often the drains cleaned. SJ to check how frequent the shower drains are cleaned. The drains in the hand wash basins are cleaned weekly. Group queried whether we should clean the shower drains in a similar fashion. PJ to check with AL as drains are understood to run risk of this type of result through routine checks. Note point of use filter in room was negative and it is not unexpected for drain samples to be positive for environmental organisms as they are used for hand washing. PJ noted drains all cleaned in this room and area will be re-sampled tomorrow. Noted that there have been no associated infections to date.

JR noted he was keen to check that the previous IMT action plan was completely signed off with nothing outstanding? PJ agreed to confirm position with group.

Estates Update

KC confirmed that Scribe being updated for Chilled Beam review to allow corner beams to be cleaned using Tent. KC and SCNs agreed further updates on this to be provided through future meetings. It was agreed that a laminated sign would be put up on rooms being cleaned to confirm it was routine planned maintenance and not a problem with the Estate.

AH/KC confirmed rooms 12 (toilet leak) and 17 (hoist) remain out of action in Ward 6a day care. KC noted Estates were waiting for replacement hoist equipment order. KC noted the toilet was fixed but room requires re scribed and IPS removed to get access to system as now issue with flushing. Room 14 needs further electrical work completed but for now room remains in use.

KC/PJ agreed to update at future meetings on water, ventilation & environmental sampling and results KC asked to provide results from ventilation sampling to show Impact of hepa filtration in rooms to be provided.

Group queried whether swabbing of chilled beams could be completed at 6 weeks post clean to see if we can reduce the frequency of cleans; PJ to speak to AL about process and benefit of doing this

KC confirmed no issues with filter efficacy. A missed filter change has occurred on Ward3b, this has been resolved however and KC has taken the action to request DMA check all POU filters on the Sch Pt pathway to ensure no other changes missed.

Domestics Update

SJ confirmed no issues reported. Inspection on Tuesday 3rd December 2019 provided good results which were shared at time with SCNs.

Clinical Team Update

BG and KM confirmed no new unwell patients in the ward since 2/12.

No staffing issues reported although aware Housekeeper post from action plan remained outstanding.

BG confirmed there were no positive blood cultures identified in week and there were no patients causing concern.

Noted there had been a patient death in the ward but this was a palliative patient and had been anticipated.

New oncology patient had died in PiC. The patient had an underlying condition and Serratia infection was identified in blood culture post death. Report sent to the PF. Noted this patient had never been anywhere in RHC except PiC. AL had confirmed no infection issue for the hospital. IMT which was reviewing pseudomonas in PiC had picked up on this case. IMT HIATT green BG noted there was a known patient from NHS FV being admitted today with a known bug. This bug had not been acquired in RHC.

KM confirmed patient for research Car-T trial had been transferred to Netherlands at weekend. Noted this was the patient who had previously been sent to Newcastle.

Patient Engagement Update

JRo and KM updated on various planned sessions with parents and families including: Line care awareness and massage sessions plus weekly coffee afternoon sessions.

JRo confirmed the direction of travel for haematology oncology team to continue building the Neonatal inspired Helping Us Grow (HUG) principles. Implementation plan will be picked up by the Lead Nurse and local team. JR reminded this was cornerstone of strategy to re-build confidence with family.

PJ agreed to arrange a session for hand hygiene with families.

JR updated on process for how NHS Board was responding to Individual family queries on current / historic infections for their children. He noted PJ had supplied summary of infection on the active list of patients. One parent (of child EP) had requested to meet management / microbiology tomorrow to discuss infections for their child and links to water incident. PJ to review with AL. Noted AL could not attend. PJ confirmed she would be available to support JR/ JRo in meeting scheduled sometime 10-12 noon. JR / JRo doing an update conference call with Jonathan Best et tomorrow 8:30AM.

AOB

JRo noted nurses on Ward 6a/4b had been interviewed by the independent review team on 9/12. Noted infection control nurses also interviewed. She also confirmed that medical staff in Haematology Oncology to be interviewed in the future.

Footnote

JR confirmed he had provided an update on the current situation to the RHC Partnership Forum.

Further to our conversation earlier this morning I can confirm that the PCHC Team will provide support to Wards 6A and 4B to gather care experience feedback.

Due to the urgency of the situation we will start working with the ward from Monday 16th December. As explained I have one team member who is currently on a phased return to work and the other who works part-time... so in the initial period to ensure we can gather an adequate amount of feedback they will both support the ward. As discussed this probably means that we will not be able to provide support to your other areas.

We will aim to send you a report on the feedback gathered before both staff members finish for Christmas leave on the 23rd December. Thereafter the reports will be sent the first week of each calendar month for the following 12 months.

If you can confirm that you have briefed Gayle, Emma and Kirsteen on the plan I will set-up a meeting with them before the end of the week to open some preliminary discussion on what we do and how etc.

Jamie Redfern V2.19-12-19

Draft Agenda: Meeting 16th December 2019 at 4:30PM

1. Introduction and Apologies
2. Infection Control Update
 - a. IMT Action Plan
 - b. 30 Day Gram Negative Update/ Root Cause Analysis
 - c. Environmental Sampling
 - d. Enhanced Inspection Update Ward 6a / 4b
3. Estates Update
 - a. Day Care Rooms out of use Update
 - b. Chill Beam Cleaning
 - c. Filter Update
 - d. Tap Flushing
 - e. Any Other Estate Issues linked to Ward 6a / 4b
4. Domestic Update
5. Clinical Team Update
 - a. Housekeeper
 - b. Staffing Issues
 - c. Patients causing concern
 - d. Hospital deaths in week
 - e. Staff briefings
 - f. Working with parents and families
 - g. Parent queries
6. Corporate Update
 - a. Sunday Post Article / response
 - b. Jen Haynes Parent Query Log
 - c. Independent Reviews
7. Any other Business
 - a. Schedule of weekly meetings over festive period (Chair and Minutetaker)

NHS Greater Glasgow and Clyde (NHS GGC)

Acute Services

Women and Children Directorate (W&CD) / Hospital Paediatrics and Neonatology (HPN)

Recorded minute of the Paediatric Haematology Oncology Clinical Review Group (CRG) meeting held 4:30pm on Monday 16th December 2019 in the Royal Hospital for Children (RHC) Ground Floor Seminar Room.

In Attendance

Jamie Redfern* (JR)	General Manager HPN
Jen Rodgers (JRo)	Chief Nurse HPN
Kerr Clarkson (KC)	Senior Estates Manager
Emma Somerville (ES)	Senior Charge Nurse Inpatients Ward 6a/ Ward 4b
Angela Howat (AH)	Senior Charge Nurse Day Care Ward 6a
Pamela Joannidis (PJ)	Interim /Chief Nurse Infection Control
David MacDonald (DMacD)	Senior Facilities Manager
Brenda Gibson (BG)	Consultant Haematologist
Dermot Murphy (DM)	Consultant Oncologist
Gael Rolls (GR)	Lead Nurse HPN
Angela O'Neill (AO) **	Deputy Director of Nursing Acute

*Chair

** In attendance

Apologies

Sharon Johnstone (SJ)	Senior Facilities Manager
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Housekeeping

JR thanks all for attending the second meet of the CRG. He confirmed the meeting would follow similar agenda to the previous week meeting.

After introductions AO explained her new role working with Chief Nursing Officer Fiona McQueen who is Chair of the new Oversight Board while NHS GGC is under special measures (4).

JR asked for who was available over two weeks covering holiday period (23/12 and 30/12). He informed the group that he was not available for either meeting due to holidays.

JRo agreed to Chair the 30/12. She confirmed she was not available on the 23/12. JR agreed to ask Kevin Hill to chair on that date.

Dermot Murphy noted he was not available on 30/12 but would ask for one of his Oncology consultant colleagues to cover for him.

Facilities, Infection Control and Estates colleagues confirmed there would be senior representation at both meetings. Senior nursing colleagues also confirmed same position.

Infection Control

1. Incident Management Team Action Plan

JR asked PJ to review the action plan for Ward 6a Incident Management Team (IMT) which had recently been stood down . PJ will submit with any outstanding actions for CRG to pick up. This document will be referred to as appendix1ref16-12-2019

2. Thirty Day Infection Cycle

PJ confirmed that the first 30 day cycle since IMT closed had now been completed.

During this time she noted there had been 1 Gram negative infection recorded. PJ noted a Root Cause Analysis (RCA) on this case had been carried out. PJ to confirm this was not environmental.

She noted that there had been a second (e-coli) infection on the patient but in discussion with the child's consultant it had been confirmed as a repeat infection and not second case.

All CRG members were reminded that trigger of a Problem Assessment Group (PAG)/ IMT were two gram negatives in the 30 day cycle.

ES noted there was a Gram positive infection patient on the ward. PJ agreed to review the case but noted this was not part of the terms of reference for RCA / 30 day cycle reporting.

BG noted this was a patient whose parents had previously asked to see management and infection control with concerns around Ward safety / environment.

The offer of a meeting after this request had subsequently been declined by parent. JR suggested to ES / AH that if parent wished for a meeting then this would be arranged.

PJ confirmed that the second 30 day cycle with no Gram negatives reported started 16/12 and would conclude 14/1/20.

The same arrangements would follow as per instruction of previous mentioned IMT

- Any Gram negative reviewed by RCA
- Two Gram negatives would trigger a PAG review
- If there is no working hypothesis for any triggered IMT external support via HPS would be sought by the Chair of the IMT

3. Environmental and Water Sampling

PJ updated on recent environment and water sampling.

She noted additional information was now available on this from previous week meeting when it had been discussed.

Members were informed:

- Gram negatives identified on drains (stentrophomonas) and outside of filter klebsiella (shower area in room 9). PJ to confirm for accuracy.
- Sampling results received to date were 4 rooms x 10 specimens, with more still to be reported
- No other organisms had been identified in the sample
- Room 9 remains closed
- Further sampling on Room 9 had been carried out yesterday with 24hr / 48hr results from this expected Tuesday / Wednesday this week
 - A decision to re-open the room would be considered in receipt of the re sampled results
- No patients who had used the room prior to it being closed had shown cause for concern
- PJ had asked the Water Technical Group / Health Protection Scotland (HPS) for support in the interpretation of any findings from drain samples

KC / DMacD confirmed Standard Operating Procedures in place for cleaning Filters, Sinks and Drains and that they were being followed routinely.

The room9 filter would be sent to PAL Europe for review. KC confirmed that the organism could not have come from the water supply via the filter and he would expect PAL Europe to confirm this.

PJ confirmed that all water samples returned had been confirmed negative. This covered the following areas as per attached email.

From: Joannidis, Pamela
Sent: 16 December 2019 20:31
To: Redfern, Jamie
Cc: Leanord, Alistair; Bowskill, Gillian
Subject: Water samples results 09 12 19 Ward 6a

Hi Jamie

The latest results are as follows :

Bedrooms 1,5,9,12,13,17 and 27 (CWHB, ensuite sink and shower) all negative. New patient kitchen WHB is negative. Staff wc WHB is negative

DM asked that all water testing results are shared with the group and not just for Ward 6a.

There was one result which PJ had referred to in briefing to the group which DM/ JRo asked for clarification on from Alistair Leonard. PJ would follow this up.

4. Enhanced Infection Control Supervision Audits

JR asked for comment on the weekly submitted Enhanced Audit Summary for Ward 6a/4b.

AO asked for clarification on how Infection Control/ clinical service could show that required actions following the inspection had been completed. She suggested the paper work should be amended to record action taken, by who, when and outcome.

She used the previous hand hygiene audit and the doctor who had not used correct technique as example to illustrate her point.

PJ agreed to modify report form used to cover this.

JR turned to the received reports for this week (appendix 2 attached).

He asked if Estates beside service could follow up on all matters highlighted in the report. KC agreed to do this and report back at future meetings.

JR queried the challenges in respect of spot checks for clinical equipment. AH / ES noted challenges while we waited for the second housekeeper. JRo asked them to review with GR interim auxiliary nurse support to assist while post being recruited to.

5. Root Cause Analysis (RCA) Documentation

PJ discussed changes to the RCA documentation proposed by Craig Whyte.

AO wanted to be clear that it was not any proposed changes to the RCA process. PJ noted the same processes would be used.

PJ agreed to circulate revised documentation (appendix 3) with briefing on changes made and why.

6. Wider Cubicle Document / Haematology Oncology Pathway

PJ agreed to re-circulate the current document (appendix 4).

It was noted that Professor Leonard wanted this to be signed off by various committees and PJ was submitting for final approval on this latest draft.

In the interim JR/ JRo remained encouraged to use the current draft for operational purposes in management of the Haematology Oncology pathway.

PJ would get approval from Professor Leonard for this to happen.

Estates

Estates Work Plan for ward 6a / 4b

KC and AH confirmed there were three rooms in Day Care which remained on the Estate log.

AH noted room 12 was back in use as was Room 14. Room 17 remained out of use. AH asked if the hoist in Room 17 could be taken out so the room could be re used for other purposes. KC would review this and feedback.

It was noted the need for an agreed Scribe so that Chill Beams in these rooms could be cleaned while other work could also be prioritised. KC, AH and PJ would review and take forward.

ES noted there had been no movement in the provision of extra storage to service which would allow cubicle 22 to be re-commissioned for clinical purposes. The option of using a cordoned space in the Physiotherapy assessment area on 6th floor was proposed as an option. DMacD agreed to see if this was possible and / or look at other possibilities.

Chill Beam Cleaning

PJ, KC and ES/ AH would meet to discuss the microbiology information available which might under review suggest whether an extended period between routine Chill Beam cleans was possible.

JRo reminded colleagues that this was a request from the previous IMT by Professor Leonard.

JR noted any proposed change would need to be approved by this group and then put forward to Professor Leonard/ others for corporate approval.

JR noted the service for now continued to work on SOP which stated chill beams should be cleaned every 6 weeks.

KC noted service was now at week 8 since last clean. JR asked for colleagues to agree an immediate plan to get all Chill Beams cleaned in the ward with immediate effect.

He also stressed the importance of alerting parents and families that this was routine maintenance..

Filters

KC noted the organisation had 1259 rooms across the campus using in excess of 2100 filters.

He confirmed that DMA had completed the audit of all filters with results that none were out of date. JR reminded colleagues this audit had been prompted because of out of date filter identified in Ward 3b RHC.

KC noted that the organisation was using both 31 and 62 life span filters.

He explained that the 31 day filters were smaller than the 62 day filters. This meant that in use proximity between filter and drain was closer for the larger product.

It was recognised that using different filters posed a twofold risk:

- Wrong filter attached (referenced to the type of sink and subsequent risk of back splash)
- Failure to change to guarantee standard for type of filter being used (this was the reason for failure to change the Ward 3b filter at 31 days instead of the longer period).
 - KC to confirm period beyond 31 days for this filter
 - The filter has been sent to PAL Europe for review
 - All patients who had used that cubicle beyond warranty period were being formally reviewed. PJ to update.

Tap Flushing

JR asked for colleagues to confirm that the tap flushing protocol had been implemented in week without issue. GR confirmed this to be the case and that documentation recording this was available if required.

KC confirmed that when a room was out of use then Estates would seek permission within Scribe to routinely flush.

Domestic/ Facilities

DMacD informed members that all domestic support covering Ward 6a / 4b had been re-trained on the various cleaning SOPs. All staff had been subsequently validated against required competency levels.

PJ asked if DMacD would send a copy of the HYSAN Chlorine SOP.

DMacD noted no issues with the Facilities internal audits within both wards in week and results had been shared with the Clinical team. ES / AH reported no issues.

Clinical Team

Vacant Posts

ES noted the new housekeeper post was at recruitment. Likely start date for filling this post targeted as Feb 2020.

ES noted there were a number of Band 5 posts submitted for recruitment through the Directorate vacancy management process; JR / JRo to review.

Service Pressures

There was general discussion on service pressures / staffing. JR thought it useful that a summary report from the activity Anne Douglas (Flow Coordinator) captures on occupancy and staffing be reviewed at weekly meetings from now on.

JRo noted that within this service needed to be clear about the arrangements being put in place during (and post) huddle for mitigation against nurse pressures.

Weekend day care activity was noted as a potential pressure point for nurse staffing in the ward. ES / AH noted there was no day care staff on site at this time and any work had to be absorbed by the ward nursing team.

JR noted on this basis it was imperative that only emergency weekend work be scheduled. In the previous week AH noted that 1 patient had been asked to attend for treatment on the Sunday which could have been planned in week.

JRo suggested the Friday look forward and Monday look back planning meetings be used for this and learning points from it discussed.

JRo asked if the member of staff who was being recruited to the bank and would be available to support at weekends had her paperwork progressed. GR noted it was with Occupational Health. GR agreed to chase this up given opportunity that existed to support management of weekend pressures.

JR suggested this be a routine question asked at all CRG meetings.

JR noted for future meetings, pressures on HaN, pharmacy and senior / junior medical pressures should be discussed.

Current Patients

BG noted there was a Leukaemia patient recently admitted to the ward from Wishaw who was very unwell. There was also a sickle cell patient who was an ITU watcher. No other patients were causing cause for concern.

Confirmed by clinical team there had been no deaths in the ward in week. JR explained why this question would be routinely asked highlighting it was something previously media interests had asked. If there was an up to date position on this through this group then management could respond without having to speak to clinical team.

Staff Briefings

JR noted the last staff briefing was the update following the Cabinet Secretary's statement to parliament on Special Measures. He also noted this was the case for parents and families.

JR asked those present to remind staff that if they are unsure or concerned about matters and would like to seek additional information then he and JRo would be able to come up and discuss. The option of a 1-1 meeting with any member of staff was also available as previously offered.

ES / AH confirmed nursing staff were content with the process. JR also confirmed that he and JRo would continue to brief staff moving forward

JR noted he was aware of the requested meet between Directorate management & senior medical and nursing staff for later in the week to discuss Cabinet secretary statement and other related matters.

JR would check availability of KH, JRo, AMM and himself and agree a time and place for this week and this meeting to happen. Provisional time of 8:30AM was set Thursday morning with venue to be identified.

Drinking Water and Patient Showering

EM / AH confirmed that the use of drinking water and showering in Ward 6a / 4b was in place and no concerns had been raised by families.

They also confirmed there were no issues with children being washed / showered. Should any issues be identified they should be reported through the Lead Nurse to JRo for further discussion/ action.

Patient Engagement

Copied in the last minute of the CRG was the email exchange between JRo and Person centred care team which focussed on priority support to Ward 6a/ 4b from the latter.

JRo explained the Person centred care team would offer support for a nine to twelve month period.

She noted there would be structured / themed interviews with parents and families and immediate and then interim feedback reports over the period.

She confirmed that this was a very useful resource to use, generated good involvement from parents and produced robust feedback information for service to review and use moving forward to support development of services.

GR confirmed that to date the patient awareness sessions were working well. She noted coffee mornings, a variety of education workshops including on line care and Hand hygiene..

JR asked if there was a group established similar to what Neonates had implemented to drive further implementation of this. GR agreed to get this group up and running and also to invite Dr Neil Patel to discuss how he had with colleagues managed to progress the initiative so successfully across neonatology.

Prophylaxis Update

DM provided an update on where service was with the roll out of prophylaxis changes following the meetings with Dr Doherty.

He confirmed the Cipro review group was well established with multidisciplinary involvement. This group were currently working on draft 2 of the SOP for offer of Torolock as an alternative treatment.

He also noted he had received information from other UK and international centres on their specific practice in use of this alternative approach including Alderheigh and Brisbane.

He updated that a decision needed to be made on whether volumes were heparinised or not. His view was that most sites were not heparinised in approach.

DM noted that discussions with Dr Andrew Murray on this specific matter had gone well.

JR confirmed that in discussion with parents who expressed concern about continued use of prophylaxis, a standard set of words had been prepared.

Parent Contacts

JR confirmed that he, JRo and others were continuing to liaise with parents who had expressed concern about current or previous safety of the hospital in respect of water or wider environment issues.

He also confirmed that there were regular catch up sessions with Jonathan Best and Scott Davidson around progress on this. The next briefing on this with these colleagues was Tuesday 17/12 at 4pm.

JR agreed to update clinical team if any immediate actions came out of this briefing.

Play / Parent Room IT issues

ES noted that there were IT issues affecting TVs in both rooms. JR noted he had earlier that day received a call from Simon Trobe in IT on the matter and was awaiting email update on possible options to remedy current problems.

Date and Time of Next Meeting

Date of next meeting: 23/12/2019
Time of next meeting: 4:30pm
Venue of next meeting: OPD Room 16

Jamie Redfern

General Manager HPN

V1.1 16-12-19

NHS Greater Glasgow and Clyde

Acute Services

Notes of meeting/ action plan update for Paediatric Haematology Oncology Clinical Review Group (CRG) dated 23/12/2019

Title of Meeting:	Paediatric Haematology Oncology Clinical Review Group
Date of Meeting:	23/12/2019
Time of Meeting:	4:30pm
Venue of Meeting:	RHC
In Attendance:	Jamie Redfern (JR) General Manager Brenda Gibson (BG) Haematology Consultant Dermot Murphy (DM) Oncology Consultant Kerr Clarkson (KC) Estates Manager David MacDonald (DMac) Facilities Manager Emma Somerville (ES) SCN Inpatients W6a / 4b Angela Howat (AH) SCN Daycare W6a Sandra Devine (SD) Head of Infection Control
Apologies:	Jen Rodgers (JRo) Chief Nurse Alan Mathers (AMM) Chief of Medicine Pamela Joannidis (PJ) Chief Nurse Infection Control (Acting) Gael Rolls (GR) Lead Nurse Sharon Johnston (SJ) Facilities Manager
Previous Minutes:	Previous minutes for meeting 16/12/2019 - Approved
Date and Venue of Next Meeting:	30/12/2019 – venue RHC

Estates

Ref Number	Heading Topic	Action	Ref to Paper	Comments	Lead Group member
1	Rooms	Rooms 12 and 17	No	Back in use although work to be completed	KC / AH /
2	Rooms	Room 14	No	Back in use although heating needs sorted. Urgent scribe required.	KC / AH / PJ
3	Filters	Certificates confirming filters who were not removed to 31/62 day vendor specification	Yes – Certificates presented to group	Confirmed filters were fully functional	No further action

4	Rooms	Sign off of rooms	Draft tabled – to be finalised and signed off	KC presented draft hand over sheet which would remain a live document on the ward while Estates working on a room. When work completed and room formally handed over would be filed and held by Estates. This was an outcome of recent problem with room 17 h/o	KC / AH / ES
5	Rooms	Chilled Beam Cleaning	No	KC confirmed all rooms completed with exception of room 22 which would be completed 24/12/2019. This would mean next schedule of clean February 2020	KC
6	Rooms	Chilled Beam Cleaning	No	PJ and Estates too form a paper / plan following meeting which would confirm whether frequency of cleaning chilled beams should be increased from current 6 week cycle. This needed approved by Prof A Leonard	KC / PJ / AH / ES / GR

7	Rooms	Physiotherapy Storage space	No	DMac confirmed he had spoken to Anne Harkness about access to physiotherapy space to assist with storage problems in Ward 6a. Free cubicle 22 back up for clinical purpose	JR to speak to KH. Both to approach AH for further discussion
8	Tap Flushing	Confirmation that all rooms in Ward 6a / Ward 4b were being flushed to protocol	No	KC / ES / AH confirmed protocol had been followed for all rooms. KC noted clinical team had been lauded for attention to detail on this important matter	Ongoing – KC / AH / ES / GR

Infection Control

9	Root Cause Analysis	Paper prepared by PJ on best practice / lessons learned from previous IMT. How to use moving forward	Yes	Comments back on tabled paper to PJ	Paper to be amended by PJ subject to comments received by group members. PJ to confirm if document takes account of previous comments from Craig Whyte
10	SPC Charts	Monitoring infection rates	Yes	Charts reported up t end of November 19. All recognised excellent performance levels	PJ to consider if weekly reporting can be provided on chart to run in sequence with this group

11	Patient Update	RCA on Patient CJ – Gram Positive	No	PJ not present so to be updated at future meeting. Note this patient was out of scope for standard RCA process approved by IMT	PJ
12	Room 9 Update	Review of infection Control sampling	Yes – briefing paper provided by JRo to Director of Nursing for onward submission to Scot. Govt.	SD confirmed no problems with previous reported samples discussed at meeting 16/12	No further action Will be included in daily Sitrep submitted by Clinical team to Scot. Govt
13	Reported Gram - Clinical Infections	When was the last gram – infection? How many infections in the last 31 days?	No	No infections reported in current 31 day cycle Noted previous 31 day cycle which ended 15/12/2019 1 reported Gram Negative infection. RCA completed	PJ to update weekly and with clinical team complete RCA as required
14	Environmental / Air Sampling	Review of recent samples	Yes – sample reports provided	Prof Leonard had confirmed to JR no issues with recent submitted sample reports.	Ongoing PJ / JR
15	Water Sampling	Review of Recent Samples	No	No test results submitted	JR to follow up via Water Technical Group

16	Drain Sampling	Interpretation of results	No	SD conformed no guidance from HPS / Scottish Government on interpretation and follow up actions to be followed on results from ongoing drain sampling	PJ to follow up with HPS
17	Campus Accommodation	Protocol for managing infectious patients across Hospital Campus	Yes	PJ submitted paper. SD confirmed Professor A Leonard had okayed for use while waiting sign off through various corporate committees	GR / JRo to develop an implementation plan for roll out across hospital campus. Particular attention to paediatric haematology oncology patients outwith Ward 4b/6a
18	Enhanced Supervision Audits	Review of weekly results and follow up actions	Yes – reports tabled for 17/12/2019	No issues reported from IC on outcomes from submitted report. KC confirmed estate issues from week 10/12/ 2019 had been sorted or were in process of being sorted.	KC to follow up all estates work from week 10/12 completed PJ to update assessment form used to meet changes requested by A Oneill at previous CRG meet

Domestics

19	Drain Sanitising Protocol	Submission of Standard Operating Procedure	Yes – Dmac submitted paperwork	Comments to DMac. Confirmed protocol in use	All ES / AH requested a share point from domestics / estates where all Sops in use could be stored/ accessed electronically by clinical team DMac / KC to review
20	Catering	Actions from the meeting with Ward 6a parents earlier in the year	No	DMac noted the success of the Deli trolley. Plan required to implement formally for Ward 6a / 4b and consideration for wider hospital roll out	JR / JRo to meet with catering manager with view to implementing this successful pilot in Ward 6a
21	Domestic Audits	Review of weekly domestic audits	No – JR asked DMac if the audits could be circulated for future meets	No issues reported	Dmac to submit reports and update by exception as standard

Clinical Team

22	Prophylaxis	Update on the Prophylaxis Plan	Yes – Draft SOP for use of Torolock submitted	DM updated on SOP. Confirmed SLWG continuing to meet. Planned roll out scheduled for 13/1/2020	DM to update on SOP rollout
23	Prophylaxis	General Wording to be	no	Wording to be used in letters to parents agreed	No further action

		used for parent concerns		by clinical teams through DM / BG	
24	Prophylaxis	Update on meetings with Dr Murray	No	BG / DM updated on meetings with Dr Murray. Both agreed had been positive discussions and Scot. Govt. happy with progress being made	BG / DM to continue providing updates
25	Vacancies	ES / AH updated on vacancies	No	JR confirmed all vacancies had been signed off as requested by clinical team.	Nurse auxiliary support still required while housekeeper post vacant. GR to review with AH / ES. Nurse bank member of staff still at OHealth. GR to see if process can be expedited to support weekend working cover
26	Family Engagement	Transfer of case notes to parents	No	BG / DM referred to meeting with KH / AMM and JR where transfer of case notes to parents had been discussed. JR noted health records had various cross checks in place to ensure accuracy of records. BG happy to sign off reports on this basis	JR to update Health Records GR to provide timetable of family engagements Noted daily Sitrep reports will pick up on this. GR/ JRo to set up meeting with Neonatology team involved in HuGG

27	Media / Comms	Briefing on the recent Sunday Herald report 22/12 discussed	No	Noted Facebook page had been updated to provide response to this. Briefing to parents on the wards also provided	No further action JR noted the database holding all parent contact details was being updated and process reviewed as all parents not getting letters being sent out.
28	Patient Updates	Update on specific patients in the ward causing concerns	No	BG noted delayed transfer to PiC for BMT / LEuk patient from Aberdeen. No deaths reported in the week on either ward. As per noted earlier no gram negative infections reported	Weekly updates from clinical team as standard JR and BG would monitor the clinical case from Aberdeen

Draft v1.1

Jamie Redfern General Manager HPN

NHS Greater Glasgow and Clyde

Acute Services

Updated action plan from Paediatric Haematology Oncology Clinical Review Group (CRG) dated 30/12/2019. Note includes actions from previous meetings.

Title of Meeting:	Paediatric Haematology Oncology Clinical Review Group
Date of Meeting:	30/12/2019
Time of Meeting:	4:30pm
Venue of Meeting:	RHC
In Attendance:	Jen Rodgers (JRo) Chief Nurse (Chair) Brenda Gibson (BG) Haematology Consultant Kerr Clarkson (KC) Estates Manager Emma Somerville (ES) SCN Inpatients W6a / 4b Angela Howat (AH) SCN Daycare W6a Sharon Johnston (SJ) Facilities Manager Pamela Joannidis (PJ) Associate Nurse Director IPC (Acting)
Apologies:	Jamie Redfern (JR) General Manager David MacDonald (DMac) Facilities Manager Sandra Devine (SD) Head of Infection Control Alan Mathers (AMM) Chief of Medicine Gael Rolls (GR) Lead Nurse
Previous Minutes:	Previous minutes for meeting 23/12/2019 - Approved
Date and Venue of Next Meeting:	06/01/20 – venue RHC

Estates

Ref Number	Heading Topic	Action	Ref to Paper	Comments	Lead Group member
33 new Facilities	Deli Trolley, successful test in 2C	Consider Deli trolley as option. Requires financial cover		Cost Approx £5k	JR/SJ/DMcD
32 new Estates	Room 11	Estates work required			KC
31 new Estates	Family Room	Electrical testing to solve issue.	No	Testing underway	KC
30. new Estates	Room 88, Ward 4b	Control of room temperature.	No	Requires access to heating valve. SCRIBE to be sent to IPC.	KC/PJ
29 new Estates	Room 4	Repair to blinds	No	Nil	KC
1	Rooms	Rooms 12 and 17	No	Back in use although work to be completed	KC / AH /

2	Rooms	Room 14	Verbal update	Thermostat require to be connected. Work completed 30.12.19	KC / AH
3	Filters	Certificates confirming filters who were not removed to 31/ 62 day vendor specification	Yes – Certificates presented to group	Confirmed filters were fully functional	No further action
4	Rooms	Estates sign off / handover sheet	Draft tabled – to be finalised and approved	To be circulated to group with all comments back by 6 th January 2020 to KC	KC All
5	Rooms	Chilled Beam Cleaning	No	Chill beam cleans complete. Next due February 2020	KC
6	Rooms	Chilled Beam Cleaning	No	Decision taken by those present that 6-weekly clean would remain in place.	All
7	Rooms	Physiotherapy Storage space	No	Ongoing communications to identify storage to free up Room 21.	JR / DMcD
8	Tap Flushing	Confirmation that all rooms in Ward 6a / Ward 4b were being flushed to protocol	No	KC / ES / AH confirmed protocol had been followed for all rooms.	KC / AH / ES / GR

Infection Control

9	Root Cause Analysis	RCA recommendations amended with implementation plan. PJ to re-circulate.	Yes	Comments back on tabled paper to PJ by 6 th January 2020	All
10	SPC Charts	Monitoring infection rates	Yes	Charts reported up t end of November 19. All recognised excellent	PJ to consider if weekly reporting can be provided on chart to run in

				performance levels	sequence with this group
11	Patient Update	RCA on Patient Gram Positive	No	Note this patient was out of scope for standard RCA process approved by IMT	PJ
12	Room 9 Update	Review of infection Control sampling	Yes – briefing paper provided by JRo to Director of Nursing for onward submission to Scot. Govt.	SD confirmed no problems with previous reported samples discussed at meeting 16/12	No further action Will be included in daily Sitrep submitted by Clinical team to Scot. Govt
13	Reported Gram - Clinical Infections	When was the last gram – infection? How many infections in the last 31 days?	No	No infections reported in current 31 day cycle Noted previous 31 day cycle which ended 15/12/2019 1 reported Gram Negative infection. RCA completed	Ongoing : PJ to update on new GNBC and RCA weekly.
14	Environmental / Air Sampling	Review of recent samples	Yes – sample reports provided	Prof Leonard had confirmed to JR no issues with recent submitted sample reports.	Ongoing PJ / JR
15	Water Sampling	Review of Recent Samples	No	No test results submitted	JR to follow up via Water Technical Group
16	Drain Sampling	Interpretation of results	No	SD confirmed no guidance from HPS / Scottish Government on interpretation and follow up	PJ to follow up with HPS

				actions to be followed on results from ongoing drain sampling	
17	Campus Accommodation	Protocol for managing infectious patients across Hospital Campus	Yes	PJ submitted paper. SD confirmed Professor A Leonard had okayed for use while waiting sign off through various corporate committees	GR / JRo to develop an implementation plan for roll out across hospital campus. Particular attention to paediatric haematology oncology patients outwith Ward 4b/6a
18	Enhanced Supervision Audits	Review of weekly results and follow up actions	Yes – reports tabled for 17/12/2019	Issues: light dust fibres in store cupboards from packaging. Bed rails (scratched) replaced.	Ongoing Enhanced supervision tool updated.

Domestics

19	Drain Sanitising Protocol	Submission of Standard Operating Procedure	Yes – Dmac submitted paperwork	Comments to DMac. Confirmed protocol in use	All ES / AH requested a share point from domestics / estates where all Sops in use could be stored/
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					accessed electronically by clinical team DMac / KC to review
20	Catering	Actions from the meeting with Ward 6a parents earlier in the year	No	DMac noted the success of the Deli trolley. Plan required to implement formally for Ward 6a / 4b and consideration for wider hospital roll out	JR / JRo to meet with catering manager with view to implementing this successful pilot in Ward 6a
21	Domestic Audits	Review of weekly domestic audits	No – JR asked DMac if the audits could be circulated for future meets	No issues reported	No issues for last 2 audits. (No audit boxing day)

Clinical Team

22	Prophylaxis	Update on the Prophylaxis Plan	Yes – Draft SOP for use of Torolock submitted	DM updated on SOP. Confirmed SLWG continuing to meet. Planned roll out scheduled for 13/1/2020 if SOP approved.	DM to update on SOP approval and rollout Impact on DGH to be included. Also MSN, POONS and pharmacy.
23	Prophylaxis	General Wording to be used for parent concerns	no	Wording to be used in letters to parents agreed by clinical teams through DM / BG	No further action
24	Prophylaxis	Update on meetings with Dr Murray	No	BG / DM updated on meetings with Dr Murray. Both agreed had been positive discussions and Scot. Govt. happy with progress being made	BG / DM to continue providing updates

25	Vacancies	ES / AH updated on vacancies	No	JR confirmed all vacancies had been signed off as requested by clinical team.	Nurse auxiliary support still required while housekeeper post vacant. GR to review with AH / ES. Nurse bank member of staff still at OHealth. GR to see if process can be expedited to support weekend working cover
26	Family Engagement	Transfer of case notes to parents	No	BG / DM referred to meeting with KH / AMM and JR where transfer of case notes to parents had been discussed. JR noted health records had various cross checks in place to ensure accuracy of records. BG happy to sign off reports on this basis	JR to update Health Records GR to provide timetable of family engagements Noted daily Sitrep reports will pick up on this. GR/ JRo to set up meeting with Neonatology team involved in HuGG
27	Media / Comms	Briefing on the recent Sunday Herald report 22/12 discussed	No	Noted Facebook page had been updated to provide response to this. Briefing to parents on the wards also provided	No further action JR noted the database holding all parent contact details was being updated and process

					reviewed as all parents not getting letters being sent out.
28	Patient Updates	Update on specific patients in the ward causing concerns	No	BG noted delayed transfer to PiC for BMT / LEuk patient from Aberdeen. No deaths reported in the week on either ward. As per noted earlier no gram negative infections reported	Weekly updates from clinical team as standard JR and BG would monitor the clinical case from Aberdeen

Draft v1.1

Jamie Redfern General Manager HPN

NHS GGC

Acute Services

Women and Children's Directorate

Hospital Paediatrics and Neonatology

Paed Haem Onc Clinical Review Group

Minutes and action Plan

06/01/2020

Core Service	Action Ref No	Action Header	Description of Action	Action Status	Proposed Completion Timescale and by who
Estates	1	Filters	No issues to report	N/A	N/A
	2	Rooms - Problems	Continued problems with rooms 12, 14 and 17 in day care. Room 88 in Ward 4b remained problem with heating. All being reported through PO. Room 9 issues signed off at previous meet of CRG	Work ongoing	KC - update next meeting
	3	Rooms - Maintenance	No issues to report	N/A	N/A
	4	Chill Beams Cleaning	PJ / KC confirmed no change to 6 week cycle for chill Beam clean. Next sequence of cleans for Ward 6a 1st week in February 2020. Noted would take 2 weeks to complete	Scheduled 1st week Feb 2020	KC / ES/ KM/ GR/ AH
	5	Water Sampling	No update. JR to chase Water Technical Group	Pending	JR - next meeting
	6	Drain Cleaning	SOP for drain cleaning circulated by Facilities. Needed a response from HPS in how results for this would be interpreted. KC / Dmac confirmed SOP being followed	Pending	PJ following up.
	7	Room Sign Off Paperwork	KC to make changes to draft and circulate to all members for sign off. Required a brief SOP to explain how process for using document would work	Pending	KC - next meeting
	8	Tap Flushing	Program of works completed as per SOP - no issues	Completed	N/A
	9	Scribe Sign offs	No issues to report	N/A	N/A
Infection Control	1	Enhanced Supervision Results	Enhanced supervision report for previous week noted. No escalated issues to report. PJ to send form to AO-Neill for okay of amendments made to form	Pending	PJ to update at next meet
	2	Hand Hygiene Results	Reports noted - no issues escalated	Completed	N/A
	3	Campus Wide Ventilation Paper	PJ circulated paper. GR to implement across HPN with fellow Lead Nurses	Pending	GR to update at next meeting
	4	Gram - Infections	No Gram infections in week noted. Charts submitted and noted	Completed	N/A
	5	Specific patient reviews	Patient in Ward 4b - PJ to discuss with BG	Pending	PJ / BG to update at next meeting
	6	Root Cause Analysis	No update on patients undergoing CRA. PJ to confirm with Craig Whyte he is happy with revised documentation being used from Scot Govt perspective	Pending	PJ to update at next meet

			PJ noted no environmental sampling being undertaken because of winter pressures / holidays. Will restart second week in January 2020. PJ to confirm weekly / monthly sampling program	Pending	PJ / GB to update at next meet
		7 Environmental Sampling			
		8 Air Sampling	No update as per above	Pending	As above
		9 IMT Action Plan Sign Off	PJ to circulate action plan and pick up on outstanding issue with Comms	Pending	PJ to update at next meet
Facilities		1 Weekly Audit Results	Dmac confirmed no issues with weekly report from Domestics	Completed	N/A
		2 Deli Cart / Catering	Meeting to be arranged with Dmac and Catering manager with JR / JRo/ GR to discuss hospital roll out. GR to complete indent for purchase of ward 6a trolley. Further discussions with infection control / clinical team/ catering / dietetics how this might be used for Ward 4b patients	Pending	Dmac / GR to update on specific actions next meet
		3 Storage space Ward 6a	No space for service to access Physioo space on 6th floor. JR to speak to KH about what other options available. Noted room 22 out of clinical use as a result of pressures	Pending	JR/ Dmac to update at next meet
		4 Portering	Clinical team reported pressures on the Ward and access to portering. JR to pick up with DMac	Pending	JR / Dmac to update at next meet
		5 SOPs	All working SOPs to be made available on a share point for clinical staff. Senior facilities colleagues to review how this might work moving forward. IC to also consider involvement	Pending	KC / Dmac to discuss and brief at future meet
		6 Staffing	No domestic staffing issues raised specific to Ward 6a	Completed	N/A
Service		1 Nurse staffing	ES noted that vacancies had all been approved and were being recruited to. AH noted mat leave in Day Care had been filled internally. ES noted further vacancy would need to be progressed	Completed	N/A
		2 Medical staffing	Pressure on middle grade rota due to short term sickness absence reported by Liz Chalmers and ES. To be monitored	Pending	Medical team to update at next meet
		3 Housekeeper	ES noted interview being set up for this new post. Auxilliary support being provided as backfill while vacant	Completed	N/A
		4 Patient Engagement	Timetable of events for engagement with parents prepared. A number of initiatives reported as going well and highlighted routinely in the daily PO to Scot. Govt. Meeting with Neonates and Group still to be established	Pending	GR to update on planned meet and established local Engagement group

	5 Patient specific Clinical Concerns	Patient in Ward 4b as discussed previously under IC. Also patient from Aberdeen who had dies previous week in PIC. JR to discuss with BG if there should be a SCI	Pending	JR / BG to update next meet
	6 Prophylaxis Update	Group noted work of DM and planned start date for Jan 2020 on Torolock SoP. Wider group being established following meets at Scrutiny Board and Dr Andrew Murray	Pending	DM/ JRo/ JR to update next meet
	7 Outpatients / Labs	Need to work with Labs on improved patient pathway including local blood analyser in opd for haem onc use. Karen Prince preparing SBAR on current issues and recommendations for change	Pending	JR / BG to update next meeting
	8 Weekend Day Care Capacity plans	Clinical team to meet and discuss how they plan for essential weekend day care provision in Ward 6a	Pending	DM/ BG to update next meeting
	9 Ward 4b Capacity issues	No ward capacity issues for 4b noted. 4th transplant scheduled for Friday 10/1/20. Noted issues with Room 88	Completed	N/A
	10 TV not working in parent room	JR to check with IMT what solutions could be offered to sort this	Pending	JR waiting for response from IMT. Update next meet
	11 Master file of active Haem Onc patients	JR working with data managers and clinical team to provide a master file of active / current patients; to be used for future Govt circulations	Pending	JR to update at next meet

Corporate	1 PO updates in week with SG	JRo noted process established and working well. Scot Govt queries on Room 9 all responded	Completed	N/A
	2 Correspondence with specific patients	JR / JRo noted patients where there is ongoing correspondence with the NHS Board CEO / Chairman	Pending	Further updates at next meet
	3 Jim Beattie review of patients	JR noted JB doing a desktop case review of all patients listed in the HPS report commissioned by previous IMT. Work split into 3 phases. Internal support to Jbeattie being provided by the Directorate. Report to go to Scott Davidson	Pending	JR to update at next meet
	4 Scrutiny Board update for Haem Onc	Noted there would be a Scrutiny Board meet on Thursday 9/1/2020. JRo - JR to update following this meet on actions for the Directorate / clinical team	Pending	JR / JRo to update at next meet
	5 Media Interests	No media interests reported	Completed	N/A

Administration	1 Previous Minutes 30/12/2019	Passed with no ammendments
	2 Attendance	JR, Liz Chalmers, JRo, DMac, KC, GR, ES, KM, AH
	3 Apologies	BG, DM (Liz Chalmers covering), SJ, AMM

JR - Jamie Redfern
JRo - Jen Rodgers
Dmac - David Macdonald

NHS GGC

Acute Division

Women and Children Directorate / Hospital Paediatrics and Neonatology

Clinical Review Group Notes for meeting 3/2/2020

In Attendance:

Jamie Red fern (JR), Gael Rolls (GR), Pamela Joannidis (PJ), David MacDonald (DM), Dermot Murphy (DM), Angela Howat (AH), Kerr Clark (KC) and Kirsten Meikle (KM)

Apologies:

Jen Rodgers (JRo), Brenda Gibson (BG), Sharon Brown (SB) and Emma Sommerville (ES)

Introductions:

JR thanked all for being present. He confirmed would be working to standard agenda as normal covering Estates, Infection Control, Facilities, Clinical Service and emerging Corporate issues. The majority of weekly update built around issues from the previous week completed PMOs.

Estates:

Confirmed over the weekend there were two rooms 6 and 7 with problem. Room 7 there was no water coming out of cubicle tap. Noted filters can create an air lock which causes this. KC confirmed filter had been changed and matter resolved. Room 6 there was a problem with the toilet. Patient moved to a different cubicle. Work was ongoing today to resolve. Update on this provided in further PMOs through the week as required. No other issues with filters. JR noted a meeting with parents on Friday and the issue of filter change had been discussed. JR asked KC if he could obtain a summary of current process used by Estates / DMA for ensuring filters are changed to the manufacturers guarantee.

KC confirmed that the handover sheet between Estates, infection control, domestics and clinical team would be in use by end of this week. It was agreed that an electronic copy should be stored by clinical team and circulated to all when documentation completed.

It was noted that Chilled Beam cleans ad started with Day Care completed at weekend. KM / KC confirmed that ward was very busy but a plan for inpatient cubicles would be completed through this week into weekend. Any risk to this would be escalated through operational management structures and PMO. KC and PJ confirmed that Alistair Leonard had agreed that in completing Chilled Beam cleans cubicles did not need wall washed. It was noted this was speeding up the cleaning process.

No other estate issues reported.

No update from the Water Technical Group and any recent samples.

Facilities:

DMac affirmed there were no domestic issues reported in the week. Clinical service confirmed this position. This extended to cleaning of drains in both wards.

DMac noted a meeting with haematology oncology team to discuss roll out of the Deli cart to Ward 6a /4b was scheduled for later this month. Included in discussions would be agreement on what immune-suppressed children could be provided with from this new facility. DM noted there were different clinical views on this.

DMac confirmed domestics would run the taps in all day care rooms routinely every day and store records in the Domestic files. No other issues with tap running as per standard SOP.

Infection Control:

PJ confirmed:

- Air sampling was on target for month to complete samples
- No issues outstanding from enhanced inspection visit and all those involved had signed off actions
- Most recent hand hygiene audits for wards 6a / 4b were 100%
- There had been a significant number of comments on the ventilation accommodation SOP / paper. These were from adult services and would have no impact on what had already been agreed by the paediatric team.
- 1 issue emerged from the recent environmental sampling. Bacteria identified on a shower head in Room 8 Ward 6a. All appropriate actions had been taken. No patient had been using the cubicle at this time. Environmental sampling planned as normal this week as per SOP.
- No RCAs completed in the week. She confirmed no new gram negative infections
- Two patients currently being monitored. One patient was on the CDiff pathway although there were queries over whether the child had this bug. The second patient was in Ward 4b and was known previous MRSA from outside the hospital. Given this and current clinical presentation this patient was under review.
- Prof Bain had received Government approval to stop the routine swab sampling of drains and this change in the sampling process had been implemented

Clinical Service:

- KM noted current staffing challenges based on patient numbers and dependency. Normal contingency measures were in place. Position through the week would be monitored through Lead Nurse and reported via PMO as appropriate. JR expressed desire for the revised recruitment paperwork for approved vacant posts to be completed so that it could be circulated via Social Media. GR to take forward. A patient complaint was discussed around line care and noted response would be followed up and reported through the PMO.
- The issues around roll out of T/L were discussed. These included:
 - Storage for day care
 - SOP for POONs to work to when doing home visits
 - Consideration for how the new SOP might be rolled out to local DGHs; an understanding of how parents / patients will manage while this is outstanding needed to be agreed as temporary measure
 - Nurse education plan; noted this was not seen as a significant piece of work for nurses but a timeline for implementation needed to be agreed
 - Documentation from Nurse educator to Dr Mathers outlining role of phlebotomist needed to be provided
 - DM confirmed supply of product was now available

JR suggested colleagues work through the various issues this week and agree a start date for new treatment. In the interim it was noted that CIPRO continued to be prescribed.

JR and DM to consider a frame of words which confirmed why T/L was to be issued noting parental concerns that it was happening despite NHS GGC commitment to a clean water supply.

- JR would follow up out with the meeting on operational matters associated with:
 - Chemocare upgrade
 - Outpatient Lab process redesign
 - Pharmacy printing issue
 - Storage space
- C-Virus & impact on ED pathway for cancer / immune-suppressed patients was discussed. It was noted that for next three months these patients will be provided a different journey through ED waiting room straight to CDU for triage and assessment. This will involve early notification of the patient attending ED so that plan can be implemented. This will avoid/ reduce risk of patients waiting and coming into contact with suspect C-Virus patient. Any 999 attendance will need to initially follow standard pathway. No decision reached on fast tracking an ED/ CDU patient to another ward area until full initial assessment completed. All of this will be discussed at the weekly C-virus meeting now in place across ED, ITU, General Paediatrics and Infectious Diseases. Haematology Oncology staff will be fully involved in the discussions affecting their patients.

- GR confirmed no issues with the recommendations from SBAR on provision of M-20%. Previous problems with maintaining this product at the required temperature. GR to update on any future problems with supplies of the product.
- Patient Engagement. Colleagues noted the excellent patient engagement exercise with music therapy which had also attracted positive media attention. It was noted that new content had been added to 6a/4b web site including descriptions of both wards. Directorate was now looking to progress with the 8-12 play area for ward 2a which would have ongoing patient involvement in the approved redesign. Noted Glasgow has been selected to host a highly prestigious European Children's Cancer Meeting. In accordance with this Directorate would ensure campus was lit up Gold. Anticipated other landmarks across Glasgow would do likewise.

Corporate:

No update on corporate Oversight Boards. Noted the NHS Board had been escalated to Level 4 beyond infection control. Acknowledged there had been various external visitors doing site visits involving Ward 6a/ 4b. Also noted the senior medical team had met with Prof Marion Bain and also the CMO recently. At these meetings the external commissioned desk top review was discussed. Confirmed that the Jim Beattie led desk top review of patients 2015 – 2019 had been circulated to consultant colleagues. Work in respect of the Communication sub group to Oversight Board was meeting shortly and discussion about how the Directorate will communicate effectively with patients and families moving forward will be a key focus. Confirmed JR has concluded initial work on the completion of a patient/ parent master file.

Jamie Redfern

GM

V1.1 4-2-20

NHS GGC

Acute Division

Women and Children Directorate / Hospital Paediatrics and Neonatology

Clinical Review Group Notes for meeting 10/2/2020

In Attendance:

Jamie Redfern (JR), Jen Rodgers (JRo), Gael Rolls (GR), Dermot Murphy (DM), Angela Howat (AH), Kerr Clark (KC), Sharon Johnstone (SJ) and Kirsten Meikle (KM)

Apologies:

Brenda Gibson (BG), David Macdonald (DMac), Alan Mathers (AMM), Pamela Joannidis (PJ) and Emma Sommerville (ES)

Introductions:

JR thanked all for being present. He confirmed would be working to standard agenda as normal covering Estates, Infection Control, Facilities, Clinical Service and emerging Corporate issues. The majority of weekly update built around issues from the previous week completed PMOs.

Estates:

KC confirmed that estates issues with rooms 6 and 7 had been resolved. Nothing significant reported through daily PMOs outstanding.

KC confirmed that the handover sheet between Estates, infection control, domestics and clinical team would go live Tuesday 11/2/2020. A copy of the final product was shared with group members.

It was noted that Chilled Beam cleans had been completed for Ward 6a without event. Service and Estates would now plan for the March 20 clean.

No update from the Water Technical Group. Noted sampling was being carried out today.

KC confirmed that the diaphragm product which would be installed into toilets was to be received from supplier next week and then tested. He reminded colleagues the existing product which was being replaced was being corroded by the Chlorine used to dose the Water supply and it was this which was creating the recurring problem campus wide with toilets. KC noted the new supplier was willing to give a guarantee that their product would provide the required function required while being able to with stand the chlorine dosing. KC confirmed once Estates happy with the new product, Ward 6a/ 4b would be prioritised for roll out of the new product.

Facilities:

SJ affirmed there were no domestic issues reported in the week. Clinical service confirmed this position. This extended to cleaning of drains in both wards.

SJ agreed to update on the purchase of the Deli Cart for Ward 6a. Date for meeting to discuss final menu to be used was still pending. JR was keen that this matter was resolved so that when Cart was on site it could be used immediately.

SJ / AH confirmed domestic staff had successfully ran showers in all day care rooms with records for this stored in Domestic files. GR/ AH/ KM noted no other issues with tap running as per standard SOP in the Ward.

There was discussion on mop cleaning of the floor. There remained concern that the product and mop type being used was not cleaning the floor properly. SJ noted the Board wide approach for cleaning floors was being used. JR agreed to pick this up with infection control and senior Facility colleagues.

Infection Control:

JR updated on the report supplied by GB:

- Air sampling was on target for month to complete samples; results to follow
- No issues outstanding from enhanced inspection visit and all those involved had signed off actions/. GR, KM and AH confirmed this as did SJ and KC. Next enhanced inspection was planned for Tuesday 11/2/2020
- Most recent hand hygiene audits for wards 6a / 4b were 100%
- The finalised SOP for ventilation paper had been received. JRo was to review before sign off noting there had as discussed last week been a number of changes proposed by adult service colleagues.
- Noted there would no longer be environmental swabbing on the Ward while there was no ongoing Incident under review
- No RCAs completed in the week. No new gram negative infections
- No update on the two patients currently being monitored from last week. JR agreed to check with GB (in absence of PJ who was on holiday).

Clinical Service:

- KM/ AH updated on staffing noting there had been pressures across inpatients and day care because of high sickness absence. KM noted two members of staff on long term sick would be returning to work this week / next week. JRo and / GR to discuss further with KM/ AH and ensure all supports to manage positive attendance at work were in place.
- GR agreed that the Social Media product on recruitment would be available by start of next week. Concurrent to this she would explore with Medical illustration whether short staff interviews could be completed to support this. The one stop recruitment day needed to be finalised with Recruitment; likely date early March 2020.
- DM noted that AMM had taken the T/L SOP through Acute Clinical Governance. GR explained that training of HaN, nurse staff out with Ward 6a needed to be completed. Nurse educator thought this would take no more than two weeks. This would be reviewed next Monday with

an agreed start date planned no later than 24/2/20. DM agreed to produce a brief for parents explaining why this change was happening. Reference would be made to the work already carried out in Liverpool and Australia. JR, DM and JRo to discuss a formalised QI project built around this change and monitoring the impact of it.

- It was confirmed that following the Conor Doherty meeting all consultants had now altered antifungal prophylaxis prescribing as per new recorded guidance.
- JR would follow up with the meeting on operational matters associated with:
 - Chemocare upgrade
 - Outpatient Lab process redesign
 - Pharmacy printing issue
 - Storage space
- JR noted the pathway for haem onc patients through ED to CDU while C-Virus was ongoing would be discussed at the weekly C-virus planning meeting chaired by Ciara Carrick and involving ED, General Paediatrics and Infectious Disease clinical staff. No other issues linked to C-virus were noted.
- GR confirmed again no issues with the recommendations from SBAR on provision of M-20%. Previous problems with maintaining this product at the required temperature. GR to update on any future problems with supplies of the product.
- The recent chemotherapy dosing error by Aseptic Unit in Pharmacy on oncology patient was discussed. How this error had been identified was noted. Comparisons to how the BOU prescribed against the used protocol were also discussed. Implications to the patient were unclear at this stage. Noted patient and parents had been alerted and further discussions with them to follow. SCI on this had been commissioned by pharmacy and the parents would be involved.
- Patient Engagement. GR to finalise product for Social Media to be issued along with posters in attempt to recruit parents to the new integrated work stream with staff. A meeting of the new group would be scheduled once Dr McIntosh returned to work from holidays.
- The article in today's Daily Record on delayed diagnosis / death of an oncology patient was noted. JR updated he was speaking to Neurology and Oncology clinicians.

Corporate:

JR/ JRo noted

- The previous week visit to Ward 6a, 4b and 2a by members of the Independent Review Group. JRo also confirmed a similar site visit had been completed by those carrying out the desk top review of Gram negative patients affected since the hospital opened
- The main actions from the communication sub group chaired by Professor CW.
 - JRo confirmed the ongoing discussions about how we effectively discussed ongoing parent involvement for those whose child had died 2015 onward with particular focus on updates about the Public Enquiry provided.
 - JR agreed to send DM two papers on best practice bereavement from hospitals in Massachusetts and Boston and ask for comparison to what we currently provided and any learning points we could identify / areas for further development.

- Noted there was no Terms of Reference for the Gram Negative desk top review to be circulated as yet. Noted the comms sub group would need to think about how communication with families would be carried out.
- A follow up meeting scheduled with the CMO for today had been cancelled and was being rearranged through KH office
- JR confirmed there was ongoing correspondence with a group of families who had previously wished for more information following Chairman / Chief Executive meeting.
-

Jamie Redfern

GM

V1.1 10-2-20

NHS GGC

Acute Services, Women and Children's Directorate (W&CD), Hospital Paediatrics and Neonatology (HPN)

Minutes of the Clinical Review Group held 17th February 2020 at 4:30pm in RHC Level 3 Seminar Room

In Attendance

Jamie Redfern (JR), Pamela Joannidis (PJ), Jen Rodgers (JRo), Kerr Clarkson (KC), Kirsten Meikle (KM), Dermot Murphy (DM), Angela Howat (AH), David MacDonald (DMaC) and Gael Rolls (GR)

Apologies

Alan Mathers (AMM), Sharon Johnstone (SJ), Brenda Gibson (BG)

Estates

No significant estates issues in Ward 6a reported

KC noted the change to toilet system would be in place middle of March 20 and completed for Ward 6a next round of the Chill Beam cleaning.

All standard SOPs for tap flushing in place and implemented in the week.

No outstanding issues from previous week's Enhanced Inspection

Room sign off sheet following completed works now in place.

Domestics

No issues for domestics reported in week.

There was general discussion on the cleaning of floors and SOP in use. DMac would prepare a discussion paper for next meeting.

The Deli Cart was in the process of being purchased for Ward 6a. Meeting to agree what would be provided from it had been cancelled and was in process of being rearranged.

Infection Control

PJ confirmed there had been No new gram negative cases reported in week. No RCAs have been required.

PJ confirmed there had been no new cases of concern for review / discussion.

Enhanced report discussed by all with no significant issues / concerns. Hand hygiene for Wards 6a / 4b reported 100% use and 100% technique.

PJ noted ventilation Room SoP now in place and working well.

Run charts discussed and up to date; PJ to prepare in March for end of February.

Group informed there were no concerns raised by Microbiology to CRG covering water, air or environment sampling.

Clinical Service

DM/ KM/ AH/ GR confirmed T-Lock SoP finalised and would be implemented week beginning 24/7; training of wider teams out with Haem Onc being completed. DM agreed to write up QI documentation supporting this change including how service will measure improvement.

JR agreed to set up a shot life working group with DM and others to monitor progress on WOS shared care across haematology oncology.

AH / KM noted ward had been very busy both inpatient and day care. Plans for the one stop recruitment plan to fill vacancies would be completed soon. Both confirmed the housekeeper post had been appointed to. CRG members noted current challenges with sickness absence across nursing teams for both wards; some further thought to be given to how this might be managed.

GR noted meetings with Diana McIntosh and Pamela McGoldrick to be arranged and for the Interactive Patient group to be progressed.

JR / JRo thanked staff for routinely reporting the PMO form daily including weekends to high quality.

Noted the Closed Facebook Group was being actively promoted within the Ward. JR / JRo continued to view this as an important engagement tool with staff and patients / families.

Corporate

JR / JRo noted there were still a number of parents who were being responded to following the Chairman & Chief Executive Officer's letter & meetings inviting discussion.

JRo updated on the work of the Communication sub group of the Oversight Board. She confirmed that a series of letters would be issued to parents within the next week or so relating to clinical review of

cases. Final drafts being finalised. Update on the public enquiry was expected soon and on receipt parents would be contacted.

DM agreed to produce a response to JRo on the Bereavement service provided by the team in comparison to what was offered in selected US sites. This response would be circulated to the Communication sub group.

JRo noted Terms of reference for aforementioned Clinical Review and Public Enquiry were in the process of being finalised.

JR confirmed there had been further discussion between PF and NHS GGC on MM case.

JR noted the Daily Record coverage of neurology-oncology patient who had died last year. All clinicians involved with this child / family had been notified of media response and what was planned moving forward.

Any other Business / Date of Next Meeting

There was no other business reported.

Date of next meeting was 24/2/20 on third floor seminar room RHC.

NHS Greater Glasgow and Clyde
Acute Services
Women and Children Directorate (W&CD) / Hospital Paediatrics and Neonatology (HPN)

Minute of the Clinical Review Group (Haematology Oncology) held on 24th February 2020 at 4:30pm 3rd floor Seminar Room RHC

Attendance

Jamie Redfern (JR), Kirsten Meikle (KM), Jen Rodgers (JRo), Gillian Bowskill (GB), Angela Howat (AH), Kerr Clarkson (KC), David MacDonald (DMac) and Pat Coyne (PC)

Apologies

Alan Mathers (AMM), Pamela Joannidis (PJ), Dermot Murphy (DM) and Brenda Gibson (BG)

Estates

KM noted there were problems with 2 rooms in ward 4b toilets; the work on them needs to be completed within 24 hrs so that patients can be returned to them and not impact on adult service new admissions to Ward 4b. KC would liaise with Ward staff and estates team to make sure this could be achieved.

Noted there was a problem in ward 6a cubicle with a sink. Patient to be discharged and when this happens this minor problem will be fixed.

KC confirmed the Estates sign off sheet is working well. AH to check it is being used in Daycare.

Service would alongside Estates colleagues now start to plan for March 20 Chill Beam cleans. Noted at same time toilet upgrades would happen.

No issues with tap and shower flushing SOP in the week.

Domestics

DMac/ PC took the group through their paper on floor cleaning. There was general discussion on:

- What is happening in Ward4b? DMac to confirm what practice was for paediatric and adult patients.
- Should we increase cleaning of rooms from once to twice where patients are long term and in strict isolation?
- Escalation process when patients are in room and domestic cannot clean all the room?
- Opportunity during weekly enhanced inspection; for the Facility lead to formally engage with Senior Charge Nurse on feedback.
- Options for mobile and smaller t3 mini floor scrubbers/ cleaning machines for the rooms; demonstrations to be set up.
- Staff retraining on the SOP used for mop cleaning, with further focus on use of the toolbox talk on escalation to clean also considered.

On use of the mini scrubbers GB asked whether domestics were allowed put chlorine through machines; this was on note that when used they were likely to leave residual water on the floor. DMac said he would check with the suppliers on this.

DMac confirmed the audit results for the completed independent domestic review the previous week had been recorded as 96.7% (high green). Confirmed there was 12-16 areas in the Ward audited. Facility colleagues were very positive about this result.

DMac was keen for his team to have more focused engagement with parents who had previously complained about the cleanliness of room / ward. In the week he would attempt to speak with parent In Room 4 who had previously complained (patient OL).

DMac confirmed the purchase of the ward 6a Deli cart was progressing. He noted proposed changes with a hot cupboard to be installed; a revised quote would then be approved. The meeting on Wednesday 26th February to

discuss neutropenia menu would go ahead although it was noted BG would likely not be in attendance. There would be discussion with wider clinical team who might be involved in the meeting.

Infection Control

GB confirmed:

- No gram negatives in week so no Root Cause Analysis completed
- No patients causing concerns
- No issues with previous week sampling
- No issues with filters
- Enhanced Inspection report noted; hand hygiene 95% ward 4b 100%
- No issues highlighted with air, water or environmental sampling linked to Ward 6a/ 4b

Clinical Team

A report from GR would be circulated with the minute. PMO reports for week circulated to Scottish Government. No issues of significance had been raised by Scottish Government.

Details for the recruitment day planned for end of March20 were now being finalised by GR / KM/ AH.

KM confirmed that Band 5 interviews were to be scheduled with 4 applicants n for the 5.5TE vacancies received.

KM would speak to DM about plans for the roll out of TL and stop of general prescribing of CiPrO. It was agreed that a communication to parents was required for this change. All training was completed and SOP in place. DM/ AH agreed to complete the Quality Improvement document in support of this change.

The patient discussed at previous meeting who was on a new clinical trial was confirmed by KM as doing well.

Corporate

JRo updated on the Communication letters to families which had been issued the previous Friday and then what had been issued today.

On Friday 21st February three different letters had been issued to parents. The first was parents of active patients. The second was to parents of children treated in RHC who had since died. And the third was parents of young people who while treated in RHC since it opened were now 18 years and above. JR and JRo confirmed that earlier in the week they had updated Drs Ronghe and McIntosh of this action. It was confirmed these letters had been agreed through the Communication sub-group. There were 4 general points covered in each of the letters: case note review, court summons in respect of the build, update on Lord Brodie Public Enquiry letter to follow and a request asking if they wanted to opt out of future communications on these matters. Jo / JR checked all staff were aware of this; KM confirmed yes with the various letters in the communication folder team uses.

A second letter would follow today (Monday 24th February 2020) which was processed through NHS GGC but from Scottish Government.

Jro noted DM had completed the response on service provision to bereavement and this would be circulated to Professor White for discussion at the Communication sub group. JRo would feedback on any comments received to the group and direct to DM.

Footnote

Since the CRG meeting a third letter has been sent to parents which refers to additional information on the court summons with Brookfield Multiplex.

Any other Business / Date of Next Meeting

No other business discussed.

Date of next meeting planned 4:30pm in Seminar Room in Clinic Area A

Referred to email from GR

From: Rolls, Gael
Sent: 24 February 2020 12:57
To: Redfern, Jamie
Subject: CRG - update

Jamie

Please accept my apologies for CRG today, however I am at an a personal appointment at GJNH [this afternoon](#).

Update

Floor Cleaning

With regards floor cleaning, we were looking for a response from facilities regarding use of microfibre mops with isolation rooms. We have received two complaints from different families regarding the cleanliness and appearance of floors within 4B and 6A. This has been in rooms where the child has not been well enough to move rooms for over 4 weeks. We have found that despite twice daily cleaning as per SOP that there is a build up of dirt on the floors and that following cleaning a wipe with paper towel dampened with water can demonstrate a high level of dirt remains on the floor.

This was previously raised in PICU when water and microfibre cleaning was commenced and the floors were left looking dirty and marked. Using the scrubbing T3 machine and actichlor is able to make a difference in that case but in areas where the machine cannot be used due to patient population then it remains that we have a floor cleaning system which is not meeting the needs of that clinical area.

POUF

IPCT Dr Leonard has suggested that we may potentially remove all POUF which are not included in the accomodation pathway. I will forward you that email. There remains a room in Ward 3B which although not pathway, can be used for non immuno compromised patients who require a higher level of observation and has drain cleaning schedule and POUF in place and we would recommend that this continues. Initially recommendation for POUF came from water group set up post water incident so should the response from Dr Leonard be fed back to that group for consideration of removal?

Family Integrated Care Group

There will be a meeting with MDT including Diana McIntosh from medics, dietician, pharmacy and nursing staff led by Kirsteen Meikle [on Thursday at 11am](#) in Parents sitting room Ward 6A. The initial purpose of the meeting is to discuss the vision for the group and perhaps inspire competition to agree a name for the group. This will be advertised on FB page and Twitter tomorrow when I have had time to prepare a poster, it will aslo be displayed locally in 6A/Daycare/4B.

Regards
Gael

Gael Rolls
Lead Nurse
Royal Hospital for Children
1345 Govan Road
GLASGOW
G51 4FT

Tel: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED]

NHS Greater Glasgow and Clyde
Acute Services
Women and Children Directorate (W&CD) / Hospital Paediatrics and Neonatology (HPN)

Minute of the Clinical Review Group (Haematology Oncology) held on 2nd March 2020 at 4:30pm 3rd floor Seminar Room RHC

Attendance

Jamie Redfern (JR), Jen Rodgers (JRo), Pamela Joannidis (PJ), Angela Howat (AH), Kerr Clarkson (KC), David MacDonald (DMac) and Pat Coyne (PC) and Dermot Murphy (DM)

Apologies

Alan Mathers (AMM), Gillian Bowskill (GB), Kirsten Meikle (KM) and Brenda Gibson (BG)

Estates

AH reported a problem with blocked toilet in Room16 day care. Due to how busy the unit had been the toilet had been closed but the room used. Over the next 48hrs AH would provide access for Estates to correct the problem. KC confirmed there was no other immediate estate issues in Ward 6a / 4b. JR thanked estate colleagues for their prompt response to the previous week problem in Ward 4b with two blocked toilets.

KC confirmed that the chill beam cleaning program would start 9/3/20. Service would plan for access to be provided with a focus on maximising weekend working. KC confirmed changes to the toilets would happen during this process. He noted this would mean a slight extension to the time taken for each room to be completed. Team would continue to focus on a two-week completion date and monitor progress against this through the CRG meetings.

KC reaffirmed from previous week that the hand over sheet was working well. AH confirmed this extended to day care.

Domestics

DMac confirmed he had spoken to SCN in Ward 4b and confirmed that all occupied rooms in this Ward were receiving two cleans per day. The paediatric patients in this Ward were receiving 1 clean. PJ suggested that there should be uniformity and cleans for patients in Ward 4b / strict isolation in Ward 6a should have a default position of rooms receiving 2 cleans per day. PJ noted there was no infection control guidance on how many cleans an occupied room by an immuno-suppressed patient in strict isolation should receive. Clinical team, PJ and DMac would work out an operational plan for progressing this change. It was thought that the double clean could occur at the start of the morning shift and at the start of the back shift. DMac confirmed that the domestic team had the capacity in house to provide this extended support.

DMac noted he had been unable to speak to the parent (patient OL) in Ward 4b who had complained about the cleanliness of the room being used by her daughter. He agreed to seek a meeting and go over matters with her.

A demonstration of the mini scrubbers was being prepared for later in the week. DMac was keen that the clinical team attended if possible. There needed to be discussion about how these scrubbers could be deployed including use while a room was occupied. DMac confirmed that the machines while not allowing for chlorine to be used did have their own sanitisation process.

DMac and AH confirmed that for the enhanced inspection visit planned for 6a/ 4b on Tuesday 3rd March 2020 the Facilities lead and SCN for the Ward would discuss all issues of escalation following the visit. It was recognised this was the first time this extra action would be deployed. All were interested in seeing the benefits of such discussion. JR was keen that this process was also established for PiC and asked GR to discuss with Elaine Johnston and DMac how this might happen.

DMac agreed to send the revised quote for the Deli Cart to JR. Purchase would be made without the hot cupboard change discussed at previous week meeting because of potential storage difficulties it presented. The provision of a hot cupboard could be included in further purchases for other Wards. DMac and GR confirmed there had been a positive meeting with the dietician and an agreed menu for the cart was being prepared. This menu would be discussed with BG before final roll out with the new equipment. JR was keen that when established, there was some positive promotion around this new development.

Infection Control

PJ noted there had been no gram-negative infections in the week. As a result of this, there had been no root cause analysis completed.

PJ noted a slight increase in Staph-e amongst the patient group. JRo suggested the ward staff complete a practice audit around this. She highlighted to GR and PJ that Kate Nicol and / or Hazel Gavin could assist with this. JRo also asked GR to ensure that the pure-hub was reinforced amongst staff.

Patient MC was discussed. This was an oncology patient of Dr Sastry. Noted she had returned to Ward 6a from PiC recently. DM confirmed continued presentation of spiked fever but that she was culture negative. Clinical team were presently unaware of what was causing the fevers. JR asked why this patient had not returned to Ward 4b. DM explained initial admission to Ward 4b before transfer to PiC had been because she was at this time receiving initial transplant treatment. She was now not deemed an infection risk.

PJ confirmed the report from last week's enhanced inspection visit had been received and all actions completed. Hand Hygiene results from today for ward 6a/ 4b were 100%. JR again praised staff for this consistent level of performance.

PJ discussed the recent Cupriavidus results from shower head and sink filters received on Friday 28th February 2020 from water sampling in Ward 6a. JRo noted no rooms had been closed or patients moved. KC confirmed the filters had been replaced and sent to PAL as per policy. AL and others were of the view this was a retrograde contaminant. DM requested formal response from AL as lead for infection control that he was content with the actions taken. PJ agreed to follow this up with AL.

It was noted there was growing anxiety on the Closed Facebook Group amongst parents linked to Covid 19 coronavirus. A response was in the process of being signed off with individual parents asked to speak to their consultant if individual concerns still existed. The final response on this social media channel would be shared with the wider consultant team prior to final posting.

Clinical Team

AH/ GR confirmed that an interview date had been set for the recruitment of Band 5 posts.

GR updated on the very successful Family Integrated Care Pathway meeting which had been held Thursday 27th February 2020. An action plan was in the process of being prepared with ideas from parents and staff being considered. GR confirmed that likely this group would meet monthly. The outputs from this workstream would continue to be shared via CRG.

AH / DM confirmed that the T/L SOP had been rolled out this week as planned. Draft communication had been prepared by DM. JRo had provided comment which DM would review with a final letter to be agreed and circulated. JR thought the tone of the draft letter was excellent. AH confirmed number of patients have had CIPRO treatment stopped as a result of this change. DM / AH agreed to prepare the final QI document underpinning this change; this would also be shared with parents.

JR agreed to establish a small working group to review the roll out of shared care across West of Scotland and other Health Boards for paediatric haematology oncology. He would also draft terms of reference for this group.

JR made the group aware of two challenging stem cell patients which were scheduled for treatment over the next few weeks. He indicated there would be meetings with the stem cell team arranged to discuss the final plans for both cases.

Corporate

JR updated members to a meeting held earlier in the day with BG and Dr AM Ewins. This had included Professor Marion Bain, Jonathan Best, Kevin Hill and Scott Davidson. JRo and JR were both present. The primary purpose of the meeting had been to discuss the transplant service between now and the re-opening of Wards 2a/2b. The two high risk cases had been discussed. In the meeting there was summary of the Haematology tele-conference with the Chief Medical Officer. There was also discussion about how the senior medical team might become more involved in the decision making of the independent Case Review and the work of the Communication sub-group. An action plan of the meeting would follow and be shared with CRG members as well as wider consultant team.

There was general discussion on the current status of the independent clinical review. JR reminded all that this review was not to review clinical practice. He acknowledged that following a meeting with the established review team the consultants would have been more involved in the work up of terms of reference and case definition than what had happened since the meeting. JR noted reference to this would be on the action plan from meeting earlier that day.

JR noted the meeting planned for Friday morning with Capital Planning and Estates team to discuss return to Ward 2a/ 2b. He acknowledged that with BG absence from work the last meeting of the Project Board overseeing this workstream had not included clinical involvement. AH as a member of the Project Board noted a clash of diary commitments made it difficult for her to attend. JR suggested she consider a deputy for future meetings. JR confirmed that the planned date for return to both wards remained summer 2020.

DM asked how the clinical team could explore better use of space within the Ward and / or adjacent to it. JR suggested that the clinical team pull together a priority list of changes they would like to see happen. He would then pull together a short life working group to review how these might be taken forward. AH/ DM agreed to speak to consultant, senior nursing and pharmacy colleagues and take this forward.

Any other Business / Date of Next Meeting

No other business discussed.

Date of next meeting planned 4:30pm in Seminar Room in Clinic Area A 9th March 2020

Footnote

In discussion around the return to Ward 2a/ 2b JR summarised the problems capital planning / estates had identified. In particular, he highlighted the identification of significant amounts of mould in cubicle shower rooms when walls had been stripped away. He posed a question to the group whether when completing the chill beam cleans there should be some non-invasive testing for mould in Ward 6a. JRo and PJ thought this unnecessary because of the ongoing air testing which would quickly highlight if there were any problems. It was also noted there had been no related infections in the patient group. PJ agreed to speak to AL with the group agreeing that air testing on his approval was adequate.

Ward 6A CRG
9 March 2020

Jen Rodgers (Chair)
 Brenda Gibson
 Dermot Murphy
 Gael Rolls
 Angela Howat
 Kirsteen Meikle
 David McDonald
 Gillian Bowskill

Estates

No estates representative in attendance. Update discussed with clinical team.

- Room 4 toilet blocked – room closed. Reported today to Estates.
- Routine Chilled beam clean starts next week
- Flange change will be rolled out next week simultaneously with chilled beams.
- Accommodation pathway SOP in place.

Facilities

- Twice daily cleans for BMT rooms and STRICT rooms will now be undertaken. This is a move from one to two cleans based on discussion in group.
- Facilities have discussed complaint with mum in regards to floor with parent who was happy with suggested change.
 - Mini scrubber test has been undertaken, team were impressed and will seek to undertake further testing. Noted mini scrubber can be used with chorine. GB will look at more details and decide whether suitable for BMT rooms.
 - Steam cleaner test of cot to be carried out.
 - o Costs will be taken to basement for steam cleaning every discharge. Beds and cots.
 - o Facilities will buy machine above.
 - o GB will look at more details and decide whether suitable for BMT also
- From tomorrow estates will ensure they are having an enhanced communication pathway to ensure continued access to cleaning.
- Deli cart quote has arrived. Lead time 4-6 weeks. Order this week. This will be a good news story and should be shared with the comms team.

Infection Control

Enhanced supervision.

- Minor issues rectified at the time
- HH – 100%
- Loose stools – Bristol stool chart not completed (patient had been on pass). Picked up at the time with nursing team and resolved.
- Samples – no further issues
- No new cases of gram negative infections from 15th November 2019.
- Practice review will be undertaken this week.
- Tauralock – in progress as patients attend day care, clinical and ward. GB speak to A Leonard view on change to Tauraloc and whether we get any new infections then
- Families happy with this change – no expressions of anxiety

- Anaesthetists raised some concerns re process. Clinical team having discussion re SOP with GB. H-O- attending meeting. Discussion ongoing.

COVID 19

Facebook updated re parents concerns.

Team require physical pathway for day care children who are symptomatic.

- Check patient placement pathway H-O/immune compromised patient ? should H-O patient be routinely tests
- Where should positive H-O patients go. Infection control will update this week.

Service

- Parent timetable updated. Plan to commence book club for parents / staff.
- Band 5 interviews on 19 March
- Staffing no issues rasied
- Housekeeper waiting start date.

Letters

- 2 parents phoned ward. Directed to Jen Haynes
- No further questions

AOB

- James and Gerry Cox met with Consultants and nursing team last Friday morning and updated the team on the 2A/B works.
- Discussion regarding Fungus noted behind shower/ wet room area.

PATIENTS FIRST AND ALWAYS

HAEMATO-ONCOLOGY CRG - VIA TEAMS

PRESENT:	Gael	Rolls	GR	Lead Nurse
	Dermot	Murphy	DM	Consultant
	David	MacDonald	DMac	Facilities Manager
	Emma	Somerville	ES	SCN 6A/4B QEUH
	Pat	Coyne	PC	Domestic service lead
	Gillian	Bowskill	GB	Lead IPC Nurse

1. APOLOGIES:	Jen	Rodgers	JRo	Chief Nurse
	Jamie	Redfern	JR	General Manager

2. MINUTE FROM PREVIOUS MEETING

Previous meeting recorded taken as approved by the group.

3. ESTATES

Update on outstanding estates issues required.

Outstanding issues – TV repair (have moved one of the affected tv's to theatre room so no longer an issue for inpatients, still to update on remaining TV repair awaiting parts – response requested.

Flooring – Ward 6A patient isolation room has a flooring breach within patient area at wall requiring re-sealed in Room 5. En-suite flooring intact. Patient will discharge in next day or so and will be repaired then. Reported on FM.

Room 89 in Ward 4B QEUH has a slightly more positive pressure recorded. Not detrimental to patient regarding IPC. Estates have plan to place draught excluders on doors. Can do while patients are in situ. Need to action several rooms within both paed and adult side. Timeline to be confirmed.

ACTION

4. FACILITIES UPDATE

PC advised they are continuing to monitor as normal. No issues and no concerns raised. Continue to participate in the Ward 6A enhanced supervision. Last audit noted cleaning of foot of beds which are not in use and further education was provided for domestic staff to address this.

PC updated on re-education provided to domestic staff regarding cleaning of POUF following potential contaminant found on two samples within 2 en suite rooms in Ward 6A (See IPCT update).

No other issues within ward cleaning and SCN noted high standard of domestic cleanliness in wards.

PC shared that the new rotating scrubbing mop had been in action within patient rooms in Wards 4B and 6A and that this was effective in floor cleaning with no further complaints having been noted in recent months.

DMac provided an updated on catering improvement group and noted that the bespoke 6A Deli Cart was due to be delivered at any moment and once that was commissioned, it was planned to offer both hot meals and deli selection twice a day. DMac noted that patients on a couple of occasions had requested burgers and would investigate how this could be provided for this patient group along with regular requests for toasties and items like scrambled egg.

He also noted that food waste would be monitored and steps taken to ensure minimized where possible acknowledging that food would be discarded after each service where not sealed by manufacturer eg. Yoghurt.

5. FAMILY INTEGRATED CARE

Group planning to meet again in September. Trolleys to assist in parent drug administration have been ordered. No further update.

Noted ES will be going onto mat leave and FIC will be led by Nurse Educator Sarah Jane McMillan and Dr Diana McIntosh along with SCN Meikle and 6A nursing staff.

6. INFECTION CONTROL UPDATE

GB updated the group with results of water samples taken in room 2 from en suite shower and room 10 from en suite sink growing Acinetobacter and Stenotrophomonas respectively.

Action arising was to look at facilities schedule of cleaning and change all POUF within ward. All now have same date of expiry. Dr Leonard has not requested any repeat testing and hypothesis is contaminant.

GB noted a CLABSI of EColi from a patient admitted this weekend. DM discussed how the child was extremely well both currently and on admission, and was a late presentation at 4 days post last hospital visit and was going to investigate the possibility of result being contaminant with Dr Leonard and raised similarities with previous CLABSI case last month.

Discussion around SBAR to support re-opening of parent facilities within 6A.

7. **AVAILABLE SPACE WITHIN WARD 6A**

There is a meeting with JR/GR/SCN and Prof Gibson on 03/09/20 to discuss the available space within the ward to meet storage, staff/parent discussion and other identified needs.

8. **CONSULTANT UPDATE**

PI commenced on 03/08/20. No further update regarding current status.
Case note review by Prof. Mike Stevens is noted to be expected to have report published sometime early next year. This is delayed partly due to Covid19.
Stefan Morton HH co-ordinator is providing education to the new rotation of medics within haemato-oncology.
Sarah Jane McMillan, nurse educator, is also participating in education of this staff group around general infection control adherence and guidance within 6A/4B.
Nil consultant concerns noted.

9. **DATE AND TIME OF NEXT MEETING**

Thursday 10 September 2020 at 16:30, Via TEAMS.

Briefing & Overview
Bone Marrow Transplant Service, Ward 4b
Queen Elizabeth University Hospital

The Bone Marrow Transplant (BMT) service transferred from the Beatson West of Scotland Cancer Centre on 06 June 2015.

As part of routine infection control measures for BMT, it was agreed to reintroduce the routine air sample testing in line with the frequency applied at the Beatson.

On 30 June, I was contacted by the Clinical Service Manager to notify me that Microbiology and Infection Control had received the results of the air samples. The air sample measurements were in excess of the recommended standards for a BMT Unit. At a meeting on 01 July, the ICD reported that only 1 of the 24 rooms met the specification; the other rooms has reading in excess of 5000 against an acceptable normal air particle count of 1000 for a BMT area.

It was also noted that the pentamidine treatment room should have negative air pressure however this did not appear to be in place. Dr Peters, ICD, reported that she has asked for copies of the commissioning and validation data but this had not yet been provided to her. The same data has been requested for Theatres, HDU, lobbied rooms and hepa-filter areas and will be provided to Anne and Kevin for the rest of the sites.

With regard to BMT, it was agreed that a potential solution would be to increase the air flow and ventilation to ward 4b. The aim of this being to increase the pascal measurement to between 5–10, and increase the air exchanges in the room to 12 per hour. Accordingly on the evening of 01 July the ventilation system was increased to maximum capacity. A number of other measures were also agreed:

- Move to ensure that the door and room seals are adequately air tight
- Increase the cleaning schedules to twice daily
- Introduce prophylaxis porzaconazole to allograft patients (anti-fungal medication)
- Re sample the ward to assess if an improvement had been achieved.

It was agreed that it would be sensible to await the outcome of the re-sampling exercise prior to making any decision about alternative accommodation for the patients.

The group reconvened on 03 July to assess progress from the above.

It was reported that the air exchange rate being achieved was around 6 per hour, still lower than the desired 12. The pascal measurement from the rooms to the corridor was around 5; the lower end of the accepted range. The ICD reported that whilst there had been an improvement in the particle count across 9 rooms, the remainder remained non compliant and out with the accepted normal standard. The ICD also reported that there had been some fungal growth from environmental swabs taken in the unit.

Following clinical debate, it was agreed that on the balance of risk, it would be safer to transfer the patients back to the Beatson West of Scotland Cancer Centre until such times as a permanent solution could be implemented to ward 4b. However, as an evaluation of the Beatson would need to be undertaken, the balance of risk suggested that it would be safer to leave the patients at QEUH over the weekend until an assessment of the Beatson could be undertaken on 06 July.

Dr Craig Williams (Lead Infection Control Doctor) returned from leave on 06 and attended the review meetings on 1100 & 1500. Dr Williams concurred with his ICD colleagues and BMT Consultants that it would be clinically appropriate to transfer the patients back to the Beatson until the environmental issues could be resolved.

Dr Williams requested the validation and commissioning results for the BMT Unit and a further engineering view on the hepa-filtration and ventilation issues. Dr Williams briefly reviewed the clinical specification for the unit and stated that it seemed fine from his interpretation. Peter Moir agreed to develop a programme of work and financial plan related to rectifying the function of the unit.

It is proposed for clinical safety, pending ambulance availability and other infrastructure support, that BMT patients and acute leukaemia patients will transfer from the Queen Elizabeth University Hospital on 8th July back to the Beatson West of Scotland Cancer Centre.

This will affect 18 patients

A communication plan will be put in place with patients and their families, press and other stakeholders. It is planned to tell the patients tomorrow once the infrastructure is in place.

Gary Jenkins
Director: Regional Services
06 July 2015

RHSC BMT Meeting Monday 10th August 2015**In attendance:**

G Archibald (Chair)	S McNamee
J Armstrong	P Moir
B Gibson	J Redfern
J Hood	D Stewart
B Jones	T Walsh
D Louden	
A Mathers	

	Action
<u>RHSC BMT ACTION PLAN</u>	
The meeting was held to discuss concerns regarding the BMT formerly at the RHSC. The following actions were agreed:	
1. Provide confirmation of the Specification document used for the design and build (Scottish Building Notes 2008)	D Louden
2. Provide confirmation the facility has been built in accordance with that specification.	D Louden
3. Provide confirmation of commissioning of the facility.	D Louden/ ICT
4. Identification of alternate English building note 2013. Website link/copied to be e-mailed to those attending.	J Hood
5. Call round of similar units elsewhere in the UK to identify their facilities configuration (lobbied rooms, positive pressure etc) based on an agreed questionnaire template.	S McNamee/ B Gibson
6. Identification of further actions which could improve performance of existing facility: <ul style="list-style-type: none"> - testing of seals - adjustment of pressure - relocation of any external environmental factors - further deep cleaning of rooms 	D Louden/ ICT
7. Review of gathered microbiological data: <p style="text-align: center;">Is performance improving in the facility.</p>	T Walsh
8. Caring for patients <p>(i) Decision not to admit Patient ZZ - discussion to be</p>	J Redfern/

MEETING TO DISCUSS BMT UNIT RHC
Monday 7 September 4.45pm

In attendance: Jennifer Armstrong
 Alan Mathers
 Billy Hunter
 Jamie Redfern
 Grant Archibald (by telephone)
 Brenda Gibson
 Craig Williams

Apologies: David Loudon

This meeting was brought together to identify progress in resolving BMT room estates issues and determine position regarding starting new cases. JA acknowledged the clinical frustration about progress and the need to plan for patients in system.

The meeting was informed by the Agenda set by JA and a stepwise debate took place around:

- ◆ Spec of RHC service/building/air flows, etc.
- ◆ Comparison between RHSC spec and the new departments spec. The air flow/extraction and room pressures were described with detailed descriptions between the systems employed in both set ups.
- ◆ Data from sealed rooms and microbiology testing to date.
- ◆ Clinical progress of patients already in ward suite system (favourable).

The testing suggests that the sealed rooms are providing the appropriate level of 10Pa positive pressure. The seals are regarded as being good for a year (minimum) and will be subject to 6 monthly inspection. Any adverse change in pressure testing will prompt early assessment (frequency of this regular testing TBC).

As a further enhancement Brookfield have identified a way of further enhancing air flows to provide a safety net quote of c. £35K per room possibly taking 4-6 weeks (TBC). How such work would be achieved whilst patients were being treated was to be clarified and would require detailed assessment.

Actions:

Directorate will supply SOP for room management.

Facilities to improve cleaning regime in room and corridor (with Chlorine based cleaners?)

Estates to contract with Brookfield:

1. Extended Sealing Programme to 4 rooms (minimum) but possibly all rooms.
2. Agree with Brookfield a plan to enhance air flow management (c. 35K per room) and develop a plan to implement this with minimal risk of disruption of current and future cases.

Estates will confirm the pressure tests performed 6 hourly for last week in 2 recently sealed rooms and that these tests showed a +pressure c. 10 Pa with 0.5 tolerance.

They will compare RHC specifications compared with current: i.e. same or enhanced spec in new RHC.

Craig will review microbiology testing (results awaited Wednesday)

Clinical

3 patients discussed.

1. Acute relapse case (Aberdeen) : needs urgent treatment in a few weeks
2. Thal
3. Long standing case with recent crisis

It was explained that Case 1 is urgent and treatment in RHC is only realistic option. It was agreed by all that the current status of the sealed suites (if microbiology tests are satisfactory) supports a favourable assessment of risks/benefits and that this treatment can be commenced at the beginning of next week (14th September) unless there is a new development or culture problem.

The Thalassaemia case has been waiting for some time and the main issue is communication with family about realistic time to commence treatment: BG is in contact and will advise family accordingly in expectation that treatment in 3-4 weeks is looking realistic.

The Third case is not yet urgent but treatment in near future (weeks rather than months) is indicated. A short family holiday is under discussion in the interim.

BMT Unit Transfer to QEUH meeting
Thursday 12 November 2015 @ 13:00
LO OPD0-063 OPD Seminar Room, Queen Elizabeth University Hospital

Attendance

Myra Campbell (MC)	Clinical Service Manager, Clinical Haematology
Melanie McColgan (MMcC)	General Manager, Specialist Oncology & Clinical Haematology
Joanne Freil (JF)	HI&T Service Delivery Manager
Sharon Johnstone (SJ)	Deputy Site Facilities Manager
Robert Boyd (RB)	Quality Manager, Haemopoietic Stem Cell Transplantation Services
Dr Anne Parker (AP)	Consultant Haematologist
Dr Grant McQuaker (GMcQ)	Consultant Haematologist
Brian Jones (BJ)	Head of Service, Microbiology
Dr Teresa Inkster (TI)	Consultant Microbiologist
Dr John Hood (JH)	Consultant Microbiologist

TI was provided with a copy of ward 4B upgrades work report. TI wishes to contact HPS / Peter Hoffman for reassurance that the specification is of a suitable standard. MMcC to discuss this with Craig William and Tom Walsh and get back to TI.

SJ agreed to arrange a deep clean of ward 4B on Monday 16.11.15. Thereafter IC will carry out a preliminary particle count and will have result available at the meeting of 19.11.15.

Furniture will be returned to the ward following the particle count and a domestic clean will then be carried out.

I.T equipment will be returned immediately prior to ward being occupied.

Date and Time of Next Meeting – Thursday 19.11.15 @ 1pm. Venue LO/A/010 Seminar room 2, Laboratory Medicine Building – Ground Floor, QEUH.

BMT Unit Transfer to QEUH**Monday 23rd November 2015 @ 1pm****Seminar Room, Third Floor New Royal Hospital for Sick Children**

Attendance:

Ian Powrie

Myra Campbell

Sharon Johnstone

Robert Boyd

Grant McQuaker

Brian Jones

Teresa Inkster

Melanie McColgan

Alyson McArdle

Actions taken since the last meeting (12th November, 2015) include:

- Deep clean of ward completed.
- First of three week programme of particle count and Agar plate analysis undertaken. Results of first set of plates will be available on Friday. Particle counts in rooms in 100's and as expected higher at nursing station/corridor.

Plan for this week includes:

- Return and clean of furniture , domestic clean of ward – 24th November.
- IT to be installed in ward.
- Further particle counts and plates replaced.
- Water testing will be carried out to allow water to be treated and retested if required.

T Inkster raised concerns regarding the following:

- Guidelines used for validation – SHTM04(01) excludes severely immuno compromised patients but no other extant guidance available.
- Queried suspended ceilings in bathrooms – advised that was agreed as part of original specification.

*- not the case SHTM0301
Neutropenic
room*

- Queried hatches/vents – advised that was agreed as part of original specification due to restrictions on building.
- Temperature on ward – to be reviewed.
- Queried air con units – IP to look at options re this e.g hepa filter on units.
- T Inkster informed the meeting HPS and P Hoffman have been contacted to provide advice on specification of unit. MMcC advised that this specification has been signed off and work completed on that basis.
- Agreed that scope/specification of works to be provided to T Inkster by P Moir asap.

Plan to move Patients

- Further two weeks for monitoring will mean earliest would be w/c 14th December.
- Move agreed to take place over weekend to support staffing/SAS requirements.
- Plan to move 20 patients 19th December – SAS to be contacted and staffing plans will be put in place.

Date of next meeting – Monday 30th @ 1pm @ LO/A/010, seminar room, Laboratory Building, QEUH.

**BMT Unit Transfer to QEUH meeting
Monday 30 November 2015 @ 13:00
LO/A/010 Seminar Room 2, Laboratory building, QEUH**

Attendance

Myra Campbell (MC)	Clinical Service Manager, Clinical Haematology
Robert Boyd (RB)	Quality Manager, Haemopoietic Stem Cell Transplantation Services
Dr Teresa Inkster (TI)	Consultant Microbiologist
Dr Grant McQuaker (GMcQ)	Consultant Haematologist
Robert Boyd (RB)	Quality Manager, Haemopoietic Stem Cell Transplantation Services
Alyson McArdle (A McA)	Senior Charge Nurse ward 4B, QEUH
Marie McLaughlin (M McL)	Senior Charge Nurse ward 4B, QEUH

Particle Counts - Teresa Inkster feedback previous weeks test results of particle counts. These are difficult to interpret in certain rooms as taps running / doors open. It was noted that there was a work man in the unit at the time of testing. They will be repeated on Friday 04.12.15. Particle counts as expected higher in corridor and prep room. Decision made to prepare intravenous drugs in patient's rooms

Plates – results satisfactory. No fungus on the plates.

Water testing – verbal result that tests are negative. Teresa Inkster requested hard copy of results from Ian Powrie. Myra Campbell will progress.

T Inkster stated that a teleconference is arranged with HPS later in the week.

Following smoke testing, sealant was found to be required in several rooms. T Inkster will ask J Hood to provide a list of areas requiring sealant. M Campbell will meet with I Powrie to progress this.

T Inkster queried if flow straighteners were fitted in the taps within the unit. Requirement to test for pseudomonas – M Campbell will discuss with I Powrie.

Awaiting decision regarding possibility of hepa filters being fitted to our conditioning units. M Campbell will discuss with I Powrie.

M Campbell will also confirm if heating has been regulated. T Inkster requested that Estates provide a programme for planned hepa filter replacement and vent cleaning. M Campbell will request same.

M Campbell will request meeting with Facilities to discuss return of furniture and domestic clean of unit.

Pentamidine room (HOW 003) found to be positively pressured on testing by J Hood. Room should be negatively pressured. P Moir informed and this has to be progressed with Brookfield. The room has not to be used until this has been rectified. Ward 4B2 and Health & Safety have been informed.

Provisional date of BMT Unit to return to QEUH is 16th December 15. This is dependant on satisfactory test results and advice from HPS.

Date and Time of Next Meeting – Monday 07.12.15 @ 1pm. Venue Level 1, Stroke Ward Seminar room, STW-011, QEUH

BMT Unit Transfer to QEUH meeting
Monday 07 December 2015 @ 13:00
Level 1, Stroke Ward Seminar room, STW-011, QEUH

Attendance

Myra Campbell (MC)	Clinical Service Manager, Clinical Haematology
Dr Teresa Inkster (TI)	Consultant Microbiologist
Dr Grant McQuaker (GMcQ)	Consultant Haematologist
Robert Boyd (RB)	Quality Manager, Haemopoietic Stem Cell Transplantation Services
Alyson McArdle (A McA)	Senior Charge Nurse ward 4B, QEUH
Dr Anne Parker (AP)	Consultant Haematologist
Annette Rankin (AR)	Nurse Consultant, Health Protection Scotland
Ian Powrie (IP)	NSGH Sector Estates Manager
Melanie McColgan (MMcC)	General Manager, Specialist Oncology & Clinical Haematology
Brian Jones (BJ)	Head of Service, Microbiology
Dr Anne Cruickshank (AC)	Clinical Director Laboratory Medicine.

Revalidation documentation - TI highlighted that HPS had expressed concerns regarding revalidation of the refurbishment works. Peter Hoffman, PH England, had been asked to review the documentation and raised concerns on 29.06.15 and emailed G Jenkins to this effect. This was reiterated at this meeting by AR (HPS). There are still concern re:

- the number of air changes, (currently achieving 6 ac / hr - the recommended being 10 ac / hr as per SHTM 03-01 'Ventilation for Health Care Premises')
- Ceilings in en-suite rooms

Ceilings – discussion took place around the need for sealed ceilings in en-suite rooms. Currently ceiling tiles have been fixed (silicone sealed) into grid. The recommendation was that it should be a solid ceiling but discussion arose whether what had been currently put in place would be acceptable given that the particle counts showed acceptable levels.

Air Sampling – Results of week 2 fungal testing yielded counts that were at a level for concern.

Pentamidine room – discussion took place that the pentamidine room had been set to deliver positive air pressure instead of being negatively pressured. IT asked IP for the revalidation reports of the 2 negatively pressured rooms in the Renal unit.

It was still unclear what specifications the original design team worked to and IP recommended that someone from the original design team should be invited to these meetings as there were questions asked regarding areas of the specification / validation that he was unable to answer.

In summary, MMcC stated that there needs to be more clarity regarding the original specification / sign off and undertook to escalate this to Board level (Dr J Armstrong, T Walsh).

Date and Time of Next Meeting – Monday 14.12.15 @ 1pm. Venue LEVEL 7 Seminar / Education Room WS7-033, QEUH

**BMT Unit Transfer to QEUH meeting
Monday 14 December 2015 @ 13:00
Level 1, Stroke Ward Seminar room, STW-011, QEUH**

Attendance

Myra Campbell (MC)	Clinical Service Manager, Clinical Haematology
Dr Teresa Inkster (TI)	Consultant Microbiologist
Dr Grant McQuaker (GMcQ)	Consultant Haematologist
Robert Boyd (RB)	Quality Manager, Haemopoietic Stem Cell Transplantation Services
Alyson McArdle (A McA)	Senior Charge Nurse ward 4B, QEUH
Dr Anne Parker (AP)	Consultant Haematologist
Annette Rankin (AR)	Nurse Consultant, Health Protection Scotland
Melanie McColgan (MMcC)	General Manager, Specialist Oncology & Clinical Haematology
Peter Moir (PM)	Deputy Project Director
Dr Andrew Clark (AC)	Consultant Haematologist
Dr Igor Novitzky-Basso (INB)	Consultant Haematologist
Dr David Irvine (DI)	Consultant Haematologist

- Confirmed that the move has been postponed to enable feasibility study into HPS requirements to be undertaken.
- TI and AR agreed to supply PM with a list of requirements (taken from SHTM 01-03 guidance and HPS recommendations).
- Requirements relating to the Critical Care Unit would be removed from this brief.
- PM agreed to go back and look at the current set up to see if the system could be “ramped up” to achieve the necessary A/C (10 A/C per hour) and pressure differentials of 10 Pa.
- PM will conduct a feasibility study in conjunction with Brookfield, looking at cost, time scale and disruption. On conclusion, PM will present this to the group.
- BMT team have produced clinical case for the move to QEUH which would be circulated with the minutes of this meeting.
- Air testing – TI was asked if environmental monitoring should continue in the meantime. TI stated that she did not see any benefit in continuing with this at present.
- Pentamidine room (currently set at positive air pressure) – It was asked how soon this could be fixed as it is still a requirement for ward 4C patients. PM agreed to supply MC with this information.

NB – post meeting note: The recommendations from HPS:

To allow the provision of a safe environment for patients within the bone marrow transplant unit (Ward 4B)

- The rooms must be positively pressured at 10 pa
- The rooms must be sealed and no air which has not passed via the HEPA filter should access the room
- A strict protocol which minimises the air entry via an open door is required.
- Air changes of at least 10 must be achieved
- The walls and ceilings within the rooms and bathrooms should be sealed.
- All access vents within the rooms/bathroom should be sealed
- The pentamidine room must be negatively pressured at minus 1 ½ to minus 2 Pa
- Redundancy for the air supply/extract system to enable planned maintenance

Date of next meeting – TBC, January 2016

BMT Unit Relocation to QEUH meeting

3rd October 2017 @ 1pm

Meeting Room LEVEL 3 FMA3-008 Core D FM, Level 3, QEUH

Attendees:-

McColgan, Melanie (Chair) (MMcC)	General Manager CH & SOS
Myra Campbell (MC)	CH Clinical Service Manager
Mary Anne Kane (MAK)	Associate Director Facilities
Peter Croan (PC)	Associate Programme Director, NSD
Alan Gallacher (AG)	General Manager Estates
Susan Grant (SG)	Health Facilities Scotland
Alistair Hart (AH)	Consultant Haematologist
Brian Jones (BJ)	Head of Service, Microbiology
Alyson McArdle (AMcA)	CH Lead Nurse
Sandra McNamee (SMcN)	Associate Nurse Director, Infection Prevention & Control
Grant McQuaker (GMcQ)	BMTU Consultant
Ian Powrie (IP)	Deputy General Manager, Estates QEUH.
Geraldine O'Brien (GO'B)	Research Manager - Health Facilities Scotland
Annette Rankin (AR)	Nurse Consultant, Health Protection Scotland
Anke Roexe (AR)	Programme Manager, NSD
Mike Winter (MW)	Medical Director, Procurement Commissioning and Facilities SBU - NSS.
Apologies:-	
Anne Morrison	Clinical Director, Clinical Haematologist
Ian Storrar	Principal Engineer - HFS

Background

Introductions were made and MMcC summarised the background for the meeting. The BMT service relocated to ward 4B when the QEUH opened but had to return when it became clear that particle counts were high. Since then, the air flow has been improved and monitors placed outside each room to demonstrate the positive pressure. Following several meetings in March 2017 a paper was submitted to Acute Services Committee recommending further work in ward 4B and a 6 month monitoring period to assist decision making with regard to the BMT service returning to ward 4B. The Acute Services agreed to these recommendations at their meeting in March 2017.

The work in ward 4B has commenced as agreed and includes installation of solid ceilings in en-suite bathrooms, filters replaced and installation of a HEPA filtration unit in the preparation area. Work is expected to take 6 weeks followed by a period of validation/testing of 2 weeks.

MMcC advised that the purpose of today's meeting is to establish who will take responsibility for monitoring the effectiveness of the work, what will be monitored as well as appropriate timelines

MW asked for clarification on what was the trigger for the original move back to BWoSCC in July 2015. The group reported that this decision was taken due to high particle counts in 4B and therefore, concerns about the air pressures in the rooms as well as non-sealed rooms.

Current work

It was discussed and agreed that the groups recommendation would be that the ward would need to empty for the 2 week verification period following the completion of the work. IP stated that H+V were scheduled to start the verification process on 31/10/17. The recommendation of the committee was that during this validation period the ward should be empty. MMcC agreed to take this recommendation back to the Director of Regional Services.

IP confirmed Revalidation process is as follows:

- Replace all HEPA Filters (24 off) 1 day
- Filter challenge tests
- Service & Re-commission ventilation plant to provide 5 – 7Pa (DP) & 6 ACH. (3 days)
- Reinststate room pressure alarm system. (0.5 days)
- Carry out revalidation of each room Including (5 days)
 - i. Air permeability tests
 - ii. Room Differential pressure tests
 - iii. ACR tests
 - iv. Test heating and cooling controls
- Deep clean rooms and corridors (2 days)
- Hand over to ICD for environmental\microbiological testing

- SG stated that SHPN 04 supplement 2 will be issued next week which has more detail on testing and validation. IP said that this may enhance the validation process.

Monitoring

MMC asked BJ if this would be performed by microbiology at QEUH. BJ replied that they would need advice for HPS about how this should be performed. AR agreed to discuss this at HPS and come back with a response by 20/10/17. SG said the monitoring was required to ensure the air quality in the QEUH was as good as or better than that in the Beatson. GM replied that the air handling unit in the QEUH would never be as good as that in the Beatson as it was of a lower specification, however, there were other, significant clinical risks that needed to be taken into consideration.

PC emphasised that the viability of the transplant programme could be compromised if a solution could not be found. MW reiterated the importance of considering all the clinical concerns in the decision making process.

BJ pointed out that effective protection against fungal infection could be achieved using prophylactic medication (chemoprophylaxis) and monitoring for infection in conjunction with environmental issues. He also suggested discussion with Dr P Hoffman, Public health England, Colindale.

Annual verification checks

I Powrie stated that, because there is only one plant, annual verification checks would require the ward to shut between 2-3 days. However it is not clear how this would be achievable as we have no alternative accommodation to allow these works to be carried out. Further consideration will need to be taken regarding this issue. MC asked IP/MAK to confirm current arrangements for BWoSCC as they have never been asked to close off rooms for annual verification.

Contingency planning

A plan will be required for dealing with critical failure. MC will take this forward.

MMcC closed the meeting and all agreed that further discussion will take place when results of monitoring are available.

Action Points

1. MMcC to take recommendation that the ward should be empty during verification process back to the Director of Regional Services.
2. AR to seek advice from HPS re monitoring and submit response by 20.10.17.
3. IP/MAK to confirm current closure arrangements for BWoSCC when rooms are shut during annual verification checks.
4. MC to take forward critical failure contingency planning.

BMT Unit Results meeting

9th March 18 at 11am room ED010, Beatson

Attendees:-

McColgan, Melanie (Chair) (MMcC)	General Manager CH & SOS
Myra Campbell (MC)	CH Clinical Service Manager
Teresa Inkster (TI)	Consultant Microbiologist
Peter Croan (PC)	Associate Programme Director, NSD
Colin Clarke (CC)	Health Facilities Scotland
Susan Grant (SG)	Health Facilities Scotland
Lynn Pritchard	Lead Infection Prevention & Control Nurse
Brian Jones (BJ)	Head of Service, Microbiology
Alyson McArdle (AMcA)	CH Lead Nurse
Haley Kane	Infection Control, HPS
Grant McQuaker (GMcQ)	BMTU Consultant
Ian Powrie (IP)	Deputy General Manager, Estates QEUH.
Anke Roexe (AR)	Programme Manager, NSD

Apologies:-

Mike Winter (MW)	Medical Director, Procurement Commissioning and Facilities SBU - NSS.
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MMcC thanked everyone for being so flexible with their diaries to rearrange the meeting at such short notice.

Minutes of last meeting – SG made one correction prior to the meeting and minutes amended and circulated.

Background

IP gave a brief report on actions to date:

Recent enabling works completed to include new solid ceilings fitted to the en-suite facilities, heating controls rewired to eliminate control issues and door control devices fitted to improve the pressure differentials of each room to the corridor.

Air Permeability testing was carried out in accordance with HPS recommendations to adopt BSRIA air permeability standards (50 pascals). This probably created a higher air draw volume from the corridor which also pulled air from ceiling vent grills. The introduction of dust through ceiling void requires further HPS guidance for future adoption of BSRIA test methods.

MMCC confirmed that we have been using HPS' updated SBAR as guidance.

SG wanted the group to be mindful that we cannot report at this stage that results according to the SBAR are completely satisfactory. We are currently navigating through the SBAR. The group agreed with MMCC that at present we have clarity on where we are with results monitoring.

Air Particle count

TI gave the following update on the air sampling results to date:

Particle counts are mostly < 1000. Particles include bacteria, fungi, skin, dust etc . The most common reason for elevation is additional people in the room or cleaning in the vicinity, this was noted whilst testing.

Active air sampling has revealed low fungal counts including Aspergillus and Mucor – this is to be expected given the lack of a HEPA filtered corridor.

Settle plates were discontinued following discussion with HPS. This is because we are not operating to a clean room environment and we would expect to see fungus on plates after 5 hours. Continuing with this method is likely to lead to multiple interventions including moving patients in and out of rooms which would not be desirable.

The air sampling results are as expected given the unit specification. It was agreed that sampling would be repeated in 4 weeks time i.e the week commencing 2nd April 2018 and that this would be required for that one week only.

Water testing for Legionella and Pseudomonas is negative. Regular testing will be undertaken. There is a water contamination incident in ward 2A RHC with a Gram negative organism called Cupriavidus. The source has been traced to the taps and showerheads. The same taps/showerheads are in 4B therefore the same control measures will be employed. Shower heads will be changed to disposable and taps will be cleaned, disinfected and have flow straighteners replaced.

Verification reports

Prior to the meeting IP circulated various H&V validation reports from Nov 17 – Jan 18 along with RSK Air permeability reports. It is now confirmed that to complete the AHU Annual Verification report, Estates will need to shut down the plant for approx 12 hours, the patient rooms will then be tested 2 rooms at a time taking approx 1 hour each over a 4 week programme. MC and IP have agreed a programme vacating 2 rooms at a time to allow testing to be carried out.

Mobile Hepa Filtration units (IQ Air) will be brought in during this time. Estates currently own 8 units however the BMT Unit will require 25 dedicated units, one for each patient room plus one for clean prep room. These units have their own test procedures.

Critical ventilation system contingency Plan BMT

IP sent out this draft for consultation prior to the meeting. It details the contingency plan for both planned maintenance and contingency.

SG stated that the Hepa filtration units only clean existing air – they do not provide fresh air. Although in the event of a failure we could monitor CO2 levels she states that as there is no bypass there is a need for a timescale for getting more fresh air in.

IP reported that we cannot put in another air handling unit in. The turnaround for repair to the air handling unit could take in excess of 24 hours dependent on what parts are required. Estates hold critical spares.

It was agreed that the contingency plan was lacking in detail, IP and MC will review and update for circulation to the full group.

Current Situation & Next Steps

4 sets of air monitoring results are available, with the 5th set awaited. As a second cycle four weeks apart is required as per the SBAR, the next air monitoring will be carried out w/c 02.04.18 for one week only.

The group agreed that results to date would enable a recommendation to relocate back to QEUH to be made. Should the results from the week of 02.04.18 be similar, the Service will recommend relocating the BMT Unit back to QEUH.

W/c 16 April a paper including recommendations, timescales and contingencies will be emailed to the group for review and comment before sign off.

MMCC closed the meeting and thanked everyone for the time and effort that they have put into this.

BMT Unit relocation meeting

18th May 2018, Lab Building, QEUH

Attendees:-

McColgan, Melanie (Chair) (MMcC)	General Manager CH & SOS
Myra Campbell (MC)	CH Clinical Service Manager
Teresa Inkster (TI)	Consultant Microbiologist
Annie Latif	BMTU Consultant
Susan Grant (SG)	Health Facilities Scotland
Grant McQuaker (GMcQ)	BMTU Consultant
Annette Rankin	Nurse Consultant, Health Protection Scotland
Ian Powrie (IP)	Deputy General Manager, Estates QEUH.

Blip with air monitoring results discussed, several rooms with fungal counts

1st set of results - low level fungal counts in all rooms – view is operator error.

2nd set of results – fungal counts in rooms adjacent to store room.

Likely causes –

1. store room door open with air / dust going into corridor .
2. Inadequate ward cleaning.

Actions –

1. Store room door closed - sign on door to remind staff door to remain closed at all times.
2. 2 x portable IQ Air Units in store room
3. All rooms and corridors in ward deep cleaned

Outcome-

Fungal counts down – majority of rooms 0 fungal count.

Cleaning

Meeting with Karen Connelly - agreed enhanced cleaning schedules in line with current provision in Ward B8&9 . Karen acknowledged the importance of training domestic staff and ensuring continuity.

Store room

Option to improve air flow in store room discussed – explore option to add hepa filter to store room without compromising clean prep.

Contingency

We have a contingency in place for supply plant failure to rooms.

At present we have no contingency for any other failure e.g. failure of extract from corridor or en-suite. Ian Powrie advised that in this situation the patients are protected as the rooms would remain positively pressured. .

If supply goes down the alarms in the rooms will sound, they are also connected to BMS.

Recommendation is that we arrange a dynamic simulation on contingency as a desk top exercise.

Water

All outlets will have filters fitted. There will be disruption further down the line when pipework and taps require replacement.

Annual verification

As previously agreed 6 hour plant shut down, the programme will be carried out over 2 weeks closing 2 rooms at a time.

Increase in Aspergillus Infections in Schiehallion Unit RHC (QEUEH Campus)



Incident Management Team (IMT)

Minutes of Meeting

10.00am

Friday 5 August 2016

Jamie Redfern's Office, RHC

PRESENT

Dr Teresa Inkster	Lead ICD, NHSGGC
Prof Brenda Gibson	Consultant Haematologist, RHC
Jean Kirkwood	SCN, Ward 2A, RHC
Jamie Redfern	General Manager, RHC
Kathleen Harvey-Wood	Clinical Scientist, Microbiology
Ian Powrie	Sector Estates Manager, South & Clyde Sector QEUEH
Angela Johnson	Senior ICN, South Glasgow (Paediatrics) IPCT, RHC

IN ATTENDANCE

Pauline Hamilton, PA Infection Prevention and Control (notes)

APOLOGIES

Sandra McNamee, Melanie Hutton, Alan Mathers, Kevin Hill, Jennifer Rodgers, Heather Dawes

Item	Action
<p>1. Welcome & Apologies</p> <p>Dr Teresa Inkster welcomed everyone to this first Incident Management Team (IMT) meeting to discuss <i>Aspergillus fumigatus</i> in the Schiehallion Unit in RHC (QEUEH Campus). Apologies were received from the abovementioned.</p>	
<p>2. Confirm Confidentiality</p> <p>The group confirmed confidentiality.</p>	
<p>3. Matters Arising</p> <p>There were no matters arising not included on the agenda.</p>	
<p>4. Situation Report</p> <p>4.1 Patients</p> <p>Dr Inkster explained that a Problem Assessment Group (PAG) was held on 04/08/16 and it was decided to escalate this to an IMT today. The two patient cases are both haematology patients and both acquired <i>Aspergillus</i> in the Schiehallion Unit.</p>	

Item	Action
<p>Patient 1 [REDACTED]: Patient has acute leukaemia steroid induced diabetes, complicated microbiology, and is heavily colonised with candida species. Patient positive for <i>Aspergillus</i> on ITU admission screen from BAL, pleural fluid and ascites. Kathleen Harvey-Wood added that patient was admitted to ITU on 25/07/16 and that <i>Aspergillus</i> HAI was attributed to Ward 2A and not ITU. Prof Brenda Gibson provided a clinical update that patient has been in ITU for 6 weeks, is still ventilated and is desperately ill. Patient also had <i>Pseudomonas</i> from fluid. <i>Aspergillus</i> was cultured from chest which was identified on 29/07/16 but is likely to be further back in time than this and it is not possible to establish an exact date due to diagnostic difficulties. Patient had been quite unwell a couple of weeks prior to being admitted to ITU. Patient had been in since 30/05/16 and did not have <i>Aspergillus</i> as it would have been picked up on screening before this date. Of note, <i>Aspergillus</i> would make the patient unwell.</p> <p>Patient 2 [REDACTED]: Patient was diagnosed with Acute leukaemia in April 2016 and is a more complex case. Patient PCR positive for <i>Candida tropicalis</i>. Ultrasound of spleen in May 2016. Spleen was removed and sent to pathology which made further testing difficult. Of note <i>Candida tropicalis</i> can cause similar picture to <i>Aspergillus</i>. Positive PCR for <i>Aspergillus</i> on 04/08/16 in BAL. In terms of microbiology further evidence is required but is mostly likely a probable case. Of note it can be difficult to prove fungal infections in general. Patient has been ill for months and is in remission as is the 1st patient case. Unit acquired in terms of the timeline. Patient is currently not doing well.</p>	
<p>4.2 Environment</p> <p>Ian Powrie provided background information in relation to the environment and issues pertaining to the BMT rooms, and reported that corrections have been made to a ventilation duct which had been torn. The tear was found between the solid metal ducts and the HEPA housing and it is believed was mostly likely due to a cut that opened when pressurised and then penetrated the membrane. This would not have been picked up on testing however other tests have since been carried out in this same room and 4 other breaches have been identified. To date, all ducts been now been sealed apart from one as this would affect the sprinkler system. The other rooms will need to be closed in order to carry out testing.</p> <p>Jamie Redfern asked about routine processes for checking systems and also about condensation. Ian explained first of all that there is annual validation and annual verification as per original commissioning, and that pressure reports are issued and logged at time of testing. The annual validation is now due as the building is one-year old. Although the two patients discussed today are not in the BMT rooms the question was asked if there would be any impact on the rest of the unit for patients in adjacent rooms. Ian referred to the lobby and described positive pressure, i.e. if doors are left open then air could potentially push from the corridor into the room and could therefore be a possible factor for transmission. In terms of the two patient cases, this would be a possibility for the 2nd patient case only. Of note, it would be extremely difficult to look into timing around this and Dr Inkster explained that investigations started at the end of June 2016 but there may well have been an issue prior to this but as no air sampling programme was in place this could not be known.</p> <p>In relation to the question about condensation and subsequent dampness, Ian explained how the chilled beams in the bedrooms operate, i.e. the discharge chamber draws fresh air in and then emits either heated or cooled air. Cooling can cause condensation when the moisture hits the chilled beam and there should be compensation for this but there is not. This has been raised with the contractor Brookfield. Once condensation notification was received on 19 and 20 July 2016 the rooms affected were cleaned and disinfected with quick turnaround. (Rooms 8 and 9 were cleaned on 19/07/16 and Rooms 7, 2, 10 were cleaned and disinfected on 20/07/16).</p>	

Item	Action
<p>It was noted there is an added complication of regenerated dust. Jean Kirkwood reported that there are still 4 rooms that need to be cleaned and disinfected. Ian confirmed that an HAI-SCRIBE is in progress to look at a full cleaning programme. Prof Gibson asked about filtration in the rest of the unit and Ian explained that the rooms are all filtered but they do not have HEPA filtration. It is not possible to add HEPA filtration at this stage due to the separate air handling unit and chilled beams as they are not the same specification. Ian agreed to look at the specification for the rest of the unit as the rooms should be slightly positive given the environment. Dr Inkster explained that Aspergillus spores travel wide and can be carried by dust. In light of this Jamie Redfern asked if both rooms that the two patients had been in, could be considered first, i.e. rooms 19 and 6. Ian explained there are no chilled beams in the corridor to these rooms however it was agreed that the issue with the chilled beams condensating needs to be addressed. Ian agreed to take a sample of the duct in the unit for testing and Dr Inkster stated that 2 types of samples will need to be taken; settle plates and active air sampling.</p>	IP
<p>Jean Kirkwood reported that the corridor seems to collect a lot of dust even straight after cleaning. In light of this information Dr Inkster suggested that cleaning is stepped up and Ian agreed to liaise with Sheila Miller and Billy Hunter and will request that twice daily Actichlor Plus cleans are put in place as recommended by IPC.</p>	IP
<p>Jean also reported that the heat and humidity in the unit is immense particularly at the nurses station which has 2 patient areas directly behind. Of note this heat issue has been repeatedly reported to Estates. Ian agreed to have this particular issue investigated.</p>	IP
<p>The 3rd potential environmental issue reported is in relation to a minor water leak in one area. Ian explained that a valve and tile had been removed to repair the leak and these were replaced with no other issues identified. It was not necessary to check the ceiling space. Dr Inkster will investigate the area.</p>	TI
<p>The 4th potential environmental issue is the ongoing construction works on the site. Of note, a method statement for dust control is all in order. Again translocation of spores was discussed however the area and wind might be a factor as well as people bringing in spores on clothing.</p>	
<p>5. Investigations</p> <p>From the information discussed the following investigations were agreed:</p> <ul style="list-style-type: none"> • Air sampling of air handling unit (Dr Inkster will organise) • Inspection of unit for water damage (Dr Inkster will investigate) • Chilled beams and sampling of duct in the unit for testing – Ian Powrie will arrange samples and will liaise with Dr Inkster) • Diagnostics to expedite reporting for ongoing surveillance (Dr Inkster will make request) • Upgrading of filters as close as possible to HEPA filtration (Ian Powrie to arrange) <p>Discussion followed around previous issues in relation to the BMT unit location and suitability. Dr Inkster explained that two options were proposed and the option chosen was yet to be endorsed by the Medical Director. It was agreed that all issues reported today are discussed in full at the meeting in relation to the isolation rooms. This meeting is still to be arranged by Alan Mathers.</p>	

Item	Action
<p>8.2 Staff</p> <p>Jean Kirkwood confirmed that staff have been kept informed and will be updated on planned works and actions including prophylaxis.</p>	
<p>8.3 Press / External</p> <p>A press holding statement will be prepared in line with HIIAT requirement.</p>	
<p>9. Any Other Business</p> <p>There was no other business for discussion.</p>	
<p>10. Date and Time of Next Meeting</p> <p>Another meeting will be arranged once the results of the 2nd patient case are back.</p>	

Queen Elizabeth University Hospital (NHSGGC) Bone Marrow Transplant Unit

Situation	NHS Greater Glasgow and Clyde (NHSGGC) requested support from Health Protection Scotland (HPS) in the review of their Bone Marrow Transplant Unit within Queen Elizabeth University Hospital (QEUH) prior to transfer of patients from the Beatson Oncology Centre. This review focussed mainly on the ventilation and provision of a safe environment for the care of these patients within the QEUH.
Background	<p>The decision to transfer the care of bone marrow transplant patients from the Beatson Oncology Unit to the QEUH was made in June 2013. Construction of the QEUH was well established at this point and therefore the unit was not purpose built. When the new hospital opened patients transferred to ward 4b from the Beatson Oncology unit. Concern was raised following environmental and air sampling yielded high particulate counts and fungal spore growth. On identification of these results the patients were relocated back to the Beatson Oncology Unit as a temporary measure whilst remedial work was undertaken in ward 4b. HPS were contacted on by Dr Inkster and support requested for a pragmatic assessment of the ventilation requirements which would allow NHSGGC to provide a safe environment for the care of BMT patients to resume within ward 4B QEUH and also for those who were being cared for within the critical care unit.</p> <p>HPS were also asked to consider whether additional precautions would be required over the coming years to protect these patients from environmental micro-organisms generated from the building works ongoing on the surrounding hospital site.</p> <p>This SBAR focuses primarily on the adult BMT (Ward 4b): HPS have been requested to support NHSGGC with other areas including the paediatric BMT (Schiehallion ward), Critical care and the ID unit relating to ventilation.</p>
Assessment	<p>A situational assessment was undertaken by HPS. This was undertaken by :</p> <ul style="list-style-type: none"> • Requesting information from NHSGGC via a series of questions

	<ul style="list-style-type: none"> • Contacting Health Facilities Scotland to request support with the technical aspect of relevant guidance. • Liaising with Peter Hoffman (Public Health England) who is a recognised infection control ventilation expert. • HPS undertaking a rapid literature review (Appendix 1) <p>Guidance: There is no single piece of suitable guidance applicable in this situation. The UK guidance comes from various sources including Scottish Health Technical Memoranda, Health Technical Memoranda, Scottish Health Planning Notes, CDC guidance and expert opinion.</p> <p>As the planning of this unit commenced in June 2013, the applicable Scottish Guidance is SHTM 03-01.</p> <p>Additional reference guidance includes</p> <ul style="list-style-type: none"> • HTM 0401 : Supplement 1: however this guidance states that it doesn't offer protection for severely immuno-compromised patients • SHFN 30 • HAI scribe <p>Expert Opinion/Scientific Evidence:</p> <p>HPS liaised with HFS regarding the technical requirements and guidance applicable. A rapid literature review was undertaken by HPS (Appendix 1)</p> <p>A teleconference was held between HPS and Peter Hoffman to discuss the minimum requirements for the provision of a safe environment for bone marrow transplant patients.</p> <p>Three of the most important aspects required include rooms that are held at positive pressure in comparison to the surrounding environment, rooms that are sealed and the air circulating has passed through a HEPA filter. This is supported by SHTM 03-01, consensus in the scientific literature and expert opinion ¹⁴.</p> <p>The purpose of having HEPA filtration is primarily to remove fungal spores. These require to be well fitting to ensure that any air does not bypass the filtration system. The patients within this unit should be breathing air, 100% of which has passed through HEPA filtration.</p>
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	<p>There should be 2 pre filters located in the air handling unit prior to the HEPA filter. The HEPA filter should be E12 (H13)¹⁴ and to enable this to function correctly will require an appropriately sized and designed air distribution system.</p> <p>The room must be sealed with no ability to open windows. The room can leak clean air out however it must be protected from unfiltered air coming in. To enable this, the room must always be at positive pressure, with a rate sufficient to ensure a robust outward flow. In line with SHTM 03-01, 10Pa or above is required. In addition to having adequate pressures and to ensure safety there must be a monitoring system which allows continuous monitoring of the pressure within the room. This system must have an alarm system which will alert a drop in pressure. To allow a robust positive pressure system the walls and ceilings must be sealed smooth and impervious with any access hatches and service fittings securely sealed. Ceiling tiles are not suitable and therefore not recommended. In an ensuite room the clean air will pass from the main room into the bathroom, therefore the bathroom also requires to be sealed to ensure no access of unfiltered air. The recommended bedroom air changes detailed with SHTM 03-01 is 10 per hour. The proper holistic design of the air distribution system will aid dilution and removal of microorganisms released into the room.</p> <p>Ante rooms/Lobbies: there are no rooms within this unit which have ante rooms/lobbies. This presents a bigger challenge when the corridor air is not supplied via a HEPA filter and challenges the reliability of the HEPA filtered air and positive pressure within the room when the door is opened. A strict protocol which minimises the air entry via this route is required.</p> <p>To commission (or recommission) this unit particulate and settle plate testing should be undertaken to ensure useful reassurance however what is of greater importance is robust smoke testing to ensure any leaks are outwards.</p> <p>Ideally the corridor should also be HEPA filter supplied however this is normally only achieved in a purpose built unit and is less important if the rooms are appropriately ventilated and achieve positive pressure in comparison to the corridor. If deemed to be required these can be retrospectively fitted.</p> <p>The only room within this unit which requires to be at negative pressure is the “pentamidine” treatment room. The room must fully comply with health and safety legislation.</p> <p>When bone marrow transplant patients require more intensive support they will be managed in the critical care unit (ICU/HDU). The</p>
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	patients should be managed in a room which achieves the same standard required by guidance as those within ward 4B and achieve the same positive pressure and air changes and has HEPA filtered air. It must also be a sealed room.
Recommendation	<p>To allow the provision of a protective environment for patients within the bone marrow transplant unit (Ward 4B)</p> <ul style="list-style-type: none"> • The rooms must be positively pressured at 10 pa • ALL air entering the room must be via the HEPA filter • The HEPA filter should as a minimum be E12 (H13) and located within the supply air diffuser • The rooms must be sealed and no air which has not passed via the HEPA filter should access the room • A strict protocol which minimises the length of time the door is opened and reduces air entry via an open door is required. • There must be a continuous pressure monitoring system for each room which alarms and gives an early indication of a pressure drop within the room • Bedroom Air changes of 10 ACH must be achieved • The walls and ceilings within the rooms and ensuite must be sealed. • All room services must be sealed • All service access hatches within the bedrooms/ensuite must be sealed • The pentamidine room must be negatively pressured and comply with health and safety legislation • There must be at least one room available in the critical care unit capable of providing the same level of protection as those proposed in ward 4B • HPS will continue to co-ordinate and provide support with this issue and subsequently the Children's unit and additional areas of ventilation concern (Critical care, ID Unit, theatres) • HPS will co-ordinate and provide support a required relating to water control and testing in this unit

Appendix 1:

Rapid review on microbial air quality in bone marrow transplant units

Introduction:

Invasive infections caused by *Aspergillus* species are relatively rare in immunocompetent hosts; however the pathogen is recognised as being the second most common cause of fungal infections in certain immunocompromised patient groups.¹ The most frequently affected patient populations include bone marrow transplantation (BMT) recipients and patients with haematological malignancies undergoing intensive chemotherapy. Prolonged neutropenia is the major risk factor for invasive aspergillosis.¹ As *Aspergillus* spp. can be readily found in the environment, it has been widely believed that aspergillosis occurs as a consequence of exogenous acquisition of the fungus.² *Aspergillus* spp. are ubiquitous, aerobic fungi that occur in soil, water, and decaying vegetation; the organism also survives well in air, dust, and moisture present in health-care facilities.³ Stringent environmental controls in transplant units such as air filtration, particularly by laminar air flow (LAF) or high efficiency particulate air (HEPA) filters, has been shown to decrease the level of fungal contamination in the air and the incidence of invasive *Aspergillus* infections in immunocompromised patients.^{1;4} Construction work inside or adjacent to the hospital can cause aspergillosis outbreaks, particularly if the ventilation system is faulty or if the protective measures around the construction area are not sufficient.⁵⁻⁷

Site renovation and construction can disturb *Aspergillus*-contaminated dust and produce bursts of airborne fungal spores. Increased levels of atmospheric dust and fungal spores have been associated with clusters of healthcare-associated infections in immunocompromised patients.⁸ Current guidelines and standards support the use of adequately managed isolation to prevent the transmission of pathogens from the outside environment to profoundly immunocompromised patients. Such isolation consists of negative air pressure rooms (for isolating patients who are capable of transmitting infections via airborne droplets) and positive pressure rooms (for protecting immunocompromised patients susceptible to infection) fitted with HEPA filters (among other types of filters, such as ultra-low penetration air filters and medium efficiency particulate air filters) which assist in protecting immunocompromised patients.⁹

Several environmental pathogens have life-cycle forms that are similar in size to droplet nuclei and may exhibit similar behaviour in the air. The spores of *Aspergillus fumigatus* have a diameter of 2–3.5 µm, with a settling velocity estimated to be at 0.03 cm/second (or about 1 meter/hour) in still air. With this enhanced buoyancy, the spores, which resist desiccation, can remain airborne indefinitely in air currents and travel far from their source.^{7;8} The spores are echinulate (spiny), increasing air resistance, to enhance wind-aided dispersion. As a result, *A. fumigatus* spores are found in unfiltered air whenever they have been sought.⁷

There are consistent recommendations for the requirements of protective environments (positive pressure rooms) for bone marrow transplant patients, these are:

- Positive pressure should be maintained at either $\geq + 10$ Pa, or a pressure differential of ≥ 2.5 Pa [0.01" water gauge] in comparison to the corridor¹⁰

SBAR:

Queen Elizabeth University Hospital (NHSGGC) Bone Marrow Transplant Unit
HPS Support

Completed by Annette Rankin Dec 2015

- Ventilation to maintain ≥ 10 -12 air changes per hour^{8,14}
- To have directed air flow (intake at one side and exhaust at opposite)¹¹
- To have central or point of use HEPA filters H12 (99.97% efficiency) capable of removing particles 0.3 μ m in diameter for supply (incoming) air^{5;8;9;11,14}

Inadequate filtration of outside air by the air handling system is the most obvious source of *Aspergillus* spores in hospital. Rhome *et al*⁷ demonstrated that following introduction of 'in room' HEPA air filters *aspergillus* spores were reduced from 2 CFU/m³ to 0.9 CFU/m³; this reduced but did not completely prevent *aspergillus* infections in patients. The authors speculate that this is due to patients coming into contact with spores in other areas of the hospital, where corridor counts were 5 CFU/m³. The study also discussed HEPA filtration efficiency and determined that when functioning properly all *aspergillus* spores should be removed i.e. 0 CFU/m.^{3;7} A review on microbiological air quality and its association with fungal infections in haematology/oncology patients concluded that there is a clinical benefit associated with the treatment of ambient air in haematology/oncology units using HEPA filters and positive pressure, although various forms of bias were identified.¹² The study also highlighted the importance of maintenance of filtration systems and operation following manufacturer's instructions. There was no consensus regarding the maximum permissible fungal count in the air because levels varied widely between studies.¹²

What is the average CFU/m³ during fungal outbreaks in bone marrow transplant units reported in the literature?

Environmental sampling during outbreaks has revealed a wide range of *Aspergillus* CFU/m³. Outbreaks have occurred when *Aspergillus* spores were present at counts as low as 0.9 CFU/m³ and up to at least 100 CFU/m³.⁹ Clusters of *Aspergillus* infections have been associated with poorly maintained or malfunctioning HEPA ventilation systems. HEPA filters should be replaced regularly based on the manufacturer's instructions and regular monitoring should be conducted during construction/renovation. In addition, high numbers of spores observed during environmental sampling could indicate contamination of the filters or air-handling system prior to installation.¹¹

What is the recommended air quality (CFU/m³) in bone marrow transplant units?

Most current guidelines are unable to present recommendations for environmental (air) sampling; this is due to the variability in the literature, variety in sampling methods and results, in addition to a lack of consensus on defined tolerable limits for microbial air contamination.¹²

The CDC suggests a threshold of 15 CFU/m³ for total fungal counts and of <0.1 CFU/m³ for *Aspergillus* spp. This is consistently recommended in national and international guidelines.^{5;8-11;13}

Properly functioning HEPA filters with 99.97% filtering efficiency are theoretically capable of removing all *Aspergillus* spores and health facilities are required to ensure adequate maintenance of HEPA filtration systems and other appropriate types of filters with medium to high efficiency filtration.⁹ There is no tolerable level/concentration for *Aspergillus* spores in HEPA filtered air samples. An exposure level of < 5 CFU/m³ of *Aspergillus* spp. in protective isolation areas and < 0.1 CFU/m³ in HEPA-filtered environments, with limits of 15 CFU/m³ for total colony counts of all fungal organisms, is recommended.^{2;9}

SBAR:

Queen Elizabeth University Hospital (NHSGGC) Bone Marrow Transplant Unit
HPS Support

Completed by Annette Rankin Dec 2015

What is the optimum method for air sampling?

Active air sampling – a quantitative method, typically samples large quantities of air in a short time period. It is suggested that in highly filtered areas it may be difficult to detect low numbers of spores and that at least 1000L should be sampled.¹¹

Passive air sampling (settle plates) – a qualitative method and not suitable for monitoring microbial counts in clean rooms as this method selectively collects larger particles and does not detect airborne pathogens that may remain suspended indefinitely. However, it has been suggested that settle plates are a more reliable measure of risk due to fallout onto wounds/surfaces etc. than airborne contaminants. If settle plates are used these should be in conjunction with active air sampling.⁸

Discussion:

Given the lack of conclusive evidence-based guidance in the literature, it is not possible for HPS to make a specific (CFU/m³) recommendation on acceptable limits for microbial counts air counts on bone marrow transplant units. However, the most recent (2014) consensus guidelines⁹ suggested that sampling values should be compared to a 'scientifically determined or baseline value'; a possible approach for newly commissioned haematology/oncology units in NHSScotland to determine acceptable limits for microbial air quality would be to calculate the theoretical capabilities of their air management systems to remove airborne pathogens based on known filter efficiencies and rates of air exchange. In addition, the Beatson Oncology Centre in NHS GG&C currently cares for bone marrow transplant patients and performs routine air sampling; acceptable baseline values for microbial air quality for similar units throughout NHSScotland could be determined using available routine sampling data from this unit.

The [HPS Aspergillus Cribcard](#) gives additional guidance on the prevention and management of *Aspergillus* outbreaks during construction work. It was highlighted in the literature that HEPA filter installation alone is likely insufficient to guard against infection; proper maintenance must also be performed. If any preventive benefit is actually associated with the use of this type of system, this benefit will likely occur only when the equipment is operated according to the manufacturer's recommendations, using unsaturated filters.¹² Specific construction measures have been highlighted in another study stating that in addition to a well-functioning air filtration system, infection control measures such as building protective barriers, using negative-pressure ventilation on in-hospital renovation areas and isolating the traffic to and from the construction area from other traffic are important in preventing the invasion of fungal spores to the specialist ward during construction work.⁴

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- (14) Health Facilities Scotland. Ventilation for Healthcare Premises (part A) Design and validation. Scottish Health Technical Memorandum:03-01. 2013.

Papers from the BMT meeting - 8th February 2017

Scott, Lyndsey [REDACTED]

Tue 14/02/2017 12:19

To: Loudon David (NHS GREATER GLASGOW & CLYDE) [REDACTED]; Campbell Myra (NHS GREATER GLASGOW & CLYDE) [REDACTED]; INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED]; [REDACTED]; Parker, Anne [REDACTED]; McQuaker, Grant [REDACTED]; Walsh Thomas (NHS GREATER GLASGOW & CLYDE) [REDACTED]; Powrie Ian (NHS GREATER GLASGOW & CLYDE) [REDACTED];

Cc: Allyson.Hirst [REDACTED]; Mccolgan Melanie (NHS GREATER GLASGOW & CLYDE) [REDACTED]; Marshall Julie (NHS GREATER GLASGOW & CLYDE) [REDACTED]; Hamilton Pauline (NHS GREATER GLASGOW & CLYDE) [REDACTED]; Johns Marjorie (NHS GREATER GLASGOW & CLYDE) [REDACTED];

📎 4 attachments

2017-02-08 Benefits criteria v2.1.doc; 2017-02-08 Benefits Matrix v1.0.doc; 2017-02-08 Options.doc; Minutes - 08.02.17 - DRAFT.doc;

Dear All

Please find attached the papers from the BMT meeting held on 8th February. Apologies for the delay in getting these to you.

If possible, can you provide any comments/corrections by 17th Feb to enable us to distribute again prior to the next meeting on Monday 20th February.

Kind regards

Lyndsey

Lyndsey Scott

Personal Assistant to :

Melanie McColgan - General Manager, Specialist Oncology & Clinical Haematology Services

Craig Broadfoot - Clinical Services Manager, Specialist Oncology Services

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A48890718

Dept of Microbiology
Queen Elizabeth University Hospital
Glasgow
Direct dial : [REDACTED]

From: McColgan, Melanie [REDACTED]
Sent: 08 March 2017 16:48
To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE); Johns Marjorie (NHS GREATER GLASGOW & CLYDE); McQuaker, Grant; Campbell Myra (NHS GREATER GLASGOW & CLYDE)
Subject:

Hi all
Sorry I missed the teleconference yesterday afternoon. I understand we each have a number of actions to feed into an updated paper by close of play friday.
My understanding is:
Marjorie - review jacie
Teresa - review mitigation in place in other centres
Grant / Myra - review service risks and patient experience.
Have I missed anything?
In view of tight timescale would it be possible please to have your feedback/input by Friday morning please?
Many thanks,
Kind regards
Melanie

Sent from my BlackBerry 10 smartphone on the EE network.

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RANKING OF BENEFITS

The identified benefit criteria were therefore ranked as follows:

	Criteria	Score	Rank
B	Staffing	7	1
D	Service standards	6	2
H	Sustainability	5	3
C	Environmental standards	4	4
F	Strategic fit	3	5
G	Timescale to deliver	2	6
A	Improves patient journey	1	7
E	Minimises disruption	0	8

VERSION CONTROL

No	Comments
1.0	Draft with outcomes from the session with Myra Campbell, Dr Teresa Inkster, David Loudon, Melanie McColgan, Dr Grant McQuaker, Dr Anne Parker. Circulated by email to group 08.02.17

Options Appraisal: National Adult Stem Cell Transplant Programme

Held on 8 February 2017 in BWOSCC

BENEFITS CRITERIA

No	Description	Definition
A.	Improves the patient journey	Services should be delivered on as few sites as possible to minimise the need for patient and carer travel. The site(s) should be easily accessible with good patient/carers facilities.
B.	Staffing	The extent to which there is adequate safe staffing, both within the unit's staff complement and within other services, e.g. Hospital at Night/resident on-call support.
C.	Meets published/recognised environmental standards	The extent to which the option satisfies both SGHD guidelines on Infection Control and other technical standards (SHTM, HSE, etc). This will take into account the ability to manage the risk associated with not meeting the standards, and any need for derogations.
D.	Meets published/recognised service standards	The service will meet standards set by JACIE and within the NSD service level agreement, and meets BSH Level 3. This includes immediate 24/7 access to the full range of acute services required to support patients who undergo stem cell transplant, including ITU-level critical care services and specialist support and review by other clinical teams.
E.	Minimises service disruption	The extent to which clinical services can be maintained during any required construction and/or implementation phase.
F.	Strategic fit	Links to national, regional and local clinical strategies for delivering cancer services, but with specific reference to wider GGC discussions on future location of BWOSCC and the configuration of haematology services.
G.	Timescale to deliver	Self-explanatory. There is a clinical urgency to make a decision on the location of the service.
H.	Long-term sustainability	The extent to which the facility improves the current and future capacity to deliver appropriate services to the population of Scotland, in line with ongoing planned expansion.

AGREED CHANGES

Prior to completing the benefits matrix, there had been two separate criteria identified for *Clinical Adjacencies* and *Meets Service Standards*.

No	Description	Definition
A.	Delivers clinical co-dependencies and adjacencies	Having immediate 24/7 access to the full range of acute services required to support patients who undergo stem cell transplant, including ITU-level critical care services and specialist review.
E.	Meets published/recognised service standards	The service will meet standards set by JACIE and within the NSD service level agreement, and meets BSH Level 3.

While completing the Benefits Matrix to agree the weighting to be given to each criteria, however, the group agreed that the content of point A was encompassed within the service standards, particularly JACIE, referenced in point E, and that these two criteria should be amalgamated under *Meets Service Standards*.

VERSION CONTROL

No	Comments
1.0	Prepared in advance of session
2.0	Updated to reflected discussion among session participants: Myra Campbell, Dr Teresa Inkster, David Loudon, Melanie McColgan, Dr Grant McQuaker, Dr Anne Parker.
2.1	Minor amendments. Circulated by email to group 08.02.17

BMT Specification

- 24 beds – all single room – 4 rooms negatively pressured with anteroom for infected patients
- All rooms hepa filtered
- Corridors hepa filtered
- Air changes 10/hour in each room
- Room pressure positive 10 pa in each room
- Sealed rooms (fixed ceilings) including ensuites
- Air lock entrance
- Alarmed air pressure monitoring system
- Back up air handling plant or individual plant for each room
- Hepa filtered prep room
- Handover room for multi disciplinary team
- Nursing workstation
- Pentamidine room – negatively pressured
- Intrathecal room
- Pantry
- Sluice
- DSR
- Disposal room
- Staff toilet

Options Appraisal: National Adult Stem Cell Transplant Programme Held on 8 February 2017 in BWOSCC

BENEFITS MATRIX

Following identification of Benefit Criteria, the Benefits Matrix was completed, in which individual criteria are compared against each other.

The results were:

		A	B	C	D	E	F	G	H
Improves Patient Journey	A		B	C	D	A	F	G	H
Staffing	B			B	B	B	B	B	B
Environmental standards	C				D	C	C	C	H
Service standards	D					D	D	D	D
Minimises disruption	E						F	G	H
Strategic fit	F							F	H
Timescale to deliver	G								H
Sustainability	H								
		Improves Patient Journey	Staffing	Environmental standards	Service standards	Minimises disruption	Strategic fit	Timescale to deliver	Sustainability

This represents the majority decision of those in the room at the time of the exercise.

For full description of all benefits criteria, see: *2017-02-08 Benefits criteria.doc*

Options Appraisal: National Adult Stem Cell Transplant Programme

Held on 8 February 2017 in BWOSCC

OPTIONS UNDER CONSIDERATION

No	Description	To be included in full Options Appraisal?						Other comments
		TI	MM	DL	MC	GM	AP	
1.	Remain at BWOSCC	Y	Y	Y	Y	Y	Y	Would require significant changes to level of clinical support on site
2.	Return to QEUH Level 4	Y	Y	Y	Y	Y	Y	Unlikely to be a long term option Quality of build environment is main issue
3.	QEUH Maternity roof	Y	Y	Y	Y	Y	Y	Difficult to sustain services during construction, but technically feasible
4.	Neurology Levels 1 and 2	N	N	N	N	N	N	Only technically feasible on paper
5.	Neurology Ground and 1st Floor	N	N	N	N	N	N	Only technically feasible on paper Significant concerns that building could never be fit for purpose
6.	Neurology Ground Floor with external extension	Y	Y	Y	Y	Y	Y	Only realistic Neurology option Difficult, but feasible
7.	QEUH Laboratory roof	N	N	N	N	N	N	Feasibility report indicates that building cannot support extension
8.	St Mungo Building, GRI	N	N	N	N	N	N	Only technically feasible on paper Not feasible from service delivery point of view

Document name: 2017-02-08 Options.doc | Version: 1.0

Document created by: Marjorie Johns, Planning Manager—Regional Services | Date updated: 08.02.17

The Beatson West of Scotland Cancer Centre

**BMT Services Meeting to discuss Option Appraisal
Wednesday 8th February – 10am – ED002, Level 0, BWoSCC**

Present:

Melanie McColgan – Chair (MMcC)	-	General Manager – Speciality Oncology Services & Clinical Haematology
David Loudon (DL)	-	Director of Facilities & Capital Planning
Marjorie Johns (MJ)	-	Planning Manager – Regional Services
Myra Campbell (MC)	-	Clinical Services Manager, Clinical Haematology
Teresa Inkster (TI)	-	Lead Infection Control Doctor
Anne Parker (AP)	-	Consultant Haematologist
Grant McQuaker (GMcQ)	-	Consultant Haematologist
Lyndsey Scott (LS) – minutes		

Apologies:

Tom Walsh (TW)

1.	<p>Welcome & Introductions</p> <p>MMcC welcomed the group and thanked everyone for their attendance. This will be the first of two meetings to look at the various options for the relocation of the Bone Marrow Transport Unit based on the information obtained in the Feasibility Study put together by Currie & Brown. DL circulated this report to the group prior to this meeting for their review. We need to stop and take stock of what we have done over the past 2 years and look at what we have captured. MMcC advised that we need to evaluate our options in order to make recommendations to go forward and wanted today's session agree the options and criteria for evaluation.</p>
2.	<p>Review Options</p> <p>MMcC had circulated a paper with the Options for the BMT Service with evaluation criteria prior to this meeting. It was agreed to discuss this paper in order for us to proceed.</p> <p>It was asked if there were any other options other than the 8 options already identified.</p> <p>AP suggested portacabins as a possibility however this would not provide linkage. It was noted however, that this however would only provide a temporary solution and would require expenditure similar to that of the options outlined in the feasibility study.</p> <p>DL advised that today should look at the existing options to see if there is a feasible option available.</p>
3.	<p>Agree Evaluation Criteria and Weighting</p> <p>MJ advised that using the Scottish Capital Investment Manual she has compiled the evaluation criteria and has also looked at the Feasibility Study carried out for the Lanarkshire Beatson. The Lanarkshire Beatson only used has 5 criteria points:-</p> <ul style="list-style-type: none"> • Clinical Benefit • Patient Access • Strategic Fit • Site Logistics • Staffing

MJ completed a word document during the meeting and it was agreed that the evaluation criteria is as follows:-

1. Improves Patient Journey
2. Staffing
3. Environmental standards
4. Service standards
5. Minimises disruption
6. Strategic fit
7. Timescale to deliver
8. Sustainability

The group measured the options and weighting was undertaken. MJ will complete this document and the weighting information and circulate to the group with minutes of the meeting.

4. Agree Scoring Process

MJ handed the group a paper on the options appraisal asking all members to provide comments on the various options discussed.

Prior to the completion of this document, the group decided on the following options:-

- 1) Remain at BWoSCC (Wards B8/B9) – Do Nothing
- 2) Return to Level 4 at the QEUH
- 3) QEUH Maternity – an additional floor with associated plant
- 6) Neurology Option 3 – a refurbishment of the ground floor with a new build extension

The group decided that the following options should be removed from the appraisal as not being feasible:-

- 4) Neurology Option 1 – a refurbishment of the existing first and second floor
- 5) Neurology Option 2 – a refurbishment of the existing ground and first floor
- 7) QEUH Laboratory Building – a new additional floor with associated plant
- 8) St. Mungo Building, GRI – a refurbishment of the ground, first and second floor.

It was agreed that the next meeting will be for the group to complete the scoring process based on the 4 options available to us.

5. AOB

None.

6. Date of Next Meeting

It was agreed that the next meeting will be held on Monday 20th February at 3.30pm at the Queen Elizabeth University Hospital. This has now been confirmed and the meeting will be held in the Seminar Room STW-011 on Level 1 – Stroke Ward, QEUH Main Building.

5/17/2019

Fw: BMT - INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

We were all present when discussing the recommendations. I have however amended wording to reflect ranking rather than recommendations and your previously noted concerns.

M

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED]

Sent: 03 March 2017 15:35

To: McColgan, Melanie; Walsh, Tom

Cc: McNamee, Sandra

Subject: Re:

Hi Melanie,

Nothing further to add although I remain concerned about the process. I left the meeting after the ranking and did not participate in any discussion with regards to the recommendation.

It would be useful to see David's comments regarding the paed's vs 4B spec as I disagree with the statement that the environmental standards are similar.

Kind regards

Teresa

Dr Teresa Inkster

Lead Infection Control Doctor NHSGGC

Training Programme Director Medical Microbiology

Dept of Microbiology

Queen Elizabeth University Hospital

Glasgow

Direct dial : [REDACTED]

From: McColgan, Melanie [REDACTED]

Sent: 03 March 2017 11:59

To: Walsh Thomas (NHS GREATER GLASGOW & CLYDE); INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

Cc: McNamee Sandra (NHS GREATER GLASGOW & CLYDE); Loudon David (NHS GREATER GLASGOW & CLYDE)

Subject: RE:

I will be here to after 5pm so as long as I got comments by 5pm? I plan to re-circulate the amended version to the group however, in the next 15 mins.

M

5/17/2019

Fw: BMT - INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

From: Walsh, Tom
Sent: 03 March 2017 11:54
To: McColgan, Melanie; Inkster, Teresa (NHSmail)
Cc: McNamee, Sandra; Loudon, David
Subject: RE:

Hi Melanie

I'm not sure what your timescales are for responses but I know Teresa is in back to back clinical meetings at RHC.

I would be keen that she is able to respond to the paper as well.

Kr

Tom

From: McColgan, Melanie
Sent: 03 March 2017 11:21
To: Walsh, Tom; Inkster, Teresa (NHSmail)
Cc: McNamee, Sandra; Loudon, David
Subject: RE:

Does this read better

The Acute Services Committee is therefore, asked to consider option two as an interim solution and support the relocation of BMT Services to 4B QEUH. To support the move, it is proposed that further minor refurbishment works be commissioned e.g. sealing of ceiling tiles in en-suites and thereafter, a period of air quality monitoring be undertaken against clear parameters following discussion and agreement with Microbiology.

From: Walsh, Tom
Sent: 03 March 2017 10:00
To: McColgan, Melanie; Inkster, Teresa (NHSmail)
Cc: McNamee, Sandra; Loudon, David
Subject: RE:

Thanks Melanie

The final recommendation reads much better in terms of context and perspective.

5/17/2019

Fw: BMT - INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

In terms of further air sampling I will leave Teresa to comment in detail. I would however point out that the Infection Control Team don't undertake air sampling (nor do we have the equipment to do so). This would need to be agreed with colleagues in Diagnostics and I would suggest that clarity is still required on what is being sampled and what standards are being applied.

Kr

Tom

From: McColgan, Melanie
Sent: 03 March 2017 09:46
To: Inkster, Teresa (NHSmal)
Cc: Walsh, Tom; McNamee, Sandra; Loudon, David
Subject: RE:

Hi

I am hoping this makes it a bit clearer? I have left the RHC section in as need David to advise re spec,

Thanks

M

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED]
Sent: 02 March 2017 09:44
To: McColgan, Melanie
Cc: Walsh, Tom; McNamee, Sandra; Loudon, David
Subject: Re:

Thanks Melanie,

Please find attached comments from Tom, Sandra and myself.

Our understanding of the process was that the groups function was to rank the options for consideration at board level rather than reach a definitive conclusion/recommendation.

We ask that all comments be considered but our particular concern is deviation from the the national standards (SHTM) and our agreed 'Role of the IPCT in capital projects' SOP.

Kind regards
Teresa, Tom, Sandra

5/17/2019

Fw: BMT - INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

Dr Teresa Inkster
Lead Infection Control Doctor NHSGGC
Training Programme Director Medical Microbiology
Dept of Microbiology
Queen Elizabeth University Hospital
Glasgow
Direct dial : [REDACTED]

From: McColgan, Melanie [REDACTED]

Sent: 01 March 2017 10:10

To: McQuaker, Grant; Irvine, David; Campbell Myra (NHS GREATER GLASGOW & CLYDE); Walsh Thomas (NHS GREATER GLASGOW & CLYDE); Mcnamee Sandra (NHS GREATER GLASGOW & CLYDE); INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE); Powrie Ian (NHS GREATER GLASGOW & CLYDE)

Cc: Johns Marjorie (NHS GREATER GLASGOW & CLYDE); Scott, Lyndsey

Subject:

Dear all .
Can you let me have comments on attached asap –need by 12md Friday 3/3 at latest please.
Thanks
Melanie

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Fw: FW:

Inkster, Teresa [REDACTED]

Fri 20/05/2022 18:08

To: Inkster, Teresa [REDACTED]

From: Inkster, Teresa [REDACTED]

Sent: 24 July 2020 09:43

To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED]

Subject: FW:

From: Walsh, Tom

Sent: 05 March 2017 17:48

To: Inkster, Teresa [REDACTED]

Subject: Re:

Difficult, although I thought the recommendations were clear that service needs were being prioritised over IC concerns.

Not sure if anything more can be said other than repeating this?

T

Sent from my BlackBerry 10 smartphone.

From: Inkster, Teresa

Sent: Sunday, 5 March 2017 17:20

To: Walsh, Tom

Subject: Fw:

FYI - not sure how to respond.

Sent from my BlackBerry 10 smartphone on the EE network.

From: Armstrong, Jennifer [REDACTED]

Sent: Sunday, 5 March 2017 2:33 PM

To: Inkster, Teresa

Subject: Fw:

Teresa

I am meeting Melanie and Gary tomorrow morning at 8.30am. I note the paper which they have given me in advance and the issues with all of the options. I note the group came to the conclusion about temporary relocation to QUEH ward 4b with some provisos. Is this something you can support? J

Sent from my BlackBerry 10 smartphone on the EE network.

From: McColgan, Melanie [REDACTED]

Sent: Friday, 3 March 2017 16:17

To: Jenkins, Gary; Loudon, David; Armstrong, Jennifer; Johns, Marjorie

Subject:

Dear [REDACTED] A48890718

Please see attached draft paper for Monday's meeting, there is one point made by the ICT that I have been unable to clarify in relation to the statement regarding RHC on page 12 :

This is factually incorrect. Paediatric BMT rooms have anterooms and positive pressure of 10PA. They are being upgraded to have 10 air changes and HEPA filtration so are superior to ward 4B

I think David is clarifying this,

Regards

Melanie

General Manager
Specialist Oncology and Clinical Haematology
NHS Greater Glasgow and Clyde
[REDACTED]

Fw: Fw:

Inkster, Teresa [REDACTED]

Fri 20/05/2022 18:10

To: Inkster, Teresa [REDACTED]

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED]

Sent: 05 March 2017 18:45

To: Armstrong, Jennifer [REDACTED]

Subject: Fw:

I haven't responded to the email below but Tom has, so this might come your way. Our SOP is not new , there was a CEL in 2007 (attached).

KR

Teresa

Dr Teresa Inkster
Lead Infection Control Doctor NHSGGC
Training Programme Director Medical Microbiology
Dept of Microbiology
Queen Elizabeth University Hospital
Glasgow
Direct dial : [REDACTED]

From: Loudon, David [REDACTED]

Sent: 03 March 2017 12:16

To: Walsh Thomas (NHS GREATER GLASGOW & CLYDE); Mccolgan Melanie (NHS GREATER GLASGOW & CLYDE); INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

Cc: Mcnamee Sandra (NHS GREATER GLASGOW & CLYDE)

Subject: RE:

Tom

My position remains that the SOP applies after the date it was agreed and will not be applied retrospectively. A bit like legislation!

Happy to discuss more and involve the Medical Director if required.

BR

David

David W Loudon
Director of Property, Procurement & Facilities Management
NHS Greater Glasgow & Clyde
Corporate Headquarters
Gartnavel Royal Hospital
Glasgow
G12 OXH

Phone: [REDACTED]

A48890718

From: Walsh, Tom
Sent: 03 March 2017 12:06
To: Loudon, David; McColgan, Melanie; Inkster, Teresa (NHSmal)
Cc: McNamee, Sandra
Subject: RE:

Hi David

The live issue here from an Infection Control perspective is the proposed relocation of a clinical service to a site which does not and cannot meet the required environmental standards even with the planned further works.

I fully appreciate your comments regarding moving forward in terms of future new build/ capital projects and the recent SOP, however I would suggest that the SOP can and should be applied to current and future service changes even within existing estate? In my view this is particularly relevant where the environmental standards for the relocating patient population are a significant safety consideration from an Infection Control perspective.

Kr

Tom

From: Loudon, David
Sent: 02 March 2017 15:55
To: McColgan, Melanie; Inkster, Teresa (NHSmal)
Cc: Walsh, Tom; McNamee, Sandra
Subject: RE:

Teresa

I think that it is inappropriate that you have brought the recently agreed SOP into this matter as it was supposed to be a process for new projects from the date of the agreement and not applicable retrospectively. A new beginning so to speak.

David

David W Loudon
Director of Property, Procurement & Facilities Management
NHS Greater Glasgow & Clyde
Corporate Headquarters
Gartnavel Royal Hospital
Glasgow
G12 OXH

Phone: [REDACTED]

From: McColgan, Melanie
Sent: 02 March 2017 12:43
To: Inkster, Teresa (NHSmal)
Cc: Walsh, Tom; McNamee, Sandra; Loudon, David
Subject: RE:

Many thanks all, will go through and re-circulate either later today or early tomorrow,

M

A48890718

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED]
Sent: 02 March 2017 09:44
To: McColgan, Melanie
Cc: Walsh, Tom; McNamee, Sandra; Loudon, David
Subject: Re:

Thanks Melanie,

Please find attached comments from Tom, Sandra and myself.

Our understanding of the process was that the groups function was to rank the options for consideration at board level rather than reach a definitive conclusion/recommendation.

We ask that all comments be considered but our particular concern is deviation from the the national standards (SHTM) and our agreed 'Role P. of the IPCT in capital projects' SO

Kind regards

Teresa, Tom, Sandra

Dr Teresa Inkster

Lead Infection Control Doctor NHSGGC

Training Programme Director Medical Microbiology

Dept of Microbiology

Queen Elizabeth University Hospital

Glasgow

Direct dial : [REDACTED]

From: McColgan, Melanie [REDACTED]
Sent: 01 March 2017 10:10

To: McQuaker, Grant; Irvine, David; Campbell Myra (NHS GREATER GLASGOW & CLYDE); Walsh Thomas (NHS GREATER GLASGOW & CLYDE); Mcnamee Sandra (NHS GREATER GLASGOW & CLYDE); INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE); Powrie Ian (NHS GREATER GLASGOW & CLYDE)

Cc: Johns Marjorie (NHS GREATER GLASGOW & CLYDE); Scott, Lyndsey

Subject:

Dear all

Can you let me have comments on attached asap –need by 12md Friday 3/3 at latest please.

Thanks

Melanie

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FW: BMT PAPER: DISUSSION AROUND THE REPORT

Inkster, Teresa [REDACTED]

Fri 24/07/2020 09:43

To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED];

Importance: High

From: Jenkins, Gary

Sent: 06 March 2017 10:48

To: Johns, Marjorie [REDACTED]; McColgan, Melanie [REDACTED];
Inkster, Teresa [REDACTED]; Dodds, David [REDACTED]; Campbell, Myra
[REDACTED]; Mullen, Conrad [REDACTED]; Morrison, Anne
[REDACTED]

Cc: Loudon, David [REDACTED]; Best, Jonathan [REDACTED]; Armstrong,
Jennifer [REDACTED]

Subject: BMT PAPER: DISUSSION AROUND THE REPORT

Importance: High

Dear All,

Jennifer Armstrong, David Loudon, Marjorie Johns and myself met this morning to discuss the paper for ASC in relation to the BMT debate. The key points from the discussion is as follows:

a) Set out more clearly the case around why the service cannot stay at the Beatson:

- Is there a risk to patients
- What are the transfer numbers off site
- What mitigation have we put in place
- Governance issues and transfer challenges, e.g. split site working
- Risk to transplant programme with the reduced number of beds at the Beatson

b) With regard to QEUH as the preferred option:

- Needs to take into account the balance of risk, in particular the other centres around the UK that do not meet with standards, e.g. Sheffield, Nottingham. Contact the units and assess if there are any specific measures that they have in place, what are their infection rates, air standards etc.
- Also be useful to outline the RHC issues given that they do not meet the standard either
- What are the greatest risks in using QEUH
- How do we mitigate the risks
- What would our environmental testing regime pre and post move back
- What is our monitoring process
- Any other significant risks
- Is there anything further that we could do to ward 4b to mitigate further – describe in paper

Need to write up as what the overall risks of staying and transferring the patients off site versus the risk of transferring to the QEUH and the environmental risks. Risk and Benefits analysis needs strengthened in line with the above.

c) In light of the know environmental risks, what is the CLO advice over the position of GGC.

A48890718

- d) Need to add in the financial aspects of maternity and neurology, along with the timeframes and why this is not the preferred option at this stage.
- e) Seek a view from NSD in relation to the proposed option and what do they think with regard to the way forward.
- f) Need to outline that in fact there is no UK accepted standard - what does this mean in relation to the Jaice accreditation and what it prescribes.
- g) Clinical debate with David Dodds / Similar to the debate the Alan Mathers had with the RHC team

Conclusion: knowing what we know and with the above factored in; are we still saying the same thing and making that recommendation to the Acute Services Committee and allow Jennifer to sign this off and present to Robert?

**Could I suggest that we have a conference call tomorrow afternoon at 4pm / 5pm please to discuss how we conclude and write this up by the end of the week.
Conrad – Can you set this up please with those in the top line of the email please.**

Thanks
Gary

Gary Jenkins
Director: Regional Services Directorate
NHS Greater Glasgow & Clyde
[REDACTED]

Regional Services Directorate:
Institute of Neurosciences / Spinal Injuries / PDRU & YPD / Westmarc / OMFS
Plastic Surgery / Burns / Centre for Integrative Care / Renal Services
Beatson West of Scotland Cancer Centre / Clinical Haematology / BMT Unit
Forensic Mental Health: Rowanbank MSFMH / Leverndale LSFMH / CFMHS
Secondary Care & Tertiary Dental Services / Glasgow Dental Hospital & School

Untitled

INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

Fri 10/03/2017 14:44

To: Mccolgan Melanie (NHS GREATER GLASGOW & CLYDE) [REDACTED];

📎 1 attachment

SBAR Air sampling.doc;

Melanie - Jennifer had asked me to comment on these specific issues. See also the attached SBAR

b) With regard to QEUH as the preferred option:

- Needs to take into account the balance of risk, in particular the other centres around the UK that do not meet with standards, e.g. Sheffield, Nottingham. Contact the units and assess if there are any specific measures that they have in place, what are their infection rates, air standards etc. In terms of the benchmarking table Manchester and Sheffield have a lower ventilation spec - these are both paediatric BMTs so difficult to compare. Therefore I contacted Nottingham and Devon also (lower spec adult units) By phone unable to find anyone who could answer the questions. I have followed this up by emailing ICDs - no response as yet. I have attached an SBAR on air standards and sampling based on a literature review. Difficult to get details on infection rates - there is no mandatory surveillance in place.
- Also be useful to outline the RHC issues given that they do not meet the standard either - They don't meet the standard but are currently superior in that the rooms have a positive pressure of 10 PA and have anterooms. At a meeting chaired by Alan Mathers it was agreed to upgrade these rooms to positive pressure rooms with 10 ACH, 10PA, Hepa filtration and they will still have anterooms so 4 rooms will meet the standards.
- What are the greatest risks in using QEUH . From an infection control perspective an increased incidence or outbreak of invasive fungal infection . Based on published literature mortality rates in outbreaks related to construction or demolition in patients with haematological malignancies are quoted at 57.6% . There are no published outbreaks related to ventilation spec that I can find presumably because this would mean admitting liability and subsequent fear of litigation . Concentrations of Aspergillus species below 1 colony forming unit/m³ are sufficient to cause infection in high risk patients.
- What would our environmental testing regime pre and post move back - The same parameters as B8//9 - see attached SBAR
- What is our monitoring process - see SBAR
- Any other significant risks
- Is there anything further that we could do to ward 4b to mitigate further – describe in paper - Twice daily cleaning, patient prophylaxis, sealing of bathroom ceilings, double entry door , use of portable HEPA filtration units in corridors

KR
Teresa

Dr Teresa Inkster
Lead Infection Control Doctor NHSGGC
Training Programme Director Medical Microbiology
A48890718

SBAR – Air sampling , BMT units
Dr T Inkster 09/03/17

<p>Situation</p>	<p>Air sampling has been performed on a monthly basis in B8/9 as a quality assurance check. There is no requirement as such to air sample and no agreed standards or guidance for interpretation of air sampling for UK BMT units.</p> <p>Practice is variable across the UK and three units which meet a high ventilation specification do not routinely air sample.</p> <p>The ventilation spec in 4B, QEUH is less than that of B8/9 therefore it is unclear what interpretative criteria to apply and what actions to take when results are elevated.</p> <p>Currently medical patients are housed in 4B with positive pressure ventilation turned off</p>
<p>Background</p>	<p>Particle counts and air sampling are undertaken in B8/9 unit on a monthly basis. Particle counts < 1000 are deemed acceptable limits (ISO standard for clean rooms) and fungal air sampling results <0.1 CFU/m³.</p> <p>Particle count results are available in real time however it is important to note the environmental conditions while sampling. Particles are not just fungus or bacteria but can be skin, dust, hair, cosmetics etc The commonest explanation for high particle counts are people in the vicinity of sampling or failure of the sampling to be carried out remotely. Particle counts can be higher when rooms have just been cleaned . If the aforementioned factors have been excluded high particle counts can alert infection control teams early to possible air quality issues and fungal contamination. They cannot be used in isolation as an accurate indicator or air quality.</p> <p>Air sampling results and fungal culture take 7 days to initial identification and a further 7 days for species identification .</p>
<p>Assessment</p>	<p>Literature review;</p> <p><u>Indications for air sampling</u></p> <p>Indications for air sampling are listed in the table below from Morris <i>et al.</i>¹ Note that regular maintenance is considered more important than air sampling. Air sampling is only one parameter of many with regards to assessment of the efficacy of a ventilation system.</p>

Table I Objectives of air sampling

To correlate outbreaks of invasive aspergillosis with hospital construction/demolition
 To identify potential sources of nosocomial aspergillosis, eg. potting soil, damp ceiling voids, damp fire proofing material, carpeting, etc.
 To predict environmental spore contamination from outside sources
 To identify defects/breakdown in hospital ventilation/filtration systems*
 To monitor cleaning procedures that may release bursts of airborne *Aspergillus conidia*
 To determine the efficacy of HEPA filters in laminar flow facilities
 To monitor efficacy of procedures to contain hospital building work from hospital wards and other areas where high-risk patients are managed
 To determine level of contamination prior to initial occupancy of special controlled environments

*regular engineering maintenance of the air supply system (whether HEPA-filtered or not) is more important than regular air sampling

Result interpretation

Interpretation of results can be difficult. The table below gives some recommendations. ¹ For BMT rooms the HEPA filtered air value would apply i.e. <0.1 CFU/m³

Table III Interpretation of air sampling data and recommendations

Levels of fungal spores vary by several orders of magnitude during the course of a day due to:

- Activity levels in any one particular area
- Fluctuations in temperature
- Fluctuations in humidity
- Fluctuations in air flow
- Changes in light level

A single air sample will often underestimate the fungal contamination in the air: multiple air sampling has to be performed

No strict numerical guidelines are available which are appropriate for assessing whether the contamination in a particular location is acceptable or not but the following threshold levels have been recorded:

Outdoor air: total fungal count: 10³ to 10⁵ CFU/m³

Aspergillus: 0.2–3.5 conidia/m³

Note: seasonal variation recognised

HEPA filtered air (> 95% efficiency and > 10 air changes per hour): < 0.1 CFU/m³

No air filtration: 5.0 conidia/m³

Construction/defective ventilation: 2.3–5.9 conidia/m³

If total fungal count exceeds 1.0 CFU/m³ on several occasions the air systems or procedural practice in patient areas requires intensive evaluation.

There is no agreed level at which the risk can be numerically defined for Invasive Aspergillosis. Vonberg et al state that concentrations below 1 cfu/m³ were sufficient in high risk patients. ² It is best to conduct a series of samples over time to detect trends. ³

Burst phenomenon

Understanding the burst phenomenon of fungi particularly *Aspergillus* is important. Spores can be released in bursts and the difficulty is capturing

	<p>these bursts .No amount of air sampling will yield a preventative response to this phenomenon. ⁴Negative air sampling may provide false reassurance. Striefel et al suggest that the emphasis should be on maintaining environmental controls and minimising the in house release of spores⁴</p>
<p>Recommendations/ Conclusions</p>	<ol style="list-style-type: none"> 1. In the absence of any definitive guidance the BOC parameters could be applied to level 4B, QEUH i.e. particle counts <1000/m³, fungal counts <0.1/m³ 2. Air sampling has been performed on a monthly basis in BOC as a quality assurance check, however, this would not be an accurate indicator of air quality in an area where we know that the ventilation is of a lesser specification. The specified parameters are less reliable in an area where we expect to encounter higher counts. 3. Difficulties are likely to arise in the management of sustained elevated particle counts and repeated fungal growth with no obvious source should they occur – this is a possible scenario given the ventilation specification in 4B and the inability to HEPA filter all air entering the unit 4. Negative air sampling may provide false reassurance due to the burst phenomenon 5. To enable a period of monitoring prior to BMT patients moving in to 4B medical patients would have to be vacated and the positive pressure reinstated. 6. Ideally a minimum period of 4-6 weeks monitoring prior to BMT patients occupying the ward should be undertaken

References

1. Morris G et al Sampling of Aspergillus spores in air. Journal of Hospital infection 2000;44:81-92
2. Vonberg RP, Gastmeier P. Nosocomial aspergillosis in outbreak settings. Journal of Hospital Infection 2006;63:246-254
3. Humphreys H. Positive pressure isolation and the prevention of invasive aspergillosis. What is the evidence? Journal of Hospital Infection 2004;56:93-100
4. Falvey DG, Striefel A. Ten year air sample analysis of Aspergillus prevalence in a University hospital. Journal of Hospital Infection 2007; 67: 35-41

FW: BMT FURTHER QUESTIONS

Inkster, Teresa [REDACTED]

Thu 23/07/2020 16:36

To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED];

Importance: High

From: Powrie, Ian

Sent: 15 March 2017 09:30

To: Jenkins, Gary [REDACTED]; Loudon, David [REDACTED]; McColgan, Melanie [REDACTED]

Cc: Inkster, Teresa [REDACTED]; Armstrong, Jennifer [REDACTED]

Subject: RE: BMT FURTHER QUESTIONS

Importance: High

Gary,

Please see my response below in purple.

Regards

Ian

I. Powrie

Deputy General Manager (Estates)

Queen Elizabeth University Hospital Campus
Property, Procurement & Facilities Management Directorate
Facilities Corporate Services Dept
CMB Building
Glasgow
G51 4TF

PA Elaine McNeil: [REDACTED]

Direct: [REDACTED]

Internal [REDACTED]

Mob: [REDACTED]

From: Jenkins, Gary

Sent: 14 March 2017 17:42

To: Powrie, Ian; Loudon, David; McColgan, Melanie

Cc: Inkster, Teresa; Armstrong, Jennifer

Subject: BMT FURTHER QUESTIONS

David / Ian

I am conscious that we are trying to get the BMT paper out tomorrow for ASC with as much information as possible.

A48890718

Annette Rankin has kindly asked for some further information so that she can give a view from the HPS perspective. Can I ask if you can respond as quickly as possible please to the points below. Teresa has already covered what she can in the response.

Thanks
Gary

Gary Jenkins
Director: Regional Services Directorate
NHS Greater Glasgow & Clyde

Regional Services Directorate:

Institute of Neurosciences / Spinal Injuries / PDRU & YPD / Westmarc / OMFS
Plastic Surgery / Burns / Centre for Integrative Care / Renal Services
Beatson West of Scotland Cancer Centre / Clinical Haematology / BMT Unit
Forensic Mental Health: Rowanbank MSFMH / Leverndale LSFMH / CFMHS
Secondary Care & Tertiary Dental Services / Glasgow Dental Hospital & School

From: RANKIN, Annette (NHS NATIONAL SERVICES SCOTLAND)
Sent: 14 March 2017 16:33
To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE); Jenkins Gary (NHS GREATER GLASGOW & CLYDE)
Cc: KANE, Hayley (NHS NATIONAL SERVICES SCOTLAND)
Subject: FW:

Teresa/Gary

A few questions

- What are the air changes in the rooms within ward 4B at QEUH? Are these 3 or 6 ? -**Ian Powrie (ACR = 6/Hr)**
- What level of positive pressure do the rooms reach within the ward? ?6PA - **Ian Powrie (Room Differential pressure is between + 5 to +10pa to the corridor, typically 7pa)**
- What type/Level of HEPA filter is in place? Ian P - highest grade I think **Ian Powrie: (HEPA filter grade H14 (99.97% absolute).**
- Are all areas within the rooms sealed (Including ensuite)? Ensuite is not but plan would be to do this before patients move back - **Ian Powrie (Room is fully sealed, with en-suite fitted out with ceiling tiles that are silicone sealed to the grid).**
- Are the rooms monitored/alarmed with a pressure monitoring system? Yes - **Ian Powrie (Alarm activates at <+5pa and >+15pa after 2 minutes)**
- Where is the HEPA filter located? In patients room – **Ian Powrie (agreed, terminal HEPA filter))**
- Does all air that enters the rooms, enter via the HEPA filter? No - corridor not HEPA filtered, No anterooms - **Ian Powrie (Yes, rooms are positive to corridor, therefore no air should enter the room from the corridor)**
- As this is a proposed interim measure what is the planned length of time for patients to be located in ward 4b (i.e what is the timescale for transfer to the new build?) Gary?
- What is the planned PPM on the air handling units? Ian - is it yearly - **Ian Powrie (yes yearly service and verification programme, this will require the plant to be shut down for 2 days, affecting all 24 rooms, please note verification will include terminal HEPA filter challenge test in each room).**
- Where will patients be located if or whilst this ppm is being undertaken? Gary/Melanie
- Has ongoing air sampling within the ward been undertaken whilst it is in use for another speciality? If so when and what were results? No because the ward is housing medical patients, Positive pressure has been turned off. Concern re medical patients with infections being admitted to positive pressure rooms.
- What is the timescale for completion of all building works etc on or around the QE site? David L

A48890718

- What is the proposal for air sampling/monitoring if the patients are transferred to ward 4B (this is currently monthly at BWoSCC)? Monthly
- What is the contingency if air monitoring results are outwith expected/agreed limits? Not sure
- Is there a surveillance programme currently in place for HAI at the BWoSCC? Yes - MRSA, CDI, SABs, Ecoli bacteraemia , VRE, CPE if meet criteria, Resp viruses. HAI Aspergillus - due to complexity of diagnostics ICT rely on clinician and microbiologist. ICNet will detect Aspergillus in culture samples .
- Is there a screening process currently in place for patients at the BWoSCC? For VRE, MRSA, CPE if criteria met, virology screening post BMT
- What will be the commissioning protocol completed once existing patients have vacated ward 4b and prior to it reopening as the BMT unit? Ian P comment re validation. 4-6 weeks air sampling

Ian Powrie comments:

- Full service inspection of all isolation room door conditions, repair replace where required.**
 - Full service of the ventilation plant, ward will need to be empty to do this.**
 - Full mandatory annual re-verification of the ventilation plant to confirm that it meets its design criteria.**
 - DOP challenge testing of the HEPA filters in each room.**
 - ❖ **Please note all of the above are carried out annually, requiring the ward to be emptied while the ventilation plant is off line.**
 - Re-instatement and testing of the room pressure monitor\alarm system.**
 - Ward and rooms deep clean.**
 - Environmental testing can be carried out by ICT with the ward equipment in place following the deep clean, (note the ward should be locked down after the deep clean until the environmental testing is complete and the results approved.**
- Immunocompromised infectious patients will be nursed within the isolation room of the nearby renal unit: what is the spec for this type of room? PPVL with HEPA filters - **Ian Powrie (Ward 4a has 2 off PPVL isolation rooms, with lobby Differential pressure to the corridor at 10pa & isolation room ACR of 10AC\Hr complete with H14 terminal Hepa filters.**

Annette

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)
Sent: 14 March 2017 09:49
To: RANKIN, Annette (NHS NATIONAL SERVICES SCOTLAND)
Subject:

As discussed

Dr Teresa Inkster
 Lead Infection Control Doctor NHSGGC
 Training Programme Director Medical Microbiology
 Dept of Microbiology
 Queen Elizabeth University Hospital
 Glasgow
 Direct dial : [REDACTED]

RE: BMT options appraisal

LOCKHART, Michael (NHS NATIONAL SERVICES SCOTLAND)

Wed 15/03/2017 22:35

To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED];

Hi Teresa,

I have been at various meetings last couple of days – I passed onto Jacqui and Annette – presume all resolved ok?

Best

michael

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

Sent: 13 March 2017 19:41

To: LOCKHART, Michael (NHS NATIONAL SERVICES SCOTLAND)

Subject: BMT options appraisal

Importance: High

Dear Michael ,

Please see attached an options appraisal that has been undertaken by NHSGGC in relation to the adult BMT.

Dr Armstrong, Medical Director has requested an opinion from HPS.

You will see from the recommendation that the proposal is to move BMT patients back to the QEUH ward and from the final paragraph that;

'This recommendation is made on the basis that service delivery considerations require prioritisation over the Infection Control and Prevention Teams concerns on meeting national standards and HPS recommendations'

The key questions are ;

- 1) If the ward was to move back are the risk mitigation measures listed appropriate/sufficient?
- 2) Are the proposed air sampling parameters and frequency appropriate - see SBAR I have written in the appendix
- 3) Would HPS support the decision by GGC to move the patients back to QEUH if the above were implemented.

Appreciate these are not easy questions. As always there is a bit of time urgency!

I am around tomorrow if you need to discuss any aspects further - Tel ; [REDACTED]

Kind regards

Teresa

Dr Teresa Inkster

Lead Infection Control Doctor NHSGGC
048890718

24/08/2020

RE: BMT options appraisal - INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)


Page 903

Training Programme Director Medical Microbiology

Dept of Microbiology

Queen Elizabeth University Hospital

Glasgow

Direct dial : 

A48890718

10/8/2019

Re: - INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

Re:

Walsh, Tom [REDACTED]

Fri 17/03/2017 15:08

to: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED]

Glad someone could and did back you up

T

Sent from my BlackBerry 10 smartphone.

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)
Sent: Friday, 17 March 2017 15:00
To: Walsh, Tom
Subject: Re:

Yep. HPS were not happy to support a move back and raised a number of concerns. Inconsistencies in the info being supplied by estates was one of the issues, hence the need for monitoring and evidence of what exactly is going on in 4B. Reassuring to have their support!

T

Dr Teresa Inkster
Lead Infection Control Doctor NHSGGC
Training Programme Director Medical Microbiology
Dept of Microbiology
Queen Elizabeth University Hospital
Glasgow
Direct dial : [REDACTED]

From: Walsh, Tom [REDACTED]
Sent: 17 March 2017 14:53
To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)
Subject: Re:

<https://email.nhs.net/owa/#viewmodel=ReadMessageItem&ItemID=AAMkADA0YzZtNDg5LWFIYjllNDIzYy1hODk1LWU6NmFIYjU2NmU5OQBGAIAAAAUcOA4QTCZQKn82bGXkLhByD8guDU4MKTYEHR6vE4VIAAMA...> 1/5

10/6/2019

Re: - INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

Thanks, sounds like Annette wasn't supportive of proposal?

Seems now more like a paper preparing for a future decision?

T

Sent from my BlackBerry 10 smartphone.

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)
Sent: Friday, 17 March 2017 14:40
To: Walsh, Tom; McNamee, Sandra
Subject: Fw:

FYI

Dr Teresa Inkster
Lead Infection Control Doctor NHSGGC
Training Programme Director Medical Microbiology
Dept of Microbiology
Queen Elizabeth University Hospital
Glasgow
Direct dial: [REDACTED]

From: McColgan, Melanie [REDACTED]
Sent: 17 March 2017 12:22
To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE); McQuaker, Grant; Parker, Anne; RANKIN, Annette (NHS NATIONAL SERVICES SCOTLAND); KANE, Hayley (NHS NATIONAL SERVICES SCOTLAND)
Subject: RE:

Dear all

Thanks everybody for your comments and quick turn around. I have not included the SBAR as an appendix as I deliberately took them all out when we were asked to provide the paper in 3 pages (and I still failed that brief!). I have not said 'not supported by ICT' as our approach to monitoring was agreed by all, that's all we are saying in this paper. Other than that, I have pretty much incorporated all other changes/comments so I hope you all agree this now fairly reflects our collective position, Many thanks for your continued help and support with this,
M

From: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED]
Sent: 16 March 2017 18:46
To: McColgan, Melanie; McQuaker, Grant; Parker, Anne; RANKIN, Annette (NHS NATIONAL SERVICES SCOTLAND); KANE, Hayley (NHS NATIONAL SERVICES SCOTLAND)
Subject: Re:

<https://email.nhs.net/owa/#viewmodel=ReadMessageItem&ItemID=AAMKADA0YzZlNDg5LWFiYjYlNDIzYy1hODk1LWU5NmFiYjY2NmU5OQBGAAAAAAAvCOA1QTCZQKn8zGXkLhBvD8qjUDU4MKTYEHR6E4VIAAMA...> 2/5

10/6/2019

Re: - INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE)

Comments attached

KR

Teresa

Dr Teresa Inkster
Lead Infection Control Doctor NHSGGC
Training Programme Director Medical Microbiology
Dept of Microbiology
Queen Elizabeth University Hospital
Glasgow
Direct dial : [REDACTED]

From: McColgan, Melanie [REDACTED]
Sent: 16 March 2017 18:07
To: McQuaker, Grant; Parker, Anne; INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE); RANKIN, Annette (NHS NATIONAL SERVICES SCOTLAND); KANE, Hayley (NHS NATIONAL SERVICES SCOTLAND)
Subject:

Dear all
I hope the attached accurately reflects the outcome of our discussions, any amendments by 10am tomorrow please.
Thanks
Melanie

General Manager
Specialist Oncology and Clinical Haematology
NHS Greater Glasgow and Clyde
[REDACTED]

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<https://email.nhs.net/owa/#/viewmodel=ReadMessageItem&ItemID=AAMkADA0YzZiNDg5LWFiYjRlNDIzYyThODk1LWU6NmFiYjU2NmU5OQBGAAAAAucOA4QTczQkn82bGXkILhBwD6qjUDU4MKTYEHR6vE4VIAAMA...> 3/5

FW: completion of works bmt

Inkster, Teresa [REDACTED]

Thu 23/07/2020 16:58

To: INKSTER, Teresa (NHS GREATER GLASGOW & CLYDE) [REDACTED];

From: Loudon, David

Sent: 05 June 2017 13:46

To: Parker, Anne [REDACTED]; Hirst, Allyson [REDACTED]; Hunter, William [REDACTED]; Powrie, Ian [REDACTED]; Inkster, Teresa [REDACTED]; McColgan, Melanie [REDACTED]; Walsh, Tom [REDACTED]; Campbell, Myra [REDACTED]; McQuaker, Grant [REDACTED]; Scott, Lyndsey [REDACTED]; Hamilton, Pauline [REDACTED]; Marshall, Julie [REDACTED]; McNeil, Elaine [REDACTED]

Cc: Harkness, Anne [REDACTED]; Best, Jonathan [REDACTED]

Subject: RE: completion of works bmt

Anne

The meeting took place and we agreed that the existing ceilings are to be replaced with solid ceilings. We are working up plans to shut half the ward at a time to enable the works to be delivered as quickly as possible. PPFM will also undertake the required validation test on completion of the work. Melanie will confirm the decant plan.

We are currently planning to have the work started by end of July and Ian Powrie will prepare a programme and method statement for circulation. ICT colleagues will undertake a testing regime on completion of the work.

Colleagues will remind me if I have missed anything.

Regards

David

David W Loudon
Director of Property, Procurement & Facilities Management
NHS Greater Glasgow & Clyde
Corporate Headquarters
Gartnavel Royal Hospital
Glasgow
G12 OXH

Phone: [REDACTED]

From: Parker, Anne

Sent: 05 June 2017 13:32

To: Hirst, Allyson; Loudon, David; Hunter, William; Powrie, Ian; Inkster, Teresa; McColgan, Melanie; Walsh, Tom; Campbell, Myra; McQuaker, Grant; Scott, Lyndsey; Hamilton, Pauline; Marshall, Julie; McNeil, Elaine

Subject: RE: completion of works bmt

A48890718

Hectic clinic – just finished tried to dial in, but resume either happened or cancelled

Anne

Dr Anne Parker, Consultant Haematologist

Dept Haematology

Queen Elizabeth University Hospital

Tel [REDACTED]

Mobile [REDACTED]

From: Hirst, Allyson

Sent: 05 June 2017 13:03

To: Loudon, David; Hunter, William; Powrie, Ian; Inkster, Teresa; McColgan, Melanie; Walsh, Tom; Campbell, Myra; McQuaker, Grant; Parker, Anne; Scott, Lyndsey; Hamilton, Pauline; Marshall, Julie; McNeil, Elaine

Subject: completion of works bmt

David is running late in his last meeting and will be with you shortly – apologies

Allyson

Allyson Hirst | Admin to Director of Property, Procurement and Facilities Management Directorate and Associate Director of Facilities Directorate | NHS Greater Glasgow and Clyde | JB Russell House | Gartnavel Royal Hospital | 1055 Great Western Road | Glasgow | G12 0XH

t: [REDACTED] | e: [REDACTED]

BMT Unit Relocation to QEUH meeting**3rd October 2017 @ 1pm****Meeting Room LEVEL 3 FMA3-008 Core D FM, Level 3, QEUH****Attendees:-**

McColgan, Melanie (Chair) (MMcC)	General Manager CH & SOS
Myra Campbell (MC)	CH Clinical Service Manager
Mary Anne Kane (MAK)	Associate Director Facilities
Peter Croan (PC)	Associate Programme Director, NSD
Alan Gallacher (AG)	General Manager Estates
Susan Grant (SG)	Health Facilities Scotland
Alistair Hart (AH)	Consultant Haematologist
Brian Jones (BJ)	Head of Service, Microbiology
Alyson McArdle (AMcA)	CH Lead Nurse
Sandra McNamee (SMcN)	Associate Nurse Director, Infection Prevention & Control
Grant McQuaker (GMcQ)	BMTU Consultant
Ian Powrie (IP)	Deputy General Manager, Estates QEUH.
Geraldine O'Brien (GO'B)	Research Manager - Health Facilities Scotland
Annette Rankin (AR)	Nurse Consultant, Health Protection Scotland
Anke Røexe (AR)	Programme Manager, NSD
Mike Winter (MW)	Medical Director, Procurement Commissioning and Facilities SBU - NSS.

Apologies:-

Anne Morrison	Clinical Director, Clinical Haematologist
Ian Storrar	Principal Engineer - HFS

Background

Introductions were made and MMcC summarised the background for the meeting. The BMT service relocated to ward 4B when the QEUH opened but had to return when it became clear that particle counts were high. Since then, the air flow has been improved and monitors placed outside each room to demonstrate the positive pressure. Following several meetings in March 2017 a paper was submitted to Acute Services Committee recommending further work in ward 4B and a 6 month monitoring period to assist decision making with regard to the BMT service returning to ward 4B. The Acute Services agreed to these recommendations at their meeting in March 2017.

Deleted:

The work in ward 4B has commenced as agreed and includes installation of solid ceilings in en-suite bathrooms, filters replaced and installation of a HEPA filtration unit in the preparation area. Work is expected to take 6 weeks followed by a period of validation/testing of 2 weeks.

MMcC advised that the purpose of today's meeting is to establish who will take responsibility for monitoring the effectiveness of the work, what will be monitored as well as appropriate timelines

MW asked for clarification on what was the trigger for the original move back to BWoSCC in July 2015. The group reported that this decision was taken due to high particle counts in 4B and therefore, concerns about the air pressures in the rooms as well as non-sealed rooms.

Current work

It was discussed and agreed that the groups recommendation would be that the ward would need to empty for the 2 week verification period following the completion of the work. IP stated that H+V were scheduled to start the verification process on 31/10/17. The recommendation of the committee was that during this validation period the ward should be empty. MMcC agreed to take this recommendation back to the Director of Regional Services.

IP confirmed Revalidation process is as follows:

- Replace all HEPA Filters (24 off) 1 day
- Filter challenge tests
- Service & Re-commission ventilation plant to provide 5 – 7Pa (DP) & 6 ACH. (3 days)
- Reinstate room pressure alarm system. (0.5 days)
- Carry out revalidation of each room Including (5 days)
 - i. Air permeability tests
 - ii. Room Differential pressure tests
 - iii. ACR tests
 - iv. Test heating and cooling controls
- Deep clean rooms and corridors (2 days)
- Hand over to ICD for environmental\microbiological testing

- SG stated that SHPN 04 supplement 2 will be issued next week which has more detail on testing and validation. IP said that this may enhance the validation process.

Monitoring

MMC asked BJ if this would be performed by microbiology at QEUH. BJ replied that they would need advice for HPS about how this should be performed. AR agreed to discuss this at HPS and come back with a response by 20/10/17. SG said the monitoring was required to ensure the air quality in the QEUH was as good as or better than that in the Beatson. GM replied that the air handling unit in the QEUH would never be as good as that in the Beatson as it was of a lower specification, however, there were other, significant clinical risks that needed to be taken into consideration.

PC emphasised that the viability of the transplant programme could be compromised if a solution could not be found. MW reiterated the importance of considering all the clinical concerns in the decision making process.

BJ pointed out that effective protection against fungal infection could be achieved using prophylactic medication (chemoprophylaxis) and monitoring for infection in conjunction with environmental issues. He also suggested discussion with Dr P Hoffman, Public health England, Colindale.

Annual verification checks

I Powrie stated that, because there is only one plant, annual verification checks would require the ward to shut between 2-3 days. However it is not clear how this would be achievable as we have no alternative accommodation to allow these works to be carried out. Further consideration will need to be taken regarding this issue. MC asked IP/MAK to confirm current arrangements for BWoSCC as they have never been asked to close off rooms for annual verification.

Contingency planning

A plan will be required for dealing with critical failure. MC will take this forward.

MMcC closed the meeting and all agreed that further discussion will take place when results of monitoring are available.

Action Points

1. MMcC to take recommendation that the ward should be empty during verification process back to the Director of Regional Services.
2. AR to seek advice from HPS re monitoring and submit response by 20.10.17.
3. IP/MAK to confirm current closure arrangements for BWoSCC when rooms are shut during annual verification checks.
4. MC to take forward critical failure contingency planning.

Infection Control SBAR for Dr Green

Dr C Peters 06/12/2017

Situation

The Infection Control Doctor service is being provided at the QEUH on a rota basis with all consultants providing cover 1 – 4 days at a time. This covers QEUH, RCH, Maternity, Renal and Neuro. All Consultants have expressed concerns regarding this set up and none are comfortable with taking on a full ICD role due to a number of governance, operational and structural concerns.

Background

Prior to June 2017 the QEUH ICD service was provided by dedicated sector ICDS:

- Dr Teresa Inkster : 7 sessions to cover RHC plus Maternity plus Regional including Beatson and Neuro and Renal, and Lead ICD role. She also covered Fridays at GRI on Barbara's days off, and had covered Clyde when Linda had days off . She covered all ICDs annual leave and also chaired outbreak meetings across all sites including HAISCRIBE work for Clyde.
- [REDACTED] : 4 sessions : QEUH
- Dr Balfour : 1 session partnerships
- Dr Valyraki : 1 session ? not job planned and responsibilities never agreed

Discussions were ongoing at the Microbiology Senior Medical Management Team regarding the ICD arrangements going forward with a suggestion to go to a daily duty based approach to IC. Dr Inkster was not in agreement with this approach and was strongly in favour of sector based ICDs.

Sadly Dr Inkster became ill and in order to cover her leave it was agreed that:

- Dr Jones would take on the Lead ICD role.
- [REDACTED] would be relieved of QEUH Clinical Microbiology rota duties and would take on RHC, Regional including Beatson, Maternity and continue



RE ICD cover
QEUH.msg

with QEUH infection control.

On 4th September [REDACTED], Dr Balfour and Dr Valyraki wrote a letter to ICSMT delineating reasons why they all felt that the infection control set up was untenable and they all wished to urgently review job plans to give up IC role unless substantive progress was made on their concerns.

In response to this and to avoid a complete disintegration of the ICD service it was agreed to put in place an *interim* measure of an ICD duty rota. Initially this was anticipated to last only a few weeks, pending actions from management regarding the concerns that were raised by the ICDs. The QEUH consultants pointed out the

shortcomings of this approach to IC, and offered a risk assessment and agreed to the situation only as an interim arrangement.



SBAR ICD 2017.docx

On 4th October there was a meeting chaired by the Medical Director to respond to a number of concerns raised by Dr Redding regarding patients safety issues and infection control . As part of this the ICD role and structure was raised as an area of concern. Dr Green was tasked with investigating the ICD concerns re operational and structural issues.

Assessment

Questionnaire to Consultants Microbiologists:

All Consultants were asked for views regarding the current arrangements, areas of concern and willingness to take on ICD role. Responses are summarised below:

Current arrangements:

- “Far from ideal. Is there a lead ICD? If there is, It doesn’t feel like local ICD has lead ICD support. If not, the current IC structure doesn’t regard local ICD as the decision maker, and decisions appear to be made with little input from ICD. However, if things go wrong, it feels as if the local ICD is the fall guy. “
- “No clear sight of roles and responsibilities. What influence does local ICD have? When issues are cascaded up the chain, is anything actioned – are issues discussed at SMT level? Thinking of 4B + 2A issues specifically. Who should be acting on the sampling results, especially after local ICD’s have highlighted problems with rooms etc? “
- “The current set up is a mess, and having individual ICD’s change after several days/week on week off is far from ideal as there is little continuity or ownership of problems. It is also difficult to know what issues have/have not been resolved depending on level of handover. In addition, stories fed to ICD’s can change. However, cognisant that some cover is needed.”
- “I am concerned that there has not been an opportunity to discuss the very serious concerns raised with senior management. Disappointed in the response.”
- “I have had a positive experience as ICD at both GRI and GGH, especially with ICNs, but at QE I feel like there is a disorganisation after Teresa's absence.”
- “The current arrangements for IC although it give us some flexibility and also time until Teresa is back, have the big disadvantage of the lack of continuity and sometimes there is a bit of confusion at handover”
- Difficult to understand how local work feeds into overarching decision that are not communicated to local ICDS (– verbal communication)
- Not good
- Not part of the same team as the ICNs, different management structure completely
- Meetings are not all protected and perpetually swapping on the clinical rota makes things difficult

- Different perception of things in North/Clyde, large and complex workload in the South campus with several specialist and even national units (both paediatric and adults) and many new build issues
- Constant conflict and opposition– almost no point in being an ICD when constantly questioned and run down by clinical team management and sometimes even ICNs, when ultimately the ICD is most likely to be held accountable
- Lack of trust in not only the system but people within the system
- Working hours never respected
- A stressful and high profile job with lots at stake and potentially big implications many months later that one might be accountable for, and no steps taken to make it easier or provide any incentive to do it
- ICSMT - ? what are the roles Have been at meetings where votes are taken and Consultant microbiologists views outvoted due to numbers of ICNs. This does not seem to be a rational approach to primarily medical issues.

Future willingness to take on role

- “Personally, not comfortable with taking on an ICD role in any capacity, be it temporary or fixed. The job has changed so much over the years (and the QEUH building has raised more issues than we ever thought it would) but I don’t think the ICT has changed to mirror this. All the more depressing as there are some very good CM’s who want to do IC and are very good at it.”
- “Not keen unless all the issues around roles and responsibilities are sorted out with our input into discussions”
- “considering the fact that I don’t have a lot of experience as ICD, I am very sceptical regarding my future role at IC”
- “From the experience of working in IC at QEUH I have no confidence that the role has any meaning or worth and only results in the health of ICD being compromised and a deterioration of quality of working life”
- Would not be happy to give up duty role altogether and not enough DCCs to do both (verbal response)
- “The term “IPCT” seems to exclude Doctors. Post Vale of Leven that is very worrying and means I do not wish to take this on.”
- “No”

Examples of problems encountered:

- Management of ?Pseudomonas outbreak on ortho. A lot of additional BMS and medical time spent on organising and doing sampling – was it all required? Not seen any IMT debrief – highlights flaws within the communication strategy at IC level.
- Called on a Saturday morning to give advice regarding closed ward. Provided advice, only to find that an ICN was phoning in to discuss with ward staff. Again this highlights lack of communication between ICNs and CM on call.
- Clin scientist being told not to send emails regarding alert organisms to ICT. This highlights that ICT would rather not know about the problems in the hospital, rather than front up, acknowledge there are issues and look at engaging with all stakeholders to ensure an action plan is developed in response to issues
- Local ICD for day having to attend IMTs and other regularly scheduled meetings with no foresight of issues from previous meetings that require input. I don’t think having

different people representing local ICD attending different meetings is an efficient process but understand need for current set-up.

- ICNs not informing of incidents eg involving sewage
- Meetings arranged without ICD being informed or invited
- Direct requests for information ignored
- ICD recommendations sent to Associate Nurse Director without ICD copied in and being over ruled without discussion
- Meeting support with held eg minute taking, and appropriate agendas etc
- Expected to sign off 4B without being informed of 2 years of backstory, with undue pressure, and without enough knowledge to make the right decisions, despite key players involved or copied into discussions over past 2 years knowing the issues and not wanting to sign off themselves
- 2A SCRIBE – various questions asked after the pre-start meeting but no reply for several weeks
- Lack of response to emails from estates as well as IC management on some occasions (e.g. water testing, asking for advice on ventilation/new builds etc)
- Behaviour or attitude as though the ICD is not part of the IPCT on some occasions from ICNs (e.g. neuro sewage works)
- Lack of resources cited as a reason for data team not being able to support data-related activities required to make correct microbiological and IC assessments of situations, such as retrospective microbiology lookback for neuro EVD infections
- ICD expected to handle a large amount of lab results from microbiology colleagues without sifting and vetting by ICNs – again can be very time consuming if not sessioned properly to do this
- Asking for deep cleans/professional cleans in areas such as neuro theatres and NICU but opposition to do this
- ICD doesn't really have the final say in policy related decisions e.g. CF
- No ICD meetings since August
- Role of ICD Manager is unclear – usual response to queries is that this is not their area of knowledge, or no response at all
-

Examples of Good Experience

- Good handover arrangements and team working under Teresa
- Good rapport with lead ICD when she was here, with clear escalation and no deflection of responsibility, and with openness
- Overall good rapport/working relationship with individual ICNs and individual members of management

Nursing Feedback

Feedback has been received from Nursing staff and ICNS that they find the current arrangement difficult to work with as mentioned in email to lead ICD. Main concerns being inconsistency and having to repeat information.

Relevant Aspects of Vale of Leven Report:

- Table was presented to inquiry of all microbiologists who authorised C diff reports. Those reporting HAI have a duty of care to ensure possible outbreaks are followed up
- Point 15.1 Constitution of ICT:

The Infection Control Doctor as leader of the team

The Watt Group Report of 2002^[11] also highlighted the importance of the role of the Infection Control Team in the management of healthcare associated infection (HAI), and recommended that the ICD should be the leader of the Infection Control Team.^[12] The recommendation on this issue also provided that the ICDs would have "designated sessions" and a clearly defined job description for this component of their work.^[13] The CSBS Standards provided that the "contracted sessions per week"^[14] for the ICD were to be defined and agreed.

- Recommendation 51: Health Boards should ensure that any Infection Control Team functions as a team, with clear lines of communication and regular meetings
- Recommendation 56: Health Boards should ensure that infection prevention and control groups meet at regular intervals and that there is appropriate reporting upwards through the management structure.
- Recommendation 59: Health Boards should ensure that attendance by members of committees in the infection prevention and control structure is treated as a priority. Non-attendance should only be justified by illness or leave or if there is a risk of compromise to other clinical duties in which event deputies should attend where practicable

Recommendations

1. A meeting is organised with Dr Green and Prof Jones with QEUH Consultants to discuss the concerns raised in relation to infection control in person
2. Agreement is reached regarding roles and responsibilities of local ICD – to include autonomy of decision making and clear leadership role of ICD in IPCT as recommended in WATT report and ratified in Vale of Leven report
3. Pending Dr Inksters return to work and her future role becoming clear, there is an immediate reassessment of the IC structure with clarity around the Lead/co-ordinating ICD role.

Royal Hospital for Children (NHSGGC) Ward 2b

<p>Situation</p>	<p>NHS Greater Glasgow and Clyde (NHSGGC) requested support from Health Protection Scotland (HPS) relating to environmental/ventilation monitoring in Schiehallion ward, Royal Hospital for Children.</p>
<p>Background</p>	<p>There are currently eight positive pressure ventilated lobby (PPVL) rooms within Schiehallion ward which are predominantly utilised to nurse severely immunocompromised and/or bone marrow transplant (BMT) recipient children. There has been concern raised regarding the suitability of these rooms in terms of protection for this category of patient. In addition there has been a number of patients reported to have fungal infections which may be healthcare related. Currently there is no UK guidance on BMT isolation rooms, and as a result NHSGGC have requested support. General ventilation guidance is contained within SHTM 03-01 (Parts A and B) and SHPN 04-01 Supplement 01. NHSGGC sought support from HPS relating to environmental, ventilation and monitoring requirements for this group of patients. HPS have liaised with Health Facilities Scotland (HFS) to ensure the recommendations provided are technical and clinically focussed. HPS have provided support to NHSGGC relating to the environment and ventilation within the adult BMT unit and the requirements are the same for a paediatric area.</p> <p>All isolation rooms are currently supplied by an individual air handling unit and whilst the main room is at neutral ventilation the lobby is at positive pressure. NHSGGC are undertaking work to convert four of the eight PPVL rooms to isolation rooms utilising the existing plant. This will result in the room becoming positively pressured, with the extract grille in the ensuite. The pressure cascade will be compliant with that of a theatre (in the absence of specific BMT guidance). The room will achieve 10 air changes and the pressure gauge will measure the pressure between the room and the corridor. This work will be undertaken with two rooms being completed at a time. Validation and environmental testing will be undertaken by an external contractor prior to patients being relocated within the refurbished four rooms.</p> <p>Once this has been completed and validation and microbiological monitoring agreed and signed off by facilities, IPCT and management patients will occupy the first two rooms and another two rooms will be converted from PPVL to isolation rooms.</p>

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HPS Support

Completed by Annette Rankin on behalf of HPS/HFS Jan 2018

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<p>Assessment</p>	<p>The assessment and recommendations broadly follow those made previously in relation to the adult BMT unit within NHSGGC. NHSGGC have confirmed that the rooms meet 10 Pa and 10 air changes per hour (ACPH). The main focus of the immune-compromised patient is to ensure protection is provided from outdoor contamination. This is achieved via HEPA filtration.</p> <p><u>HEPA filtration</u> The integrity of the HEPA filter requires to be insitu checked with a particulate counters to ensure its efficiency and correct fitting.</p> <p><u>Ventilation rates:</u> Validation of the entire system should be as detailed in SHTM 03-01 part A and verification of the entire system should be as outlined in SHTM 03-01 part B. The frequency of verification should be at least annually or more frequently if issues arise.</p> <p>The purpose of carrying out extensive commissioning sampling is to support the findings of the validation.</p> <p><u>Sampling:</u> There are two ways of sampling:</p> <ul style="list-style-type: none"> • Active air sampling • Passive air sampling <p>Active air sampling involves using the air sampler and monitoring all patient rooms and corridor on the same day and sampling a high volume of air of at least 1 cubic metre of air from each room. There is no requirement for rooms to be empty during sampling as the testing is to identify fungi not bacteria.</p> <p>Passive air sampling involves using settle plates in every room and allowed to remain in situ for a period of approximately 5-6 hours. Settle plates will sample fungal spores relatively inefficiently but can sample over a far longer time than active air samplers and so capture isolated contamination dispersion events that active sampling is likely to miss. The medium used should be selective medium which only allows the growth of fungi. (e.g Sabaraud's with appropriate selective supplements),</p> <p>Sampling should take place in an adjacent unprotected environment simultaneously to those within the rooms. Fungal levels in the outdoor environment (i.e. the challenge to any system of patient protection) will vary over time. A finding of low fungal counts in the protected area may just be the result of a low challenge level (external fungal counts). This sampling strategy allows the determination of a contamination ratio of the protected environment versus unprotected environment.</p> <p>A combined approach of both passive and active air sampling undertaken in parallel utilising media which selects fungi only, using the same medium, is the preferred method for commissioning and monitoring purposes, with both methods being undertaken simultaneously including an external unprotected control sample. Samples taken at weekly intervals for a period of 4-6 weeks at varying times should provide sufficient information on the integrity of the ventilation system with consideration being given to a follow up</p>
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	<p>one month later. Thereafter sampling should return to the agreed boards protocol. Microbiological sampling is used as a validation of engineering and engineering controls and should only be done after the engineering parameters have been assured as adequate. Annual validation of engineering is important and must be undertaken.</p> <p>Results: Fungal growth does not require to be specialised. If controls are in place the optimal level should be zero growth. The presence of any fungal spores on active sampling should prompt a review. The following strategy per cubic metre of air sampled is proposed</p> <ul style="list-style-type: none"> • Zero growth = optimal • Single digit = review room air supply, confirm direction of outward air passage at multiple gaps in the room's integrity, examine room for areas of dampness or fungal growth. Investigate possible errors in sampling technique and resample. Check extract grilles for dust. • Double digits and above = indication of a serious problem. Urgent investigation and clinical consideration of fungal prophylaxis. <p>It is worth noting that a zero result, whilst optimal, does not always assure engineering efficacy as it may be reflective of no circulating fungal spores at the time of testing.</p>
<p>Recommendations</p>	<p>The recommendations relating to ventilation to allow the provision of a protective environment for patients isolated within the isolation rooms of Schiehallion ward are;</p> <ul style="list-style-type: none"> • The rooms must be positively pressured at 10 Pa. • ALL air entering the room must be via the HEPA filter. • The HEPA filter should as a minimum be E12 (H13) and located within the supply air diffuser. • The rooms must be sealed and no air which has not passed via the HEPA filter should access the room. • A strict protocol which minimises the length of time the door is opened and reduces air entry via an open door is required. • There must be a continuous pressure monitoring system for each room which alarms and gives an early indication of a pressure drop within the room. • Bedroom Air changes of 10 ACPH must be achieved. • The walls and ceilings within the rooms and ensuite must be sealed. • All room services must be sealed. • All service access hatches within the bedrooms/ensuite must be sealed. • Rooms must have achieved satisfactory validation and commissioning parameters. • Both active and passive air sampling should be undertaken in parallel. • Sampling should be undertaken weekly at varying times for a period of 2-4 weeks. • An external adjacent unprotected area should be identified and passive sampling undertaken in parallel with protected (isolation rooms) sampling. This may be being undertaken as part of the Ward 4b monitoring and if undertaken in a timely manner may be the same sample. • The corridor should also be sampled at the same time as the


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	<p>isolation room and external environment</p> <ul style="list-style-type: none"> • Standard sample plates should be used which are selective for fungi and that inhibit bacterial growth • Any fungal colonies identified require to be counted but not speciated. • As the medium used are selective for fungi and not bacteria, the rooms do not require to be vacated during the sampling period. • Passive sampling/settle plates should be left insitu for 4-6 hours approximately ensuring the plates do not dry out. • Active sampling volume should be approx 1,000 litres per room. • The air sampler should be placed on a clean trolley or stand. • The medium for both passive and active sampling should be the same. • Results should be interpreted: <ul style="list-style-type: none"> - Zero growth = optimal - Single digit = review room air supply, confirm direction of outward air passage at multiple gaps in the room's integrity, examine room for areas of dampness or fungal growth. Investigate possible errors in sampling technique and resample - Double digits and above = indication of a serious problem. Urgent investigation and clinical consideration of fungal prophylaxis. • Annual validation of ventilation should be undertaken in line with the agreed protocol, based on selected components of SHTM 03-01 part B. • Once the commissioning monitoring as outlined above is complete the normal monitoring protocol endorsed by NHSGGC should be resumed. • If the ventilation parameters are compliant with SHTM 03-01, and the IPCT are content that the parameters are acceptable routine microbiological monitoring is at the discretion of the local IPCT and consideration may be given to annual monitoring, post annual validation or on an adhoc basis. HPS are happy to work with NHSGGC to establish an ongoing monitoring protocol.
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	NHS Greater Glasgow & Clyde Infection Prevention and Control Team
Purpose:	Proposed approach to the review of water systems at QEUH and RHC.
From:	Tom Walsh, Infection Control Manager
To:	Board Medical Director
Date:	29 th June 2018
Subject / Situation:	NHSGGC is required to ensure that water systems are compliant with all relevant safety standards and to fully support both internal and external review of the commissioning and safety of the Water Systems in QEUH and RHC.
Background:	<p>Recent laboratory tests were undertaken as part of the investigation into increased rates of infection within ward 2a at RHC. The test results indicated higher than normal levels of bacterial counts in the water supply which have been managed through an Incident Management Team (IMT), lead by the Lead Infection Control Doctor. Further testing in other clinical areas yielded similar results.</p> <p>Health Protection Scotland (HPS) and Health Facilities Scotland (HFS) were involved in the IMT process and a broader review of the water systems, including commissioning, was instigated at the request of Scottish Government. The Board has to date been responding to a number of questions on the water system and a formal external review has been commissioned from HPS.</p> <p>Reports relating to the commissioning of the water systems have been identified in recent days which include a number of recommendations and actions which the Board needs to review in terms of both internal and external assurance.</p> <p>The board recognises the paramount importance of patient safety and the need to ensure that the water systems are compliant with all relevant safety standards. It is vital that all current and retrospective information is available to fully support the internal and external review processes.</p>
Action	<ul style="list-style-type: none"> • The external review of the water system is already underway with a number of services and senior managers actively contributing to the process. • The Board will additionally commission an internal review within NHSGGC to look at the commissioning process • The Board will, as a matter of urgency, review all recommendations and ensure they have been addressed with clear evidence and take urgent action to put in place actions to address any outstanding areas.

Recommendation	<p>To provide optimum support to the internal and external review processes a structured approach to communication, review and management of documentation, and local coordination of resources is proposed.</p> <p>This could be lead by the Board Infection Control Manager, supported by a Project Manager from the NMAHP Service, a Senior Facilities Lead and admin support.</p> <p>The team would adopt a structured, project management based approach to the coordination of communications, documentation management and full compliance with the internal and external review processes.</p> <p>The Project team could act as the single point of contact for both internal and external colleagues.</p> <p>The Team would focus on three primary and interlinked work streams:</p> <ol style="list-style-type: none">1. Review and management of all relevant documentation and written communications to support the SG commissioned external review and the GGC internal review.2. Ensure that the QUEH water reports have been reviewed and all actions are either completed or in the process of being enacted with clear evidence3. Liaison with and support to the internal review process when commissioned. <p>Regular meetings to review progress with members of the executive team will be vital given the high priority and tight timescales.</p>
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An assessment of the suitability of Clorious2 for the treatment of hot and cold potable water systems in Queen Elizabeth University Hospital, Glasgow

Report produced by Dr T Makin

30th June 2018

Introduction

Following the identification of hospital acquired infection with *Cupriavidus pauculus* and *Stenotrophomonas* spp. at the Queen Elizabeth Hospital, Glasgow, and the detection of these bacteria in various parts of the hospital's hot and cold water systems, it is considered necessary to treat these water systems with a residual biocide. Clorious2, a chlorine dioxide based biocide, has been proposed and is considered for this purpose.

Background

Brenntag manufacture "Clorious2_care" (Clorious2), which is a chlorine dioxide based biocide solution that is widely used in horticulture and animal husbandry. Clorious2 has approval from the Drinking Water Inspectorate (DWI) for use in public water supplies in England and Wales. Approval was granted in October 2015 and is due to be renewed in October 2020.

The DWI informs the Scottish government of chemicals that it has approved for use in England and Wales, but separate approval arrangements apply in Scotland under Regulation 33a of the Public Water Supplies (Scotland) Regulations 2014.

On request, Brenntag provided a copy of the letter issued by the Scottish Ministers, which approved Clorious2 for use in Scotland for drinking, washing, cooking or food production purposes. Approval was granted on 30th November 2015.

Chlorine dioxide (ClO₂) is a gas that is a powerful oxidising biocide when dissolved in water. It is explosive at concentrations of 10% in air and so is normally generated on site as a gas dissolved in water. However it can be provided as a stabilised solution that can be transported and stored for extended periods, as in the case of Clorox².

Certain conditions can induce ClO₂ to come out of solution and accumulate as a gas (e.g. temperatures exceeding 27°C) so it is important that plant rooms are cool and well ventilated wherever ClO₂ is generated or where stabilised solutions of ClO₂ are used and stored. ClO₂ gas detectors should be installed in these locations. ClO₂ is denatured by light and so it should be kept in opaque vessels.

Normally, solutions of ClO₂ are produced by reacting sodium chlorite (NaClO₂) with an oxidising chemical such as sodium hypochlorite (bleach), or with a strong acid such as hydrochloric or sulphuric acid.

Complete conversion of sodium chlorite to ClO₂ using oxidising chemicals or strong acids is difficult to achieve, consequently sodium chlorite and sodium chlorate are usually present to some extent in solutions of ClO₂. The amount of these by-products present largely depends on the efficiency of reaction of the precursor chemicals.

In order to minimise the presence of chlorite and chlorate in treated water, HSE guidance on the control of Legionella bacteria in water systems (HSG 274) recommends at least an 80% reaction efficiency in the generation of ClO₂ from precursor chemicals. HTM 04-01 states that ClO₂-generating equipment should be selected to ensure product efficacy of greater than 90% to provide the optimum performance for the minimisation of total oxidants.

The Scottish Health Technical Memorandum SHTM 04-01 notes that ClO₂ and its breakdown products, chlorite and chlorate, can be deleterious to neonates and renal dialysis patients, and should not be present in water supplies to these

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units.

In the UK, national conditions of use require that the combined concentration of ClO₂, chlorite and chlorate in potable water systems does not exceed 0.5 ppm as ClO₂. Where this level is exceeded then the guidance states that the treated water should be regarded as unsuitable for drinking and should be labelled as such.

ClO₂ can be used as a shock treatment at high concentrations to remove biofilms or may be applied continuously in lower concentrations. It is common in water systems contaminated with established biofilm to commence treatment with a high level shock dose of ClO₂ (normally 30 to 50ppm), which is maintained for a period of 1 hour. If lower levels of ClO₂ are used during shock treatment to prevent oxidative damage to pipework and other parts of the water system, then contact times need to be increased proportionately (BS 8558 and PD 855468).

After shock dosing, ClO₂ levels can be held at levels up to 0.5ppm (total oxidants). Establishing and maintaining an effective ClO₂ residual of 0.1– 0.5 ppm (total oxidants) at an outlet is usually sufficient to help control legionella and most other waterborne pathogens present in water systems. However, it is recognised in HSG 274 that higher residuals of ClO₂ may be necessary in heavily colonised water systems.

Established biofilm will have a significant ClO₂ demand, so it can take many months before a stable ClO₂ residual is established at the extremities of heavily colonised systems.

In hot water distribution systems with calorifiers/water heaters operating at temperatures recommended in HSE and DH guidance (60 °C and above), there will be a tendency for some of the ClO₂ to be lost by 'gassing off', particularly if the retention time in a vented calorifier/water heater is prolonged.

Where ClO₂ treated cold water is supplied to calorifiers/hot water heaters, some

level of total oxidant should be found in the hot water, although the level of ClO₂ detected in hot water is normally less than half that detected in the cold water supplied to the calorifier/water heater.

The control of microbial contamination such as Legionella, Pseudomonas and other waterborne opportunist pathogens present in hot water systems, should be achieved primarily through thermal inactivation, by maintaining calorifier/water heater output at no less than 60°C, and achieving 55°C in all parts of distribution pipework and at outlets.

Clorius2

Clorius2 is a relatively novel form of ClO₂ as sodium peroxodisulfate (Na₂S₂O₈) rather than sodium hypochlorite or strong acid is used in the reaction with sodium chlorite (NaClO₂) to generate ClO₂. Brenntag claim that this reaction produces a stable solution of ClO₂ which needs no further activation, and achieves 100 % conversion of chlorite to ClO₂ with negligible chlorite, chlorate and chlorine by-products.

Brenntag state that in a 0.2ppm solution of ClO₂ (Clorius2) the calculated concentration of chlorite and chlorate is negligible at 0.006 ppm. This is calculated from stoichiometry rather than measured directly. However, this calculation is supported by independent analysis carried out by a German analytical laboratory using accredited methods (DIN EN 12671 and DIN EN ISO 10304).

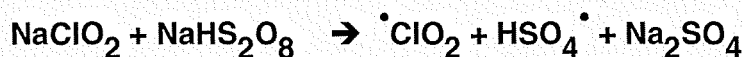
A 0.6% (6000ppm) solution of Clorius2, that was just over 4 months old, was analysed by UV/Vis spectroscopy, IR spectroscopy and by iodometric titration. It contained just 181ppm of sodium chlorite and 174ppm of sodium chlorate, and ClO₂ represented 92% of the solution.

At a maximum concentration of 0.5ppm ClO₂ dosed into potable water, the results of this analysis would indicate that Clorius2 will contribute just

0.015ppm of sodium chlorite and chlorate respectively. There is no prescribed limit for sodium chlorite and chlorate in drinking water in the UK, but the World Health Organisation recommends that neither parameter should exceed 0.7ppm.

The claim by Brenntag that Clorious2 contains negligible chlorite and chlorate and does not degrade on long-term storage (up to 6 months) is supported by the analysis carried out by the independent laboratory. Brenntag assert that extended stability of Clorious2 results from it having a low vapour pressure.

The following reaction is described in the Brenntag literature for the production of Clorious2.



The substance reacting with sodium chlorite (NaClO_2) in the above reaction is sodium peroxyhydrogendisulfate (NaHS_2O_8), rather than sodium peroxodisulfate ($\text{Na}_2\text{S}_2\text{O}_8$) which Brenntag claim they use to produce Clorious2. The Brenntag representative (Patrick McTurk) explained this apparent anomaly by stating that when sodium peroxodisulfate is in solution it changes into sodium peroxyhydrogen disulphate. (*The services of a suitably qualified chemist will be required if this declaration by Brenntag needs to be corroborated*).

Brenntag supply Clorious2 in two different strengths: 2000ppm and 6000ppm, which they state are pure and stable solutions of ClO_2 that have a stable shelf life of 6 months. The stability curve provided by Brenntag for Clorious2 shows less than 2% denaturation takes place after 180 days storage in recommended conditions. Information provided by Brenntag indicates that 92% of a 6000ppm solution of Clorious 2 is ClO_2 , i.e. contains 5,520ppm of ClO_2 .

Compatibility of Cloriox2 with metals and plastics

Brenntag claim that diluted Cloriox2 does not contribute to higher corrosion rates, even at higher dosages, and it apparently exhibits a lower corrosion tendency towards e.g. brass and copper, than chlorine dioxide generated by reacting strong acid with sodium chlorite.

Undiluted, Cloriox2 is corrosive to metals such as stainless steel, aluminum, brass, bronze, copper, iron and zinc, and in this form it is also incompatible with many plastics and elastomers. Many standard polymers (including PVC, CPVC, and HDPE) become brittle over time as a result of oxidative chain degradation.

Generally, fluoropolymers, such as PVDF/Kynar™ and fluorinated elastomers, such as FKM/Viton™ and PTFE/Teflon™ are largely unaffected by undiluted solutions of ClO₂. This is also compatible with vinyl ester-FRP materials.

To ensure reliability during dosing of concentrated solutions of ClO₂, all wetted parts of the pump head should be PTFE/Teflon™ (diaphragm, gasket), PVC (pump head), and ceramic (valve ball). Seals and o-rings should be made of fluorinated elastomers, such as FKM/Viton™ or PTFE/Teflon™. Tubing used in dosing lines should be flexible PTFE/Teflon™ and need to be replaced every 12 months.

Cloriox2 is dosed into water at the supplied concentration (2000 or 6000ppm) by means of a metering pump. The dosing point should be well beneath the water surface in order to prevent the ClO₂ from gassing off.

Antibacterial activity of Cloriox2

Brenntag provided some data on biocide efficiency testing of Cloriox2.

One assessment was carried out in a commercial laboratory located in Belgrade, Serbia. The laboratory does not appear to be UKAS accredited as neither a UKAS

logo or registration number was displayed, and from the information provided it is not clear if the analysis was carried out using accredited methods. The results of this study show that a range of microorganisms, including *Pseudomonas aeruginosa* and *E coli*, were not inactivated by **0.12ppm** ClO₂ (provided as Clorious2) after the maximum contact time of 20 minutes.

Inactivation of the test organisms, with the exception of *Bacillus cereus*, which produces spores and is generally more resilient to biocides, first occurs at **0.24ppm** ClO₂. *Bacillus cereus* is eventually inactivated at **0.6ppm** ClO₂ after a contact time of 10minutes. *Legionella* bacteria were not included amongst the test microorganisms.

Information was also provided by Brenntag on a further study determining the effect of a stabilised solution of ClO₂ (Clorious2) on cell multiplication in *Pseudomonas putida*. This assessment was carried out using the accredited method EN ISO 10712:1995. The lab undertaking the analysis (LPT) was based in Hamburg, Germany.

In summary, this study showed that after 16 hours contact time with a range of concentrations of the stabilised solution of ClO₂, the EC₅₀ for *Pseudomonas putida* was reported as **1.06ppm** (EC₅₀ is the dose at which 50% of the maximum effect of a biocide is produced, or the concentration of a biocide at which it achieves half of its maximum effectiveness).

The results of this study further show that **3ppm** of stabilised ClO₂ is required to achieve a 3 log inhibition (99.9%) of cell multiplication in *Pseudomonas putida*. It is significant that the maximum amount of ClO₂ allowed in hot and cold potable water systems is 0.5ppm (as total oxidant).

Brenntag provided a further laboratory report where an accredited method (DIN EN 13623) was used to assess the bactericidal activity of 0.6% Clorious2 against *Legionella pneumophila* (ATCC 33152). This is a particularly relevant assay when considering the use of this biocide in healthcare premises.

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Clorious2 was tested at final concentrations of 0.17 % / 0.83 % / 1.67 % and 4.17% (v/v).

The report concludes that 60 minutes contact with a **1.67%** solution of Clorious2 (98ppm ClO₂) produced a ≥4 log reduction (>99.99%) in the test organism *Legionella pneumophila*. A significant reduction in Legionella could not be confirmed with the lower concentrations of Clorious2 (e.g. 0.83% Clorious2, or 49ppm of ClO₂)

It is worthy of note that the antibacterial effect of biocides can be reduced by 100 to 1000 fold in the presence of biofilm in contaminated water systems.

Conclusion and recommendation

Clorious2, a chlorine dioxide (ClO₂) based biocide, is generated by a relatively novel reaction that produces a stabilised solution of ClO₂ in a high efficiency reaction that generates few impurities, notably chlorites and chlorates.

It is approved for use as a disinfectant in drinking water in Scotland and elsewhere in the UK. Independent analysis supports the claim by the manufacturer Brenntag that Clorious2 is a stable solution of ClO₂ with a good shelf life (6 months), and little residual precursor chemical sodium chlorite, or chlorate, which can be harmful to neonates and renal dialysis patients.

Further data provided by Brenntag from independent analysis of Cloricide2 shows it has antibacterial activity against a range of microorganisms including Legionella and Pseudomonas. However, some of these assessments appear to indicate that in order to achieve a significant reduction in test bacteria (>3 log) a level of Clorious2 is required that exceeds the level of ClO₂ permitted in drinking water in the UK. This needs to be further discussed with the manufacturer.

In response to a request for information on locations where Cloricide2 is used in potable hot and cold water in healthcare premises, Brenntag confirmed that it is currently dosed into potable hot and cold water systems in only one healthcare establishment in the UK, a small healthcare facility in the north of England. It is also used in four hospitals and an administrative centre in the Czech Republic.

There have apparently been no reports produced on the efficacy of Cloricide2 in controlling microorganisms in healthcare premises. Conversely, there have been many peer reviewed papers published on the effectiveness of ClO₂ produced through conventional on-site generation.

Cloricide2 has some advantages over on-site generation of ClO₂ but it has not yet been fully evaluated as a biocide to control waterborne opportunistic pathogens such as *Legionella* and *Pseudomonas* in potable water systems, and its effectiveness against *Cupriavidus pauculus* and *Stenotrophomonas* spp., which are of particular interest at the Queen Elizabeth Hospital (QEH), has not been assessed.

Therefore, in my opinion, whilst Cloricide2 would appear to have potential, it would not be appropriate at this stage to use it to attempt to control waterborne microorganisms in the potable hot and cold water systems at the QEH. This should be reviewed if robust supportive evidence from properly controlled trials is produced.

Dr T Makin

30th June 2018

Documents provided by Brenntag and reviewed by TM for this report

- Analysis of the bactericidal activity of Clorious2 against *Legionella pneumophila* Biotecon Diagnostics GmbH
- Biocide efficiency testing of Clorious2, Institut Za Javno, Belgrade, Serbia
- Examination and assessment of sodium chlorite and sodium peroxodisulfate for compliance with the purity criteria of the respective product standards
- Examination and assessment of sodium chlorite and sodium peroxodisulfate for compliance with the purity criteria of the respective product standards. IWW Rheinisch-Westfälisches Institut für Wasser Beratungs- und Entwicklungsgesellschaft mbH
- European patent application EP 0 985 664 A2
- Acute toxicity of 0.6% aqueous chlorine dioxide solution, inherently stabilized, in *Pseudomonas putida* (Pseudomonas cell inhibition test)
- Drinking Water Inspectorate, approval confirmation and covering letter
- DWI application form: chemicals for use with drinking water
- Approval for use of Cloricide2 in public water supplies in Scotland
- Substance Characterisation Report for Clorious2 – 0,6%ige Chlordioxidlösung report 13020603S001 LAUS GmbH
- Clorious2 care Instructions for use in the treatment of water intended for human consumption. Brenntag UK & Ireland
- Delivering Clean Water, Safely Occupational Health and Safety Aspects – Brenntag
- Chlorine dioxide in horticulture. Brenntag
- Specific product details for Clorious2 Care. Brenntag
- Clorious2 – hot and cold water disinfection. Brenntag
- Clorious2 Care – Technical data sheet. Brenntag
- Clorious2 Care – Safety Data Sheet according to Regulation (EC) No. 1907/2006
- Connecting chemistry – what Brenntag can do for you

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Queen Elizabeth University Hospital, Glasgow

Manual v automatic flushing of taps

Dr T Makin
1st July 2018

Legionella

The risk from legionella growing in peripheral parts of the domestic water system, such as dead legs off the recirculating hot water system, may be minimised by regular use of associated outlets. When outlets are not in regular use, the HSE ACoP and Guidance (HSG 274) advocates that weekly flushing of these devices for several minutes can significantly reduce the risk of legionella proliferation in the system.

This guidance emphasises that once flushing is implemented as a control measure it has to be sustained and logged, as lapses can result in a critical increase in legionella at the un-flushed outlet.

In each case, before a flushing programme is implemented, consideration should first be given to removing infrequently used showers and taps. SHTM 04-01 specifies that showers should be removed if they are used less than once a week.

Where outlets are removed, the redundant supply pipework should be cut back, as close as possible, to a common supply, e.g. to the recirculating pipework or the pipework supplying a more frequently used upstream fitting.

In healthcare premises where there are susceptible patients, HSE guidance states that more frequent flushing may be required, i.e. twice weekly. It further proposes that water draw off should form part of the daily cleaning process to achieve temperature control for both hot and cold water and for distribution of continuously dosed biocides to outlets. Similarly, SHTM 04-01 states water draw-off should form part of the daily cleaning process and the procedure for

such practice should be fully documented and covered by training.

Twice weekly flushing for Legionella control is supported in HTM 04-01, and in SHTM 04-01 it advises that taps and showers should be flushed every three days for 1 minute for hot and cold supplies.

SHTM 04-01 also states that during temporary closure of wards or departments, a procedure for flushing the hot and cold water service systems should be instituted. This should include opening all taps and showers for a period of three minutes and flushing WC cisterns etc on a twice-weekly cycle. Taps that include flow regulation may need to be flushed for longer than three minutes.

Sensor taps

To assist in flushing of underused outlets, HSE guidance states that consideration should be given to self-flushing fittings which are validated to show they are effective and do not introduce any additional risks. HTM 04 01 supports this, but notes that such self-flushing systems should be activated only where required and that automatic flushing devices should not be located in accommodation used by patients who may become distressed by the noise.

SHTM 04 01 advises that consideration should be given to installing taps with automated programmable flushing facilities that can be monitored by an Intelligent Water Management System or hand-held computer.

HTM 04-01 highlights that the requirement for sensor operated taps have led to a more complicated internal tap design which may increase the need for additional routine maintenance (including decontamination) to mitigate the risk of contamination. Similarly SHTM 04-01 recognises that non-touch / infrared / sensor taps have a greater risk of their complex internal surfaces becoming contaminated with micro-organisms and biofilms.

TM supports this view but is aware of an ICU fitted with sensor taps operated by simple solenoid valves and these were rarely contaminated with Legionella or Pseudomonas.

SHTM 04-01 notes that part of the operational management of water systems will necessitate “flushing” of outlets. Such flushing can be time-consuming and is not facilitated by automatic taps that require a continual presence. This guidance stresses that the flushing of seldom used taps must be recorded.

Pseudomonas

It is well recognised in both Scottish and English versions of HTM 04-01 that under-use of taps also encourages colonisation with other microorganisms including *Pseudomonas aeruginosa*.

Pseudomonas aeruginosa are common in the environment and therefore can seed untreated water systems during construction and subsequent use.

Contamination of water systems by microorganisms particularly *P. aeruginosa*, can also be introduced during refurbishment, repair and alteration, or during routine inspection and sampling. Retrograde contamination of outlets with Pseudomonas is also likely to occur through backsplashing from washbasins/drains, from patients/staff hands during hand washing, and from inappropriate use of washbasins for disposal of clinical material.

Pseudomonas aeruginosa is regarded as an opportunistic pathogen, and in healthcare premises, contamination of water systems with this bacterium is only considered a threat for certain patients, notably those who are identified as receiving augmented care.

HTM 04-01 recommends that all taps that are used infrequently on augmented care units should be flushed regularly (at least daily in the morning for one minute) and a record should be kept confirming they were flushed. Where taps

can be programmed to flush automatically, such flushing may be recorded through the building management system.

SHTM 04-01 does not specify daily flushing for the control of *P. aeruginosa* in augmented care units, but it does record that water draw-off should form part of the daily cleaning process and that the procedure for such practice should be fully documented and covered by written instruction.

Queen Elizabeth University Hospital, Glasgow – proposed procedure for flushing outlets

With regard to the flushing of outlets at QEUH, it would not be necessary to fit sensor taps to carry out automatic flushing if the cleaning protocol includes that taps are flushed for at least one minute. Manual flushing of outlets also avoids the risk of a possible increased likelihood of contamination of sensor taps and showers which can result from their more complex design, and is referred to in the guidance.

The guidance clearly states that if manual flushing of outlets is implemented, it needs to be recorded. It may not be necessary for cleaners in augmented care units to individually record that they have flushed each tap, daily. But it would be appropriate for the taps covered by a cleaner to be listed, and for the cleaner to sign each day that all of these taps have been flushed for 1 minute during the daily cleaning process. These records should be retained on the unit. Where access was not permitted for the purpose of flushing outlets, this should be recorded.

It is necessary to ensure that cleaning staff, including managers, receive training and regular update training on the appropriate procedure for cleaning outlets, and particularly the correct order of cleaning (clean to dirty with outlets always being cleaned first). The training would emphasise the importance of flushing outlets.

Written instruction on the correct cleaning procedures should be posted on each augmented care unit and cleaning managers should periodically carry out audits of cleaning procedures and check that in accordance with the guidance flushing is carried out and flushing records are maintained.

Dr T Makin

7th July 2018

From: Powrie, Ian
Sent: 12 July 2018 08:42
To: Hirst, Allyson
Subject: FW: [BlockedURL][ExternaltoGGC]Additional Information in respect of Chlorine dioxide used on water systems within Renal Environments.
Attachments: Activated carbon and chlorine dioxide and by-product removal copy.pdf

From: Tim Wafer [REDACTED]
Sent: 11 July 2018 10:56
To: Powrie, Ian
Cc: Wafer Tim
Subject: [BlockedURL][ExternaltoGGC]Additional Information in respect of Chlorine dioxide used on water systems within Renal Environments.

Hi

Following our recent conversation i can confirm that Constant dosing of Chlorine dioxide is widely used within the treatment of Cold water Supplies within the Healthcare environment.

Renal treatments area are always subject to review and covered under a stand-alone risk assessment which is normally completed by ourselves.

Within many of our client sites that utilise Chlorine dioxide they ensure compliance with renal requirements by employing both PRE renal plant and POST treatment monitoring. There are tight set-points with a set of operating parameters based on the monitor outputs. Indeed, some have insulated a warning beacon to alert the Renal Unit in the event of a deviance from normal control parameters.

Examples of such sites are: -

The Leeds Teaching Hospitals NHS Trust
City Hospitals Sunderland NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust
Mid Yorkshire Hospitals NHS Trust
Sheffield Teaching Hospitals NHS Trust
Leicester Hospitals NHS Trust

As part of this project we will be liaising with the Renal team to discuss specific criteria and bring together the necessary risk assessment and standard operational procedures documentation.

Regards

T Wafer FRSPH; MIHEEM
Technical & Compliance Director
Authorising Engineer - Water & Chlorine dioxide

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Meeting held 23/8/18 to discuss Chlorine dioxide plant installation; operational issues

In attendance; Jen Rodgers (JRo), Jamie Redfern (JRe), Melanie Hutton (MH), Teresa Inkster (TI), Susie Dodd (SD) & Ian Powrie (IP).

Purpose of meeting; On 11th July, a meeting was held to discuss the installation of the chlorine dioxide treatment plan on the QEUH/RHC site and proposed timelines. A number of operational issues were raised at the meeting and so a second meeting was held to discuss these in more detail. In addition, the business continuity plan for loss of water supply to the site was reviewed with a view to updating with any outcomes from today's meeting.

Queries generated from the meeting are below with responses where available.

Query 1; It has been suggested that there may be a delay in the installation of the chlorine dioxide plant due to current ongoing cladding works on site. Do we know if the programme of works will be delayed and if so what are the new timelines?

Response; IP stated that there is no reason to believe that the current programme of works will change although it will not be possible to install the plant whilst the cladding works are ongoing.

Action 1; JRe emailed Karen Connolly for clarification around this query and a response is awaited.

Query 2; How are the water systems configured across the RHC site and the adult site? What areas, if any, on the adult site will be affected if the entire water supply within RHC is switched off?

Response; IP explained that If the water supply in RHC is shut off as a whole it will not affect adult site at all.

Actions; None

Query 3; How will dosing affect the renal water supply? At what stage will carbon filters be fitted? Will these be ok for high level dosing? Will the water supply be switched off to haemodialysis machines at any point?

Response; IP explained that carbon filters can extract 1ppm of chlorine dioxide. The carbon filters are currently being reviewed to establish how they can be enhanced to be safe and effective should the dosing be increased to 2ppm. If shock dosing takes places, the water supply to haemodialysis will be switched off. Final option would be to convert to raw water supply but this isn't currently in the financial plan. Alarms will be installed in the haemodialysis water supply system so that nursing staff are alerted if the chlorine dioxide in the water supply is too high (above 0.1ppm)

Action; JRo will contact relevant persons in adult haemodialysis service to discuss a contingency plan for paed to move into adults should the water supply be switched off all together.

Query 4; Should the water supply be switched off completely, can dirty water waste i.e. domestic water buckets, basins for patient washing be poured down slop hoppers/toilets or will this affect the efficacy of the shock dosing?

Response; IP stated that the waste water outlets can still be used and water may be disposed down toilets/slop hoppers etc.

Actions; None.

Query 5; Should the water supply be switched off completely, can the toilets be flushed at all? If so, how many times is reasonable?

Response; IP stated that the toilets can not be flushed as this would pull the chlorine dioxide through the system and reduce the efficacy of the shock dosing.

Actions; None.

Query 6; Because toilets can not be flushed there will be a greater volume of clinical waste generated. Will there be more regular uplifts of waste to prevent overflow?

Response; The group felt this question was better directed to facilities however IP has noted the query to take forward as part of the planning process.

Action; SD will email Karen Connelly (General manager, facilities) for a response to the query.

Query 7; How do we dispose of chemo human waste? This will increase, where will it be held?

Response; The group felt this question was better directed to Michael Bradnam (Head of Imaging) in nuclear medicine.

Action; MH will email Michael Bradnam for a response to the query.

Query 8; In the event of the water being switched off completely, can we be assured that cleaning will be carried out in clinical areas daily and twice daily cleans in source isolation rooms will be maintained?

Response; The group felt this query was better directed to facilities however IP has noted the query to take forward as part of the planning process.

Action; SD will email Karen Connelly for a response to the query.

Query 9; In the event of the water being switched off completely, what toilet facilities will be provided for the public and disabled access. Will there be porta-loos on site and if so, where will these be and how will they be cleaned?

Response; IP stated there was no plan in place as yet but he will take forward.

Action; IP to establish provision of toilet facilities for public use including disabled access.

Query 10; In the event of the water being switched off completely, portable sinks will be required in several wards and location across RHC site. Where will these be placed and how many will be required.

Response; The group agreed that several will be required in each of the high risk wards as well as all treatment rooms and sluices across the site.

Action; SD will establish how many sinks are required and the locations of these. Numbers will be provided to IP for costing and provision.

Query 11; What is the best portable sink product for use?

Response; It was agreed by the group that portable scrub sinks would be useful in many areas. It was also agreed that the sinks used during the first phase of the water incident were not ideal and better alternatives should be sought.

Action; SD and TI will liaise with facilities to review portable sinks available for use in the event of the water being switched off completely.

Query 12; How is patient catering/private catering outlets affected during maintenance dosing and shock dosing?

Response; IP stated that if the water supply contains levels of chlorine dioxide which are too high for consumption (and testing will be carried out regularly to establish this) then patient catering services will be supplying food that is pre prepared. Private catering outlets have also been made aware and advised to have contingency plans of their own however it is expected that they too will draft in pre prepared food made off site.

Action; IP will liaise with catering services as the project develops to ensure contingencies are in place.

Query 13; Will there be an increased/adequate supply of bottled water supply for patients, staff & visitors should the water supply be out of use during maintenance dosing or shock dosing?

Response; IP stated that bottled water will be provided to all areas.

Action; IP will quantify the volume of bottled water needed for each areas should it be required.

Query 14; What is the best method of patient hygiene and staff hand hygiene should the water supply be switched off.

Response; It was agreed that clear instruction will be needed for all staff across the site.

Action; SD and TI will produce a written guide note for staff for distribution should the water be switched off.

Action plan – Chlorine dioxide plant installation; Operational issues meeting 23/8/18

Action	Responsible person	Estimated completion date
Email Karen Connolly for clarification around this query and a response is awaited.	Jamie Redfern	Completed 23/8/18 Response awaited.
Contact relevant persons in adult haemodialysis service to discuss a contingency plan for paedts to move into adults should the water supply be switched off all together.	Jennifer Rodgers	07/09/18
Contact Karen Connolly (General manager, facilities) to query if there will be increased waste uplifts should the water be switched off.	Susie Dodd	Completed 24/08/18. Response awaited.
Contact Michael Bradnam (Head of Imaging) to query uplift of chemo waste should patient be unable to flush toilets on 2A.	Melanie Hutton.	Completed 24/08/18 Response awaited.
Contact Karen Connolly to seek assurance that daily and twice daily cleaning will be maintained should the water supply be switched off.	Susie Dodd	Completed 24/08/18 Response awaited.
Establish provision of toilet facilities for public use including disabled access.	Ian Powrie	01/10/18
Establish how many portable sinks are required and the locations of these. Numbers will be provided to IP for costing and provision.	Susie Dodd	01/10/18
Liaise with facilities to review portable sinks available for use in the event of the water being switched off completely.	Susie Dodd & Teresa Inkster	01/10/18 Facilities GM contacted 24/8/18.
Continue to liaise with catering services as the project develops to ensure contingencies are in place should supply of water be lost.	Ian Powrie	Ongoing
Quantify the volume of bottled water needed for each areas should it be required.	Ian Powrie	01/10/18
Produce a written guide note for staff referring to patient hygiene and staff hand hygiene should the water be switched off.	Susie Dodd & Teresa Inkster	01/10/18

Meeting to review research on waterless clinical environment 12/10/18

Dr Teresa Inkster, Lead ICD (Chair)
 Susie Dodd, Lead IPCN, RHC
 Emma Somerville, SCN, ward 2A, RHC
 Angela Howat, SCN, ward 2B, RHC

Background

Decant of water 2A/B due to water incident has enabled a full review of all water sources and routes of transmission with an opportunity for intervention before patients move back in

Research

Two recent papers were considered

- 1) The handwash station: friend or fiend. Weinbren MJ. *Journal of Hospital Infection*. 2018;**100**:159-164
- 2) Reduced rate of intensive care unit acquired Gram negative bacilli after removal of sinks and introduction of water free patient care. Hopman J et al. *Antimicrobial Resistance and Infection Control*. 2017;**59**:1-9

It was agreed that creating a waterless environment in paediatric haemato-oncology would not be possible due to the high risk nature of these patients where hygiene is important

Actions for IPCT are as follows;

Actions - to take forward with estates colleagues;

- 1) Remove trough sink from treatment room and replace with CHWB
- 2) Remove bath and toilet in ward bathroom
- 3) Replace CHWB in ward bathroom with trough sink
- 4) Remove remaining sink in clean utility room
- 5) If we are to remove trough sinks from anterooms can we replace with a worktop

Actions – to discuss with clinical colleagues


- 1) Review need for sink in pharmacy room
- 2) Review need for 2 sinks in playroom
- 3) Review trough sink in 2B – is there sufficient distance from patient re splash risk
- 4) Conversion of bathroom to ? procedure room – requires a specification from clinical colleagues
- 5) Review need for trough sink in BMT anterooms

Actions – to be discussed with hand hygiene coordinator

- 1) If we remove trough sinks from anterooms can we investigate a two stage hand hygiene process. This would be quick and clean wipes followed by alcohol gel
- 2) Can we develop an education programme sessions to underpin this as this is a significant change in practice for ward staff

It was confirmed that

- BMT patients drink sterile water and use this for tooth brushing
- Non-BMT patients drink bottled water and tap water for tooth brushing
- Parents have been educated re sink hygiene and avoiding storage of toiletries on sink tops
- There are no water coolers
- Ice is not used

 <p>NHS Greater Glasgow and Clyde</p>	<p>NHS Greater Glasgow & Clyde Infection Prevention and Control Team</p>
<p>Purpose:</p>	<p>Infection control advice regarding lack of water availability during chlorine dioxide dosing in QEUH</p>
<p>From:</p>	<p>Dr Teresa Inkster, Lead ICD, Lynn Pritchard, Lead IPCN</p>
<p>To:</p>	<p>QEUH</p>
<p>Date:</p>	<p>16/10/18</p>
<p>Subject/ situation:</p>	<p>This advice covers the following circumstances which will occur during chlorine dioxide dosing; No access to hot or cold water for 4 hours during the night No access to hot water for 24 hours</p>
<p>Background</p>	<p>Due to the ongoing water quality issues affecting QEUH and RHC, chlorine dioxide dosing will be commencing to bring the system under control and allow removal of filters which were a short term control measure only. There is a phased approach to dosing which will cause disruption to the water supply to your area. This will be for periods of both 4 hours (loss of hot and cold water) and 24 hours (loss of hot water only) at different times over the next few months. Some specialist areas e.g. theatre may have both these shut downs at the same time. You will be advised of these time periods well in advance.</p>
<p>Action</p>	<p>Patient Hygiene Disposable patient cleansing wipes, disposable wipes and cleansing foam will replace water for all patient hygiene needs. If you have to use water, bottled water can be used. High intensity areas such as ED and acute admissions units will be supplied with portable sinks to enable a source of warm water to be available.</p> <p>Hand Hygiene Alcohol hand gel can be used many times and will remain effective. When your hands start to become sticky you should wash your hands with soap and bottled water. If they are visibly contaminated you should use a clinical wash hand basin and wash and rinse your hands with soap and bottled water (a colleague will be required to assist you with this). NB: Handwashing can be performed with cold water effectively. Warm water provides comfort only.</p> <p>Aseptic Technique If you have to perform a procedure that requires an aseptic technique then the non sterile bottled water should be used to wash and rinse your hands,</p>

	<p>followed by application of alcohol hand rub.</p> <p>Surgical scrub</p> <p>Surgical scrub can be performed with cold water during the 24 hours shutdown period that it is available. Warm water is preferred to avoid dermatitis but cold water can be used safely and effectively although it is uncomfortable.</p> <p>During loss of both hot and cold water, surgical scrub can be performed over a scrub sink by asking a colleague to pour over bottled water for washing and rinsing.</p> <p>Toilets</p> <p>Toilets cannot be flushed during the 4 hour shutdown periods but can still be used during the 24 hour shutdown</p> <p>During the 4 hour shutdown staff will be advised to use toilets outwith their area (adjacent ward or department). Patients should be encouraged to use toilets prior to the 4 hour shutdown. If patients need to use the toilets commodes should be used and Vernacare gel sachets used to solidify the urine and then the bed pan should be double bagged in a clinical waste bag. There will be additional waste uplifts during this period.</p> <p>Do we want to say where visitors should be directed to? There will be very few through the night i expect unless they are with End of life care patients.</p> <p>Showers</p> <p>Showers cannot be used during the 4 hour shutdown period. Only cold water will be available from shower during the 24 hour shutdown</p> <p>Cleaning</p> <p>Detergent wipes are available for cleaning equipment and the environment actichlor solution can either be made in advance or made with bottled water.</p>
Recommendation	<p>These temporary measures are applied by all staff during periods without water.</p> <p>Following dosing water may be slightly discoloured but is safe to use</p>

References

Health Protection Scotland. Standard Infection Control Precautions Literature review: Hand Hygiene: Hand Washing . May 2016

SBAR: Control of toilet plume by fitting toilet seats

Dr Teresa Inkster, 22/10/18

Situation	A review of all water sources during the current water incident and 2A/B decant has highlighted the issue of toilet plume and the question has arisen as to whether toilet seats should be fitted.
Background	<p>The term 'toilet plume' refers to the aerosolisation of bacteria/viruses during toilet flushing. This was first demonstrated by Horrocks in 1907 and subsequent research has confirmed the phenomenon. Organisms such as Norovirus, Serratia marcescens, Salmonella enteritidis, E. coli and Clostridium difficile have all been detected in a toilet plume via air sampling/settle plate methodology.</p> <p>However, the literature on control measures, such as alterations to toilets to reduce plume and application of toilet seats is scanty.</p>
Assessment	<p>Key points from published papers are below</p> <p><u>Rest et al – UK study, 2012</u></p> <p>Aim :to substantiate risk of airborne dissemination of C diff following flushing Findings: C diff was recovered 25cm above the toilet . Closing toilet lid markedly reduced the quantity of C diff recovered from the air after flushing . There was a 10-fold reduction in bacteria recovered from air sampling at seat level. Low levels were recovered on air sampling with the lid closed suggesting the plume had been forced out between gaps, but not on the settle plates with lid closed Recommendation ; Lidless conventional toilets increase the risk of C diff environmental contamination and use should be discouraged.</p> <p><u>Mathers AJ et al- University of Virginia, 2018.</u></p> <p>Aim: Covers were installed on hoppers in an ICU in an attempt to control an outbreak of Klebsiella pneumoniae CPE Findings : 56 new acquisitions occurred pre intervention vs 30 post intervention Recommendation : Installation of hopper covers represents a low cost acceptable and effective intervention.</p> <p>Note : hopper covers were part of a multimodal strategy which also included sink trap heating and vibration devices so it is not possible to evaluate the effect of hopper covers alone.</p>

October 2018

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	<p>Other sources/opinions considered</p> <p><u>Controversies in HAI blog –Prof Eli Perencevich, University of Iowa.</u></p> <p>Lack of toilet lids in hospitals as a patient safety issue and they should be fitted Put a plastic cleanable lid on every toilet and have it cleaned daily Apply a close before you flush sign</p> <p><u>Verbal communication from Prof Peter Wilson , UCLH, UK</u></p> <p>‘We have done some testing here with and without seat lids and found the narrow gap between seat and lid allow a jet of air during flushing such that droplets travelled much further. Therefore I would not recommend fitting a lid to the seat. It can cause patient accident also. The main transmission is usually with taps that splash or showers and not toilets. I suggest as far as possible the patient vacates the room as soon as flush pulled.’</p> <p>Note : unpublished, non peer reviewed presently.</p>
<p>Conclusions / Recommendations</p>	<p>The phenomenon of toilet plume is well established.</p> <p>Control measures are not well established and there is limited evidence for the fitting of toilet seats.</p> <p>Toilet seats may prevent the toilet plume reaching a height and contact with/spraying of the patient . They may still lead to contamination of the environment from plume being forced out of the side of the seat although evidence for this is currently limited.</p> <p>Given that they are a relatively low cost intervention and taking into account the paediatric setting where patient height is a factor , the recommendation is to fit them.</p> <p>An appropriate cleaning method should be established</p> <p>Frequent cleaning of the patient bathroom is also recommended in a high risk unit such as haemato-oncology</p> <p>Toilet lid model will be important in avoiding toilet plume being forced through gaps in the seat</p> <p>Toilets which can only be flushed once the seat is down are recommended</p>

References

- 1) Mather AJ, Vegesana K, Mesner IG, Barry KE, Pannone A et al. Intensive care unit wastewater interventions to prevent transmission of multispecies *Klebsiella pneumoniae* Carbapenamase producing organisms. *Clinical Infectious Diseases*. 2018;**67**:171-178
- 2) Johnson DL, Lynch RA, Vianella SM, Jones FJ, Fang H, Mead K, Hirst DVL. Persistence of bowl water contamination during sequential flushes of contaminated toilets. *J Environ Health*. 2017;**80**:34-49
- 3) Knowlton SD, Boles CL, Perencevich E, Diekema DJ, Nonnenmann MW et al. Bioaerosol concentrations generated from toilet flushing in a hospital based patient care setting. *Antimicrobial resistance and Infection Control* 2018;**7**:1-8
- 4) Johnson D, Lynch R, Marshall C, mead K, Hirst D. Aerosol generation by modern flush toilets. *Aerosol Sci Technol*. 2013;**47**:1047-1057
- 5) Johnson D, Mead K, Lynch R, Hirst D. Lifting the lid on toilet plume aerosol: A literature review with suggestions for future research. *Am J Infect Control* 2013;**41**:254-258
- 6) Best EL, Sandoe JAT, Wilcox M. Potential for aerosolization of *Clostridium difficile* after flushing toilets: the role of toilet lids in reducing environmental contamination risk. *Journal of Hospital Infection* 2012;**80**:1-5
- 7) Monette M. Flush and run. *CMAJ*. 2012;**184**:E581-2

QUEEN ELIZABETH UNIVERSITY HOSPITAL

Please find as listed below our summary of the CCTV survey work carried out in wards 2A & 2B of the Royal Hospital for Children on the QEUH Campus.

Observations & Findings:

- Carried out CCTV Survey to approximately 20 number soil pipes from roof and plant rooms (as per drawings and survey report)
- Removed waste pipework in Wards 2a/2b to inspect internal condition within pipework (as per photos)- 2A Room 22, 2B Room B.
- CCTV Survey had to be abandoned on some soil pipework due to the various changes in direction (as per survey report)
- We discovered more horizontal pipe runs than we should suggest to be normal
- We identified some of these horizontal runs appear to be running back slightly with some water retention (as per report)
- The internal condition of the soil pipework would be normal as expected. Although there is some water retention, there were no signs of blockages.
- We visibly observed 4 Soil pipes terminating, through roof as a single vent. (SVP13 IS AS PER DRAWINGS) This may be the case throughout? This could cause future problems due to negative pressure which would cause the water seal in a trap to be syphoned out.
- We also noted no Anti Syphon traps on any appliances.
- We removed all vent terminals on the roof to allow survey work.
- We discovered during our survey that SVP13 had approximately 1 metre of roof pebbles lodged internally. We removed most, although there is still an amount which require to be removed.



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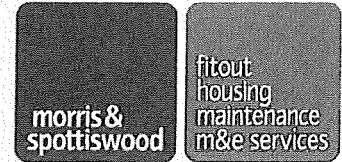
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Remedial Actions:



- Fit anti syphon bottle traps or alternatively AAV's to waste pipework which would eliminate any possibility of negative pressure.
- Replacement vent cowls.
- Remove soil pipe in level 4 and remove roof pebbles from SVP13.
- RE Survey SVP13 on completion.

Kind Regards,



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SBAR: Control of toilet plume by fitting toilet seats

Dr Teresa Inkster, 22/10/18

Situation	A review of all water sources during the current water incident and 2A/B decant has highlighted the issue of toilet plume and the question has arisen as to whether toilet seats should be fitted.
Background	<p>The term 'toilet plume' refers to the aerosolisation of bacteria/viruses during toilet flushing. This was first demonstrated by Horrocks in 1907 and subsequent research has confirmed the phenomenon. Organisms such as Norovirus, Serratia marcescens, Salmonella enteritidis, E. coli and Clostridium difficile have all been detected in a toilet plume via air sampling/settle plate methodology.</p> <p>However, the literature on control measures, such as alterations to toilets to reduce plume and application of toilet seats is scanty.</p>
Assessment	<p>Key points from published papers are below</p> <p><u>Rest et al – UK study, 2012</u></p> <p>Aim :to substantiate risk of airborne dissemination of C diff following flushing Findings: C diff was recovered 25cm above the toilet . Closing toilet lid markedly reduced the quantity of C diff recovered from the air after flushing . There was a 10-fold reduction in bacteria recovered from air sampling at seat level. Low levels were recovered on air sampling with the lid closed suggesting the plume had been forced out between gaps, but not on the settle plates with lid closed Recommendation ; Lidless conventional toilets increase the risk of C diff environmental contamination and use should be discouraged.</p> <p><u>Mathers AJ et al- University of Virginia, 2018.</u></p> <p>Aim: Covers were installed on hoppers in an ICU in an attempt to control an outbreak of Klebsiella pneumoniae CPE Findings : 56 new acquisitions occurred pre intervention vs 30 post intervention Recommendation : Installation of hopper covers represents a low cost acceptable and effective intervention.</p> <p>Note : hopper covers were part of a multimodal strategy which also included sink trap heating and vibration devices so it is not possible to evaluate the effect of hopper covers alone.</p>

	<p>Other sources/opinions considered</p> <p><u>Controversies in HAI blog –Prof Eli Perencevich, University of Iowa.</u></p> <p>Lack of toilet lids in hospitals as a patient safety issue and they should be fitted Put a plastic cleanable lid on every toilet and have it cleaned daily Apply a close before you flush sign</p> <p><u>Verbal communication from Prof Peter Wilson , UCLH, UK</u></p> <p>‘We have done some testing here with and without seat lids and found the narrow gap between seat and lid allow a jet of air during flushing such that droplets travelled much further. Therefore I would not recommend fitting a lid to the seat. It can cause patient accident also. The main transmission is usually with taps that splash or showers and not toilets. I suggest as far as possible the patient vacates the room as soon as flush pulled. ‘</p> <p>Note : unpublished, non peer reviewed presently</p>
<p>Conclusions / Recommendations</p>	<p>The phenomenon of toilet plume is well established.</p> <p>Control measures are not well established and there is limited evidence for the fitting of toilet seats.</p> <p>Toilet seats may prevent the toilet plume reaching a height and contact with/spraying of the patient . They may still lead to contamination of the environment from plume being forced out of the side of the seat although evidence for this is currently limited.</p> <p>Given that they are a relatively low cost intervention and taking into account the paediatric setting where patient height is a factor , the recommendation is to fit them.</p> <p>An appropriate cleaning method should be established</p> <p>Frequent cleaning of the patient bathroom is also recommended in a high risk unit such as haemato-oncology</p> <p>Toilet lid model will be important in avoiding toilet plume being forced through gaps in the seat</p> <p>Toilets which can only be flushed once the seat is down are recommended</p>

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- 6) Best EL, Sandoe JAT, Wilcox M. Potential for aerosolization of *Clostridium difficile* after flushing toilets: the role of toilet lids in reducing environmental contamination risk. *Journal of Hospital Infection* 2012;**80**:1-5
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Standard Operating Procedure:

WQS – 002

Cleaning of Drain Outlets

PPE:-

Surgical gloves, eye protection and disposable facemasks should be worn when carrying out this task. Cross contamination of the sinks should be considered and avoided at all times.

Materials:-

50mm Bottle Brush

Actichlor tablets

Mixing bottle (1 litre capacity)

Mobile screens (OPEN PLAN AREAS ONLY)

1. Assemble all tools, PPE and materials required to complete task.
2. Check with ward staff to ensure access can be granted to each area without Infection Control restriction.
3. In OPEN PLAN AREAS, Place mobile screens either side of sink to retain any splashing. (Screens not required in single rooms)
4. Run hot tap for a few moments to purge the sink.
5. With hot tap running, Use 50mm bottle brush and insert in drain outlet. Gently work back and forth to dislodge any built-up grime.
6. Cover over the bottle brush with plastic bag or cloth to stop any spatter on removal and slowly withdraw the entire brush head from the drain.
7. Rinse the brush head and purge any debris from the sink.
8. Repeat previous 3 steps until all build-up in the drain hole is removed.
9. Use alcohol wipes to remove any sticky residue from around the sink and drain.
10. Mix up Actichlor solution to 10,000ppm as per instruction on container (normally 10 tablets per litre of water). Ensure pressure is not allowed to build up in bottle. Take care when opening bottle as gas can build up.
11. Pour solution down drain of all sinks WHBs and Showers, 1 litre per outlet. Pour quickly so that drain becomes fully flooded. Record the time of dosing on the log sheet.
12. Leave solution to disinfect the drain for 30mins.
13. DOMESTICS: After 30mins domestic staff to carry out full cleaning of WHB/Shower/Sink.
14. ESTATES: Follow SOP guidance for carrying out Point of Use filter change if fitted.
15. Record filter change date on the filter and fill out separate filter change log sheet.

Draft Notes from Haem OnC Meeting to discuss 12 month use of ward 6a /4b

19 December 2018

12 Noon

Level 2 Meeting Room, RHC

In Attendance:

Kevin Hill
 Alan Mathers
 Jamie Rodgers
 Jen Rodgers
 Melanie Hutton
 Phil Davies
 Kathleen Thomson
 Lesley Nairn
 Anne Goldie
 Haematology Clinical Team

1. Confirmed that there will be a 12 month period to Nov/Dec 19 for completion of ventilation work in Ward 2a and transfer back of service from Ward 4b/6a.
2. There is no confirmed date for the availability of Ward 2b nor what is/is not happening with ventilation in this ward.

Action: JR to obtain this information from Estates.

3. TI will formally confirm with Estates and clinical team position around use of 8 BMT cubicles in Ward 2a while works on ventilation ongoing.

Highly unlikely there will be a workable Infection Control scribe for any use to be made of them. Ref to this that these cubicles have their own independent ventilation systems and not subject to the wider issues identified in Ward 2a

4. Clinical team wish to maintain a combined Ward 6a arrangement and not split inpatient and day care provision. DM will summarise the clinical reasons for this. This will include ref to the further diseconomies of scale by splitting nursing, Pharmacy and medical teams. It will also describe the patient pathway risks and distance to travel for chemotherapy patients moving between day care and inpatient units
5. Continuing with 18 inpatient beds and 8 day care beds puts a physical squeeze on services. Noted there have been sustained periods where service has had to board inpatients in RHC because Ward 6a is full.

In recognition of this - Clinical team will formalise a plan to develop enhanced shared care across WOS Boards. Clinical team to lead on this - a SOP will be developed in conjunction with other named tertiary Haem onc units in Scotland (possibly wider) for managing periods when there is a need to re direct patients away from RHC and to these other units. Clinical team to lead on this- an overspill area (s) for inpatients will be identified.

Action: TI/JR will liaise with Estates about the safety of using RHC for this purpose.

Clinical team will determine types of patients who they would transfer. Clinical team will also determine how they will support such an arrangement once area confirmed. This will extend to nursing and medical support. Clinical team would prefer a single area but appreciate the practical challenges of doing this especially when Hospital is busy.

6. JRo will work with ES and KT on developing and implementing a revised nursing workforce plan which recognised the current challenges of managing patients in two query three different areas.

In the interim, safety huddles will continue to try and support Ward 6a when under staffed to workload.

7. The Bone Marrow Transplant Service will continue to function with use of 4 beds in Ward 4b. A subset of nurses will continue to cover admitted patients going through transplant. Post transplant patients will continue to be managed in Ward 6a. Liaison with adult transplant services using Ward 4b will continue with recognition of pressures they face especially when development of new CT cell service for Scotland approved. JR and BG to lead.
8. The contingency plans originally developed for ward 6a:4b. Decant will be reviewed and amended as appropriate for what is now a significantly longer period of time away from Ward 2a/2b. This will prioritise pathways between clinical team and HaN, Radiology, Theatres and Anaesthesia, ITU and Resuscitation team and other support services who work closely with Haem Onc. JR/JRo will facilitate these work streams. In respect of HaN there will also be consideration given to deployment of ANPs in Haem Onc and competing priorities between day time and evening work. This will also extend to review of Senior and junior medical staff working in Haem Onc.
9. A communication plan will be developed for staff, patients and families, NSD, MSN, TCT and any other involved stakeholders. This will extend to other paediatric services across Scotland. JR/JRo will lead on this.
10. An operational challenge in Ward 6a has been identified and needs resolved. Relates to flooding in the ward and need to close 2 cubicles. TI and JR will continue dialogue with Estates about identifying cause, scale of problem and timeline to resolve. While this remains pending haemophilia patients will continue to be treated in outpatients and not 6a. When cubicles re opened transfer to 6a of this workload will be progressed. JR will ask LR to lead on this particular task with EC.

SBAR Action Plan submitted to Care and Clinical Governance Committee on 5th December with updated position as of January 2019

Item	Issue	Current Position as of 5 th December 2017	Future Actions	Current Position- January 2019																							
1	PPVL rooms not compliant with SHTM standards Critical Care	Facilities colleagues confirmed that there are 10 air changes per hour and a positive pressure of 10 pascals in the PPVL rooms which is consistent with SHBN 04-01.	Included in item 2	<p>PPVL Schedule attached 34 rooms on schedule across RHC/QEUEH.</p> <p>7 rooms being converted to Negative pressure rooms to differentiate between two types. See Table 1.</p> <p>Table 1</p> <table border="1" data-bbox="1294 536 1960 820"> <tbody> <tr> <td>RHC</td> <td>Ward 2C</td> <td>Room 6</td> </tr> <tr> <td>RHC</td> <td>CDU</td> <td>Room 18</td> </tr> <tr> <td>RHC</td> <td>PICU</td> <td>Room 5</td> </tr> <tr> <td>QEUEH</td> <td>Medical HDU</td> <td>Room 43</td> </tr> <tr> <td>QEUEH</td> <td>Medical HDU</td> <td>Room 44</td> </tr> <tr> <td>QEUEH</td> <td>ITU 1</td> <td>Room 24</td> </tr> <tr> <td>QEUEH</td> <td>Surgical ITU Unit 1</td> <td>Room 4</td> </tr> </tbody> </table> <p>Work is ongoing and will recommence in April 2019.</p> <p>Ward 2A has had 4 rooms converted to Positive pressure at a cost of £206,000.</p> <p>Lead ICD confirmed with Chief Nurse (CN) that three rooms within RHC would be suitable for IDHC if needed.</p>			RHC	Ward 2C	Room 6	RHC	CDU	Room 18	RHC	PICU	Room 5	QEUEH	Medical HDU	Room 43	QEUEH	Medical HDU	Room 44	QEUEH	ITU 1	Room 24	QEUEH	Surgical ITU Unit 1	Room 4
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2	PPVL rooms do not provide appropriate protection for patients with infectious diseases of high consequence (IDHC) e.g. MERS, SARS This issue also exists in the Royal Hospital for Children	IDHC should be nursed in negative pressure rooms. These are not available in QEUEH. In order to address this issue in the short term a patient pathway has been agreed by the Infectious Disease (ID) Clinicians whereby patients will be routed either to GRI or Lanarkshire ID unit. Chief Nurse (CN) for Paediatrics discussing with clinical teams a pathway for children.	Heath Protection Scotland (HPS) have been sent information on these rooms and we await their advice on whether they can be used for patients with IDHC or if not what actions could be taken to modify these rooms to provide negative pressure. This advice was sought in 2016 & 17.																								

3	Lack of isolation rooms in the emergency department.	ED was designed with input from clinical staff and observation of patients was a priority. There are single rooms in ED but not negatively pressured isolation rooms.	Property Procurement Facilities Management (PPFM) has commissioned a feasibility study to ascertain if negatively pressured rooms are technically feasible	Options were looked to consider conversion of existing PPVL to negative pressure facilities suitable for infectious patients. However there are currently no specific plans to develop isolation rooms within Emergency Department.
Item	Issue	Current Position as of 5 th December 2017	Future Actions	Current Position as of January 2019
4	Rooms not built to the standard expected as a tertiary referral centre.	The transfer of the Infectious Diseases Unit was a late addition to the project and was not fully commissioned as an ID unit at the outset.	Actions as described in item 2.	Actions as described in item 2.
5	Microbiologists not aware of plans to upgrade areas.	Lead Infection Control Doctor (ICD) was aware of this proposal.	Work continues with input from the Coordinating ICD.	<p>Health Board Process</p> <p>A process exists that any refurbishments are signed off by ICD/ IPCT in conjunction with the estates department. These are signed off at various stages through design to completion and handover. Final sign off is undertaken with reference to relevant SHTM's design criteria and commissioning/ validation data provided by an external contractor.</p> <p>A project manager or lead (usually Estates) will use Part B to identify, manage and record built environment infection control risks of a project within health care premises. The assessment will take into account the nature of the work to be undertaken and the adjacency to patient areas. The SHFN 30 HAI Scribe document will be put in place before work commences. This comprises sets and check lists.</p> <p>Both the Infection Prevention and Control Team and the lead clinical staff will be asked to review and approve the assessment before work commences. The size of the project will determine the amount of involvement by the IPCT, which may include regular review during the project and inspection at the end. The ICD would provide advice on any environmental sampling to be undertaken prior to areas handover to users.</p>

6	HEPA filters in PICU for the protection of patients in the Bone Marrow Transplant Unit (BMTU) that might need critical care during treatment. The BMTU is ward also referred to as ward 2A.	HEPA filters were installed within PICU/Ward 2a week commencing 6 November 2017, within room numbers 12 and 17 – previously installed within room 18. HEPA filter still to be fitted in room 5 (access to be agreed with clinical colleagues). HEPA filters were also fitted into RHC Ward 3c week commencing 13 November 2017 within rooms 9 & 10.	Work commenced mid November 2017, therefore ahead of May 2018, as noted above.	<p>PICU Room 5: Installation of HEPA filter is no longer required as the room has been converted to negative pressure accommodation for infectious patients. (as described in item 1 & 2)</p> <p>Planned work: £1.5 million spend and 12 months capital plan, for the upgrade of ward 2A (Haemato-oncology\TCT) ventilation system & internal building elements to provide HEPA filtered environmental conditions suitable for use by Immuno-compromised patients with Enhanced (Positive Pressure) Single Bedrooms with En-Suite facilities, providing 10ac/hr positive pressure within each Bedroom space, and ensuring the Bedrooms are at +10Pa pressure gradient relative to the adjacent Corridors. All in accordance with design principles embodied within SHTM 03-01 guidance documentation.</p> <p>Outline Programme:</p> <ul style="list-style-type: none"> • Feasibility\Design\Tender phase - 21 weeks from ward decant. • Construction phase - 30 weeks from award of contract. <p>The findings of the feasibility study will be extrapolated to Ward 4C.</p>
Item	Issue	Current Position as of 5th December 2017	Future Actions	Current Position as of January 2019
7	HEPA filters in prep room	HEPA filters have not been routinely fitted (as standard) within prep rooms, however HEPA filters are fitted within QEUH Ward 4B. Instruction required to determine whether HEPA filter should be fitted into RHC Ward 2A prep room.	A feasibility study will be undertaken to ascertain if HEPA filters can be installed in the prep room.	<p>Feasibility Study has been tendered and estimated timescale for full feasibility and design stage is 3 months from the date of the future decant of ward.</p> <p>The plan will take into account full HEPA filtration of all aspects of Ward 2A (including Prep room)</p>
8	IVs prepared in treatment room.	IVs are prepared in the preparation room but not chemotherapy which is prepared in a specialist unit.	CN paediatrics confirmed that this was the standard practice.	IVs are prepared in the preparation room but not chemotherapy which is prepared in a specialist unit.
9	Outbreak of Aspergillus associated with poor air quality	There were two cases of aspergillus associated with the ward in March 2017. This was fully investigated and was possibly associated with a leak	HPS have been contacted for advice on what would be an appropriate regime for air monitoring in this area.	ICD has confirmed from HPS that there is no sampling regimen for non ventilated areas.

		<p>into the ceiling space which was not immediately apparent. On review of cases in the new BMTU and the unit previously located in Yorkhill there is no significant increase in the number of cases of this infection.</p> <p>This was fully reported as per Chapter 3 of the National Infection Prevention and Control Manual to Health Protection Scotland.</p>		
Item	Issue	Current Position as of 5 th December 2017	Future Actions	Current Position as of January 2019
10	Concern that the statement issued advised that BMT services in RHC were unaffected by issues identified in the adult BMTU.	<p>Clarification from the NHSGGC Comms Team</p> <p>“To the recollection of colleagues involved, the Communications team were not briefed at the time of the release about the adult BMT move of any testing underway at the Royal Hospital for Children.</p>	Clarification issued to the meeting attendees. No further action required. This perhaps appears to be misinterpretation of the media communication.	<p>Clarification from the NHSGGC Communications Team</p> <p>The final line of the press release of 8th July 2015 “Bone Marrow Transplant Service Temporary Relocation” was written to make clear to media that the move of the adult service did not include the paediatric service at the Royal Hospital for Children and that the latter was not moving. “</p>
11	HEPA filters not in place in PICU	Action complete as previously agreed and noted within point 6.		Point 6 covers the action
12	Increase in the number of line infections in Ward 2A	Two years’ retrospective data were analysed in May 2017 and it was noted that there was an increase in line related infection. The initial baseline infection rate per 1000 total line days was 3.25 and this had risen to 6.33. A group led by CN Paediatrics first met in May 2017 to review this information and put actions in place to reduce this	<p>There are currently four work streams in place to look at key initiatives to reduce line infections in BMTU, these include:</p> <ul style="list-style-type: none"> • Line Insertion and access in theatre. • Access and Maintenance of lines • Staff Education 	<p>Improvement Group has been developed to reduce Central Line Associated Bacteraemia Infections.</p> <p><u>Background</u></p> <p>The CVL QI Improvement Group was formed in May 2017 comprising of key stakeholders.. This is benchmarked against Cincinnati Children’s Hospital in Ohio.</p>

		<p>incidence. The last 4 months (July to October) have shown improvement in infection rates.</p> <p>CN Paediatrics presented a paper to the Board Infection Control Committee on the 27 November 2017 outlining several work streams and the most recent infection rates in this area.</p>	<ul style="list-style-type: none"> • Patient and Parent engagement <p>Next Steps</p> <p>From 1st December 2017 every CLABSI (line associated infections) will be subject to rigorous review utilising Event Cause Analysis methodology within 72 hours of a reported CLABSI</p>	<p>The infection control team have been working closely with the clinical team in ward 2A since April 2017.</p> <ul style="list-style-type: none"> • An infection control nurse visits ward 2A between two and four times per week and provides opportunity to observe practice and work collaboratively to make improvements where required. • A series of improvement interventions have taken place which have resulted in positive outcomes which can be shown in the data and resultant low infection rates. • IPCT have met with hemato-oncology colleagues in QUEH and BOC (January 2019) and are currently piloting a surveillance programme for PICC line infections. • Graph and minutes attached showing reduced line related infection - April 2018 data- rate of 2.15
13	Increase in the number of line infections	IPCT participating in above work. Line related surveillance was subsequently picked up by the Directorate.	Ongoing assessment of surveillance activity and resource within the IPCT to enable IPCT to respond to local clinical needs.	
Item	Issue	Current Position as of 5th December 2017	Future Actions	Current Position as of January 2019
14	Dr Redding concerned that the ongoing work would not accurately pick up any concerns.	<ul style="list-style-type: none"> • As above work streams in place re line infections. • IPCT audit process is in place and ongoing; this includes audit of the environment, audits of line and urinary catheter care. Audits of standard Infection Control Precautions (SIPS). • IPCT twice weekly visits. • GGC compliant with the National IPCT Manual – this lists all types of infections that should be reviewed and what should be reported if an outbreak or incident occurs. 	IPCT and CN Paediatrics will continue to have a clear focus on this area.	<p>HPS have published a nationally agreed list of alert micro-organisms which should be notified to IPCTs which may require further investigation.</p> <p>Hospital level analysis has been carried out by HPS using the national HAI surveillance data. Hospital attributed cases of <i>Clostridioides difficile</i> infection (CDI), <i>Escherichia coli</i> bacteraemia (ECB) and <i>Staphylococcus aureus</i> bacteraemia (SAB) for 2016, 2017 and 2018 (Q1 to Q3) were compared to peer hospitals with similar patient population using funnel plot analysis. The Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC) were not highlighted as an exception (rate above the 95% confidence limit) in any of the plots for 2016, 2017 and 2018 (Q1 to Q3).</p> <ul style="list-style-type: none"> • The peer hospitals for QEUH were Aberdeen Royal Infirmary (ARI), Forth Valley Hospital (FVH), Glasgow Royal Infirmary (GRI), Ninewells Hospital (NWH), Royal Alexandra Hospital (RAH), Royal Infirmary of

		<ul style="list-style-type: none"> Weekly report to Board and Acute Directors weekly on an IPC issues throughout GGC. 		<p>Edinburgh (RIE), University Hospital Crosshouse (UHC) and Western General Hospital (WGH)</p> <ul style="list-style-type: none"> The peer hospital for RHC were Royal Aberdeen Children's Hospital and Royal Hospital for Sick Children (Edinburgh) ECB and SAB cases were hospital attributed assigned through enhanced surveillance ECOSSE webtool. For CDI cases were categorised through linkage with Scottish Morbidity records (SMR01) for a patient with CDI onset on day 3 or later following a hospital admission on day one. The denominator was hospital level 'total occupied bed days (TOBDs)' using ISD1 data. Funnel plot analysis was based on an over-dispersed Poisson regression model. See Q13 in response to Line Infections
Item	Issue	Current Position as of 5th December 2017	Future Actions	Current Position as of January 2019
15	Microbiologists do not have the information to advise clinical staff on where to place immunocompromised patients.	<p>Director of Regional Services stated that this had never been raised as an issue by clinicians within his service that care for patients who are immunocompromised. Most patients who are immunocompromised are cared for within this directorate.</p> <p>It was agreed by the group that placement of immunocompromised patients was a decision that should be taken by the clinical team looking after the individual patients.</p>	<p>Dr Peters agreed to circulate a document she had used in another board area.</p> <p>David Loudon (Director of PPFM) agreed to send the microbiologists a list of where the PPVL rooms were in the QEUH and RHC.</p> <p>It was agreed that this would be reviewed at the Regional Services Governance Forum</p>	<p>Guidance has been provided to microbiologists and clinicians about which rooms were suitable for which patients in relation to infection control. At the time that the original guidance was issued it was thought that rooms had 3 air changes per hour with rooms at a slightly negative pressure was sufficient.</p> <p>The concerns about ventilation in Ward 2A/B in Royal Hospital for Children however led lead ICD to request other high risk areas on the site be assessed to see if the issues noted in point 15 were replicated elsewhere.</p> <p>This assessment revealed that in early December 2018, there were varying pressures in the rooms on 5C/D. This was quickly reported to the Estates teams and the pressures were rebalanced. By 20th December 2018, it was reported that all rooms in 5C were slightly negative pressure but there were still certain rooms that should not be used for sputum positive TB patients.</p> <p>On 3rd January, on review of information supplied by the Estates Team, the Lead ICD reported that 5D was now also slightly negative pressure.</p>

				<p>The problem causing the different pressures has been identified and rectified.</p>
16	<p>Infection rates are not being monitored.</p>	<p>GGC compliant with the National IPCT Manual – this lists all types of infections that should be reviewed and what should be reported if an outbreak or incident occurs.</p> <ul style="list-style-type: none"> • Every patient with a notifiable infection is reviewed and monitored. • NHSGGC is fully compliant with all elements of the national Mandatory Surveillance of Infection Programme (mainly specific surgical site and blood stream infections. • Weekly report on exceptions is sent to the Board Directors. • Monthly reports are sent to Senior Management teams. • All outbreak and incidents are reviewed by the Board, Partnership and Acute Infection Control Committees. • The most recent National Point Prevalence Survey in 2016 indicated that both the QEUH and RHC were under the national average in terms of the incidence of Hospital Acquired Infections. 	<p>ICM has invited HPS to review the NHSGGC systems for surveillance and reporting of infections – this assessment took place on the 29.11.17, the initial feedback was positive but we await the full report.</p>	<p>Surveillance Undertaken by the GGC Infection Prevention and Control Team (IPCT)</p> <p><u>Definition of HAI</u></p> <p>All Hospital acquired infection is defined as not being present until 48 hours after admission as a national standard</p> <p>NHSGGC is fully compliant with Chapter 3 of the National Manual and applies the following definitions in managing incidents/outbreaks;</p> <p>A healthcare associated infection outbreak</p> <ul style="list-style-type: none"> • Two or more linked cases with the same infectious agent associated with the same healthcare setting over a specified time period <p>A healthcare infection exposure incident</p> <ul style="list-style-type: none"> • Exposure of patients, staff, public to a possible infectious agent as a result of a healthcare system failure or a near miss <p>A healthcare infection data exceedance</p> <ul style="list-style-type: none"> • A greater than expected rate of infection compared with the usual background rate for that healthcare location. <p><u>Linked Cases</u></p> <p>A full assessment of epidemiological links in time, place and person is undertaken. Commonalities such as equipment, procedures, environmental exposures are investigated. Some organisms can be sent to a specialist laboratory for comparison using typing techniques.</p> <p>The HIIAT assessment tool is used for all incidents/outbreaks</p> <p><u>Alert organism reporting and investigation</u></p>

				<p>The IPCT monitor all (HAI and non-HAI) CDI, <i>Staphylococcus aureus</i> bacteraemia (SAB) and <i>E.coli</i> bacteraemia and report case totals daily to the Senior Management Team for IPC. In 2018.</p> <p>Triggers are in place for the four most common environmental Gram negative organisms in high risk areas and the surveillance team issue reports to the ICDs and LIPCNs</p> <p>The Infection Prevention and Control Nurses (IPCNs) receive prospective notification of all agreed alert organisms (as per National manual) via our IPC software package (ICNet). On receipt, the IPCNs will provide advice to clinical staff on placement of the patient as appropriate and review the case to determine if it is an HAI and therefore requires further investigation.</p> <p>All CDI and SAB are reported to the sector management teams weekly. This report also includes incidents under investigation and outbreaks.</p> <p>The monthly sector reports are tabled at local sector / service clinical governance groups for discussion.</p> <p>The HAIRT is a national reporting template which contains all CDI, SAB, SSI surveillance, incidents and outbreaks and routinely provided to the Board at every meeting and reviewed. A bi-monthly HAIRT is presented to the Acute and Board Clinical Governance Groups as well as the Acute, Partnerships and Board Infection Control Committees.</p>
17	There are three air changes and chilled beam technology instead of the 6 air changes recommended.	There are three air changes in the single rooms within both QEUH and RHC.	Director of Facilities agreed to take this issue forward with NHS D&G to share learning with regards to this type of technology and draw to their attention concerns regarding cleaning of the beams.	Action complete and information shared with NHSGG&C

18	Use of cleaning agents.	NHSGGC has for several years changed the cleaning regimens each winter to include a chlorine based detergent as a strategy to reduce norovirus outbreaks. This switch commences on the 1 st of November and continues until the 30 April each year or longer if the season is prolonged. This is not recommended in the National Infection Control Manual because of lack of scientific evidence but is put in place in GGC based on local site knowledge.	This policy and practice will continue unless new evidence emerges	Every winter Health Protection Scotland alert boards when the norovirus season commences. Each year in response to this, the IPCT ask facilities to change all cleaning products to one that includes chlorine. Chlorine based detergents are recommended to be used during outbreaks of norovirus (HPS National Guidance). NHSGGC use them as recommended during outbreaks but also to potentially prevent outbreaks when patients with norovirus are admitted to wards and departments. This policy continues to be implemented and reviewed. We note any emerging evidence and update practice as required.
Item	Issue	Current Position as of 5 th December 2017	Future Actions	Current Position as of January 2019
19	Roles and responsibilities with regards to cleaning of the dishwashers in the ward pantries was not clear.	IPCT held an Incident Management team Meeting (IMT) on 22 nd of September. Dishwashers were removed from use until they could be serviced and re-sampled.	Catering staff agreed to assume the responsibility for cleaning of the dishwashers going forward.	NHSGG&C is fully compliant with the National Monitoring of Domestic Services. Point of use water filters have been installed in Dishwashers in use in the QEUH and no issues have been identified since these have been in place.
20	Issue with dishwasher not picked up during routine monitoring.	GGC fully compliant with the National Monitoring of Domestic Services	Roles and responsibilities had been clarified and a process in now in place.	As an extra precaution dishwashers have been removed from the adult Cystic Fibrosis wards and are not used and the clinical areas in the Royal Hospital for Children.
21	Cleaning of Temperature Control Values (TCVs)	TCVs are maintained in all high risk areas and plans are in place to carry this out in all areas despite this not being mandatory. Protocols are in place to manage this process.	Agreed works within QEUH-plant room 31 to sanitise TMVs is complete once the Chlorine Dioxide has embedded into the system.	Board recognises paramount importance of patient safety and the need to ensure the water systems and controls are consistently compliant with all relevant safety standards. Board water safety is in place and water systems and processes are monitored as per national guidance Plans are in place to carry out schedule of work to TMV's (where) in 2019 once the water contamination incident is concluded and chlorine dioxide residual values are within defined parameters.

22	Water testing is not as per national guidance	Board water safety is in place and water systems and processes are monitored as per national guidance.	None	<p>Internal review commissioned by NHSGG&C to look at the commissioning and maintenance process for water systems. Structured Project Management approach is being taken to ensure clear focus with continuation of Executive oversight. See Question 25.</p> <p>Board Water Safety Policy is in place and water systems and processes are monitored as per national guidance. This is verified annually by the Authorising Engineer as part of the Authorising Engineer duties (copy letter)</p> <p>The local water safety groups review testing results and discuss by exception what has been identified. Exception reporting for Legionella was requested by the ICD's to ensure that focus was made on matters which needed addressed. This includes all counts of Legionella serogroup 1. Pseudomonas testing has been implemented in high risk areas where flow straighteners are present in taps. ICDs will also request water testing as part of an incident involving environmental Gram negative organisms</p> <p>The Board Water Safety Group reviews line by line the notes of the local water safety groups .Infection Control ,Microbiology and Facilities and Estates representatives are part of this Group</p> <p>Every time the Water Safety Policy is reviewed the contents may be changed/amended by anyone as part of the consultation process prior to ratification at the Board Infection Control Committee</p> <p>Water groups continue to meet and water testing regime is ongoing as are annual authorizing engineer reviews. Significant amounts of money are spent annually on the testing regimes in place Board wide by Diagnostics and estates and Facilities</p> <p>Health Protection Scotland (HPS) and Health Facilities Scotland (HFS) are fully involved throughout the IMT process and Water Technical Group.</p>

				<p><u>NHS GGC is compliant with SHTM 04-01 Part B – Operational Management (Page 72) testing for Legionella guidelines and with the HSE Legionnaires disease “Microbiological Monitoring”. HSG 274</u></p> <p>Authorising Engineer for the Board has reviewed this on our sites as part of the Authorising Engineers role and responsibilities and will provide a statement to this effect today to us (11/02/2019) MAK to forward</p>
23	Sewage leaks in institute not reported to microbiologists	Leaks in any clinical areas that required advice from an ICD are reported	Ensure reporting is ongoing.	<p>Leaks in any clinical areas that required advice from an ICD are reported.</p> <p>Nurse surveillance system introduced and process now exists to monitoring infection control rates. Surveillance review at infection control meetings held regularly and supported by Infection Control Team.</p>
24	Plumbing not replaced in Neuro Surgical Block	The Director of Regional Services advised that there is ongoing work in the neuro building that would because of its complexity, take several years to complete, in the meantime the new operating theatres were due to open in January 2018.	Works are ongoing as planned.	<p>The previous “current position” is continuing. There is a recognised investment requirement for the infrastructure, including the drainage in the Neurosurgical Block. This has been taken through the Acute Capital Committee. The Business case process supported by the EAMS data is in process.</p> <p>The delivery of the works will be over an extended period of time. The completion of the new operating theatres is expected to be April 2019.</p>
Item	Issue	Current Position as of 5th December 2017	Future Actions	Current Position as of January 2019
25	Perceived Increase in surgical site infections	<p>Regional Services has funded 1.5 WTE surveillance nurses to carry out prospective surgical site surveillance in this area. For context, there are 3 surveillance nurses that provide this service for the rest of GGC therefore the investment in the INS to monitor SSI is significant.</p> <p>Although it is difficult to obtain benchmark rates for SSI in this area, continuous surveillance will pick out trends and therefore any increase.</p>	Continue to monitor trends in surgical site infection in this area.	<ul style="list-style-type: none"> Surveillance commenced in July 2016 for cranial and spinal surgery in INS and in November 2016 for major free flap surgery in OMFS. A substantive 1.0 WTE surveillance nurse has been in post since September 2018. Surveillance comprises in-patient and 30 day readmission to GGC hospitals. SSI rates are reported in monthly surveillance reports and as we have now reached in excess of 25 months data, Statistical Process Control(SPC) charts are used to monitor trends. These are currently stable and within control limits.

		This is monitored via a group unique to Regional Services – the RS Surgical Site Infection Group. The group in turn reports into the Regional Service Clinical Governance Group		<ul style="list-style-type: none"> The RS Surgical Site Infection Group continues to meet every quarter to discuss reports and review progress. Surveillance was undertaken for External ventricular devices in neurosurgery and quality improvement work was undertaken. This resulted in the development of an EVD insertion care bundle and an EVD output record
26	Decontamination facilities	<p>Most decontamination of equipment is conducted in the central Decontamination Unit or Endoscopy facilities.</p> <p>Respiratory equipment is easily damaged and advice from manufacturers is often difficult to implement.</p> <p>There should be dedicated facilities with established work flow patterns (dirty to clean).</p> <p>At this point in time the Decontamination group (which is a sub group of the Board Infection Control Committee) has give advice on many items of equipment and had obtained room designs which could be used if space was identified in QEUH and RHC. This has been submitted to management colleagues for consideration.</p> <p>In addition a list of specialist equipment that we require national advice on has been submitted to Health Protection Scotland.</p>	<p>Pursue HPS for advice regarding the list of equipment provided.</p> <p>Establish status of planning for new decontamination areas.</p>	<p>At this point in time the Decontamination group (which is a sub group of the Board Infection Control Committee) has given advice on many items of equipment and had obtained room designs which could be used if space was identified in QEUH and RHC.</p> <ul style="list-style-type: none"> We are currently investigating the optimum method and best equipment in line with HPS guidance which was issued in 2018. In addition a list of specialist equipment that we require national advice on has been submitted to Health Protection Scotland. An area for respiratory decontamination has been identified on the QEUH and RHC site and is currently awaiting sign off
Item	Issue	Current Position as of 5th December 2017	Future Actions	Current Position as of January 2019

27	Roles of IPCT have changed	<p>The current IPCT all have Job Descriptions which have been in place for several years.</p> <p>There is a clear documented governance structure that has been reviewed by Price Waterhouse Cooper and approved by the Infection prevention Committees within NHSGGC.</p> <p>There is a clear management structure which complies with the recommendations contained within the Vale of Leven Report and the Healthcare Environment Inspectorate Standards</p>	<p>A review of the roles and responsibilities of the Infection Control Doctors in South Glasgow will be undertaken by the Chief of Medicine for Diagnostics.</p> <p>The ICM has invited HPS to undertake a review of IPC surveillance and reporting systems in place.</p>	<p>A review of roles and responsibilities of infection Control Doctors has taken place on the 7th December 2017 and recommendations have been taken forward. The ICD group developed an ICD job description which has been agreed by all ICDs and shared with the ICM</p> <p>All ICD's have Job Plans and organisation development events have taken place and continue to take place on a regular basis.</p> <p>Further resources are currently being identified by NHSGG&C to strengthen Infection Control team including provision of senior project management support to ensure that all of the strands of work at the QUEH including water, IC, ventilation etc is effectively coordinated.</p> <p>The interface between Infection Control and Estates/Facilities is also being examined with a proposal for strengthening the existing arrangements to ensure clear lines of accountability and coordination of current and future activity.</p>
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Water Issues at RHC : 3 year retrospective case series URGENT

Mathers, Alan [REDACTED]

Fri 01/03/2019 20:26

To: Armstrong, Jennifer [REDACTED]

Dear Jennifer

Situation

I have to report a potentially serious concern I have following a meeting today. It appears that there may have been a Microbiology Line management issue that meant that concerns raised about unusual organisms were not adequately addressed.

Background

I met with Brenda Gibson and Teresa Inkster this afternoon at their request. The main subject was to identify what to do next following a look back of Positive Blood Cultures with unusual organisms with the RHC 2A Cohort since the hospital opened.

Two issues emerged and were obviously informed by:

- The "HPS QEUH / RHC: water contamination incident report" from last week
- The Clinical and Managerial Team Actions to manage the difficulties of the past year
- The knowledge that one parent has contacted HPS and through them had a "difficult" and lengthy conversation with Teresa as she had not appreciated that this was the mother, whom we have both met, whose child's death remains subject to Procurator Fiscal interest and two Review processes, one commissioned by NSD.

Issue 1: There is a series of cases demonstrating a theme of water borne gram –ve organisms of unusual type.

Issue 2: Earlier identification *may* have been possible (*speculation only at this point*)

Assessment

Brenda has identified a group of children and detailed the organisms found on Blood Cultures. This group had a range of outcomes.

Teresa has identified that there is a theme of gram negative water borne bacteria of unusual type.

As you know Teresa was off ill during a lot of the time.

Brenda's team queried on an individual case basis that (I paraphrase) : " we haven't hear of that organism before". Note this was within a specific case context. They treated the infection and carried on managing the individual patients.

This lead me to ask Teresa about whether Microbiology had appreciated the unusual nature of the organisms or if there was a pattern, etc.

In questioning Teresa about the matter I gained the clear impression that concerns had been expressed within Microbiology that organisms were being seen that were unusual.

I asked about what the surveillance systems were and what happened next when something was triggered and gained the *impression* that the Line Management processes may have been weak.

I am first to admit that my knowledge of the Laboratory processes is weak and I know little about the personnel beyond those that I have met directly for clinical or managerial reasons.

However , that means that I asked a series of Root Cause Analysis questions, which lead to my concerns. I believe that in light of the current context and the level of scrutiny we are under that it would be best if this matter was explored and understood now rather than at a later date.

Response

Issue one : the case series.

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I have asked Brenda to arrange a Review of each one of these cases using a standardised review process that identifies the underlying pathology / treatment pathway, the reason for the Blood culture, the response to same, any re-infection (recurrent or new organism), the outcome of the case. The Time-lines for the infection events can then be studied within a patient and across the cohort.

My view is that the Clinical Team need to be able to demonstrate that their response to the positive results was appropriate. If parents contact the unit then they need to know that any treatment was appropriate, timely and effective (in terms of the infection, irrespective as to what happened long term through the underlying disease).

Issue two: escalation processes in Microbiology Laboratory

I know that you meet with Teresa regularly and you will have a much better understanding than I about the processes and management structures in the Microbiology / Infection Control Services. My concern is that there may have been an opportunity missed to identify the water issue earlier than it was and it is at least worthwhile exploring this. I understand that there would have to have been a series of cases before there was any chance of a “pattern” being identified.

I would therefore suggest that you explored the matter with Teresa. I have told her that I will contact you.

Final comment: I have separated out the matter of Teresa’s telephone conversation with the mother. It appears that her focus has turned on water issues and infection rather than anaphylaxis. I have reminded Teresa, Brenda, Jamie, Kevin and Jen that we need to keep matters separate and not confuse through conflation of processes. The TOR for the Reviews are such that we need those matters concluded to answer the questions posed already.

Brenda’s new case series is not about whether RHC is appropriate place for offering treatment to MPS cases and it won’t offer us assurance about our ability to respond to the deteriorating patient.

It may however inform the investigation into Estates and H&S processes.

Happy to discuss further.

Kind regards

Alan

Dr Alan M Mathers
Chief of Medicine Women and Children
Consultant Obstetrician and Gynaecologist (Clinical at Princess Royal Maternity, Glasgow Royal Infirmary)
Greater Glasgow and Clyde Health Board

PA: Janice Hackett



**Situational Assessment
Wards 2A/B
Royal Hospital for Children
NHS Greater Glasgow and Clyde**

Status: Confidential Draft

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Background

NHS Greater Glasgow and Clyde (NHSGGC) are currently investigating and managing a contaminated water system across the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) with probable linked cases of bloodstream infections associated with wards 2A/2B RHC. During this investigation it was identified that there was a higher than expected level of Healthcare Associated Incidents (HCAI) linked to wards 2A/2B. The National Support Framework (<http://www.nipcm.scot.nhs.uk/documents/the-national-support-framework-2017/>) was invoked by the Scottish Government HAI/AMR Policy Unit to request Health Protection Scotland (HPS) undertake a review of Ward 2A/2B.

Due to the ongoing water contamination investigation and resultant summary report being prepared by HPS for Scottish Government it was agreed that whilst the review of wards 2A/2B was ongoing the report would not be undertaken until final submission of the water investigation report was completed. The final submission of this report was on 21st December 2018.

Wards 2A/2B RHC is a paediatric haemato-oncology unit, also known as Schiehallion, and houses the National Bone Marrow Transplant (BMT) Unit. The RHC is a 256 bedded childrens hospital which was handed over to the Board on 26th January 2015 with migration of patients occurring between 10th and 14th June 2015 from the previous Yorkhill site. The RHC was fully occupied from 15th June 2015.

All water related issues linked to wards 2A/B are discussed in the water incident report submitted to Scottish Government 21st December 2018 and not within this report. In addition a ventilation review of wards 2A/2B is currently being undertaken and will be covered within a separate NHSGGC report.

Wards 2A/2B closed on 26th September 2018 to allow for a works relating to water contamination to be completed. At this time the opportunity was taken to review the ventilation. Patients were transferred to wards 6A/4B at the Queen Elizabeth University Hospital.

Introduction

Since January 2016 NHSGGC have reported 15 Healthcare Infection Incident Assessment Tool (HIIAT) incidents/outbreaks within wards 2A/2B RHC. Comparative data for this setting (all paediatric hospitals) within NHSScotland identified no reported incidents or outbreaks outwith NHSGGC. The HIIAT allows NHS boards to assess the impact of a healthcare infection incident/outbreak on patients, services and public health and should be used by the Infection Prevention and Control Team (IPCT) or Health Protection Team (HPT) in their assessment of any incident/outbreak within a healthcare setting. In addition it supports a single communication channel for infection incident/outbreak assessment and reporting both internally within an NHS board area and externally to Health Protection Scotland (HPS) and Scottish Government Health and Social Care Department (SGHSCD).

Mandatory HIIAT Green (non-norovirus) reporting for NHS boards was introduced in April 2016; providing a more robust epidemiological picture of incidents and outbreaks across acute healthcare in NHSScotland. A HIIAT assessment is scored Red, Amber or Green according to a four part criteria:

- Severity of illness
- Impact on services

- Risk of transmission
- Public anxiety

Of the 15 HIIATs reported from 2A/2B since 2016 there have been 5 reds, 2 ambers and 8 greens reported to Health Protection Scotland (HPS). Details of the incidents reported are contained in [appendix 1](#). Four of these HIIATs (2 red and 2 green) are attributed to the ongoing water incident. It could be hypothesised that ventilation may have been a contributory factor in several incidents however this cannot be confirmed until a full ventilation review has been completed.

Wards 2A/2B Assessment

Observational assessment walk rounds of wards 2A/2B was undertaken by a Senior Nurse Infection Control from HPS on 18th to 22nd June, 2nd July and 8th August 2018.. During these walk rounds practice and environmental hygiene were observed.

A meeting was held between the Chief Nurse Hospital Paediatrics and Neonatology, Consultant Surgeon and two Nurse Consultants Infection Control (HPS) to discuss ongoing work into central line-associated blood stream infections (CLABSI). This meeting took place on 17th July 2018.

It is noted that overall practice was described as good with no major issues observed or reported. Compliance with standard infection control precautions (SICPS), particularly hand hygiene, use of personal protective equipment and environmental cleanliness was observed to be good. Awareness of infection control practices were high with notable visibility of the local infection prevention and control team (IPCT).

Ward 2A Overview (Floor plan [appendix 2](#))

- Ward 2A consists of 25 ensuite single rooms.
- There are three distinct areas to the ward; the BMT bedrooms, standard rooms and the remaining Teenage Cancer Trust (TCT) and haemato-oncology rooms.
- The main entrance to the ward is through the entrance at the BMT section of the ward .
- Children with haemato-oncology and haematology disorders are the main patient population within this ward.

Ward 2B Overview (Floor plan [appendix 3](#))

- Ward 2B consists of five consultation rooms and two 4-bed-bay areas.
- Ward 2B has a main waiting area at the reception of the ward with a TCT waiting area beside the TCT bay area.
- Ward 2B cares for children with haemato-oncology and haematology disorders on a Monday to Friday day care basis.

Water

A detailed summary report was prepared and submitted to HAI/AMR Policy Unit on 21st December 2018. This summary report documents all the findings from water-related investigations carried out until the decant of patients from Ward 2A/2B.

Ventilation

Work has been undertaken to convert the positive pressure ventilated lobbied rooms (PPVL) used predominantly for bone marrow transplant recipients into specification compliant positively pressured isolation rooms.

Ventilation within these wards is subject to a review by NHSGGC and will be covered in the resultant report. An SBAR covering initial findings has been prepared at the request of Scottish Government (SG) and submitted to SG by NHSGGC (November 2018).

Chilled beams

Chilled beams were noted to have significant level of dust present in two separate rooms (Ward 2A) there was also discolouration to the edges of the ceiling around the supply. This is potentially due to water contamination and was under review by estates department.

Dripping from the chilled beams had been observed by staff on a number of occasions. This was reported to estates and it has been identified that there were no dew point controls on the chilled beams. A dew point control has been fitted to the central system to alleviate the issue.

Temperature

Ward 2A was observed to be very warm and humid on the day of the visit and staff reported this was common for the ward.

HEPA filtration

The corridors within these wards are not HEPA filtered. The previous facility within Yorkhill hospital was reported to have 8 HEPA filtered rooms with all other rooms being conventionally ventilated.

Pressure stabilisers

Pressure stabilisers were noted in the rooms and also to the corridor of all the BMT rooms. There was no noted issue with overall pressures during this time however some of the stabilisers were noted to have no oscillation when the doors were opened.

Air Changes

It is noted from an SBAR prepared by NHSGGC on 12th November 2018 that the single room accommodation has a nominal air change rate of 2.5 air-changes per hour (ACH).

Air flow/pressure

The single rooms are negative to neutral pressure relative to the ward corridor. There is a further potential risk whereby extract air via the ensuite toilets may combine with the air supply passing through the thermal wheel which may result in an increased chance of cross contamination between single rooms.

All aspects of ventilation including the mixing of extract air with air supply and the potential resultant cross contamination risk will be explored as part of the ventilation review by NHSGGC.

Standard Infection control precautions (SICPs)

Compliance with SICPs was noted to be good, including hand hygiene and the use of personal protective equipment. A programme of monthly SICPs monitoring is in place. All SICPs audits reviewed at the time of the visit were of an optimal score. The IPCT undertake environmental audits in line with the agreed NHSGGC IPCT monitoring programme. At the time of the walkround it was reported that both wards had been given a GREEN audit score at the last IPCT audit. Follow up audit results from August 2018 have been reported as 96% (GOLD) for ward 2A and 98% (GOLD) for ward 2B.

Central Venous Line Management

Significant work has been undertaken across RHC relating to line management. A central venous line quality improvement project steering group was formed in May 2017 following a noted increase in line infections. The group collected data on central line-associated blood stream infections (CLABSI) on a week-by-week basis on lines inserted on the RHC site and includes all patients within the haemato-oncology cohort (including those cared for at home, shared with other hospital sites and inpatients). It was reported that the figures for CLABSI (outwith the BSIs identified as part of the water related incident) are reducing. The group is led by the Chief Nurse (RHC) and a consultant paediatric surgeon.

HPS undertook an epidemiological review of all positive blood samples from patients recorded as being admitted to wards 2A/2B and compared these to samples obtained prior to the move from Yorkhill and those obtained from patients in other areas of the hospital. A detailed report on the findings is included in [appendix 4](#).

Summary

Any issues identified during the walkround visits were reported to staff at the time to ensure they were addressed. Overall there were no significant practice related concerns identified and awareness of infection prevention and control by all staff was high. There was a good presence of the infection prevention and control team on both wards with daily visits (Monday to Friday) being undertaken. A joint weekly walkround with infection control staff, nursing staff, facilities and estates staff is undertaken in an attempt for early identification of any issues which require to be addressed.

Based on the ward reviews and the epidemiological data presented in this report it is hypothesised that the increased number of HIIAT reports could all be linked to environmental factors and are not considered to be indicative of poor or compromised practice.

Recommendations

Consideration should be given to:

- The ventilation review underway within wards 2A/2B is completed with the involvement of the IPCT.
- A ventilation review is undertaken in other areas across RHC/QEUH in particular areas where high risk patients are to ensure compliance with national guidance.
- Issues identified within the ventilation review which are considered by the IPCT to pose an increased risk of cross infection should be addressed and signed off by the IPCT prior to repatriation of the patients.
- High visibility of IPCT within the wards should continue.

- CLABSI work continues.
- IPCT continue to observe infection rates and trigger breaches and report as per HIIAT where required.

Appendix 1: HIIAT Assessments

NHSScotland Incident and Outbreak Summary Ward 2A RHC (January 2016- Dec 2018).

NHS Greater Glasgow and Clyde have reported a total of 10 outbreaks and incidents for the clinical setting paediatric haemato-oncology. Of the 15 incidents and outbreaks HIIAT assessed; 5 were Red, 2 were Amber and 8 were Green. The data is displayed in the tables below providing a breakdown of the outbreaks reported by annual period with exception of the current period to date for 2018 and HIIAT Green in 2016 following introduction of mandatory report (non-Norovirus) from April 2016. Comparative data for this setting within NHSScotland identified no reported incidents or outbreaks outwith NHS Greater Glasgow and Clyde.

2018:

Date reported	Organism	Infection Category
01/03/2018	<i>Pseudomonas aeruginosa</i> or <i>Cupriavidus pauculus</i>	BSI
18/05/2018	<i>Stenotrophomonas maltophilia</i>	BSI

Date reported	Organism	Infection Category
10/04/2018	Astrovirus	Respiratory

Date reported	Organism	Infection Category
03/05/2018	Vancomycin- Resistant <i>Enterococci</i>	GI
18/05/2018	<i>Enterobacter cloacae</i>	BSI
20/07/2018	<i>Aspergillus fumigatus</i>	Respiratory
05/09/2018	Various	BSI

2017:

Table 4 NHS Greater Glasgow & Clyde, RHC haemato-oncology (ward 2A), HIIAT RED 2017 – Total (3)		
Date reported	Organism	Infection Category
07/03/2017	<i>Aspergillus fumigatus</i>	Airborne
13/04/2017	Rotavirus	GI
26/07/2017	<i>Stenotrophomonas</i>	BSI

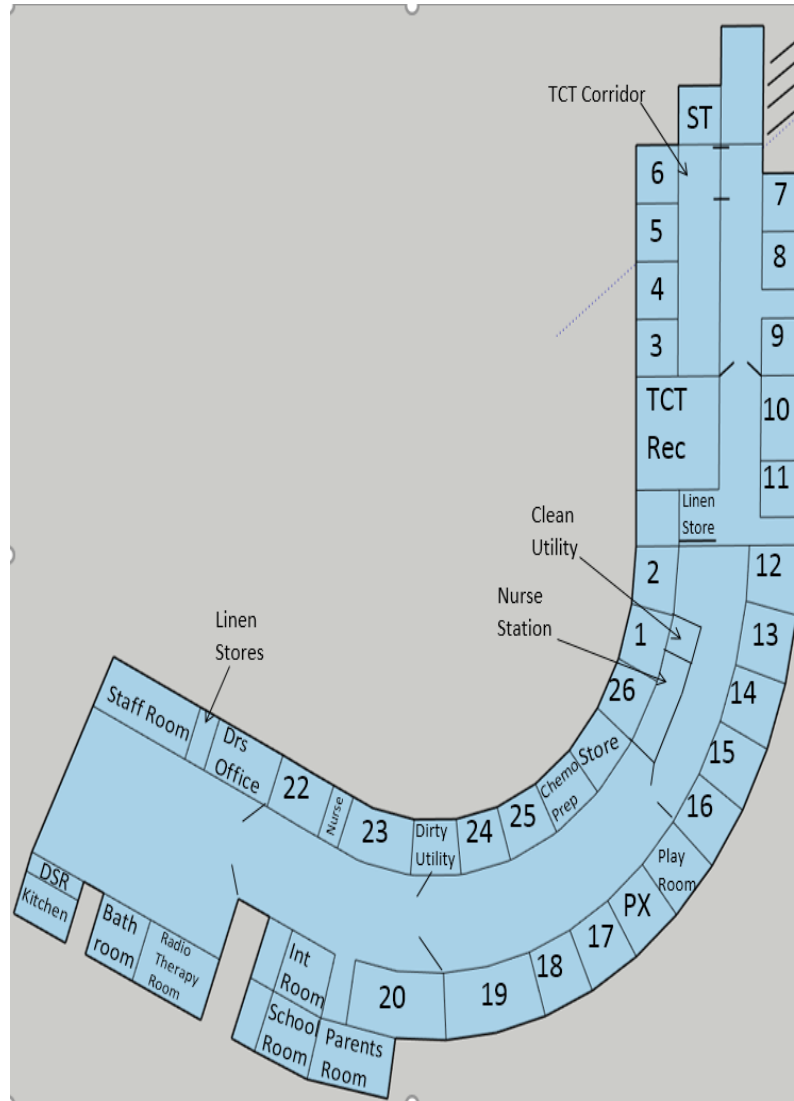
Table 5 NHS Greater Glasgow & Clyde, RHC haemato-oncology (ward 2A), HIIAT GREEN 2017 – Total (3)		
Date reported	Organism	Infection Category
03/03/2017	<i>Elizabethkingia miricola</i>	BSI
03/03/2017	Mixed	BSI
31/05/2017	Norovirus	GI

2016:

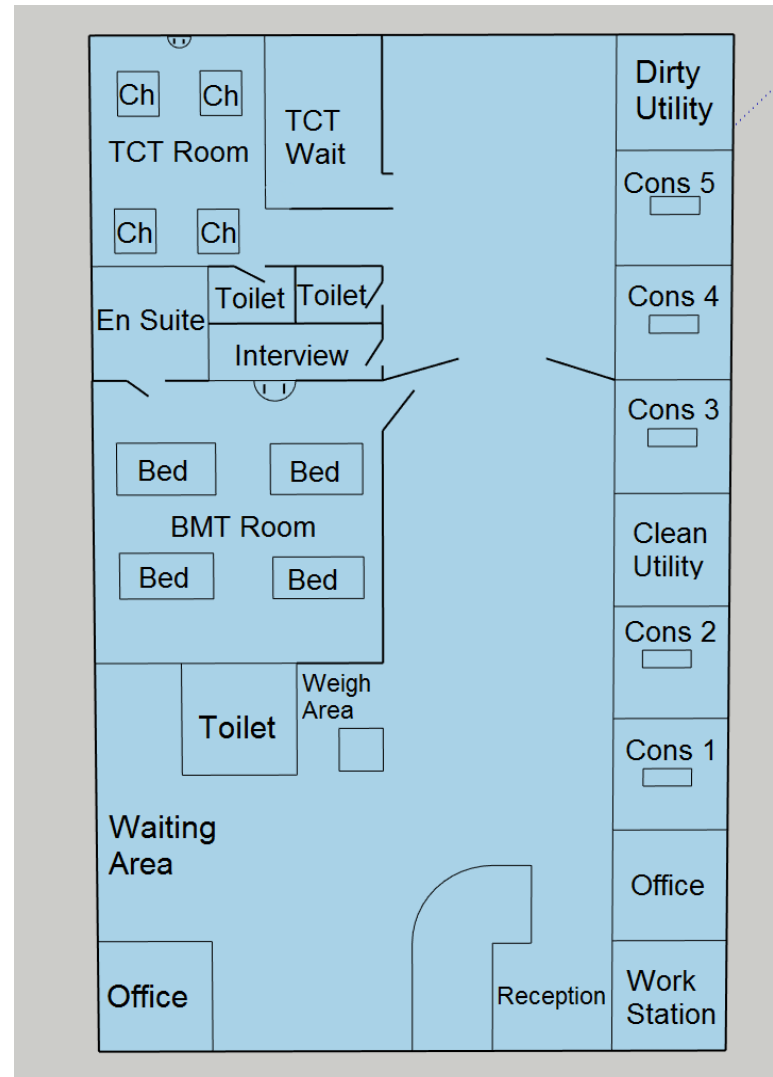
Table 6 NHS Greater Glasgow & Clyde, RHC haemato-oncology (ward 2A), HIIAT AMBER 2016- Total (1)		
Date reported	Organism	Infection Category
05/08/2016	<i>Aspergillus</i>	Respiratory

Table 7 NHS Greater Glasgow & Clyde, RHC haemato-oncology (ward 2A), HIIAT GREEN 2016- Total (1)		
Date reported	Organism	Infection Category
04/08/2016	Vancomycin- Resistant <i>Enterococci</i>	GI

Appendix 2: Ward Floor Plan 2A



Appendix 3: Ward Floor Plan 2B



Appendix 4: Health Protection Scotland - Epidemiology Report, December 2018

Royal Hospital for Children, NHS Greater Glasgow & Clyde

Background

Health Protection Scotland (HPS) were asked to support NHS Greater Glasgow and Clyde (NHSGGC) with the ongoing investigation of the potentially contaminated water system at the Royal Hospital for Children (RHC). The RHC opened in June 2015 replacing Yorkhill Hospital (YH). The patient population that was cared for in Schiehallion ward and Ward 7A of Yorkhill Hospital are now cared for in Wards 2A and 2B of RHC. The purpose of this report is to describe the incidence of positive blood cultures in the patient population cared for in these wards and more widely across RHC/YH hospitals, before and after the move to the RHC.

Methods

For the purposes of this report, the patient population was categorised into two groups:

- 2A/2B Group
 - Patients cared for in Yorkhill Hospital (YH) Schiehallion or Ward 7a; Royal Hospital for Children (RHC) Wards 2A and 2B; patients cared for in haematology/oncology specialties including A&E admissions with previous admission to RHC haematology/oncology specialties.
- RHC Other Group:
 - Patients cared for in other specialties in RHC/YC

Case and episode definitions

Data were extracted from the Electronic Communication of Surveillance in Scotland (ECOSS) system. An extract of all positive blood cultures for any patient under 16 years of age in NHSGGC was taken from ECOSS on the 13th June 2018 with an update taken on 20th August 2018. The case definition was a positive blood culture reported in patients aged less than 16 years in RHC/YC between July 2013 and June 2018. An episode was defined as one positive sample per species in a rolling 14-day period.

Microbiology

Positive blood cultures of the following micro-organisms were included:

- Gram-negative bacteria
- Gram-positive bacteria
- *Staphylococcus* species
- Environmental bacteria (all species of the following: *Achromobacter*; *Acinetobacter*; *Aeromonas*; *Brevundimonas*; *Brevibacillus* species; *Brevundimonas*; *Burkholderia*; *Chryseobacterium*; *Citrobacter*; *Cupriavidus*; *Delftia acidovorans*; *Elizabethkingia*; *Enterobacter*; *Klebsiella*; *Pantoea*; *Pseudomonas*; *Rhizobium*; *Rhodococcus*; *Serratia*; *Sphingomonas*; *Stenotrophomonas*).

- Non environmental bacteria (all species of the following: *Abiotrophia*; *Actinomyces*; *Aerococcus*; *Bacillus*; *Bacteroides*; *Bifidobacterium*; *Brevibacterium*; *Capnocytophaga*; *Clavibacter*; *Clostridium*; *Corynebacterium*; *Dermacoccus*; *Dietzia*; *Enhydrobacter*; *Enterococcus*; *Escherichia*; *Fusobacterium*; *Gemella*; *Granulicatella*; *Haemophilus*; *Kingella*; *Kocuria*; *Lactobacillus*; *Lactococcus*; *Leclercia*; *Leuconostoc*; *Microbacterium*; *Micrococcus*; *Moraxella*; *Mycobacterium*; *Neisseria*; *Paenibacillus*; *Propionibacterium*; *Proteus*; *Raoultella*; *Roseomonas*; *Rothia*; *Salmonella*; *Staphylococcus*; *Streptococcus*; *Veillonella*).
- Fungi (all species of the following: *Candida*; *Rhodotorula*).

The following species were previously isolated in water samples from 2A/2B:

Achromobacter; *Acinetobacter*; *Brevundimonas*; *Burkholderia*; *Chryseobacterium*; *Comamonas*; *Cupriavidus*; *Delftia acidovorans*; *Elizabethkingia*; *Pantoea*; *Pseudomonas*; *Rhizobium*; *Sphingomonas*; *Stenotrophomonas*.

The following species were previously isolated in drain samples from 2A/2B: *Citrobacter*; *Cupriavidus*; *Delftia acidovorans*; *Enterobacter*; *Klebsiella*; *Pantoea*; *Pseudomonas*; *Serratia*; *Stenotrophomonas*.

Analytical methods

The total numbers of episodes of positive blood cultures in the included micro-organisms were described and polymicrobial episodes, where more than one species was identified in the blood sample, were compared in the 2A/2B Group with the RHC Other Group. Monthly incidence rates were calculated using bed-days at specialty level as the denominator. These data were obtained from the Information Services Division ISD(S)1 data source. The denominators for the 2A/2B Group were the monthly number of bed-days for haematology/oncology specialties in RHC/YH. The monthly bed-days for all other specialties in RHC/YH were used as the denominators for the RHC Other Group.

The incidence rates between July 2013 and June 2018 were analysed using statistical process control (SPC) U charts.¹ The SPC charts describe the incidence of positive blood cultures over time with the opening of the RHC represented in the charts with a vertical black line. In addition, the following control measures have been added to the 2A/2B chart – filters added to taps marked as an orange vertical line and cleaning of drains marked as purple vertical line.

The incidence rates for Gram-negative bacteria, Gram-positive bacteria, environmental bacteria and fungal blood cultures before and after the move to RHC were calculated and compared using rate ratios. In addition, two SPC charts were created each for Gram-negative, Gram-positive and environmental bacteria positive blood cultures; one for 2A/2B Group and one for the RHC Other Group. The centreline of the SPC was calculated as the median of the monthly rates between July 2013 and June 2018. The following SPC rules were applied:

TABLE 1: Statistical Process Control (SPC) rules

Rule	Description	Marker
Outlier	Data point(s) exceeding the upper or lower control limit (as 3 standard deviations)	Red diamond
Trigger point	Data point(s) exceeding the upper or lower warning limit (as 2 standard deviations)	Yellow triangle
Shift	A run of 8 or more consecutive data points above or below the centreline	Circle drawn round points
Trend	A run of 6 or more consecutive data points either increasing or decreasing.	N/A

The incidence rate of positive blood cultures over the 5-year period and the latest two-year period were compared with the combined incidence rate of the other two Scottish children's hospitals (Royal Aberdeen Children's Hospital (NHS Grampian) and Royal Hospital for Sick Children (NHS Lothian)). These were compared by calculation of rate ratios and accompanying p-values.

Results

Episodes

A total of 1,786 episodes were identified in 1,149 patients in RHC/YH over the five-year period from July 2013 to June 2018. In the 2A/2B Group, there were 542 episodes in 234 patients (range 1 - 23 episodes per patient) with a median age of 4 years. In the RHC Other Group there were 1,244 episodes in 927 patients (range 1 – 17 episodes per patient) with a median age < 1 years. The number of episodes in each patient group is described in TABLE 2. As the episode definition is by species, a patient could have more than one episode at any one time. TABLE 2 also describes the number of polymicrobial episodes when more than one species was identified in blood sample(s). Patients in the 2A/2B group were more likely to have a polymicrobial episode of positive blood culture ($p < 0.001$).

TABLE 2: Total number of episodes (n=1,786) broken into each subgroup of 2A/2B Group and RHC Other Group over 5 years

	2A/2B Group			RHC Other Group		
	Monomicrobial (n = 413) ¹	Polymicrobial (n = 129) ²	Total (n= 542)	Monomicrobial (n = 1,101) ¹	Polymicrobial (n = 143) ²	Total (n=1,244)
Gram-negative bacteria	110 (65%)	59 (35%)	169	193 (85%)	35 (15%)	228
Gram-positive bacteria	291 (82%)	66 (18%)	357	884 (89%)	105 (11%)	989
Staphylococcus species	208 (87%)	30 (13%)	238	643 (94%)	41 (6%)	684
Environmental	77 (61%)	50 (39%)	127	101 (81%)	23 (19%)	124
Non-Environmental	324 (81%)	75 (19%)	399	976 (89%)	117 (11%)	1,093
Fungi	12 (75%)	4 (25%)	16	24 (89%)	3 (11%)	27

¹ Monomicrobial was only one species isolated on the episode reporting date.

² Polymicrobial if more than one species was isolated from cultures of blood samples on the same day as the episode reporting date.

Incidence rates

Figures 1 to 3 describe the incidence rates using SPC charts showing the incidence of positive blood cultures before and after the move to the RHC (23 months of data from YH and 37 months from RHC).

Situational assessment: wards 2A/2B RHC NHSGGC

Figure 1 describes the incidence of Gram-negative blood cultures in both patient groups. The incidence of Gram-negative blood cultures in the 2A/2B Group prior to the move and in the months following were below the centreline of the SPC.

From March 2017, there was a run of 10 months/data points above the centreline identifying an upward shift in the rate with one point above the upper warning limit (UWL).

In March and May 2018, the 2A/2B Group had a rate above the upper control limit (UCL) highlighting a higher than expected incidence of positive blood cultures.

No shift in rates was observed in the RHC Other Group however the rate was above the UWL in April 2014, February 2016 and April 2017. In addition, comparison of the overall incidence of Gram-negative blood cultures before and after the move to RHC indicated the rate was higher after the move in the 2A/2B Group (RR = 1.47, CI: 1.05 to 2.04, $p = 0.023$) and did not change in the RHC Other Group (RR = 1.15, CI: 0.87 to 1.52, $p = 0.34$).

FIGURE 1: SPC charts of Gram-negative blood culture incidence rates per 1,000 total occupied days for 2A/2B Group and RHC Other Group.

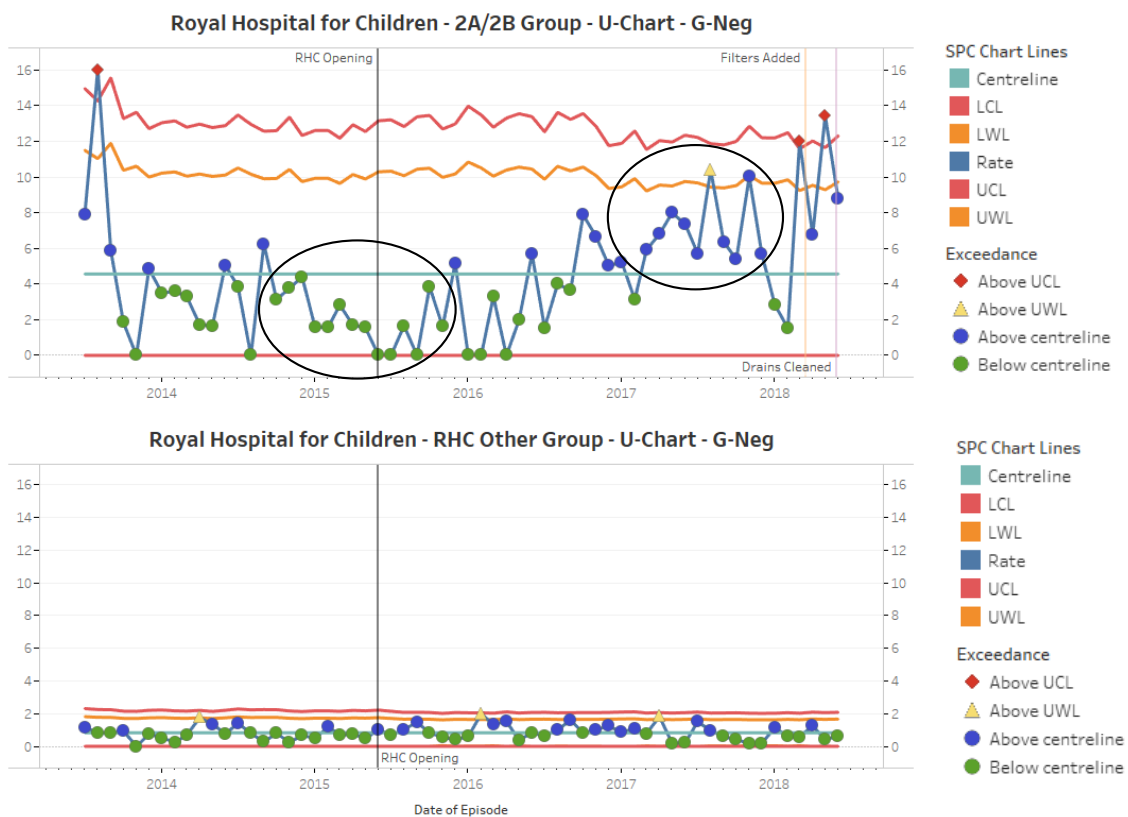
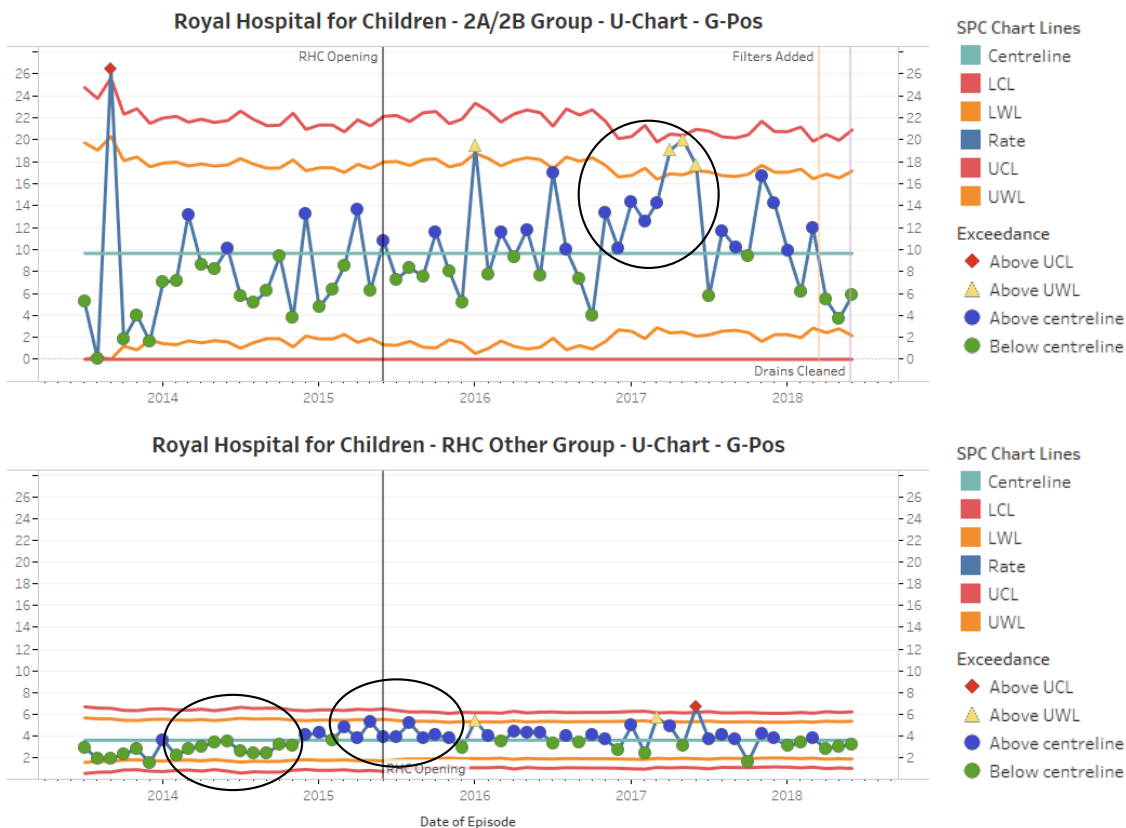


Figure 2 describes the incidence of Gram-positive blood cultures in both patient groups.

There was an upward shift in incidence of Gram-positive blood cultures in the RHC Other Group prior to the move with rates above the UWL in January 2016 and March 2017 and an outlier (above the UCL) in June 2017.

In 2A/2B Group, there was an upward shift after the move and the rate was above UWL in January 2016, and in April, May and June 2017. *Staphylococcus* species accounted for 52% of the Gram-positive blood culture episodes with 45% of those being *Staphylococcus epidermidis*. In addition, comparison of the overall incidence of Gram-positive blood cultures before and after the move to RHC indicated the rate was higher after in both the 2A/2B Group (RR = 1.43, CI: 1.14 to 1.81, $p = 0.002$) and the RHC Other Group (RR = 1.23, CI: 1.07 to 1.41, $p = 0.003$).

FIGURE 2 SPC charts of Gram-positive blood culture incidence rates per 1,000 total occupied days for 2A/2B Group and RHC Other Group.



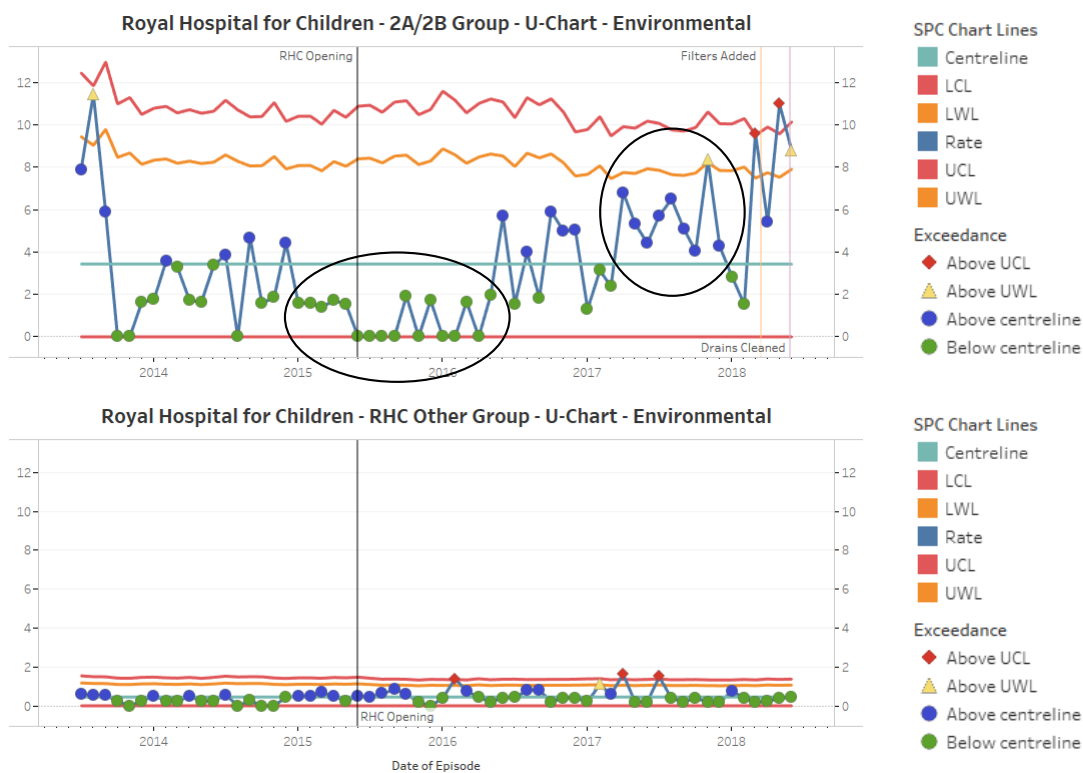
The incidence of positive blood culture caused by species of environmental bacteria (described in the methods section) which included all species isolated in water or drain samples taken from 2A/2B are shown in Figure 3.

In the 2A/2B Group, the SPC chart shows a shift below the centreline for 17 months from January 2015 to May 2016, then a shift above the centreline from April 2017 to December 2017. The rate was also above the UCL, and therefore higher than expected, in March and May 2018 and was above the UWL in November 2017 and June 2018.

There were no shifts in the incidence rates in the RHC Other Group, though the incidence was above the UCL in February 2016, April 2017 and July 2017 and above the UWL in February 2017.

In addition, comparison of the overall incidence of environmental bacteria positive blood cultures before and after the move to RHC indicated the rate was marginally higher in both the 2A/2B Group (RR=1.45, CI 0.98 to 2.13, p=0.06) and RHC Other Group (RR = 1.52, CI: 1.02 to 2.29, p=0.04) however the 2A/2B group the increase was not significant (p >0.05) which may be due to the small sample size.

FIGURE 3: SPC charts of environmental bacteria blood culture incidence rates per 1,000 total occupied days for 2A/2B Group and RHC Other Group.



A comparison of the overall incidence of fungal positive blood cultures before and after the move to RHC indicated the rate did not change after the move in either group (2a2b group RR = 1.65, CI: 0.53 to 5.12, p = 0.40; RHC Other group RR = 0.86, CI: 0.40 to 1.89; p = 0.71).

Figure 4 describes the environmental bacteria blood culture isolates in both groups. The episodes with dots represent the first and recurrent episodes of the same species in the same patient. There were 20 patients with two episodes, one patient with three episodes and one patient with five episodes.

FIGURE 4: Quarterly episodes of environmental organism blood cultures in 2A/2B group and RCH other group. Dots represent the first and recurrent episodes of the same species from the same patient.



Comparison with other health boards

When comparing the overall rate over 5 years at RCH/YH to the combined rate of the other two Scottish children's hospitals (Royal Aberdeen Children's Hospital (NHS Grampian) and Royal Hospital for Sick Children (NHS Lothian)), the incidence of positive blood cultures in RCH/YH was higher compared with the other hospitals for environmental bacteria (RR = 1.70, CI: 1.34 to 2.16, $p < 0.001$) and fungi (RR = 5.36, CI: 2.12 to 13.53, $p < 0.001$), but lower for Gram-positive bacteria (RR = 0.71, CI: 0.66 to 0.77, $p < 0.001$) and non-environmental bacteria (RR = 0.79, CI: 0.73 to 0.85, $p = 0.001$). There was no difference in the rates of Gram-negative blood cultures (RR = 1.12, CI: 0.95 to 1.33, $p = 0.16$).

When compared over 2 years (July 2016 to June 2018), the rate of positive blood cultures was higher in RCH/YH for environmental bacteria (RR = 2.74, CI: 1.47 to 5.10, $p < 0.001$), Gram-negative bacteria (RR = 1.29, CI: 1.01 to 1.66, $p = 0.038$) and fungi (RR = 12.26, CI: 1.65 to 90.97, $p < 0.001$) and lower for Gram-positive bacteria (RR = 0.81, CI: 0.72 to 0.92, $p = 0.001$), and non-environmental bacteria (RR = 0.79, CI: 0.70 to 0.89, ($p < 0.001$)).

Summary and Recommendations

In summary, the overall incidence of Gram-negative, Gram-positive and environmental bacteria blood cultures increased in the 2A/2B Group after the move to the RHC. The RHC Other Group, the incidence of Gram-negative bacteria and fungal blood culture did not change and the incidence of Gram-positive and environmental bacteria blood cultures increased. SPC charts provide an alternative method of analysis that identifies variation at a level of detail not provided by comparison of incidence rates before and after the move to RHC. The SPC charts indicated that the Gram-negative, Gram-positive and environmental bacteria blood culture incidence rates in the 2A/2B Group were higher than expected following the move to RHC. The same changes in the incidence of blood cultures were not observed in the RHC Other Group. Whilst this conclusion must be interpreted with some degree of caution, as changes in the patient population have not been accounted for in this analysis, the shift in the incidence identified by the SPC charts indicates that the trends in blood culture incidence changed after this time.

Patients in the 2A/2B Group were more likely to have a polymicrobial episode than patients in the RHC other group. This was highest in the patients with a positive blood culture of environmental bacteria where nearly 40% had a polymicrobial blood culture. This is similar to figures reported in the literature with higher risk of polymicrobial bloodstream infection being associated with younger age groups and presence of central venous catheter.³⁶ The rate of environmental bacteria and fungal blood cultures were higher at RHC/YH than the other Scottish paediatric hospitals over 5 years and over the latest 2-year period. In contrast, the incidence of Gram-positive blood cultures, often considered to be associated with devices and device care, was lower in RHC/YH compared with the other Scottish paediatric hospitals.

Ward 2A and 2B have been closed since the 26th September 2018. It is recommended that when the wards re-open that all positive blood cultures are monitored in particular those related to an environmental organism.

Limitations

There are a number of limitations associated with the use of ECOSS blood culture data. All positive blood samples apart from those reported through mandatory surveillance programmes are non-validated records. The cases may include contaminants, and may include non-blood cases which are incorrectly mapped to a blood sample within either the laboratory system or within ECOSS. From the data collected through the enhanced *Staphylococcus aureus* bacteraemia (SAB) surveillance programme, 10% of episodes in under 16s were classed as contaminants² whereas the enhanced *Escherichia coli* bacteraemia (ECB) surveillance the figure was less than 1% (unpublished data).

The cases were identified using only laboratory data without any clinical review of patients. It is not possible to determine whether changes in incidence are confounded by changes in the patient population and their underlying medical conditions. Duplication per species in ECOSS may mean that a patient is recorded as having more than one episode of positive blood culture in a 14-day period leading to an overestimate of the number of episodes. The breakdown of polymicrobial samples only included isolates recorded on the same day as the episode reporting date which may underestimate the numbers of polymicrobial episodes.

In addition, the comparison between RCH/YC and paediatric hospitals in other health boards should also be interpreted with caution. Differences in the patient population between the RHC/YC and the other children's hospitals may introduce bias to the comparison.

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SBAR – Ward 6A environment
26/8/19, Microbiology dept QEUH

<p>Situation</p>	<p>Ward 2A in Paediatric haemato-oncology was moved to Ward 6A QEUH in September 2018. This was initially planned to be a short term decant assessed via an options appraisal to enable water control measures to be implemented on 2A.</p> <p>During that time HPS commissioned a review of the ventilation strategy for ward 2A.</p> <p>An external report concluded that the ventilation strategy for 2A was abnormal, placing patients at risk of infection, therefore the decant had to be extended to enable extensive ventilation remedial actions.</p> <p>Given that there were no further cases that met the water incident case definition between September and April, a repeat options appraisal was not undertaken when it became apparent that the decant was to last much longer than at first anticipated.</p> <p>A PAG was held on 3rd June 2019 to discuss 4 cases of Gram negative bacteraemias. An IMT followed on 19th June due to a further environmental bacteraemia, this time a <i>Mycobacterium</i> species which was subsequently found to be related to the water supply utilising whole genome sequencing. The hypothesis for <i>M. chelonae</i> acquisition was exposure to unfiltered water outside 6A, possibly operating theatres. The IMT process is still ongoing and to date there have been 11 confirmed and one possible case of Gram negative bacteraemias since 13th April.</p>
<p>Background</p>	<p>Surveillance of all bacteraemias was put in place when the ward was decanted to 6A.</p> <p>From September to April bacteraemia rates were very low and any Gram negatives were coliforms, i.e. expected species of bacteria and usually endogenous gut flora.</p> <p>From April 2019, bacteraemias secondary to environmental organisms have occurred, some of these meet the case definition from the previous incidents from 2A e.g. <i>Stenotrophomonas maltophilia</i>, <i>Enterobacter cloacae</i>. Others are from rare organisms not part of that incident but of a soil/water type of bacterial species. Examples include <i>Chryseomonas sp.</i>, <i>Elizabethkingia miricola</i>, <i>Pantoea septica</i>.</p>
<p>Assessment</p>	<p>Current environmental risks on ward 6A</p> <ol style="list-style-type: none"> 1. Air changes – essential for dilution and removal of pathogens generated within the room environment e.g.

	<p>from toilet plume, respiratory generated infectious aerosols, and water generated aerosols from taps and drains containing pathogens as well as flora shed from skin such as <i>Staphylococcus aureus</i>.</p> <p>Current Air Changes per Hour is less than 3. SHTM guidance is 10 for neutropenic rooms i.e. less than a third of fresh air turnover required to meet standards</p> <p>2. Chilled beam technology is in place in each bedroom at the point of supply</p> <p>Chilled beam technology should NOT be used in the neutropenic setting.</p> <p>Infection risks associated with chilled beams :</p> <ol style="list-style-type: none"> 1. Build up of dust which typically harbours skin organisms, fungi and <i>Acinetobacter sp.</i> This is due to recirculation of air, with no clean to dirty pathway and with essentially the beam functioning as a filter that is not changeable which collects up dust and fibres from the room air. These are requiring 6 weekly cleaning schedule, however they are not designed to be thoroughly cleaned in situ and will require removal under HAISCRIBE conditions to achieve. 2. Water source from <ol style="list-style-type: none"> a) Condensation b) Leaks from the hot and cold circulating water (known contaminated cold water) c) Dripping water from both can become contaminated with the dust organisms <p>The SHTM guidance states that condensation should not be allowed to occur when these systems are in place. However condensation events have been recorded on numerous occasions throughout the hospital including on 2A and 6A. This allows multiplication and growth of bacteria and fungi, particularly when dripping through collected dirt on the unit.</p> <p>Leaking connections have also occurred which allows water borne organisms from a complex water system to ingress into the room. This poses a risk of <i>Legionella</i> as well as <i>Pseudomonas</i> and other water borne organisms. Water has been seen to pool in the frame of the unit thus causing a significant potential for fungal overgrowth.</p> <p>This chilled beam water system has not been subject to the water quality management system through the water governance structures of the organisation. <i>Pseudomonas aeruginosa</i> and <i>P. oleovorans</i> and unidentified environmental organisms have been grown</p>
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	<p>from the water supply, and from the surface swabs <i>Stenotrophomonas sp</i>, <i>Pantoea sp</i>, <i>Acinetobacter sp</i>, <i>Exophiala</i>, <i>Pseudomonas olevorans</i>, and fungal species.</p> <ol style="list-style-type: none"> 3. Pressure cascade: recommended pressure of 10 pascals positive pressure to corridor in SHTM, currently there is a nominal 2 pascal positive pressure which is insufficient to ensure robust air movement out of the room, allowing external contaminants to ingress into the rooms from the building void and corridor. Furthermore air sampling studies have shown ingress from risers of heavily unfiltered contaminated air. 4. HEPA filtration: SHTM recommends HEPA filtration of all air supplied to the neutropenic rooms. Currently on 6A there is no HEPA filtration on the supply air. Portable HEPA's are in place in an effort to reduce airborne contamination, but this is not ensuring that HEPA filtered air only is breathed by patients. Contaminated air continues to enter the room and we are reliant on portable HEPA to clean the air 5. Air sampling in the bathrooms has detected pathogenic fungi such as <i>Aspergillus</i> and Mucoraceous mould. Previous issues with mould in the bathrooms was identified and rectified due to weak joints between the shower floor and the wall, however the risk remains as the weak joint remains as per original spec – it is only a matter of time before the joint is coming apart again. A long term solution to remove the joint altogether has not been supplied to date. There is potential for HEPA filters to be placed in the bathroom ceilings, however again, this is a cleaning method for air rather than a HEPA supply. 6. Toilets – toilet plume is a risk as no toilet seat in place. These are currently being rolled out 7. Exposure to unfiltered water ; while all bathroom and bedroom outlets have had point of use filters applied , it has not been possible to place these in the DSR where water is sourced for domestic cleaning . 8. Ceiling: solid ceilings are required to both assist with positive pressure achievement and protection from ingress of water from services in ceiling; however ceilings are tiled and therefore inappropriate for this setting. 9. Play areas; there is no play area and communal toys are
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	<p>situated in the corridor, thus presenting a risk of cross transmission</p> <p>10. Door entry – no double door or pressure cascade therefore external hospital air ingresses to the unit readily</p> <p>11. Kitchen hand wash sink is a non compliant size and no POU filters.</p> <p>12. Prep room – stainless steel sink, not useable due to tap misalignment and therefore clinical hand hygiene sink is being used for prep room functions</p>
Recommendations	<ol style="list-style-type: none"> 1. The decant from 2A was for a short term only and given ongoing environmental risks and recent environmental bacteraemias, a reassessment of the options appraisal is urgently acquired. 2. 6A should be considered to have significant unacceptable levels of infection risk for the immune compromised patients due to the built environment. 3. External peer review from colleagues in Great Ormond Street

In alphabetical order;

Dr Alison Balfour
Dr Teresa Inkster
Dr Kam Khalsa
Dr Nitish Khanna
Dr Christine Peters
Dr Kalyopi Valyraki
Dr Pauline Wright

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Report: Meeting of 17th January 2020 with Drs Teresa Inkster and Christine Peters
 Author: Dr Keith Morris (CNOD medical Advisor)

SITUATION

Drs Inkster and Peters asked for a meeting with Dr Morris to discuss their concerns regarding infection prevention and control (IPC) in the Queen Elizabeth II University Hospital (QEUH) plus their professional vulnerability given the history within the infection control service in QEUH since 2015. Dr Morris also consulted Dr Leonard regarding the structure of the IPC service in GGC and the involvement of microbiologists in the Infection Prevention and Control Team (IPCT)

BACKGROUND

The Microbiology service is divided in to two sectors:

The South sector providing a diagnostic service for the QEUH, Royal Hospital for Children (RHC) and the Victoria infirmary. The laboratory is based in the QEUH with eight consultant microbiologists

The North sector providing a diagnostic service for the Royal Alexandra Hospital, Inverclyde hospital, Vale of Leven, Glasgow Royal Infirmary and the Golden Jubilee hospital. The diagnostic laboratory is situated in the Glasgow Royal Infirmary and there are ten consultant microbiologists

The Infection Prevention & Control Structure is split into four teams

The North sector team covers Glasgow Royal infirmary and Stobhill.

The South team sector covers QEUH, RHC & Victoria infirmary..

West sector team covers Gartnavel hospital

Clyde sector team covers The Royal Alexandra hospital, Vale of Leven and Inverclyde hospitals.

The tables 1 & 2 and the accompanying text provide details of the number of programme activities of microbiology time given to the infection control doctor role.

Table 1

Microbiologists with ICD role for South sector		
Name	PA time for ICD	Comments
Dr Pepi Valyraki	5	
Alison Balfour	2	
Total	7	

Table2

Microbiologists with ICD role for North sector		
Name	PA time for ICD	Comments
Aleks Marek	2	
Linda Bagrade	3	Also covers Clyde sector
Marie Macleod	2	Also covers West sector
Total	7	

NOTE: 1PA =4 hours of work. This needs to cover clinical ICD work, meetings plus education and training

The lead ICD (Alistair Leonard) has 7 PAs for ICD work (these are all clinical)
 Michael Murphy has 2 PAs for decontamination

Dr Brian Jones retired, but has come back with 2 PAs for infection control management

Governance

The four infection control teams report to the Infection Control Senior Management Team which reports to the Acute Infection Control Committee (AICC). The AICC reports to the Board Infection Control Committee.

ASSESSMENT

The current structure of the infection prevention control service does not support an efficient and resilient service. While the south sector team provides support to the hospitals with the most vulnerable group of patients at risk from infections; the number of PAs of microbiology time for infection control is not proportional to the other sectors. This maybe mitigated if the Lead ICD (Dr Leonard) PAs are for support to the South sector. However Dr Leonard has a number of other clinical roles which may mean not all seven PA to be given to the ICD role

Dr Murphy's role is clearly defined with an obvious area of responsibility. However I am not clear if this covers only the central sterile services department (CSSD) or includes local decontamination units.

The structure of the ICD role does not provide clear areas of responsibility. Which ICD is responsible for the ventilation, water or HAI-SCRIBEs? If all the ICDs in a sector cover these areas then none of the ICD has knowledge required when incidents occur related to specialist functions such as ventilation or water. **Example:** Dr Bagrade is the ICD for Clyde sector. Does this imply she is the microbiologist responsible for environmental microbiology, local decontamination, New builds & refurbishments plus clinical infection control and alert organisms?

The lead ICD role in the Governance structure is not clear with Dr Brian Jones having a managerial role. Dr Jones was a clinical microbiologist in GGC until very recently, but had no role in infection prevention. I am unclear why Dr Jones has been re-employed by GGC for a role which he has limited experience. I would have expected a Health Board with a progressive mentality to possibly bring in an individual with no history associated with GGC. In the view of public and critical opinion, it could be argued there is a risk of nepotism within the microbiology department and those appointing Dr Jones .

Due to the recent problems associated with the QEUH and RHC there is a toxic environment with in the microbiology department with microbiologists refusing to take on ICD roles and microbiologist resigning from the ICD role due to lack of support from microbiology colleagues and the Health Board senior management. The toxic nature of microbiology in GGC has led to individuals being appointed to roles in which they may not be comfortable. The number and severity of infection control incidents has resulted in the advice of the most experienced ICDs to be ignored because the truth is inconvenient. In such an environment there is a risk bullying, mysogeny and nepotism could take place.

The Governance structure for IPC within GGC is inefficient and sufficiently complex to allow areas of concern to be escalated in an efficient manner. The Healthcare Associated Infection (HAI) Standard 2015 Standard 1 makes clear Infection prevention and control is the responsibility of the Executive Board with clear lines of accountability to the Chief Executive. Responsibility for HAI Executive lead maybe delegated to another individual at Board level. In the present infection prevention control governance structure it is unclear who has what roles and the responsibility for incidents between microbiologists, senior infection control nurse or the infection control manager. Furthermore there needs to be a mechanism whereby the HAI Executive lead can be alerted to any significant IPC issue to prevent obfuscation. There is a risk infection prevention incidents could be down played by individuals with competing interest if the Executive Lead for infection prevention and control is not directly informed of incidents.

RECOMMENDATIONS

There needs to be a complete overhaul of the IPCT structure and the roles and responsibilities of the microbiologists who provide infection control advice. This requires the microbiology service to be re-assessed.

1. The infection prevention and control service should be split into two teams to mirror the microbiology laboratories. Each team should be managed by an infection control manager. The manager determines the number of infection control nurses, and surveillance nurses etc required to deliver the service and manage the budget.
2. The roles and responsibilities of the ICD need to be restructured around infection prevention specialties. Specialty areas to be covered are
 - i. mandatory surveillance/alert organisms
 - ii. new builds/refurbishments
 - iii. environmental microbiology including ventilation and water
 - iv. decontamination.

Consultant microbiologists taking on these roles should be given adequate time in their job plan to fulfil their responsibilities and provide time to maintain their knowledge and skills.

3. The clinical microbiology service need to be equitably divided between the north and south sectors with sufficient weighting given to those hospitals dealing with the most complex patients at risk from infection.
4. Given the toxic nature with in microbiology and the ICD roles it maybe that an outside individual with no link to GGC is required change the clinical service and review all the microbiology job plans.
5. The number of individuals covering each specialty and the number of PAs required would be for GGC to decide with the microbiology dept.
6. Which individual covers which specialty would be with agreement of GGC and the employee.
7. The Organisational structure and governance reporting would need to be reviewed if the roles and responsibilities of the ICDs are more clearly defined. The present structure which is in place has not prevented a number of severe incidents and the loss of public confidence in GGC.
8. Microbiologists and the infection control manager with the lead infection control nurse/consultant infection control nurse need to work in partnership

rather than infection prevention and control being seen as a nurse lead specialty with microbiology input when incidents occur.

9. The role and responsibility of the Lead ICD needs to be reviewed if there is also an additional consultant microbiologist with a managerial role for infection prevention and control. It maybe these roles need to be amalgamated into a single clinical lead for the microbiology service who can assess the total microbiology input to infection prevention across GGC and who can proportion the roles and responsibilities.
10. A microbiologist with an ICD role needs to have direct access to the Executive lead for HAI so there is no risk managers with competing responsibilities or who are not trained in microbiology down play an incident.



SCOTTISH HOSPITALS INQUIRY

Bundle of documents for Oral hearings commencing from 19 August 2024 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow
Bundle 13 – Additional Minutes Bundle (AICC/BICC etc)